

**No. 17244**

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**UNITED STATES OF AMERICA  
and  
BANGLADESH**

**Project Agreement relating to the population control programme (with annex). Signed at Dacca on 31 May 1976**

*Authentic text: English.*

*Registered by the United States of America on 24 November 1978.*

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**ÉTATS-UNIS D'AMÉRIQUE  
et  
BANGLADESH**

**Accord de projet relatif à un programme de régulation des naissances (avec annexe). Signé à Dacca le 31 mai 1976**

*Texte authentique : anglais.*

*Enregistré par les États-Unis d'Amérique le 24 novembre 1978.*

PROJECT AGREEMENT<sup>1</sup> BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID), AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND THE MINISTRY OF HEALTH, POPULATION CONTROL, LABOUR AND SOCIAL WELFARE, AN AGENCY OF THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

<p>The above-named Parties hereby mutually agree to carry out a project in accordance with the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:</p> <p><input checked="" type="checkbox"/> PROJECT DESCRIPTION, ANNEX A</p> <p><input checked="" type="checkbox"/> STANDARD PROVISIONS, ANNEX<sup>2</sup></p> <p><input type="checkbox"/> FOREIGN CURRENCY STANDARD PROVISIONS, ANNEX</p> <p><input type="checkbox"/> SPECIAL LOAN PROVISIONS, ANNEX</p>	1. Project/Activity No.: 388-0001		
	2. Agreement No.: 388-0001-1	3. <input checked="" type="checkbox"/> Original or Revision No. _____	
<p>This Project Agreement is further subject to the terms of the following Agreement between the two Governments, as modified and supplemented:</p> <p><input checked="" type="checkbox"/> GENERAL AGREEMENT FOR TECHNICAL COOPERATION</p> <p><input checked="" type="checkbox"/> ECONOMIC COOPERATION AGREEMENT</p> <p><input type="checkbox"/> (OTHER)</p>	4. Project/Activity Title:		
	5. Project Description and Explanation: (See annex A attached)		
<p>DATE: May 21, 1974<sup>3</sup></p> <p>DATE: May 21, 1974<sup>3</sup></p> <p>DATE:</p>	6. AID Appropriation Symbol:	7. AID Allotment Symbol:	
8. AID Financing:			
<input type="checkbox"/> DOLLARS <input type="checkbox"/> LOCAL CURRENCY	Previous total (A)	Increase (B)	Decrease (C)
(a) Total		600,800	
(b) Contract services		264,300	
(c) Commodities		44,500	
(d) Other costs		292,000	
			Total to date (D)
			600,800*
			264,300
			44,500*
			292,000*

\* This Project Agreement obligates \$600,800 of funds allotted to USAID Bangladesh and provides the authority to issue Project Implementation Orders/Commodities (PIO/Cs) valued at approximately \$2,025,000 to be funded out of AID Washington Central Population Allotments. Central Allotments will also fund the medical college hospital clinic activity.

<sup>1</sup> Came into force on 31 May 1976 by signature.

<sup>2</sup> Not published herein. For the text of the annex, see United Nations, *Treaty Series*, vol. 1084, p. 111.

<sup>3</sup> *Ibid.*, vol. 961, p. 59.

9. Cooperating Agency  
Financing—Dollar  
Equivalent:

\$1.00 = Tk. 14.0

(a) Total	7,761,000	7,761,000
(b) Technical and other services	4,255,000 <sup>1</sup>	4,256,000
(c) Commodities		
(d) Other costs	3,505,000	3,505,000

10. Special Provisions (*use additional continuation sheets, if necessary*):

11. Date of Original Agreement: May 31, 1976	12. Date of this Revision:	13. Estimated Final Contribution Date: May 31, 1979
14. For the Cooperating Government or Agency:  [Signed] Signature: M. A. SATTAR Date: 31.5.76 Title: Secretary, Population Control and Family Planning Division		15. For the Agency for International Development:  [Signed] Signature: D. M. WILSON Date: 31.V.76 Title: Director (A)

