No. 19841

UNITED STATES OF AMERICA
and
THAILAND

Project Agreement relating to population planning (with annex). Signed at Bangkok on 24 and 29 August 1977

Authentic text: English.
Registered by the United States of America on 10 June 1981.

ÉTATS-UNIS D'AMÉRIQUE
et
THAÏLANDE

Accord de projet relatif à la planification démographique (avec annexe). Signé à Bangkok les 24 et 29 août 1977

Texte authentique : anglais.
Enregistré par les États-Unis d'Amérique le 10 juin 1981.

PROJECT AGREEMENT[1] BETWEEN THE DEPARTMENT OF STATE, AGENCY FOR INTERNATIONAL DEVELOPMENT (AID), AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AND DEPARTMENT OF TECHNICAL AND ECONOMIC COOPERATION, AN AGENCY OF THE GOVERNMENT OF THAILAND

The above-named parties hereby mutually agree to carry out a project in accordance the terms set forth herein and the terms set forth in any annexes attached hereto, as checked below:

☒ PROJECT DESCRIPTION ANNEX A ☐ FOREIGN CURRENCY STANDARD PROVISIONS ANNEX

☒ STANDARD PROVISIONS ANNEX[2] ☐ SPECIAL LOAN PROVISIONS ANNEX

This Project Agreement is further subject to the terms of the following agreement between the two governments, as modified and supplemented:

☐ ECONOMIC AND TECHNICAL COOPERATION AGREEMENT DATED

☐ MEMORANDUM OF AGREEMENT AS TO CONDUCT OF COUNTERPART PROGRAMS, DATED JULY 24, 1955

☐ (OTHER)

1. Project/Activity No.: 493-11-580-0283

2. Agreement No.: 0283-7005

3. ☐ Original or Revision No. 4

4. Project/Activity Title: Population Planning

5. Project Description and Explanation: (*See annex A attached*)

6. AID Appropriation Symbol: 72-11 × 1024

7. AID Allotment Symbol: 424-50-493-00-44-71

8. AID Financing

☒ DOLLARS ☐ LOCAL CURRENCY

	Previous Total (*A*)	*Increase* (*B*)	*Decrease* (*C*)	*Total to Date* (*D*)
(*a*) Total	530,962	1,834,038		2,365,000
(*b*) Contract Services				
(*c*) Commodities	164,975	407,470		572,445
PIO/P's	57,550	1,102		58,652
(*d*) Other Costs	308,437	1,425,466		1,733,903

[1] Came into force on 29 August 1977 by signature.

[2] For the text of the annex, see "Project Agreement between the United States of America and Afghanistan relating to assistance to Kabul University (with annexes), signed at Kabul on 6 December 1975", in United Nations, *Treaty Series*, vol. 1084, p. 111.

9. Cooperating Agency Financing—Dollar Equivalent $1.00 = B20.00		
Total RTG Contribution	58,051 660	58,051,660
(*a*) Total (U.S. $ Equiv.)	2,902,583	2,902,583
(*b*) Technical and other Services		
RTG Project Account Funds	8,450,660	8,450,660
(*c*) Commodities	422,533	422,533
RTG Regular Budget Funds	49,601,000	49,601,000
(*d*) Other Costs	2,480,050	2,480,050

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

11. Date of Original Agreement: February 7, 1977	12. Date of This Revision: August 29, 1977	13. Final Contribution Date: February 7, 1980

14. For the Cooperating Government or Agency:		15. For the Agency for International Development:	
	[*Signed*]		[*Signed*]
Signature:	XUJATI PRAMOOLPOL	*Signature:*	CHARLES L. GLADSON
Date:	8/24/77	*Date:*	8/29/77
Title:	Director-General, DTEC	*Title:*	Director, USAID/Thailand

This document records the agreement of the signatory parties to participate in certain family planning activities of the Population Planning Project during the period September 15, 1977, to September 30, 1978, which are supplemental and additional to project activities already agreed to and recorded in the original Project Agreement and Revisions Nos. 1 thru 3. Specific activities included under this revision are: (1) Expansion of Voluntary Surgical Contraception (VSC), with particular emphasis on the rural areas and the vasectomy method, and (2) Increased use of IUD insertion services.

