



Misc 9320955 (29)

Family Planning International Assistance

THE INTERNATIONAL DIVISION OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

May 21, 1976

hard J. Derman, M.D.
ector

Ms. Anne Tinker, Project Manager
Family Planning Services Division
Office of Population
Department of State/AID
Washington, D. C. 20523

Dear Anne,

I have now had the opportunity of carefully reviewing, with FPIA professional staff, the conclusions and recommendations of the recent FPIA evaluation. We are indeed pleased that the report indicates that FPIA is "a top quality performer". We have attempted not to lose sight of the urgent need for cost/effective provision of services and contraceptive commodities. I hope that the coming years will permit us to play an even greater role in reaching couples in need throughout the Third World.

In your cover letter to me of April 28th, you request a response to a number of recommendations having both policy and management implications. I trust that the following information correlates well with the mutuality of objectives of both AID and FPIA.

Policy

1. FPIA intends to continue its emphasis on work with private voluntary organizations as they initiate and expand family planning activities. Indeed, based on our past success, we plan to tighten our focus on and further develop our expertise in working with church-related and women's organizations, and projects in rural areas. In addition, we plan to examine and report out our past four years experience with these groups; this is FPIA's special contribution to the field of family planning.

Our goal is to establish effective family planning programs of some permanence, which do not require long term (over five years) assistance. We believe this can be done through assistance to constituent groups. The majority of "actors" in FPIA supported programs are non-medical, non-clinical and non-professional personnel who operate (as volunteers or paid staff) at the community level. Use of such community based personnel is an innovative, effective and

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low-cost means of simplifying and spreading family planning education and service.

Religious-based institutions have a special mandate with regard to family life education, and, FPIA views favorably church-related initiatives in premarital and sex education. As you know, the audience for family life/family planning messages increasingly has been the unmarried - particularly in Africa. We see our program (in all parts of the world) placing greater priority on the 'unmarried' and 'never pregnant' group. The majority of the world's first births occur in the under twenty age group. There is emerging evidence that the timing of the first birth may be the single most important factor in determining subsequent fertility. The demystification of the family planning message and its dissemination (with service back up) through youth network - may have a long term impact on fertility. The next U.N. "year" will be the Year of the Child, (probably 1977) and should be focused both on the rights of the adolescent to unencumbered development and the rights of the child to be wanted and cared for by appropriately prepared parents. FPIA will take a major initiative in calling together the church-related groups now conducting family life/family planning programs to innovate a focus on the adolescent.

In the area of voluntary sterilization services, FPIA will seek to use AID and privately raised monies to support the initiation and demonstration of low-cost, largely out-patient sterilization services. Our priority is expanding the field application of mini-laparotomy and vasectomy techniques.

2. FPIA considers as a prime focus, the development of cost/effective models which lend themselves to replication by local funding sources. While the 2-3 year timing may not be optimal based upon individual church or government resources, the need for a phase-out timetable is recognized and should be built into every new project document.

In terms of program economics, FPIA has recently reported a cost per user figure of \$4.86. While we take pride in reaching over 1 million consumers through our project and commodity distribution network, we will continue to work towards an even further lowering of the unit cost so that increasingly scarce resources can reach more of those in need.

AID funding still predominates the international family planning scene, however, in a number of cases, our projects have been so successful that we have obtained alternative sources of funding. Indeed, the single most important accomplishment of our Haiti-01 program has been its integration into the National Family Planning Program of the Government of Haiti. Our Bangladesh-02 project led to the development of 18 projects of which four were implemented using the participating agencies' own resources and an

additional seven using funds from other donor agencies. The FPIA-assisted Turkey-01 project involves commercial distribution of condoms; funds generated from sale of condoms in the first year will support the project in the second year. In Kenya, OXFAM provided support for the FPIA Kenya-02 project. In Indonesia, the Asia Foundation started funding an FPIA-initiated project with the Council of Churches. We have also obtained funding for our Bangladesh-03 project from the Swedish International Development Agency. Philippines-16 is jointly funded with AVS. The Lorma Hospital project and the Population Information programs of Wesleyan University have been taken over by the National Government as was the natural family planning program in Mauritius. These are but some of the examples where a timely phasing-out of FPIA support was achieved.

