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DEPARTMENT OF STATE

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FROM - BANGKOK

SUBJECT - Project Paper (PROP) - Family Health

REFERENCE -

NONCAPITAL PROJECT PAPER

Country: Thailand

Project No.: 493-11-820-209

Submission Date: June 10, 1969

Original \_\_\_ Revision XX

Project Title: Family Health

U.S. Obligation Span: FY 1968 through FY 1970

Physical Implementation Span: FY 1968 through FY 1970

Gross life-of-project financial requirements:

U.S. dollars \$2,429,400

Cooperating country 265,000

Total \$2,694,400

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DRAFTED BY <b>Bruce D. Carlson</b>	OFFICE PH/RII	PHONE NO. x258	DATE 6/9/69	APPROVED BY: <b>Charles J. Stockman, Jr., Acting Deputy Director</b>
AID AND OTHER CLEARANCES				
AD/PH: JEKennedy Date <u>6/9/69</u>				DD PH/RII P/RE
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## I. SUMMARY DESCRIPTION

The actual span of USOM assistance to the Family Health Project (FHP) is yet to be determined. This paper, therefore, will cover only the first three-years of the "tooling-up period" of the project - i.e. 1968-69-70. The extent of USOM support of the FHP beyond FY 70 will depend upon such factors as, the policy of the Royal Thai Government (RTG) vis-a-vis population control/family planning, the specific needs of the program, the further development of contraceptive technology, the availability of assistance from other international sources, etc.

This project will assist the RTG in its efforts to establish an effective country-wide system for the planning, delivery, and evaluation of family planning services through the existing health infrastructure of the Ministry of Public Health (MOPH). The Project will make family planning services available in all 71 provinces of Thailand by 1971. This will be accomplished by 1) training all doctors, nurses, and midwives in the Department of Health, and at least one doctor and one nurse from every provincial hospital, and 2) equipping some 400 family health clinics in provincial hospitals, first class health centers, and other key locations.

In addition to the organization of family health services, the project will assist the development of multi-disciplinary research and evaluation support in the bio-medical, demographic, and social and behavioral sciences. Although major support for the project will go to the MOPH, the "project area" will also include governmental and non-governmental institutions and organizations outside the MOPH. USOM will provide assistance to such non-MOPH entities with the approval of the Director of the Family Health Project.

(A sub-project of the Family Health Project: Faculty of Public Health contract is described in the PROP submitted on 10/25/68, Project Number 493-11-480-20911)

USAID/Thailand's contributions from FY 1968 through FY 1970 will include:

### USOM Contribution FY 68

Commodities	(1) 500,000 cycles of oral contraceptive tablets	\$175,000
	(2) 49 vehicles	188,500
	(3) Medical equipment for 94 clinics	55,000
	(4) Procurement of audio-visual printing materials	24,400
	(5) Data processing equipment	21,000

	(6) Medical equipment for MCH training centers and clinics	65,400	
	(7) Books for Chulalongkorn University	2,000	
	(8) Equipment for clinical research laboratory facilities	97,100	\$628,400
Participant Training	(1) Long-Term U.S. - 2 participants (8-12 months)		
	(2) Third Country - 30 participants (2 weeks)		<u>21,000</u>
			FY 68 TOTAL \$649,400

Estimated USOM Contribution FY 69

Technicians	(1) 1 U.S. - Direct Hire	\$20,000	
		<del>25,000</del>	\$ 20,000

## Commodities

(370)	(1) Medicinal and Pharmaceutical Preparations	250,000	
(780)	(2) Industrial Machinery, Accessories and Parts	25,000	
(820)	(3) Motor Vehicles, engines & Parts	160,000	
(880)	(4) Scientific & Professional Instruments, Apparatus, Supplies & Equipment	150,000	585,000

Participant Training	(1) Long Term U.S. 7 participants		
	(2) Short-Term U.S. 3 participants		
	(3) Third Country 30 participants		<u>70,000</u>

FY 69 ESTIMATED TOTAL \$675,000

Estimated USOM Contribution FY 70

Technicians	(1) 1 U.S. Direct Hire	\$ 25,000	
	(2) 1 U.S. Contract	15,000	
			\$ 40,000

Commodities

(370)	(1) Medicinal & Pharmaceutical Preparations	600,000	
(780)	(2) Industrial Machinery, Accessories & Parts	50,000	
(820)	(3) Motor Vehicles, Engines & Parts	150,000	
(880)	(4) Scientific & Professional Instruments, Apparatus, Supplies & Equipment	200,000	
			1,000,000

Participant Training	(1) Long-Term U.S. 4 participants	
	(2) Short-Term U.S. 3 participants	
	(3) Third Country 30 participants	

50,000

FY70 ESTIMATED TOTAL \$1,090,000

Estimated RTG Counterpart Baht Expenditures are as follows:

(20 Baht = \$ 1 U.S.)