The RTG National Family Planning Program (NFPP) of the Ministry of Health continues to give considerable priority to these two activities. The program activities described herein will intensify efforts to provide VSC and IUD insertion to the rural population of Thailand served by District Hospitals; first and second class health centers, midwifery stations and mobile units.

Before FY 77, practically all VSC services were provided mainly at the RTG Provincial Hospitals and the Maternal and Child Health Centers. During FY 77, these services were extended to District Hospitals and to some first and second class health centers through intensified training of physicians and the use of mobile VSC teams. An increase in the number of VSC procedures performed was registered in early FY 77, especially in the rural areas and should surpass 120,000 procedures by the end of the fiscal year.

Before 1977, IUD insertion services were given primarily at the provincial hospitals and Maternal and Child Health Centers. In FY 77, through the intensified training of graduate nurses and auxiliary midwives, the services were extended to

District Hospitals, first and second class health centers and, in some cases, midwifery stations. Although the number of IUD insertions did not increase during FY 77, the alarming downward trend demonstrated in FY 76 was halted and the insertion rates stabilized. It is not anticipated that this activity will create a notable increase in IUD acceptance; however, it will maintain the acceptance rate at the present respectable level, and halt the downward trend of IUD acceptance previously experienced in Thailand and in most countries of the world.

The project activities described herein are consistent with NFPP and RTG Fourth Five Year Plan objectives to expand the coverage of family planning services to the lower-income remote rural population. The VSC/IUD activities are illustrative of this RTG-NFPP policy. Past performance of these activities in FY 77 and that scheduled in FY 78 through 1981, presents an important acceleration of RTG efforts to achieve nationwide coverage during the Fourth Plan period and demonstrates the RTG commitment to assure the attainment of the goal to reduce population growth rate to 2.1% in 1981.

PROJECT DESCRIPTION

1. Expanded VSC Service Program

This project will provide support in five main areas of concentration: (1) reimbursement to the service unit for services rendered (support); (2) VSC related information, education and communication activities; (3) provision of vehicles; (4) per diem for VSC teams working in rural areas, and (5) VSC medical equipment.

A. *Current Situation*

VSC has emerged as the second most popular method of contraception and although most likely will never equal the number of annual new acceptors now being experienced by the most popular method, the oral contraceptive (OC), [VSC] will most certainly surpass and be the leading method for continued users.

The VSC acceptor rate has continuously increased since CY 1971 from 23,546 to 105,281 during CY 76. The current rate of acceptance indicates that CY 77 will be approximately 125,000.

Thailand's successful VSC program can be attributed to a number of factors. Undoubtedly, of most importance is the RTG decision in 1972 to implement a national program of reimbursing the various government health facilities (Provincial Hospitals, MCH Centers) for the cost of each procedure performed. (Reference, see Project Agreement #0283-6002, Revision #6—Previous Activity.)

In FY 1976, USAID entered into an agreement with the RTG (See above Ref.—The Expanded Program) to (1) increase the number of VSC procedures performed at rural health stations and mobile units, and (2) to promote acceptance of vasectomy.

Despite a notable increase in VSC acceptors, especially at the rural health centers and in the acceptance of the vasectomy procedure, it is evident that the project will not attain the projected number of 160,000 hospital-based and rural-clinic based procedures as outlined on page 6 of ProAg 0283-6002. This is due to a number of reasons, the most important of which are: (*a*) late arrival (June 1, 1977) of 17 mobile units; (*b*) late arrival of BSC medical kits (the majority have not yet arrived); (*c*) late initiation of physician training due to lack of equipment; (*d*) lack of per diem for existing mobile teams for 2 months; and (*e*) lack of personnel to work in rural areas. Another noteworthy factor is that the Provincial Chief Medical Officers did

not feel that reimbursement for vasectomy (B100—$5.00) was sufficient to cover the cost of this procedure, and would not stimulate accelerated use of this procedure. This undoubtedly impaired somewhat the expected dynamic rise in vasectomy procedures. In June, 1977 USAID increased its reimbursement support to B150 ($7.50), thus enabling the rural health centers to receive B200 ($10.00) for this procedure. It is too early to measure the effect of this increase.