During the past eight months we have also sought, and with some success, private funds, to initiate and expand projects. The Sunnen Foundation and Church World Service have supplied funds to purchase vehicles for our Philippines-12 project as well as to initiate a project in Ethiopia. Church World Service has also agreed to fund two projects which FPIA developed in Thailand. Private contributions obtained by FPIA also have been used to fund a component of our Haiti-02 project and to purchase and distribute much needed medical equipment.

3. In-service training is, in fact, a component of each FPIA-funded program. In addition, 24 of our current projects have as a major emphasis training of non-medical family planning personnel. Some of the most successful initiatives include the following:

Korea-06 -- where locally trained church home visitors provide information and sell contraceptive commodities on a door to door basis. The cost-per-acceptor figure of this demonstration project is under one dollar.

Costa Rica-02 -- utilize its project staff to train course "professors". The training includes proper use of contraceptives. This information is incorporated into the program that each couple undergoes prior to marriage within the Catholic Church.

Nepal-01 -- where rural women are trained in providing information and contraceptives through a network which spans most of this remote Kingdom. It is probably the only ongoing mechanism for reaching the rural populous with oral contraceptives and condoms.

Turkey-01 -- provides short term training to wholesalers and detail men who will be directly involved in a commercial non-clinical effort to distribute condoms on a national scale.

Philippines-12 -- (Iglesia Ni Cristo) - is using paramedics in a new innovative "saturation" approach. The nine recently trained team members registered over 18,000 new users in a four month period; this from 86% of homes visited, at a remarkable cost of 24¢ per acceptor.

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The addition of a technical specialist in paramedical development, as authorized by the new grant, should permit FPIA to place an even greater emphasis on utilization of non-clinical personnel for the provision of information and education. These FPIA programs will all be linked to service delivery, and wherever possible to non-clinical distribution of commodities.

4. As previously noted, FPIA views as a priority, programs which reach young people. We are, at the present, actively involved in the partial funding of an international conference on the unique needs of adolescents. Our regional staff plans to follow-up this conference with generation of locally developed service and education programs which could innovatively reach the "under twenty" target group.

Eleven FPIA projects are specifically geared towards adolescents; they include:

Kenya-02 -- which incorporates the development of a sex education curriculum for use in schools and through church-related organizations.

Ghana-02 -- where family life education seminars in secondary schools, colleges and youth organizations are held. The training conferences for teachers have a strong emphasis on sex education.

Sri-Lanka-01 -- YWCA staff provide family life information and services to women, many of whom are unmarried.

5. FPIA is particularly proud of its work in the area of voluntary sterilization. It has never been a major provider of endoscopic equipment, but rather has emphasized those techniques of male and female sterilization which can be performed on an out-patient basis. FPIA pioneered the first voluntary sterilization clinic in the Philippines at Mary Johnston Hospital under the direction of Dr. Virgilio Oblipius. In the next four months Dr. Oblipius will be visiting the Christian Medical Association of India Family Planning Headquarters, to train physicians in the use of mini-laparotomy equipment. In addition, a member of the FPIA sponsored Philippines General Hospital Training Center will work with medical institutions in Bangladesh to initiate mini-lap and vasectomy training programs. Also in the Philippines, Dr. Lena Gabriel has proven that a dedicated woman health worker can provide low cost vasectomy services to a rural Catholic populous. In the first 6 months of the Philippines-17 project, she personally performed over 2,500 male procedures. In addition to mini-lap projects in the Philippines, Bangladesh and India, voluntary sterilization initiatives under FPIA sponsorship are contemplated for Jordan, Pakistan and Indonesia.

A recent mass mailing to over 2,000 institutions has included the availability of mini-laparotomy equipment. There is no question but that excluding induced abortion, voluntary sterilization will

lation. Only through expansion of low cost out-patient services can consumer demand be effectively met.