ANNEX A

I. PROJECT DESCRIPTION

A. General

Under this Project Agreement, the United States Government, through the Agency for International Development (AID), agrees to provide grant funds for the provision of technical services, participant training, and commodities in support of the Population Control Program of the Government of the People's Republic of Bangladesh (BDG). Regarding the medical college hospital clinics included in this Agreement, the final project details and funding required to implement this activity will be the subject of an agreement between Family Planning International Assistance (FPIA) and the BDG and, subject to AID approval, will be financed by FPIA under an AID grant. This assistance will be administered by the Population Control and Family Planning Division, BDG Ministry of Health, Population Control, Labor and Social Welfare. Contraceptives supplied under the Agreement will be made available to voluntary adopters of birth control methods under the BDG's Family Planning Program and may also be used in other governmental or nongovernmental family planning programs and projects, as determined by the Ministry.

This project was originally initiated during FY 1973 as Project 388-11-580-001. Beginning with this Agreement the project is renumbered 388-0001.

B. Project goal

The project goal is a reduced rate of natural population growth as a critical factor in social and economic achievement.

<sup>1</sup> Should read "4,256,000".

### C. *Project purpose*

The purpose to be achieved during the First Five-Year Plan period, resulting from the activities of the BDG and external donors, is the development of a functioning national institutional structure providing family planning services and population/family planning information and education on a continuing basis to the people of Bangladesh.

## II. ACTIVITY TARGETS

### *End of project status*

It is mutually understood that by the end of the project on June 30, 1978, the following conditions are expected that will indicate the purpose has been achieved:

#### 1. *Service delivery—field personnel*

a. *Nonmedical personnel.* (1) 12,000 trained male Family Welfare Workers (FWWs) continue to provide, as part of their health services, nonclinical family planning services, related information, and referrals for those wanting clinical means of contraception.

(2) Approximately 13,500 trained female Family Welfare Assistants are making regular home visits in their assigned areas and providing nonclinical family planning/maternal and child health services, related information, and referrals for those wanting clinical means of contraception.

b. *Paramedical personnel.* Approximately 1,452 female Family Welfare Visitors (FWVs) are providing contraceptives, related information, maternal child health services, and referrals. In addition, 422 senior Family Welfare Visitors designated as Thana Clinic Supervisors, are giving technical supervision to the union Subcenter FWVs.

c. *Medical personnel.* (1) 422 Thana Technical Officers are providing Clinical services (male/female sterilizations and IUDs), one per thana-level maternal child health/family planning clinic.

(2) 58 District and Subdivisional Medical Officers are providing the above clinical family planning services at the district and subdivisional maternal child health/family planning centers of which they are in charge.

(3) 19 District Technical Officers are giving technical supervision to the entire clinical programs in their respective districts and are also organizing mobile clinical activities and providing clinical services.

d. *Other supervisory levels.* (1) Approximately 4,500 Male Union Assistants (MUAs), one per union, are providing nontechnical supervision to the FWAs in the unions, keeping accurate family planning acceptor records, and providing information and contraceptives among the male population of the unions.

(2) 422 Thana Population Control and Family Planning Officers, each with an assistant, the FP Supervisor, are supervising the MUAs and administering the FP/MCH program in the thanas.

(3) 19 District Population Control and Family Planning Officers are administering the district level FP/MCH program and administratively supervising the district and thana FP/MCH officers and staff.

#### 2. *Service delivery—supply and logistics system*

a. In-country logistics and distribution system ensures adequate warehousing and inventory control of program commodities and their timely distribution in quantities adequate to meet program needs at service delivery points.

b. The BDG system for estimating contraceptive and other FP commodity needs based on anticipated and/or target numbers of contraceptive adopters, for which prior UNFPA/UNICEF and AID assistance has been provided, is operational.

#### 3. *Service delivery—training facilities*

a. 8 model FP clinics are established at the 8 medical college hospitals and are each providing practical undergraduate training to medical students as well as short-term training for doctors already in practice.

b. One college of nursing is training 60 nursing teachers annually who will in turn train FWVs.

c. 11 training institutes are functioning, each with a capacity to train 60 FWVs annually and to provide periodic refresher training for FWVs and district and thana officers already in service.

d. One Family Planning Training Institute under the Director-General/PCFP Directorate is training trainers and senior officers, providing policy guidance, and developing and reviewing curricula for FWV and field worker training programs.

e. 8 thana-level rural health centers (with clinical facilities, 25 maternity beds, staff and student housing), each with 3 union-level subcenters are providing field practice training for medical and paramedical personnel.