B. *Program Description*

I. *Monetary Support*

(*a*) USAID will provide client cost monetary support for each procedure performed at (1) District Hospitals; (2) District Health Centers; (3) Second Class Health Centers; (4) Mobile Units; (5) Midwifery Stations and MCH Sub-Centers. The support will be B150 ($7.50) for each procedure, post-partal; laparoscopy, mini-laparotomy, vasectomy or other accepted VSC procedure.

(*b*) In addition, USAID will provide an institutional support of B150 ($7.50) for all VSC procedures, beyond the FY 78 NFPP target of 95,000, performed at any MOPH service facility.

(*c*) The RTG will provide institutional support for all VSC procedures up to the target of 95,000 at the rate of B150 ($7.50) for each female acceptor and B50 ($2.50) for each male acceptor. Based on the projected ratio of male to female acceptors (p. 10) the RTG institutional support will be B12,050,000 ($602,500).

The total institutional procedure cost for a female VSC procedure amounts to approximately B600 ($30) and the male VSC procedure costs approximately B200 ($10). Thus institution support plus client costs cover only part of procedures costs. RTG institutions will continue assuming that portion of operational costs not covered by institutional support. Therefore a VSC program including 48,000 male procedures and 112,000 female procedures will require an additional RTG contribution for female acceptors (112,000 × B300 ($15.00) or B33,600,000 ($1,680,000) plus all male procedures beyond the target of 95,000 (26,000 × B50 ($2.50)) or B1,300,000 ($65,000).

II. *Information, Education and Communication (IE&C)*

Presently the NFPP has 17 mobile units for VSC in operation and anticipates an additional 23 by mid-January FY 1978. A very important component of the VSC rural program is that of IE&C. When the mobile program was limited to only 3 service teams, the NFPP had sufficient personnel and equipment for proper support. Now that the number of mobile units will be expanded to 40 units, with a planned expansion to 60 by CY 1979, it is necessary to greatly bolster the IE&C component to assure that the rural populace to be served by the mobile units will be properly informed and educated regarding VSC and other family planning methods. It is necessary that each mobile team be supported by one IE&C team that will work in a given community at least 10 days before the arrival of the mobile team. The IE&C team will prepare the community for the arrival of the VSC mobile team by holding several large group gatherings at which time the attendees will be exposed to educational aids such as films, flipcharts, pamphlets, etc. to coincide with lectures by health education personnel. Posters and pamphlets explaining all aspects of VSC and other family planning methods and announcing the arrival of the team will be distributed throughout the community. It will be necessary that each IE&C team be provided with sufficient equipment and supplies necessary to do this work.

An additional educational activity that is highly important is that of regular meetings of the Provincial Medical Officers, mobile service teams, motivational teams and NFPP program coordinators to compare program trends, similar experiences, problems, positive results, etc., and to strengthen relationships from NFPP central office personnel with those in the field. It is also important that personnel from district hospitals, first class and second class health centers will also be exposed to the meetings to strengthen coordination and support to the team. During FY 78 it is anticipated that at least 3 three-day meetings of this nature be held in the four regions of the country.

In rural Thailand, especially in the South which has a large Moslem population, an effective means of education has been through the use of folk lore puppet shows. These shows which have strong educational components are highly popular with the rural people and have been effective in teaching agriculture, health and in some cases, family planning practices related to the use of the condom and oral contraceptive. This form of education has never been utilized to encourage VSC as a means of family planning, but there are many family planning and IE&C experts who feel that this approach would be highly effective. A research project to determine the effectiveness of this educational approach will be supported under this agreement. USAID will provide $20,000 (B400,000) as follows:

100 nightly presentations @ $150	$15,000
Pre-testing rural communities	2,500
Post show interviewing	1,500
Evaluation and final report	1,000

USAID will provide sufficient funds to adequately equip 40 IE&C motivational teams to enable each mobile VSC service team to be supported by one IE&C motivational team. The USG will also provide up to $40,000 (B800,000) in-kind support to partially support the regional meetings, plus the support mentioned above for the IE&C research project.