Management

1. FPIA considers efficient and effective management as one of its top priorities. Over the past several months, a number of management improvements have taken place which have resulted in a significant reduction of delayed disbursements and late project proposal submissions. These include preparation and implementation of a simple manual regarding Procedures for Preparation and Submittal of FPIA Grant Proposals, which recently was approved by the AID Contract Office, and a revised fiscal monitoring system to ensure speedy disbursements to FPIA grantees. With regard to disbursements, FPIA also has implemented, with your approval, a "two-track" system whereby refunding proposals are sent for signature, by the grantee, at the same time as they are submitted to AID. This minimizes delays in that we are, as you know, precluded from disbursing funds without a signed grant document. FPIA also recently received approval for a revised method of disbursement and fiscal and progress reporting. This new procedure will be implemented shortly. It involves a revision of the terms and conditions attached to FPIA's subgrants.

The past several months also have seen the preparation and submission of a sub-grantee audit control procedure (pending approval in the Contract Office) and, perhaps most important, a revision of the agreement with Church World Service regarding commodity warehousing and distribution. This new agreement, which provides greater accountability and a significant reduction in cost, currently is being reviewed by the AID Contract Office. Other management improvements include employment of a full complement of staff, revision of job descriptions and the development of a computerized tracking system for commodity distribution. FPIA also has established formalized regional budgets and a monthly budget reporting system.

2. The manual on evaluation for subgrantees is well on its way to completion. It is being written in a simplified fashion so that it readily will be understood, accepted and implemented by subgrantees. Basically, the manual treats evaluation in terms of how well project implementation conforms with the original project plans; the extent to which the project objectives are being achieved or surpassed and the reasons for discrepancies between plans and accomplishments. The purpose of the manual is to enable project administrators to analyze their performance and to take remedial action to correct deficiencies and reach their full potential. A first draft of the manual already has been completed and currently is being reviewed by staff. It is expected that a final version will be completed in the next few months.

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3. The idea for workshops covering project management, evaluation and development arose prior to the Columbia evaluation and, indeed, was incorporated in the evaluation report. A "summary sketch" of such a project was included with the recent FPIA request for an additional \$1.5 million. The FPIA Field Representatives for East and West Asia already have initiated planning for such a workshop, and it is expected that Church World Service will also cooperate and provide some funding.

4. As previously written to you, FPIA management has stringent approval procedures with regard to both domestic and international travel. It is of interest to note that FPIA currently is underspending the approved travel budget. In fact, recent negotiations with the AID Contract Office will probably result in an adjudication of the travel budget at the suggestion of FPIA. We have no problem with supplying copies of trip reports as you recommend.

5. Non-AID activities account for a minimal amount of staff time and are carefully recorded. Salaries are prorated.

I trust that the above has been responsive to the recommendations of the evaluation. Given the approval of the AID recommendation which deals with additional dollars for FPIA programming, I am confident that we can continue to develop those innovative programs which have marked FPIA's evolution. Your assistance and cooperation have been invaluable. I personally look forward to our continued association.

Yours sincerely,



Richard J. Derman, M.D., M.P.H.
Director

RJD:bk

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DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

CERTIFIED A TRUE COPY THIS
12th DAY OF July 1973
BY C. Adams

Planned Parenthood Federation
of America
810 Seventh Avenue
New York, New York 10019

JUN 29 1973

Subject: Amendment No. 3
Grant No. AID/csd-3289

Gentlemen:

Pursuant to the authority contained in the Foreign Assistance Act of 1961, as amended, the subject grant is hereby amended as follows:

In the Program Description (Attachment A) section 1 entitled "Purpose of Grant" delete the last sentence, as amended, and substitute in lieu thereof the following:

"Funds are provided for direct program support costs for a four year period and commodity and local support for two years and two months, through August 31, 1973"

This extension does not require additional funds.

Please acknowledge this amendment by signing the original and all copies in the space provided below, and return the original and 5 copies to this office.