FY 68 (actual)	\$ 300,000
FY 69	1,000,000
FY 70	4,000,000

Since the Family Health Project is carried out by present health personnel through existing facilities, the prorated time of administrators, doctors, nurses, and midwives, etc. is not included. More important will be the increase of regular budget support for population/family planning activities.

II. SETTING AND ENVIRONMENT

The combination of rapidly declining mortality and rising fertility over the last twenty-five years has resulted in an accelerated population growth rate which may already be adversely affecting the health, socio-economic development, and quality of life of the families in Thailand.

The estimated population of Thailand at present is 34.5 million. This is almost double the 1947 census figure and represents a significant increase over the 1960 census figure of 27 million. Projections based on the current estimated population growth rate (3.2-3.4) forecast a doubling of the 1960 population by 1980 and a population of more than 100 million persons by the year 2000.

The RTG position on population during the 20th century has been characteristically pro-natalist(1). Nevertheless, for the last decade the effects of rapid population growth on socio-economic development have been under continual, but cautious, study by the RTG. Three national population seminars have been held since 1963 (the last in April 1968), and a series of Family Health Research Projects were initiated from mid-1964 through 1967. In addition to the official research activities conducted by the National Research Council (NRC) in cooperation with the Ministry of Public Health (MOPH), family health research projects (especially post-partum programs) were begun in four hospitals in Bangkok in 1965. It was also during this period that the National Statistics Office carried out a population change survey; that some training sessions were established for medical and paramedical personnel; and that the Prime Minister in 1967 personally endorsed the World Leaders' Statement on Population.

The MOPH is responsible for most of the health services in Thailand. The MOPH is divided into three departments, two of which participate in the Family Health Project. The Department of Medical Services is responsible for the administration of 87 urban and provincial hospitals, including 11 mental hospitals. The Department of Health provides preventive services and limited medical care in all 71 provinces. The Provincial Health Officers (PHO's) direct a system of 211 first class health centers, 1,146 second class centers, and 1,571 midwifery stations. (By 1971 these figures are expected to reach 267, 1,431, and 1,739 respectively).

Present staffing figures in the MOPH are as follows:

Department of Medical Services:	930 doctors
	2,384 nurses
Department of Health:	760 doctors
	510 nurses
	2,864 midwives
	2,153 male health workers

(1) See TOAID 4451 (12/11/68)

The number of certified doctors in Thailand is about 1 per 7,000 population. However, since most of them are in the Bangkok-Thonburi area where the ratio is 1 to 800, the doctor--population ratio in the provinces is more like 1 to 20,000 or higher. With only 300 medical doctors graduating each year, the yearly population increase of one million persons greatly exacerbates the task of adequately serving Thailand's health needs.

There are many agencies and institutions in Thailand which provide either direct or indirect inputs into the Family Health Project of the MOPH. Most of these non-MOPH entities have received and/or will receive USOM assistance with the approval of the Director of the Project. Some of these agencies and institutions are as follows:

Population Research and Training Center/Chulalongkorn University:

The PRTC at Chulalongkorn University was established in 1966 with support from the RTG and The Population Council. Its aims are three-fold: 1) to promote public and official awareness, interest, and knowledge about population matters in Thailand; 2) to train persons in Thailand to conduct demographic research and to ~~make~~ utilize demographic materials in both the applied and scientific spheres; and 3) to expand the store of knowledge about the population of Thailand, including the relation between population factors and various social and economic conditions.

Twenty-four graduate students are now enrolled in the demography program, nine of them in their second year. Beginning in 1969 the PRTC will carry out a national sample survey designed to measure social, economic and demographic changes over a six-year period.

National Statistics Office:

The NSO is the RTG agency with primary responsibility for demographic data collection and analysis in Thailand. The NSO is responsible for the census of population, as well as other censuses and special surveys. The 1970 population census will include a 25% sample of households.

