QUARTERLY REVIEW
RESOURCE SUPPORT SERVICES AGREEMENT
DS/POP/FPSD
AID/WASHINGTON
April 1-June 30, 1979

Roger Rochat, M.D., Deputy Director
Leo Morris, Ph.D., Chief, Program Evaluation Branch

August 15, 1979

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Center for Disease Control
Bureau of Epidemiology
Family Planning Evaluation Division
Atlanta, Georgia 30333

RSSA QUARTERLY REVIEW

I. Program Highlights

A. Accomplishments:

1. Contraceptive Prevalence Surveys
   a. Latin America
   b. U.S.-Mexico Border Survey
2. CBD Evaluation
   a. Honduras
   b. Baseline survey-CBD program, Piaui, Brazil
3. Epidemiologic Studies on Fertility Control & Pregnancy Outcome
   a. Maternal/Abortion Mortality-Bangladesh
   b. Abortion Morbidity-Philippines
   c. Sterilization Surveillance

B. Planned Activities

1. Contraceptive Prevalence Surveys
2. Logistics Assistance
3. Epidemiologic Studies on Fertility Control & Pregnancy Outcome
4. Training
5. Topics proposed by Bill Bair

II. FPED/CDC International Travel

A. Completed: April-June 1979
B. Planned: July-December 1979
C. Foreign International Travel to CDC: July-September 1979

III. RSSA Reports

A. April-July 1979
B. In progress: August 1979

IV. Budget Data

V. Categorization of International Activity Units

VI. International Visitors to FPED/CDC: October 1978-June 1979

I. PROGRAM HIGHLIGHTS

A. Accomplishments

1. Contraceptive Prevalence Surveys
   a. Latin America - 1979 Surveys in Panama and Piaui State, Brazil in the field. Final report on 1978 Sao Paulo State, Brazil submitted to AID/W in June 1979. Report on 1978 El Salvador report to be presented to AID/W today, 8/15/79 (See Table 1). 1978 Guatemala Survey in data analysis stage and preliminary report expected week of 9/10/79 (See Table 2). Review of prevalence survey data in Latin America shown in Table 3. In addition, during July Dr. Leo Morris reviewed prevalence data in Peru from the 1977 WFS and the results are as follows:

Percentage of Currently Married Women Aged 15-44 Currently Using Contraception, Peru-1977

Method	Percent
Rhythm	10.9
Pill	4.2
Withdrawal	3.3
Sterilization	2.7
IUD	1.4
Condom	1.1
Other	1.9
TOTAL	25.4

2. CBD Evaluation
   a. Honduras - Technical assistance was provided in February 1979 to the Asociacion Hondurena de Planificacion de Familia (AHPF), the International Planned Parenthood Federation (IPPF) affiliate in Honduras, in the evaluation of its community-based distribution (CBD) Program of contraceptives, which was initiated in November 1976. The request for technical assistance was initiated by the Pathfinder Fund with the concurrence of USAID/Honduras. As of November 1978, the AHPF was selling contraceptives through 414 community-based distributors living in 349 different communities throughout the country.

   From November 1976 through November 1978, 49,650 new acceptors had been admitted to the program. However, since January 1977, there has been a general decline in the monthly average number of new acceptors recruited by the program. In 1977, the monthly average number of new acceptors was 2,007 compared to 1,840 for the January-November 1978 period, or a decrease of 8.3%. The Central Zone and the metropolitan areas of Tegucigalpa and San Pedro Sula were identified as the geographical areas with the greatest decline in new acceptors.

I.A.1.b. U.S.-Mexico Border Survey

The status of field work on the U.S. side as of August 3, 1979 is shown below:

Area SMSA	Households in Sample	Households Contacted	Completed Interviews	WCA Interviewed
San Antonio	1,200	1,200	1,042	421
Corpus Christi	345	345	300	119
Brownsville	120	120	82	31
Laredo/El Paso	835	0	0	0
Sub-total	2,500	1,665	1,424	571
Non-SMSA				
Texas	1,275	1,275	1,165	525
Arizona	275	275	256	96
New Mexico/Calif.	950	0	0	0
Sub-total	2,500	1,550	1,421	621
TOTAL	5,000	3,215	2,845	1,192

On the Mexican side, there will be 2,000 interviews scheduled with women of childbearing age in the border area to determine contraceptive use by method and source and future contraceptive needs.