#### 4. *Management*

a. The Ministerial-level National Population Council is providing broad policy guidance for the BDG's efforts to reduce population growth.

b. The Central Coordination Committee is coordinating the population/family planning efforts of the concerned ministries and private sector organizations. The Committee is composed of the secretaries (highest civil service rank) of the ministries with population/family planning activities.

c. The Population Control and Family Planning Division of the Ministry:

- (1) Is serving as secretariat for the National Population Council and the Central Coordination Committee;
- (2) Is planning and implementing the national service delivery program and evaluating its impact;
- (3) Is providing technical support to other ministries involved in Pop/FP for planning, implementing, and evaluating their population programs; and
- (4) Is coordinating external assistance in Pop/FP and participating in periodic evaluations of program progress with the various foreign donors.

#### 5. *Demand creation*

a. The Information, Education and Motivation Unit of the Directorate of PCFP is established and staffed and is conducting a communication campaign in support of the service delivery system. The unit is supplying technical support to the information and education programs of other ministries and agencies.

b. 14 pilot schemes (9 with IBRD support; 5 with UNFPA funds) have been implemented and evaluated. These pilot schemes are designed to integrate Pop/FP education into the development programs of the nonhealth development ministries. The ministries involved are Rural Development and Cooperatives, Education, Agriculture, Information and Broadcasting, and Labor and Social Welfare.

c. The Women's Rehabilitation Foundation has incorporated Pop/FP content into their training courses for about 2,000 women per year in approximately 30 centers throughout the country.

d. Mass media are being used more extensively for Pop/FP information and education as a result of new and strengthened units of the Ministry of Information and Broadcasting, assisted by IBRD.

e. Work is well advanced on development of population education curriculum materials for introduction in fourth grade through university courses in the formal school system.

f. At the present time, approximately 25 nongovernmental agencies carry on some Pop/FP activities. By end of project, there is a 50% increase in the number of agencies which are involved in promotion of the small-family norm in the context of a variety of development programs.

g. At least one social science research study in Pop/FP is in progress or completed by each of three universities and the Population Study Centre of Bangladesh Institute for Development Studies.

#### 6. *Evaluation (program impact/effectiveness measurement)*

a. PCFP Directorate is generating administrative information needed to measure effectiveness of various program components, e.g., delivery of services, training, and IEC, with data obtained from service records and through small specialized studies.

b. A BDG-donors *ex post facto* evaluation is under way to measure progress towards goal achievement.

### III. PROGRESS TO DATE

This project was initiated on May 11, 1973. In the original Agreement, AID indicated its willingness to provide extensive financial support for family planning after BDG approval of the family planning component of the First Five-Year Plan; identification of those family planning activities that could best be supported by AID; and a review by AID of the activities proposed. These actions were carried out.

In the first three years of the project, AID has helped meet the BDG program priority of building up as rapidly as possible a supply of oral contraceptives and condoms in country sufficient to supply 10% and 5% respectively, of eligible couples for one year, and a like amount in the pipeline. AID has also helped meet additional program needs in the areas of training, commercial marketing of contraceptives, field research, and establishment of family planning clinics.

During the course of the project the BDG has created a cadre of multipurpose Family Welfare Workers who deliver family planning information, contraceptives, and a variety of preventive health services through regular visits in rural areas. In addition, a network of thana and urban family planning clinics has been reactivated. The BDG has also created a Population Control and Family Planning Division within the Ministry of Health, Population Control, Labour and Social Welfare, charged with responsibility to implement a redesigned family planning program. Of particular note in this action is the BDG authorization to employ three women and one man per union as home visitors for maternal child health and family planning, or about 18,000 new full-time employees.

### IV. FUNDING REQUIREMENTS

#### A. *Total requirements*

The BDG Project Financial Plan indicates total project requirements of \$104,834,000 over the years 1973 to 1978, which includes AID and other donor contributions (in foreign exchange for foreign and local costs) and a BDG contribution in local currency. The projected amount to be expended from all sources during the period from FY 1976 through FY 1978 is \$81,964,500.