Sincerely yours,

Gerald P. Gold

Gerald P. Gold
Grant Officer
PIIA Branch
Central Operations Division
Office of Contract Management

ACKNOWLEDGED:
PLANNED PARENTHOOD FEDERATION OF AMERICA

BY *John C. [Signature]*

TITLE Chief Executive Officer

DATE 5 July 1973

UNITED STATES GOVERNMENT

PD-AAH-539

Memorandum

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TO : PHA/POP, Mr. David McMakin
AAA/PHA, Mr. Allan Furman

DATE: June 20, 1975

FROM : PPC/DPRE/PR, John ^Werty

SUBJECT: Worldwide - Operational Research for Family Planning Programs

The above project was reviewed by this office in early June. We did not completely focus on the design portion of it because of the press of other business. I specifically asked Barbara Herz, PPC/PDA, to give me a reading on the operations research portion of it so that we would have a better understanding of what the rationale was. I am attaching a copy of her memo which was written to Messrs. Shakow and Muscat on this project.

As you can see, we have some difficulty in trying to understand how this project is going to be different than the one which preceded it. We also are aware that the project has been restructured to a large degree but that it needs to be brought into sharper focus in order to accomplish the kinds of purposes which we (PPC) would see in the Agency's best interest.

We are looking forward to an opportunity to sitting down with PHA/POP people to discuss this matter and would appreciate a meeting at the earliest possible opportunity. I am sending a copy of this memo to Barbara Herz and other interested parties within PPC.

cc: PPC/PDA, Mr. Muscat
AA/PPC, Mr. Shakow
PPC/PDA, B. Herz
PPC/DPRE, A. Handly



Memorandum

→ J. Welty

TO : AA/PPC, Mr. Alex Shakow
PPC/PDA, Mr. Robert Muscat

DATE: June 17, 1975

FROM : PPC/PDA/DA, Barbara Herz *Barbara Herz*

SUBJECT: Worldwide - Operational Research for Family Planning Programs

Three weeks ago Alex asked whether we couldn't fix the Danfa project somehow so it would show what it was supposed to, namely which types of H/FP services are most cost-effective in reducing birth rates. I didn't think so, because the experimental design was so sloppy (though I'm still talking with Peter Heller). But we need to pay more attention to the design stage to avoid similar show-nothing results from other projects. The attached is a case in point.

The proposal is for "operations research" on how to improve the "effectiveness" of family planning services. But effectiveness is defined in terms of numbers of acceptors, not demographic impact of services holding constant for other things. Someone should point out that the emphasis of evaluation should be on demographic impact, and that the techniques required to do the job include multivariate analysis. Otherwise we'll only know how to get more pill acceptors -- not how to get fewer babies. I'm not sure who should take this up with the Population Office, but somebody ought to. John Welty asked for comments by June 6 (and asked PMA to give us longer next time). Unfortunately, I just got to it now. John isn't sure exactly where the PROP stands, but we should be able to plug in even if it has been signed in the June rush, since the language is so vague that we can simply focus on what "effectiveness" should mean, especially in the context of the mandate.

cc: PPC/PDA, CMichalopoulos
PPC/PDA/DA, JErriksson
JBrown
NIlolly
PPC/DPRE, JWelty



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Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan



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TAGS:

SUBJECT: INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)
ANNUAL EVALUATION

1. IN THE NEXT FEW WEEKS YOU WILL RECEIVE FROM IPPF LONDON 1975 DONORS REPORT WITH PROJECTIONS FOR 1976. WE DO NOT ANTICIPATE SIGNIFICANT BUDGETARY CHANGES FOR COMING YEAR EXCEPT WHERE FLEDGLING PROGRAMS MAY RECEIVE SUFFICIENT FUNDS TO BECOME OPERATIONAL. IN VIEW OF FOREGOING AND IN VIEW OF TIME CONSTRAINTS IN AID/W IN TERMS OF REWRITING THE IPPF GRANTEE NEW GRANT HANDBOOK, YOU ARE REQUESTED TO REPLY TO FOLLOWING QUESTIONS BY CABLE EVEN IF DONOR REPORT NOT RECEIVED. PLEASE KEY NUMBER YOUR ANSWERS.