Population and Social Research Center/Faculty of Public Health:

The PSRC is a university-wide unit of Mahidol University and is located in the Faculty of Public Health. The PSRC was authorized by the Cabinet in July 1966. The center serves as a mechanism to build population-related training and research activities into the Faculty of Public Health and to assist other faculties in their respective population/family planning activities. The Center is presently conducting research programs to study the biological, social and health aspects of population growth in Thailand and to evaluate and classify problems encountered in the fields of family planning as they relate to the provision of health services. The field study areas include Dang Khen, a semi-urban area on the outskirts of Bangkok, and Sung Noen, a rural area near Korat.

**National Research Council:**

The NRC is an independent agency of the RTG established in 1959 to advance scientific programs in the natural and social sciences. The NRC has the responsibility to establish and support research groups and institutions, to coordinate research activities, and to make recommendations to the Cabinet. The NRC has sponsored three National Population Seminars (1963-65-68) and has also cooperated with the MOPH in undertaking the pilot Family Health Research Projects. The Council conducted a KAP survey last year among the Muslims in the South.

**National Economic Development Board:**

The NEDB is a separate agency under the Office of the Prime Minister. The NEDB is a technical agency with a purely advisory function, and it has major responsibility for the preparation of Thailand's National Economic Development Plan.

The NEDB has been given the responsibility to formulate and to recommend to the Cabinet a policy on population/family planning. The NEDB is working with the MOPH to incorporate a general plan of action in the next five-year plan (1972-76).

**Faculty of Public Health:**

The Faculty of Public Health, (FPH) established in 1948, is one of nine constituent institutions of Mahidol University. The FPH offers degree programs for public health physicians, nurses, health educators, sanitarians, and nutritionists. There are now over 400 students enrolled in the FPH, the majority of whom are employees of the MOPH. Consequently the FPH has the primary responsibility for preparing the public health personnel necessary to implement family planning services. To develop and strengthen the teaching, research, and field demonstration capability of the FPH in support of population/family planning activities in Thailand, a five-year sub-project is being made possible through a contractual agreement between AID/W and a U.S. University School of Public Health. (See PROP, Sub-Project of Family Health Project: Faculty of Public Health Contract, Project No. 493-11-580-209.1, dated 10/25/68.)

**Medical Schools:**

The two existing medical schools in Bangkok, Siriraj and Chulalongkorn, and

\* Thailand's fourth medical school, Ramathibodi, is opening in Bangkok this year.

the one in Chiang Mai have active family planning units as part of the Department of Obstetrics and Gynecology. The departments at Siriraj and Chulalongkorn have participated in the International Population Council Post-partum Program since 1966. The three medical schools are conducting a number of clinical studies on oral and injectable contraceptives and on intrauterine devices.

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The limited scope of the "targets" outlined in the MOPH's three-year Family Health Project reflects the various constraints under which the MOPH is operating. The principal constraint, of course, and the one from which most of the others emanate, is the absence of a firm commitment at the national level to support family planning programs. Although some of the apparent reasons have been worthy of serious consideration - i.e., the need for assessing military manpower, the potential threat of the Chinese population (from within as well as without), the non-visible long-term gains from population programs, etc, the fact remains that the RTG has not approved the principle of reducing the population growth rate in spite of strong evidence indicating the need for such a decision.

The reluctance of the RTG to commit official support for family planning programs places real constraints on the Family Health Project, such as:

1. No civil service recognition of family planning personnel and therefore no regularized positions for Family Planning.
2. Lack of essential regular budget support.
3. No priority status for family planning.
4. Limitation of program publicity to word-of-mouth communication.

For the moment the Family Health Project is receiving substantial assistance from various international sources (primarily in commodity support) to maintain the program at its present level. Nevertheless, funds are badly needed from the RTG to meet the most important costs - the operational expenses.

The lack of funds obviously limits the effective organization and administration of the Family Health Project. Although the MOPH has managed to place excellent administrators in the central administrative office, there are just too few. While it is essential to integrate family planning services into the existing health structure, full-time family planning workers are needed to strengthen the central office and to develop supervisory services at the provincial levels.

Nevertheless, the general pattern of administrative behavior suggests that while supervisory positions are needed, the program must in many ways be self-generating - i.e., people coming to the clinics directly to request family planning services. This cannot be expected while publicity is confined to the clinics and hospitals and limited to word-of-mouth communication.