TABLE 1

Current Use of Contraception, by Method and Residence, Currently Married Women 15-44 Years of Age
El Salvador, 1978

Method	Proportion of Women 15-44 Years of Age Contracepting by Area*			
	Total	Metro**	Urban	Rural
Sterilization	18.0	28.0	20.1	14.7
Pills	8.7	13.8	12.3	6.2
IUD	3.3	7.5	4.0	2.0
Rhythm	1.7	1.9	2.1	1.6
Condom	1.5	2.5	2.0	1.1
Other***	1.2	2.7	1.6	0.6
TOTAL	34.4	56.4	41.9	26.2
Public-Private Sector Ratio	6.6:1	3.1:1	7.2:1	12.1:1
N:	1476	375	441	660

*NOTE: Individual method proportions may not add to total because of rounding
**Metropolitan San Salvador
***Other methods include injection, foam, diaphragm, and withdrawal

TABLE 2

Percent of Non-users* that Desire to Use a Contraceptive Method, Knowledge of Availability of Contraception, and Method Desired: El Salvador, Guatemala, and Sao Paulo State, Brazil

	El Salvador	Guatemala	Sao Paulo State, Brazil
Percentage of Non-users that Desire to Use a Contraceptive Method	26.3	31.8	44.4
Percentage with Knowledge of Where to Obtain a Contraceptive Method	87.5	42.9	75.0
Method of Choice:			
Sterilization	38.3	13.5	NA
Orals	27.7	34.3	NA
Condom	3.8	0.3	NA
IUD	3.1	3.2	NA
Other Method	15.1	21.7	NA
Any Method	8.3	5.7	NA
Don't know/Unknown	3.8	21.3	NA
	100.0	100.0	

*Currently married women aged 15-44

NA - Not available

TABLE 3

Percentage of Currently Married Women Age 15-44 Using Contraception by Method, Selected Areas in Latin America with Contraceptive Prevalence Surveys and the Panama World Fertility Survey

Current Use and Method	Sao Paulo State, Brazil (1978) [1]	Costa Rica (1978)[2]	Panama* (1976)	Mexico (1978)[2]	El Salvador (1978) [1]	Paraguay (1977) [1]	Guatemala (1978) [1]
Currently Using	63.9	63.9	53.9	38.0	34.4	25.7	18.2
Orals	27.8	23.2	17.0	14.0	8.7	10.1	5.4
Sterilization	16.1	14.6	21.6	7.0	18.0	2.9	6.4
IUD	0.4	5.1	3.7	7.0	3.3	3.4	1.3
Condom	6.6	8.4	1.2	1.0	1.5	1.8	0.8
Other Methods	13.0	12.6	10.4	9.0	2.9	7.4	4.3
Not Currently Using	36.1	36.1	46.1	62.0	65.6	74.3	81.8
Number of Married Women (in sample)	1,880	2,037	2,723	2,663	1,476	1,208	1,915
Reported or Estimated Crude Birth Rate (per 1,000 population)	23.9	29.8	30.8	38.0	43.0	46.0	44.3

*Includes only women 20-49. It is estimated that 47% of currently married women age 15-44 were currently using contraception.

[1]Conducted with technical assistance from FPED/CDC
[2]Conducted with technical assistance from Westinghouse

Money collected from the sale of contraceptives has steadily increased since the beginning of the program. For the third quarter of 1978 collections had increased to L27,817.95 (U.S. $13,908.97). Although revenue collected in one quarter has generally exceeded revenue in the previous quarter, increases from one quarter to the next have generally declined. Based on revenue collected during October-November 1978 total collections for the fourth quarter of 1978 may not exceed the previous quarter. The stabilization in revenue collected reflects a decline in the number of new acceptors admitted to and the number of active users maintained in the program.

Two analyses were made to evaluate the accuracy and completeness of reporting of users in the program. Based on these analyses the following general observations can be made:

1. Inactive users in the program are under-reported.

2. Terminated and active users are over-reported. The over-reporting of active users ranged from 3% to 78% with a median of 21%.