-- 1. DESCRIBE ANY SIGNIFICANT CHANGES IN TERMS OF ADMIN

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- ISYRATION OR SERVICE BY LOCAL FAMILY PLANNING ASSOCIA-
- TION (FPA).
- 2. IF FPA HAS SPONSORED AN INNOVATIVE DELIVERY SYSTEM
- E.G. THROUGH CO-OPS, DESCRIBE ITS SCOPE, ITS EFFECTIVE-
- NESS AND COST OF SERVICES TO ACCEPTOR.
- #3. IS TRAINING PROVIDED BY FPA MEANINGFUL BEYOND NEEDS
- OF FPA FOR TRAINED PERSONNEL.
- 4. DOES FPA FILL IN MAJOR GAPS IN GOVERNMENTAL I AND E
- JA EFFORT?
- 5. WOULD YOU PREFER TO FUND FPA THROUGH USAID GRANT,
- RATHER THAN THROUGH LONDON? STATE REASON BRIEFLY.
- 6. HAS FPA PROVIDED LEADERSHIP OR OBSTACLE IN:
- A. NON-CLINICAL DISTRIBUTION OF ORALS AT VILLAGE-LEVEL.
- B. VILLAGE AVAILABILITY OF CONDOMS.
- C. GENERAL AVAILABILITY OF STERILIZATION SERVICES.
- 7. WOULD ADDITIONAL USAID FUNDING MAKE FPA MORE EFFECT-
- IVE IN CARRYING OUT SIX ABOVE?
- 8. HAS FPA POTENTIAL FOR MANAGING A COUNTRY-WIDE
- COMMUNITY-BASED DISTRIBUTION PROGRAM?
- 9. WHAT IS CURRENT CHARGE IN US MONIES MADE BY FPA FOR
- ONE CYCLE ORALS AND ONE DOZEN CONDOMS?
- 10. WHAT ARE FPA SOCKS ON HAND FOR ORALS AND CONDOMS?
- HOW LONG WILL THESE SUFFICE; WHAT ADDITIONAL SUPPLIES
- ARE ON ORDER?
- 11. IN TERMS OF INCREASING FP SERVICES, RATE FOLLOWING
- INTERMEDIARIES ON SCALE OF ONE (HIGHEST) THROUGH EIGHT
- IN TERMS OF EFFECTIVENESS AND EFFICIENCY - THAT IS A
- NUMBER FOR EFFECTIVENESS AND ANOTHER FOR EFFICIENCY.
- PUT N.A. IF INTERMEDIARY NOT ACTIVE.

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- ASSN. FOR VOLUNTARY STERILIZATION (AVS)
- FAMILY PLANNING INTERNATIONAL ASSISTANCE (FPIA)
- LOCAL FIA
- PATHFINDER
- POPULATION COUNCIL
- UNFPA (WHO/PAHO)
- WORLD BANK

II. NOTE: IN PAST AID/W GUIDANCE HAS SUGGESTED HANDS-OFF ATTITUDE FOR MISSION PERSONNEL IN REGARD TO FPA. OBVIOUSLY THE FACT THAT FPAS ARE INDIGENOUS ORGANIZATIONS WITH STRONG LOCAL SUPPORT MAKES THEM VITAL TO WORLD-WIDE POPULATION MOVEMENT. NEVERTHELESS, THERE IS EVIDENCE THAT HEALTHY RELATIONSHIPS CAN BE DEVELOPED BETWEEN POPULATION OFFICERS AND FPAS. FURTHERMORE, SIGNATURE OF ALL GOVERN-

MENTS TO BUCHAREST PLAN OF ACTION IS AN INDICATION OF DECLINING SENSITIVITY OF POPULATION ISSUE. IN BRIEF, WE URGE POPULATION OFFICERS TO FORM WORKING RELATIONSHIP WITH

ELEMENTS AT LOCAL LEVEL WITH MOST EFFECTIVE F.P. ORGANIZATIONS IN COUNTRY TO ENSURE ADEQUATE AND CONTINUING FINANCIAL SUPPORT. PLEASE ADVISE IF THIS POLICY GIVES YOU DIFFICULTY. CLASSIFY RESPONSE IF NECESSARY TO PROVIDE ACCURATE ASSESSMENT. KISSINGER