Official support would also legitimize the diversion of an adequate portion of health personnel time from present activities to the area of family planning. In this respect, the MOPH could outline the specific duties and responsibilities of the PHO's in their respective provinces.

The training schedule is on target. However, there is need for in-service training and monthly review sessions to supplement the one-week orientation program.

For the moment, the Evaluation Unit is in the process of setting up a system for the collection, tabulation, and analysis of service statistics, including the characteristics of family planning acceptors. Plans are also being drawn up to carry out an annual follow-up sample survey to determine the continuation rates among family planning acceptors. To help do this, data processing equipment has arrived recently. Unfortunately, the unit is short on personnel to process the incoming data and has limited office space for the equipment, desks, and storage of data. The creation of civil service positions and increased budget support would alleviate some of these major problems.

The organizational arrangement of separating the hospitals from the other clinic facilities will severely limit the extent to which an effective referral system can be worked out between the Department of Medical Services and the Department of Health. Possibly family planning will serve as a mechanism by which some communication and coordination will be carried out between the two departments.

As for the socio-cultural constraints, Thailand is very fortunate. There are no apparent social or cultural barriers to the acceptance of family planning. As in all developing countries, the timing of acceptance remains a crucial factor. The environmental factors and tradition combine to encourage and to reinforce the concept of stopping further births after having completed family formation rather than that of spacing.

As should be expected, the private sector has a much greater input at this point in the provision of contraceptives than does the RIG. Some 200,000 women are estimated to be purchasing oral contraceptives on the local market and another 10,000 using injectables.

### III. STRATEGY:

It is the policy of the United States to expand its programs of international assistance in population and family planning as rapidly as funds can be properly allocated and at a pace consistent with effective utilization of such assistance by recipient countries.

Concomitantly, because of the inevitable negative implications of too rapid population growth on socio-economic development, social and political stability, and the general health of the nation, the MOPH of the RTG initiated a three-year Family Health Project in 1966 to build a sound base for extensive family planning efforts in the coming years.

The RTG and USOM, therefore, have agreed to use their respective resources to develop a network of family planning services throughout the Kingdom of Thailand. Through the Family Health Project USOM will provide technical assistance, primarily in the form of commodity support and participant training, to assist the MOPH (and non-MOPH entities) in their efforts to 1) extend the organization and delivery of family planning services, 2) to expand and train manpower in the areas of service, training, administration, evaluation, research, and information/education, and 3) to better utilize existing health facilities, especially those related to maternal and child health programs.

The Family Health Project is an integral part of the overall efforts of the MOPH to establish comprehensive health services throughout the country. As such, it is directly related to other USOM-assisted projects such as Rural Health Development and Protein Food Development.

The Family Health Project of the MOPH also receives assistance from other international sources. Among these, the largest contribution is that of The Population Council which provides advisors, cash grants, and limited commodity support to various activities of the Project. Assistance is provided also by IPPF, UNICEF, Ford Foundation, Rockefeller Foundation, IPEF, Pathfinder Fund, and increasingly available from ECAFE, WHO, UNDP, PAC, SIDA, etc.

The ability and success of the various constituents in Thailand to make meaningful inputs into population/family planning activities will continue to be directly influenced, of course, by the willingness (or reluctance) of the Cabinet to recognize the need to reduce the present rate of population growth and then to enact the measures necessary to do so.

#### IV. PLANNED TARGETS, RESULTS, & OUTPUTS:

1. The Family Health Project will establish a sound base for the delivery of family planning services in all 71 provinces of the country by 1971. This will be accomplished by 1) training all the doctors, nurses, and midwives in the Department of Health and at least one doctor and one nurse from each provincial hospital in the methods and techniques of family planning, and 2) providing medical equipment for family planning clinics in the MOPH's provincial and district hospitals, first class health centers with doctors, and key locations in non-MOPH institutions.

By 1971, therefore, the MOPH will have a large number of trained health workers in the field of family planning -- some 300 doctors, 600 nurses, and 2,000 midwives. The number of Family Planning clinics in the Project will be about 400, not including the second class health centers and midwives. (The latter activity is now carried out on a trial basis in only four provinces. The number of provinces expected to be included by 1971 is not yet known.)