The RTG will provide all the employees to make up the 40 IE&C teams, plus supervisory personnel from NFPP's Division of IE&C. NFPP IE&C mobile units and audio-visual equipment will also be used intensively for this activity and the RTG will provide sufficient audio-visual materials, e.g., posters, pamphlets necessary over the amount furnished by the USG. The RTG's support for the regional meetings will be mainly in kind, e.g., salaries, travel and will equal the amount provided by the USG.

III. *Per Diem For Mobile VSC Teams and Motivational Teams*

As explained previously, one of the major inhibiting factors to the mobile VSC program has been the lack of sufficient personnel to make up the teams, especially physicians and nurses. This is due to the fact that most RTG physicians, nurses and other personnel in provincial and/or district towns depend on an after official hours private practice or job for their livelihood. If they spend 3–5 days at a time away from their town, it deprives them of these earnings, thus discouraging them from making the number of rural visits necessary to make the mobile teams effective. The increase to 40 teams will make it extremely difficult to man teams if some compensation is not paid to team members. Therefore, it is proposed that this agreement will provide compensation in the form of per diem for all members of the 40 mobile teams including the motivational teams and supervisory personnel from the central office (during field visits) at a rate acceptable to the RTG.

The RTG will provide all salary support for all team members of the mobile service teams.

IV. *Mobile Units*

One of the major recommendations of the Thai-American NFPP evaluation team is that each of the 71 provinces be given a mobile unit to provide VSC services to the remote rural areas of Thailand. In accordance with the recommendation, this agreement will provide an additional 20 mobile units to the NFPP for delivery in late 1978. Ten will be purchased by the USG and ten by the RTG. This will bring the total of mobile units to 60 leaving a balance of 11 to cover the 71 provinces of the country.

The RTG (DETC) will supply 10 additional mobile units, estimated cost B1,200,000 ($60,000) from project account funds of the RTG FY 78 budget, and the MOPH, all vehicle maintenance, repair and gasoline costs for all 40 mobile units, estimated at B480,000 ($24,000).

V. *Sterilization Equipment*

The USG will provide VSC equipment needed by both the service units and the mobile units. Equipment purchased by the USG previously was mainly medical equipment needed to perform the VSC procedure such as mini-laparotomy kits and vasectomy kits. However, experience gained the past year has clearly indicated that other equipment is necessary to fully assure that each VSC client will be given first class care and all measures possible taken to safeguard the client during any emergency that may arise. Two items are deemed vitally necessary: (*a*) lamps to assure sufficient light for those doing the VSC procedures, and (*b*) oxygen resuscitators in case of any emergency that may arise.

The USG will provide the following:

40 Oxygen resuscitators (mobile units) @ 350	$14,000
6 Surgical lamps (MCH centers) @ 350	2,100
40 Goose neck lamps (mobile units) at $60	2,400
	$18,500
Shipping costs	1,500
TOTAL	$20,000

With the planned expansion of 20 additional mobile units, it will be necessary to supply additional VSC kits at a rate of 20 per unit or 400 for 20 units. An additional 470 VSC kits will be needed to meet the needs of the district hospitals, MCH subcenter and first class health centers not having kits now and for the new district hospitals and first class health centers to be constructed or upgraded in 1978.

870 VSC kits @ $181.00	$157,470
Total VSC kits and equipment	$177,470

As a result of the above program inputs, clients will be able to receive free VSC services at rural health facilities with the increased service load being borne by a fleet of 40 mobile units with teams that will go to the facility and share the major portion of the work load. In addition, IE&C activities promoting VSC and other family planning methods will be greatly strengthened through 40 provincial IE&C teams possessing sufficient equipment and materials to assure that effective IE&C activities support the mobile teams. The additional 20 mobile units will be supported by 20 additional provincial IE&C teams which will receive support in the FY 78 Agreement.