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SUBJECT: 931-11-580-955 DEVELOPMENT OF FAMILY PLANNING
PROGRAMS OF CWS AND OTHER CHARITABLE ORGANIZATIONS AID/CSD-3289

1. UNDER SUBJECT INTERREGIONALLY FUNDED TITLE X GRANT APPROVED
JUNE 1971, PLANNED PARENTHOOD FEDERATION OF AMERICA (PPFA) WILL
BE PROVIDING ASSISTANCE TO HELP IMPROVE AND EXPAND DELIVERY OF
FAMILY PLANNING SERVICES TO CHURCH WORLD SERVICE ASSISTED HOSPITALS
AND CLINICS. PREVIOUSLY CWS RECEIVED LIMITED AMOUNTS OF FAMILY
PLANNING SUPPLIES FROM PATHFINDER FUND (FINANCED PARTLY UNDER
TITLE X) AND OTHER DONORS.

2. REV. CHARLES AUSERMAN, DIRECTOR CWS PLANNED PARENTHOOD
PROGRAM, JOHN PALMER SMITH, PROJECT DIRECTOR AND MRS. MIRIAM
MANISOFF, R.N., PROGRAM CONSULTANT BOTH SUBJECT PPFA GRANT PLAN
VISIT TAIPEI TO CONSULT WITH HWANG WU TUNG,
TAIWAN CHRISTIAN SERVICE AND DAVID KO, FP OFFICER, TAIWAN
CHRISTIAN SERVICE. ACCOMMODATIONS AND TRAVEL ARRANGEMENTS
MADE THROUGH CWS. NO
MISSION ADMINISTRATIVE SUPPORT REQUIRED. AUSERMAN NOT A.I.D.
FINANCED.

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3. AUSERMAN, SMITH AND MANISOFF CURRENTLY PLAN ETA TAIPEI 9/21.
CX411 6:05 P.M. HAVE SUGGESTED THEY CONTACT USAID AFTER ARRIVAL.

4. AID/W WILL ASSUME EMBASSY CONCURRENCE UNLESS ADVISED OTHERWISE.
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ORIGIN AID-50

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SUBJECT: 931-11-580-955 DEVELOPMENT OF FAMILY PLANNING PROGRAMS OF
CWS AND OTHER CHARITABLE ORGANIZATIONS AID/CSD-3289

1. UNDER SUBJECT INTERREGIONALLY FUNDED TITLE X GRANT APPRO ED
JUNE 1971, PLANNED PARENTHOOD FEDERATION OF AMERICA (PPFA) WILL
BE PROVIDING ASSISTANCE TO HELP IMPROVE AND EXPAND DELIVERY OF
FAMILY PLANNING SERVICES TO CHURCH WORLD SERVICE ASSISTED
HOSPITALS AND CLINICS. PERVIOUSLY CWS RECEIVED LIMITED AMOUNTS OF
FAMILY PLANNING SUPPLIES FROM PATHFINDER FUND (FINANCED PARTLY
UNDER TITLE X) AND OTHER DONORS.

2. REV. CHARLES AUSHERMAN, DIRECTOR CWS PLANNED PARENTHOOD RO-
GRAM, JOHN PALMER SMITH, PROJECT DIRECTOR AND MRS. MIRIAM
MANISOFF, R.N., PROGRAM CONSULTANT BOTH SUBJECT PPFA GRANT
PLAN VISIT KOREA O/A SEPTEMBER 20 FOR CONSULTATION WITH REV. KWAN
SUK KIM, GENERAL SECRETARY, NATIONAL COUNCIL OF CHURCHES OF KOREA
AND GEORGE WORTH, POPULATION COUNCIL REPRESENTATIVE. AUSER AN NO
A.I.D. FINANCED. ACCOMMODATIONS AND TRAVEL ARRANGEMENTS MADE
THROUGH CWS. NO MISSION ADMINISTRATIVE SUPPORT REQUIRED.