Funding levels and activities shown as USAID and BDG contributions for FY77 and FY78 are illustrative only and do not represent commitments on the part of either Government under the terms of this Project Agreement. They are provided to indicate the nature and level of support under consideration, as a guide to forward planning.

The amounts shown as "Other Donor" costs are not only for the Population Control and Family Planning Division, but include foreign donor funds distributed to other BDG agencies for population programs. These amounts in some cases are not yet final and are included for illustrative purposes.

The following summaries projected contributions from all sources during the final three years of the project (FY 1976-78):

(\$000)	FY 76		FY 77		FY 78		Total FY 76-78	
	in		in		in		in	
	Eqv. \$	US \$	Eqv. \$	US \$	Eqv. \$	US \$	Eqv. \$	US \$
<b>USAID</b>								
Centrally funded								
contraceptives . . . . .	—	2,025	—	4,470	—	7,045	—	13,540
Training cost . . . . .	—	292	—	268	—	125	—	685
Other commodities . . . . .	—	44.5	—	37	—	52	—	133.5
Consultants . . . . .	—	264.3	—	167	—	150	—	581.3
	—	2,625.8	—	4,942	—	7,372	—	14,939.8
<b>AID/W</b>								
Intermediary grants . . . . .	—	410 <sup>(1)</sup>	—	100 <sup>(1)</sup>	—	— <sup>(1)</sup>	—	510 <sup>(1)</sup>
AID Sub-total . . . . .	—	3,035.8	—	5,042	—	7,372	—	15,449.80
<b>Other donor</b>								
IBRD/IDA and associates . . . . .	—	7,057	—	8,955	—	17,390	—	33,402
UNFPA . . . . .	—	3,042	—	1,951	—	1,429	—	6,422
Ford Foundation . . . . .	—	500	—	— <sup>(1)</sup>	—	— <sup>(1)</sup>	—	500 <sup>(1)</sup>
	—	10,599	—	10,906	—	18,819	—	40,324
<b>BDG contribution (PCFPD only)</b>								
Personnel cost . . . . .	4,256	—	5,436	—	6,040	—	15,732	—
Travel (participants) . . . . .	25	—	25	—	15	—	65	—
Estab. and other . . . . .	3,480	—	3,317	—	3,335	—	10,132	—
Sub-total	7,761	—	8,778	—	9,390	—	25,929	—
Total	7,761	13,634	8,778	15,948	9,390	26,191	25,929	55,773.8
<b>GRAND TOTAL</b>		81,964.8						

<sup>(1)</sup> Incomplete. Funds will be provided to an intermediary by AID to finance establishment of four medical college clinics under a project proposal to be agreed upon by the BDG, the intermediary and AID.

## B. FY 1976 requirements

	MM	\$000
<b>1. AID contribution</b>		
<b>a. U.S. technicians</b>		
Info, educ. and communications . . . . .	18	135.3
Women's programs . . . . .	2	18.0
Training instruction . . . . .	12	111.0
	36	264.3
<b>b. Participant training</b>		
Prog. mgt./administration . . . . .	66	52.2
Demography, pop. dynamics and pop. policy . . . . .	15	11.7
Research and evaluation, statistics, and data processing . . . . .	42	63.3
Education and communication . . . . .	117	96.6
Social sciences . . . . .	18	13.6
Clinical training . . . . .	6	14.4
Training methods, materials and development . . . . .	12	23.8
Short-term observation and conference participation . . . . .	7	16.4
	283	292.0

	<i>Qty</i>	<i>\$000</i>
<i>c.</i> Commodities		
Orals (million MCs.) . . . . .	11¼	2,025.0
IUDs (000 pcs.) . . . . .	200	10.0
IUD kits (ea.) . . . . .	300	26.0
Vasectomy kits (ea.) . . . . .	100	8.5
		<u>2,069.5</u>
<i>d.</i> Other costs		
Local costs of establishing four new FP clinics . . . . .		(1)
Total AID financing		<u>2,625.8</u>
		<i>\$000</i>
<i>2. BDG contribution</i>		
<i>a.</i> Personnel costs . . . . .		4,256.0
<i>b.</i> Participant travel . . . . .		25.0
		<u>3,480.0</u>
<i>c.</i> Program operating costs . . . . .		7,761.0
Total BDG financing		<u>7,761.0</u>
GRAND TOTAL		
AID/BDG financing		<u>10,386.8</u>

(1) To be centrally funded by AID/W through an intermediary.