In addition to the in-country training, there will be some 15 (long and short-term) participants in various training programs in the United States, plus about 10 third country participants to Korea and Taiwan. This training will help to develop the training capacity, administrative skills, expertise for program implementation, and awareness of key personnel at various levels within the health infrastructure. (Training of personnel in public health, demography, and reproductive biology, etc. will also be sponsored by The Population Council and the Ford Foundation.)

2. By 1971 the Evaluation Unit of the Family Health Project should have established a system 1) for compiling the number of family planning acceptors on a monthly basis, and 2) for determining annually the rate of continued-users based on a national sample interview of some 2000 acceptors.

The Evaluation Unit will collect and analyze data on the characteristics of the family planning acceptors and continued users. It will also assess and compare the output of the various clinics in the Project, by contraceptive method and location.

In addition to the Evaluation Unit, four other institutions will provide data relevant to the Family Health Project; 1) the Population Research and Training Center will have provided valuable data on a broad social, economic, and demographic basis through its national sample survey of 2000 rural households (1969) and 2000 urban households (1970); 2) the National Statistics Office will have completed the 1970 population census and have preliminary tabulations related to population size, distribution of population, etc.; 3) the Population and Social Research Center should have KAP findings from its research work in a semi-urban area (Bang Khon) and a rural area (Sung Noen); and 4) the National Research Council will have completed its KAP findings on the Muslims in the South and compared them with KAP studies done elsewhere in Thailand.

3. The Research component in the demographic, biomedical, and social and behavioral sciences should be rather well-established by 1971. The medical schools will have further developed their capability in reproductive biology and physiology, and the PSRC and Faculty of Public Health will be in their second year of strengthening the social and behavioral sciences in the field of public health. (The specific targets of the Faculty of Public Health are delineated in the PROP referred to in the Summary Description.)

4. The Operations Unit of the Family Health Project will have completed the training phase of the Project's first three years and be preparing to institute further in-service training programs. This unit should have developed an effective system for the distribution of commodities, especially oral contraceptives, and for the monthly accounting of all supplies distributed, their location, and balance on hand. The health education section of this unit should have completed the preparation and publication of various patient leaflets, training booklets, programmed instruction manuals, flip charts, public health worker guides, and posters, etc, as well as effectively distributed and utilized the training films designed for health personnel. The health education section should also be producing a quarterly newsletter on the F.H.P. (The degree to which the health education section can expand its publicity on the program will depend on the policy of the Cabinet.)

5. The Hospital and Medical Research Unit of the F.H.P. should have family planning services well integrated into its health services by 1971. This will be especially true in those hospitals that institute post-partum programs (eight provincial hospitals began such programs in March 1969.) Also by 1971 the findings of the medical research on the use of oral contraceptives among women who have liver fluke should be completed.

6. Projecting progress by 1971 in such areas as RTG financial support and number and capability of administrative personnel is subject to conjecture because both are directly influenced by the policy decisions of the Cabinet on population/family planning.

#### V. COURSE OF ACTION:

Responsibility for implementing the Family Health Project rests with the MOPH. The activities in the Family Health Section under the Director of the F.H.P. are divided into three sections.

1. **Operations:** The Director of the MCH Division in the Department of Health is in charge of this section. Section is responsible for the training of health personnel, distribution of supplies, supervision of field activities, and development of health education materials.

2. **Evaluation:** The Inspector-General of the MOPH serves as Director of the Evaluation Section. This section is responsible for the collection, tabulation, and analysis of service statistics and characteristics of family planning acceptors, as well as the determination of continuation rates.

3. **Medical Research and Hospital Operations:** The Director/Provincial Hospital Division of the

Department of Medical Services is in charge of this section. The primary responsibility is to integrate family planning services, especially for post-partum programs, into the provincial hospitals. In addition, this section carries out the medical research within the MOPH on contraceptives, etc-eg. effect of liver fluke disease on women using oral contraception.

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The Family Health Section of the MOPH also serves as the Secretariat for the Coordinating Committee of the Family Health Project. This committee is composed of representatives from governmental, within and outside the MOPH, and non-governmental institutions involved in population/family planning activities. The actual functions and role of this committee are still evolving.