The effect of the monetary support, the new IE&C component, the compensation of the mobile team and the additional 20 mobile units will continue to redirect program support away from the urban and semi-urban based hospital system, and toward the rural poor populations served by rural clinics and mobile units. The availability of free VSC services has proven to make these services more attractive to rural populations with less disposable income than urban and semi-urban dwellers. Client fees will continue being charged at Provincial Hospital and MCH centers, while the RTG institutional monetary support will be provided to all units performing VSC.

The resulting effect on the distribution of VSC services is projected to be as follows:

NFPP VSC Target: 95,000
- 73,000 Female
- 22,000 Male

Projected Distribution by Service Unit

	Male	*Female*	*Total*
Rural Health Centers and Mobile Units	15,000	40,000	55,000
Hospitals/MCH Centers	7,000	33,000	40,000
TOTAL	22,000	73,000	95,000

The increased availability and advantages of sterilization, particularly vasectomy, will be the object of an intensive and specially designed IE&C campaign throughout the 71 provinces of the country and especially in those 40 provinces having a mobile VSC unit and IE&C team. This, plus the fact the VSC services will be free in the rural areas, will undoubtedly have sufficient impact to greatly increase the number of VSC services well over the RTG target of 95,000. Although no "over target" goal has been established by the RTG, the possibility of reaching 160,000 new acceptors in FY 1978 is high. The projected distribution by service unit is as follows:

	Male	*Female*	*Total*
Rural Health Centers and Mobile Units			
Target	15,000	40,000	55,000
Over target	13,000	19,500	32,500
TOTAL	28,000	59,500	87,500
Hospitals/MCH Centers			
Target	7,000	33,000	40,000
Over target	13,000	19,500	32,500
TOTAL	20,000	52,500	72,500

* $900,000 is provided under this ProAg Revision as VSC support for these procedures. Additional support will be provided utilizing prior year (FY 76) residual funds from this activity.

Support Reporting and Reimbursement Procedure

The procedure for institutional reporting of sterilizations and requesting/receiving reimbursement will closely follow the system now being used. Each participating institution will submit a monthly claim, including MOPH Forms ES-1 and ES-2 and the new informed consent form to the central office of the NFPP. The central office will match the claim against individual acceptor cards (NFPP Standard Form 01). When all monthly sterilizations are verified the NFPP will reimburse the participating institutions on a monthly basis. NFPP will request reimbursement from USAID on a quarterly basis. USAID will provide quarterly reimbursements to the

NFPP for actual expenditures plus an advance for the ensuing quarter. A statement of quarterly releases shall be submitted by USAID to DTEC.

The reporting and repayment plan will be as follows:

Activity	*Responsible Office*	*Duration*
1. Report of Acceptors (MOPH Form 01)	Provincial Chief Medical Officer	Monthly
2. Claims for Reimbursement (Form ES-1 and ES-2 and informed consent form)	PCMO	Monthly
3. Verification of claims	NFPP	Monthly
4. Payment of Reimbursement claims to participating institutions	NFPP	Monthly
5. Submission of claims of expenditures and cost estimates for ensuing quarter (copy to DTEC)	NFPP	Quarterly
6. Reimbursement of expenditures and advance of estimated cost for ensuing quarter (copy to DTEC)	USAID	Quarterly

Audit Requirements

A continuous audit of the program by a qualified audit firm will be the responsibility of both the RTG and USAID. USAID will provide the financial support of $20,000 while the RTG will be responsible for ascertaining that the audit is being accomplished and that reporting requirements are being adhered to by the audit firm. Reporting requirements are as follows:

(*a*) A quarterly audit report shall be furnished USAID not later than 30 days after the end of the previous quarter. Example—the report covering the quarter October 1-[January 1] should be submitted to USAID not later than February 1.

VSC Program Evaluation

A continuous evaluation of the progress of the VSC program will be done by the Division of Statistics and Evaluation, NFPP. The progress of the program will be measured through close study of the NFPP Monthly Statistical Report; the MOPH Form 01, ES-1, ES-2 and the informed consent form.