## V. COURSE OF ACTION

### A. Project inputs

1. *AID.* The project inputs to be supplied by AID during FY 1976 are shown in section IV above. These inputs will be provided through means of Project Implementation Orders issued by AID and countersigned by the Government of Bangladesh.

2. *BDG.* Project inputs to be supplied by the BDG during FY 1976 are shown in section IV above. Illustrative components of these inputs are such costs as rental, maintenance, office supplies, postage, utilities, furniture, locally procured equipment, vehicle maintenance and POL for Bangladesh Government organizational units. Also included are such other program costs as a portion of in-country training, a portion of international participant travel, publicity and other communications materials, locally purchased medicines, and a portion of construction costs.

### B. Project outputs (relating to AID inputs)

#### 1. Service delivery—supply and logistics system

*a.* Contraceptive supplies are deployed throughout the country and are readily accessible to field and clinic program personnel. Based on projected user estimates, in-country supply levels sufficient for one year's use are being maintained, with an additional year's supply on order, i.e., in the pipeline.

The following are contraceptive requirements to meet these supply/pipeline considerations:

<i>Commodity type</i>	<i>Est. in country</i>				<i>Est. in pipeline</i>			
	<i>FY75</i>	<i>FY76</i>	<i>FY77</i>	<i>FY78</i>	<i>FY75</i>	<i>FY76</i>	<i>FY77</i>	<i>FY78</i>
Orals (million monthly cycles) . . . . .	11.80	15.50	16.75	20.00	11.50	17.25	31.25	46.15
Condoms (000 gross) . . . . .	786	923	675	463	217	0	52	352
IUDs (000 pcs.) . . . . .	200	140	240	290	0	200	200	500
IUD inserters (000) . . . . .	20	14	24	29	0	20	20	50

*b.* Seven hundred union-level FP/MCH clinics are equipped with IUD insertion kits. Clinics will be equipped with USAID-supplied kits on the following schedule: FY76—300 clinics; FY77—200 clinics; FY78—200 clinics.



c. Three hundred clinics, hospitals and physicians are supplied with equipment sets to perform vasectomies at the rate of 100 sets per year from FY76 through FY78.

## 2. Service delivery—training facilities

Four medical college hospitals (Dacca, Sir Salimullah, Chittagong, and Rajshahi) have established, by converting available space, family planning clinics capable of providing medical students with practical training in advanced methods of fertility regulation. These clinics will become operational during FY77.

## 3. Other output categories

a. Program personnel, whose knowledge and skills have been upgraded through training in the U.S. and third countries, have been assigned in staff positions. Persons trained, based on present estimates of need, are the following:

Provisional broad area of study	Numbers of personnel trained by year of completion of training					Total
	(FY)	76/77	77/78	78/79	79/80	
a. Program management/administration . . . . .	5	8	9	3	—	25
b. Demography, population dynamics, policy . . . . .	—	—	1	2	1	4
c. Research and evaluation, statistics, data processing . . . . .	4	3	4	1	—	12
d. Education, communication . . . . .	7	11	11	2	—	31
e. Social sciences . . . . .	—	—	1	2	1	4
f. Clinical training . . . . .	2	2	2	—	—	6
g. Training methods, materials development . . . . .	4	4	1	—	—	9
h. Short-term observation, conference participation . . . . .	7	7	7	—	—	21
						112

### Length of training

- 32 long term (12 mo. or more), 456 m/m;
- 59 short term (under 12 mo.), 207 m/m;
- 21 observation, conferences, 21 m/m.

Inasmuch as the new national family planning organization is being staffed at present and implementation is under way, the above training outputs are subject to later revision and refinement based on program experiences and needs.

b. Consultant services have produced the following:

(1) A capability has been established in the national-level Family Planning Training Institute to plan and direct management training for appropriate categories of program officers. A training program has been planned, based on identified needs, and a curriculum and training materials have been developed, in the course of which the Institute faculty have benefitted from on-the-job training. This will be accomplished by the end of FY77. Quantifications will be determined by the consultant(s).