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ORIGIN AID-65

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SUBJECT: 931-11-580-955 DEVELOPMENT OF FAMILY PLANNING PROGRAMS
OF CWS AND OTHER CHARITABLE ORGANIZATIONS AID/CSD-3289

1. UNDER SUBJECT INTERREGIONALLY FUNDED TITLE X GRANT APPROVED
JULY 1971, PLANNED PARENTHOOD FEDERATION OF AMERICA (PPFA) WILL
BE PROVIDING ASSISTANCE TO HELP IMPROVE AND EXPAND DELIVERY OF
FAMILY PLANNING SERVICES TO CHURCH WORLD SERVICE ASSISTED
HOSPITALS AND CLINICS. PREVIOUSLY CWS RECEIVED LIMITED AMOUNTS
OF FAMILY PLANNING SUPPLIES FROM PATHFINDER FUND (FINANCED
PARTLY UNDER TITLE X) AND OTHER DONORS.

2. REV. CHARLES AUSERMAN, DIRECTOR CWS PLANNED PARENTHOOD
PROGRAM, JOHN PALMER SMITH, PROJECT DIRECTOR AND MRS. CARRIE
LORENZANA, ASSISTANT TO DIRECTOR SUBJECT PPFA GRANT PLAN VISIT
PHILIPPINES TO CONSULT WITH TIM BALKE, CWS REPRESENTATIVE AND DR.
EDUARDO VILLEGAS PHILIPPINE COUNCIL OF CHURCHES. ACCOMMODATIONS
AND TRAVEL ARRANGEMENTS MADE THROUGH CWS. NO MISSION ADMINISTRA-
TIVE SUPPORT REQUIRED.

3. AUSERMAN, SMITH AND LORENZANA CURRENTLY PLANN ETA MANILA
9/23 PR401 2:45 P.M. HAVE SUGGESTED THEY CONTACT USAID AFTER

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4. AID/W WILL ASSUME USAID CONCURRENCE UNLESS ADVISED OTHERWISE.
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APPROVED BY: TA/POP: RTRAVENHOLT, DIR.
TA/POP/PGD: B WALKER PROC/CSD: J JOHNSON (INFO)
EA/TECH: J K SHAFER (PHONE) EA/I: L STAMBERG (PHONE)
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SUBJECT: 931-11-580-955 DEVELOPMENT OF FAMILY PLANNING PROGRAMS
OF CWS AND OTHER CHARITABLE ORGANIZATIONS AID/CSD-3289

1. UNDER SUBJECT INTERREGIONALLY FUNDED TITLE X GRANT APPROVED
JUNE 1971, PLANNED PARENTHOOD FEDERATION OF AMERICA (PPFA) WILL
BE PROVIDING ASSISTANCE TO HELP IMPROVE AND EXPAND DELIVERY OF
FAMILY PLANNING SERVICES TO CHURCH WORLD SERVICE ASSISTED
HOSPITALS AND CLINICS. PREVIOUSLY CWS RECEIVED LIMITED AMOUNTS
OF FAMILY PLANNING SUPPLIES FROM PATHFINDER FUND (FINANCED
PARTLY UNDER TITLE XI AND OTHER DONORS.

2. REV. CHARLES AUSERMAN, DIRECTOR CWS PLANNED PARENTHOOD
PROGRAM, JOHN PALMER SMITH, PROJECT DIRECTOR AND GEORGE VARKY,
MANAGEMENT AND PROGRAM INFORMATION SPECIALIST SUBJECT PPFA
GRANT PLAN VISIT INDONESIA TO CONSULT WITH DR. LUKAS HENDRATTA,
SUBCOMMISSION ON RESPONSIBLE PARENTHOOD, INDONESIAN COUNCIL OF
CHURCHES, AND PETER PURDY, CWS REPRESENTATIVE. ACCOMMODATIONS
AND TRAVEL ARRANGEMENTS MADE THROUGH CWS. NO MISSION ADMINISTRA-
TIVE SUPPORT REQUIRED. AUSERMAN NOT A.I.D. FINANCED.

3. AUSERMAN, SMITH AND VARKY CURRENTLY PLAN ETA DJAKARTA 9/26



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CX791 12:20 P.M. HAVE SUGGESTED THEY CONTACT USAID AFTER
ARRIVAL.

4. REQUEST MISSION CONCURRENCE. IRWIN

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