An in-depth evaluation of the VSC project will be undertaken during the RTG bi-annual evaluation in 1979.

USAID will be responsible for the VSC project evaluation to be included in its annual evaluation process.

Special Provisions: VSC Project

1. USG and RTG funds specified herein for male and female client support and for institutional support for female and male VSC procedures were estimated on the basis of assumptions re: proportion of male vs female sterilizations to be performed in FY 1978. However, if the proportionate relation of male-female VSC procedures is different from this projection, USG and RTG resources made available under this agreement may be utilized to support the performance of VSC procedures at other than the estimated proportions. Regardless of any possible variation in the proportion of male-female VSC procedures, USG provided support funds will be restricted to uses described in this agreement, that is (1) to support client costs for VSC procedures performed at rural health centers or mobile units; and (2) to provide institutional support costs for VSC procedures performed beyond the FY 78 target of 95,000 procedures. In the event that all funds for support costs are not utilized during FY 78, the balance may be used into the next fiscal year, but only for the payment

of support for client cost of VSC procedures performed at district hospitals, MCH sub-centers, rural health centers and mobile units.

2. USG funds made available under this agreement for male and female VSC procedures shall be utilized only for VSC procedures actually performed from the effective date of this agreement.

3. The RTG assures that all VSC services provided in MOPH facilities, other than those given at the Provincial Hospital and MCH Center will be given without any charge what-so-ever to the client. Furthermore, the RTG assumes all costs for treatment of any complications resulting from VSC procedure.

4. The RTG reconfirms its agreement to strictly adhere to the voluntary consent practice as explained on page 7, Revision #2 of the FY 77 Project Agreement and to the "Voluntary Participation and Abortion-Related Activities" clause on page 9 of Revision #2 of the FY 77 Project Agreement.

5. The NFPP will make reimbursements to all institutions on a monthly basis and reimbursement should be paid each institution no later than 45 days after the claim for reimbursement was made.

Reporting Requirements

A summary report on VSC activities will be provided USAID on a quarterly basis providing the following information:

(*a*) Number of VSC procedures accomplished during quarter, broken down by number of female-male and by facility e.g. provincial hospital, first class health center, etc.

(*b*) Location of mobile unit (Province).

(*c*) Number of procedures accomplished by each unit, on a monthly basis.

(*d*) The quarterly Audit Report should accompany the summary report.

Project Funding Summary — Expanded VSC Program

Project Component	*USG*	*RTG*	*Total*
1. Monetary support	$900,000	$2,347,500 (Baht Equiv.)	$3,247,500
2. IE&C	$230,000	$100,000 (Baht Equiv.)	$330,000
(*a*) Equipment	160,000	40,000 (in kind)	200,000
(*b*) Audio-visual materials	10,000	20,000	30,000
(*c*) Educational meetings	40,000	40,000	80,000
(*d*) Research	20,000	— (in kind)	20,000
3. Personnel Supplemental Support (see annex A)	$393,579	$250,000 (Baht Equiv.)	$643,579
4. Mobile Units	$60,000	$60,000 (Baht Equiv.)	$120,000
5. Vehicle maintenance and Gasoline	—	$24,000 (Baht Equiv.)	$24,000
6. VSC Medical Equipment (see PIO/C)	$177,470	—	$177,470
7. Audit	$20,000	—	$20,000
TOTAL	$1,781,049	$2,781,500	$4,562,549

IUD Services

As discussed previously, the acceptance of IUDs declined in 1976, but the decline levelled off and remained at a respectable level through March of 1977. This has been due to (*a*) the training of numerous graduate nurses to insert IUD's, and (*b*) the IUD client support initiated in FY 77. It was theorized that the acceptor fee of B20 ($1.00) for an IUD insertion may have represented a constraint to acceptance among low-income rural women. Thus, in mid-1976, a client support was initiated which allowed the rural clients to receive the service free. All indications are that this did have a beneficial effect, and should be continued.