(2) The Information, Education and Motivation Unit of the PCFP Directorate has developed the capability to plan and direct the communication aspects of the family planning program. By the end of FY77, a communication campaign has been designed and is in progress, materials have been produced, and technical inputs are being provided to the nonhealth ministries with population programs. Quantification will be determined by the consultant.

(3) Program staff of a large national organization with activities aimed at improving the status of women have gained the understanding and skills to incorporate family planning information and counseling into their program by the end of FY77.

(4) A system has been designed for the recording, reporting, and analysis of the program's service statistics. The staff of the concerned Directorate unit and field personnel at various levels are receiving on-the-job training in its use by mid-FY77.

(5) The capability to plan and manage the training function has been established in the PCFP Directorate. This includes the training of field, clinic, and supervisory personnel in the 11 regional training institutes and at district and thana offices.

### C. Implementation plans

The implementation schedule presented below includes major activities supported by USAID, the BDG, and some by other donors. This is done because combined inputs are required to accomplish project purpose.

<i>AID grant</i>	<i>BDG/other donors</i>	<i>Target date</i>
Transmittal of project paper to AID/W		Dec. 75
	Approval of BDG Pop. Program Plan	Jan. 76
	Staffing of Pop Control and FP Directorate substantially complete	Jan. 76
Approval of project paper by AID/W, including identified SFA waiver		Mar. 76
	Recruit and begin training 4,500 female field workers and 1,500 supervisors	Mar./Apr. 76
	BDG assign counterpart for planning and implementation	Apr. 76
Select intermediary for hospital fertility clinic review and complete plan design. Intermediary to implement. TDY of AID/W training advisor to conduct review of BDG staff, future training requirements and alter training schedule as necessary.		Apr. 76
Negotiate and sign ProAg, PIO/Cs, PIO/Ts and PIO/Ps for first year.		May 76
	Agreement reached on training of medical students in hospital fertility clinics	July 76
	Establish and post staff to 300 union subcenters	July 76
Arrival of IE&C advisor for 18-month assignment	BDG provides office and admin. support	Aug. 76
Arrival of training advisor(s) for 18 months assignment	BDG provides office and admin. support	Aug. 76
Resident hire women's program advisor available for project on part-time basis.		Sept. 76
	Recruit and begin training of 4,500 female field workers and 1,500 supervisors	Jan. 77
Departure of long-term participants		Jan. 77
TDY of AID/W logistics consultant to review supply/distribution activity		Jan. 77
Joint AID/USAID/BDG review of program progress		Jan. 77
Negotiate and sign ProAg, PIO/Cs, PIO/Ps and the PIO/T for management training consultant for second year project support		Mar. 77
Arrival of management training advisor(s) (short-term)	BDG provides office and admin. support	June 77
	Establish and post staff to 365 subcenters	June 77
	Recruit and begin training of 4,500 female field workers and 1,500 supervisors	July 77
	4 fertility clinics operating in medical college hospitals	Sept. 77
Departure of long-term participants		Sept. 77
TDY of AID/W logistics consultant to review supply/distribution activity		Jan. 78
Joint AID/USAID/BDG review of program progress. Decide upon additional consultant requirements. Determine future year assistance.		Jan. 78

<i>AID grant</i>	<i>BDG other donors</i>	<i>Target date</i>
AID/W provides demographer and statistician to assist BDG in analysing program accomplishment and in designing study to measure progress towards goal achievement at end of FYP.		Jan. 78
Negotiate and sign ProAg, PIO/Cs and PIO/Ps for third year project support. Issue PIO/Ts as required based upon January review		Mar. 78
	Establish and post staff to 365 subcenters	June 78
Departure of long-term participants		Sept. 78

#### *D. Monitoring and reporting*

The project will be monitored by the Health and Population Division of USAID in conjunction with the Population Control and Family Planning Division of the Ministry of Health, Population Control, Labour and Social Welfare and the relevant Directorate.

The Commodity and Logistics Section of USAID will monitor the arrival of all USAID-supplied commodities at port and will furnish the Health and Population Division with reports on problems of port clearance and information on spot-checks on commodities distributed throughout the country. This information will be compared with information that will be made available to USAID from the commodity/logistics advisor posted to Bangladesh under the UNFPA/UNICEF logistics project.