Related to the Coordinating Committee is the mechanism set up by the MOPH by which non-MOPH entities may request USOM assistance in the field of population/family planning. Now non-MOPH institutions submit an Activity Form which describes their activity, how it relates to the Family Health Project, their other sources of assistance, and their specific request for assistance from USOM. This request is channeled through the Director of the Family Health Project and then submitted to USOM for further consideration.

In 1968, the MOPH expanded family planning services to 20 provinces. These were Korat, ~~Amnat Charoen~~ <sup>Amnat Charoen</sup>, Chaiphum, Si Sa Ket, Surin, Ubon, Udorn, Nong Khai, ~~Loei, Buriram, Ratchaburi~~ <sup>Loei, Buriram, Ratchaburi</sup>, Pattani, Yala, Chumphon, Phatthalung, Narathiwat, ~~Wetson~~ <sup>Nakhon</sup> Si Thammarat, Chon Buri, and Chanthaburi.

The MOPH conducted one week training courses for 81 doctors, 175 nurses, and 963 midwives, and equipped 98 family health clinics in the 20 provinces.

To assist the F.H.P., USOM provided 500,000 cycles of oral contraceptives, 94 sets of medical equipment, 49 vehicles (41 for rural areas), medical equipment for second class and midwifery centers, data processing equipment for the Evaluation Section, research equipment for reproductive biology and physiology studies at Siriraj and Chulalongkorn, and some limited equipment to other non-MOPH entities.

Participant training provided by USOM in the U.S. during 1968 included two long-term candidates and 30 third-country participants. The number of initial acceptors in MOPH clinics by July 1968 was 1,079. This figure more than tripled by December as the number of clinics with trained personnel and equipment increased.

In 1969 the MOPH will extend family planning services to 24 more provinces. These are Nakhon Phanom, Maha Sarakham, Sakon Nakhon, Kalasin, Nakhon Sawan,

Chiang Mai, Lampang, Phitsanulok, Ratchaburi, Pichit, Surat Thani, Prachuap Khiri Khan, Satun, Songkhla, Trang, Krabi, Phangnga, Phuket, Ranong, Chachoengsao, Rayong, Saraburi, ~~and~~ ~~Phan~~ Lop Buri, and Chiang Rai.

The MOPH will schedule five-day training courses for 85 doctors, 174 nurses, and 776 midwives and will equip 93 clinics in these 24 provinces.

The Bangkok and ~~Phan~~<sup>Thon Buri</sup> Municipal Health Bureaus will equip some 30 clinics and have some of their health personnel trained by the Family Health Section of the MOPH.

Participant Training in the U.S. will be provided for 4 long-term and 3 short-term candidates. In addition 3-weeks observation training in Korea and Taiwan will be provided by USOM for 30 candidates.

The Evaluation Section will prepare periodic reports of the service statistics and characteristics of the family planning acceptors and conduct a follow-up survey in July of 2000 acceptors to determine ~~acceptor~~ continuation rates. (The reports will include the data submitted to the Evaluation Section by non-MOPH clinics cooperating in the F.H.P.)

The Operations Section will provide the training for health personnel, distribute equipment and supplies, prepare and distribute health education materials, and publish a quarterly newsletter.

The non-MOPH institutions will deliver family planning services, and conduct bio-medical, demographic, and social and behavioral studies as outlined earlier in the PROP. 35

For its part, USOM will provide participant training 1,000,000 cycles of oral contraceptives, 23 vehicles, 108 sets of medical equipment, medical equipment for second class and midwifery centers, data processing equipment for the Population Research and Training Center, and clinical research equipment for some non-MOPH entities.

In 1970 the MOPH will extend family planning services to the remaining 27 provinces. These are Kamphaeng Phet, Nan, Phetchabun, Mae Hong Son, Uttaradit, Uthai Thani, Chai Nat, Nakhon Nayok, Nonthaburi, Prachin Buri, Suphan Buri, Samut Songkhram, Sing Buri, Thon Buri, Tak, ~~Phrae~~, Lampun, Sukhothai, Ang Thong, Kanchanaburi, Trat, Nakhon Pathom, Phetchaburi, Pathum Thani, Samut Prakan, Samut Sakhon, and Phra Nakhon.

The three sections of the Family Health Project of the MOPH will continue their activities as described above, and USOM will provide commodity assistance and participant training consistent with the input level and desires of the MOPH.

Together with the non-MOPH institutions, the MOPH should have a sound base for implementing an effective family planning program by 1971.

HANNAH