3. Readmissions in the Northern Zone are over-reported.

4. In some instances, the definition and reporting of users in the data system are distinct for the two programmatic zones of the CBD program.

Based on our analysis of 2 independent sets of data, we estimated that 18,545 and 18,965 users were active in the program at the end of September and November 1978, respectively. This compares with the 27,756 users that would have been reported as active by the program the end of November. Recommendations were made to rectify the problems we encountered in the definition and reporting of users in the program. The principal recommendations are:

1. Standardize definitions and reporting procedures for both zones.

2. The classification of "continuing user" should be discontinued and only active users should be reported.

3. If adopted, the above recommendations should be implemented as soon as possible, either in the preparation of the January 1979 monthly report or the February report. We further recommend that earlier reports not be redone to reflect these recommendations because of the time and expense that would be involved in correcting them.

An analysis of terminated users suggests that the cost-benefit of following up these users may be low, as the majority of women leave the program for reasons of personal convenience that follow-up activities would have no effect on. We recommend that the follow-up program be discontinued.

A break-even analysis was done to determine when the AHPF CBD program could become self-supporting with the receipts from the sale of contraceptives. With an annual program budget of $216,325, revenue from 166,404 active users would be required in order for the program to break even.

Since it was initiated, the CBD program has been actively expanding its coverage both in terms of field workers and communities served. The increases have been substantial and impressive. However, during 1979 we recommend that attention be given to consolidating the program and making it more efficient and effective in attracting and maintaining users. Specific recommendations were made for consolidation, including:

1. Emphasis of the program should be placed on recruiting new acceptors and maintaining them in the program. Promoters and distributors should both be responsible for the recruitment of new acceptors.

2. In order that promoters have more time for educational and informational activities in the community, the number of their visits to distributors for the purpose of resupply, collection of money, and general supervision, should be reduced to 1 visit per 3-month period.

3. The education, information, and motivation component of the CBD program should be evaluated. For this evaluation it may be desirable to obtain the services of an outside consultant.

4. A system of monetary and non-monetary incentives to reward excellent performance in the program should be developed as a means to reduce turnover in field personnel.

b. Baseline Survey - CBD Program, Piaui, Brazil. Initial contacts concerning the Piaui baseline survey were made with BEMFAM officials and advisors from Columbia University in July 1978 (see Brazil RSSA report dated August 2, 1978). A statewide community-based distribution program was scheduled to begin in January 1979 in that state and advanced planning would provide the opportunity to conduct a baseline survey to collect data against which program impact could be measured 2 or 3 years later. Not only is there a complete

absence of information on contraceptive use in Piaui, vital statistics are incomplete and irregular. Between 1971 and 1977, the crude birth rate (CBR) has been reported to vary between 32 per 1,000 and 50 per 1,000 as follows:

1971 - 32
1974 - 50
1975 - 38
1976 - 42
1977 - 38

In 1971, the CBR in Teresina (the state capital and major urban area of the state) was reported to be 45 per 1,000 compared with a statewide figure of 32 per 1,000, which indicates under-reporting in rural areas and existing reports by occurrence rather than residence. In addition, only 21% of the births (32% in Teresina) registered in 1971 took place that year; the great majority having taken place in previous years, although registered in 1971.

Although it would have been ideal to do the survey field work in January and February 1979, this was logistically impossible because the rainy season extends through March, and many roads are impassable at that time of year. July 2 was set as the beginning date of the survey as this was the dry season, and university students would be available to work as interviewers during their winter holidays. However, this apparent delay of 6 months between program initiation and the survey was shortened to 3 months as the CBD program was delayed and did not begin until April. To compensate for this delay, the questionnaire was designed so that contraceptive prevalence could be determined as of March 1979 and July 1979. Specifications of the survey include an independent 2-stage probability sample of 1,500 households in each 2 strata: the municipio of Teresina and the rest of the state (Interior). With 1,000 women between 15-44 years of age in each strata, the confidence interval (95%), including design effect, will be about $\pm$4.0% for the variable: actual use of contraception. For the entire state, the confidence interval, including design effect, will be about $\pm$2.5%. With an independent sample design in each strata, Teresina will be oversampled and the Interior undersampled so that sampling probabilities will not be equal in the 2 strata. In order to make statewide estimates, weighting factors will be applied to account for unequal sampling probabilities.