The four fertility clinics to be established at the medical college hospitals will be designed and implemented through an intermediary (FPIA). This intermediary shall have the responsibility to monitor these clinics through an on-site review at least once a year for three years from start of implementation.

Technical advisors requested by the BDG will be assigned counterparts and supervisors by the BDG. The need for top quality advisors is recognized.

Beneficiaries of this project assistance are ultimately the end-user of the birth control services. Reports from several large voluntary agency field projects and reports that result from USAID field visits and discussions with BDG program personnel will form the basis for obtaining the views of the beneficiaries. On the national level, continuing review of the activities of the technical advisors and discussions with their counterparts and supervisors as named by the BDG will provide feedback on the quality and usefulness of the assistance provided.

In addition to the above, the standard USAID yearly project evaluation will be conducted with the assistance of the USAID Research and Evaluation officer to provide necessary feedback for project correction or modification.

### VI. CONDITIONS AND COVENANTS

A. The BDG will furnish regular monthly reports to AID on:

1. The receipt, clearance, and distribution to the districts throughout the country of AID-financed commodities; and
2. Acceptors of contraception, by method and by district.

B. AID reserves the right to use the services of a training consultant to review, with the BDG, the staffing and prior training and experience of incumbents to identify training needs for the programming of participant training.

C. The BDG agrees to finance the air travel of participant trainees to the furthest points served by the national airline.

D. AID population program support in FY77 and FY78 is contingent upon satisfactory progress towards full staffing of field worker positions with trained workers.

E. An annual joint BDG/AID review of program progress will be made as a necessary step in negotiating the second- and third-year Project Agreements.

F. Final details of the support to be given for the establishment of four family planning clinics will be worked out by FPIA and the concerned host country agencies.

G. The BDG will designate by title the counterpart and the supervisor of consultants to be supplied under the project.

H. The BDG reserves the right to review and approve consultant nominations.

I. The contribution of the host country shall be equivalent to at least 25 percent of the total cost of the program during the life of the project.

J. None of the AID funds made available under the project shall be used to pay for the performance of abortions, as a method of family planning, or to motivate or coerce any person to practice abortion.

K. AID grant funds shall not be used to pay taxes, duties or similar charges. With respect to tax and customs duty exemptions, the provisions of the Bilateral Agreement (“Economic, Technical and Related Assistance Agreement between the Government of the People’s Republic of Bangladesh and the United States of America, dated May 21, 1974”) shall apply. In addition, the BDG agrees to exempt project commodities from demurrage and storage charges, or in the alternative, to pay promptly such charges.

L. The BDG will provide:

1. Adequate storage facilities at all levels of the distribution system for all commodities to be purchased under this Agreement or otherwise provided in support of this project;
2. Qualified personnel in sufficient number to support the commodity distribution and accounting system and/or seek AID or other intermediary assistance for improving commodity distribution and accounting procedures;
3. Timely and adequate means of transportation of commodities and personnel throughout the system.

#### VII. PERIOD OF THE AGREEMENT

This Agreement may be modified, altered or amended by mutual consent of the Parties in writing at any time. Unless otherwise agreed to, subject to the availability of AID funds and legislative authority, this Agreement shall continue through three years from date of signing.

The terminal disbursement date for obligations made under such agreements and amendments thereto shall be three years from date of signing the agreements and amendments. Procedures for the disbursement and/or reimbursement of grant funds will be provided by USAID/Bangladesh prior to such disbursement or reimbursement.

WAIVER 388-0001-1

*Subject:* Project Agreement No. 388-0001-1, Population/Family Planning

The subject Agreement has been executed with substantive elements of the project having been defined and agreed to by both Governments. Final details for commodities, technical advisors and for selection of participants to be trained under the project have not as yet been completed.

I therefore waive the requirement under this Agreement to subobligate funds for (1) commodities until July 31, 1976; (2) for technical advisors until October 31, 1976; and (3) extend the issuance date for participant PIOs to April 30, 1977.

*[Signed]*

DAVID M. WILSON  
Director (A)  
USAID/Bangladesh

*Date:* 31 May 1976.