The U.S. contribution for the support will be $50,000. The RTG will provide the clinical personnel, the service facility, which includes around 600 service units, the IUD's, the inserters and all medications and supplies required to perform the procedure. Although the in-kind value is difficult to determine, it is estimated that each IUD insertion costs approximately B60 ($3.00). Value of RTG contribution for 50,000 IUD insertions receiving support is therefore calculated at $100,000.

The reimbursement procedure to be followed will be a simplified variation of the reimbursement procedure used for the VSC program. IUD-acceptor data will be reported monthly to the NFPP by the Provincial Chief Medical Officers. PCMO requests for reimbursement will be supported by the IUD reimbursement claim form. In view of the small amount of (per unit) reimbursement involved, the NFPP will not verify each insertion against client record forms, but will perform spot checks. The NFPP will forward reimbursements quarterly to the PCMO who will deposit the appropriate amounts in the accounts of the participating clinic in the province. NFPP quarterly reports to USAID and requests for reimbursement shall follow the same procedure used for sterilization support.

Audit

As in the VSC monetary support element of this agreement, it is necessary that the IUD support program be audited by a recognized audit firm. The firm should be the same as selected for the VSC activities. US funds provided for the VSC audit include funds for this activity.

Project Funding Summary — IUD Services

Project Component	*USG*	*RTG*	*Total*
Client costs			
(50,000 clients) × B20 ($1.00)	50,000	—	50,000
Clinic costs			
$2 per insertion × 50,000	—	$100,000	100,000
TOTAL	50,000	$100,000	150,000

This revision also obligates funds for (*a*) supplemental expenditures for duplicating services and miscellaneous items connected with the NFPP bi-annual evaluation, in the amount of $103.15; (*b*) per information received from AID/W obligates additional funds for participant training for PIO/Ps, indicated below and (*c*) expenses to support NFPP evaluation workshop.

PIO/P No. 70558	$36
PIO/P No. 70557	99
PIO/P No. 70542	967
TOTAL	$1,102

Total Project: Funding Summary

Project Component	*USG*	*RTG*	*Total*
1. Expanded Sterilization	$1,781,049	$2,781,500	$4,562,549
2. IUD Insertion Support	50,000	100,000	150,000
3. NFPP Evaluation	103	—	103
4. Participant training	1,102	—	1,102
5. NFPP Evaluation Workshop	1,784	—	1,784
TOTAL	$1,834,038	$2,881,500	$4,715,538

ANNEX A

PERSONNEL SUPPLEMENTAL SUPPORT

1. *Motivation*		*US$*
Support for communicator		
	1p × $9 × 20 d × 12 trips × 40 teams	= 86,400
Support for driver		
	1p × $5 × 20 d × 12 trips × 40 teams	= 48,000
2. *Mobile Service Team* (for 17 mobile units)		
Surgeon	2p × $16 × 10 d × 12 trips × 17 teams	= 65,280
Nurse	2p × $9 × 10 d × 12 trips × 17 teams	= 36,720
Clerk	1p × $5 × 10 d × 12 trips × 17 teams	= 10,200
Worker	1p × $2.5 × 10 d × 12 trips × 17 teams	= 5,100
Driver	1p × $5 × 10 d × 22 trips × 17 teams	= 10,200
		127,500
Mobile Service Team (for 23 mobile units)		
Surgeon	2p × $16 × 10 d × 9 trips × 23 teams	= 66,240
Nurse	2p × $9 × 10 d × 9 trips × 23 teams	= 37,260
Clerk	1p × $5 × 10 d × 9 trips × 23 teams	= 10,350
Worker	1p × $2.5 × 10 d × 9 trips × 23 teams	= 5,175
Driver	1p × $5 × 10 d × 9 trips × 23 teams	= 10,350
		129,375
Central Supervision Team		
Project Administrator		
	1p × $16 × 4 d × 12 trips	= 768
Assistant Project Administrator		
	1p × $16 × 4 d × 12 trips	= 768
Project Co-ordinator		
	1p × $16 × 4 d × 12 trips	= 768
		2,304