In January, appropriate contacts were made with federal and state officials in Piaui concerning availability of interviewers, local salary, and per diem schedules, availability of malaria maps and road conditions. Our 2 days in Piaui in January confirmed the logistic problems associated with the rainy season as we had 2 days of torrential rains. The

Planning Institute (IPAM) would provide an updated detailed map of Teresina, and SUCAM would provide updated locality maps for rural areas that were being used in the malaria program. Thus, following an initial selection of census sectors from the 1970 census, second-stage selection of sample points could take into account the updated maps available in Piaui and be adjusted accordingly. The first stage selection of census sectors took place at IBGE in Rio de Janeiro in February, and the corresponding census sector maps were provided to BEMFAM in March.

The total number of weeks of field work, including a week of training, was estimated at 8 to 9 weeks utilizing 3 teams of interviewers, with training scheduled for the week of July 2-6 and field work scheduled from July 9 through August 31.

The questionnaire was similar to that used in Sao Paulo (for comparison purposes--Sao Paulo being the richest state and Piaui the poorest state in Brazil) with an additional module on the use of the maternal-child health services. The questionnaire was pretested in May and after minor modifications, was ready for use on July 2 when training began as scheduled.

During the first week of field work, 675 households were visited, 600 in the municipio of Teresina and 75 in the Interior. The revisit rate in Teresina was 24.2% and in the Interior was 6.7%. A preliminary tabulation of contraceptive use was made for the first 455 complete households in the municipio of Teresina, which represents 30% of the 1,500 households on the sample. However, it must be noted that these first households essentially represent the urban area of Teresina and not the entire municipio. With this cautionary note, the preliminary tabulation showed that 40% of married women (including consensual union) were currently using contraception in July as follows:

Surgical contraception	23%
Pill	11%
Rhythm	4%
Other Methods	2%
	40%

As mentioned above, an additional question was added during interviewer training to determine contraceptive use as of March 1979, prior to the CBD program as well as during July-August 1979 so that the early impact of the program could also be measured.

Reports from the Piaui CBD program, initiated in April 1979, were available for April and May 1979. During the first month (April), there were 2,546 new clients followed by an increase to 4,260 in May for a 2-month total of 6,806. The preliminary goal for the first year of the program is 29,836 new clients.

3. Epidemiologic Studies on Fertility Control and Pregnancy Outcome

a. Maternal/Abortion Mortality: Bangladesh. Between May 23 and June 8, 1979, Dr. M. Rosenberg visited Bangladesh to complete data collection and editing on a project to define causes of maternal mortality and abortion complications as well as to estimate the annual rate of abortion deaths and the degree to which they may be preventable. Data were collected over a 6-month period beginning in December 1978 on a total of 1,496 complications of abortion (including 498 deaths) and 1,435 maternal (excluding abortion) deaths which occurred since 1977. Most came from rural health care facilities, which serve the majority of Bangladesh's population and form the focus of this study (See Table 4)

Results indicate that abortions are sought mostly by married women (82%) and by women in whom half (46%) are in the first trimester of pregnancy. Most abortions are performed by dais (women who medically attend during delivery), most commonly with a root inserted into the uterus until abortion or complications evolve. Only 14% of abortions were performed by licensed physicians, and 9% of abortions were performed by either menstrual regulation or dilatation and curettage. Thirty-one percent (31%) of reported abortions resulted in death, and 49% of the procedures, which resulted in death, were performed by dais. Eighteen percent (18%) of these procedures were done by registered physicians, although there was no differentiation within this group by legality of procedure.

The 1,435 maternal deaths (excluding abortion deaths) recorded is believed to represent approximately 5% of the annual maternal mortality rate for the country. This sample revealed that most women dying were married (97%) and that death was most common during the eighth and ninth month of pregnancy and the month immediately following pregnancy (95% of those with known dates of death). Common predisposing problems with maternal health were malnutrition (25%) and anemia (44%). Common complications of pregnancy included eclampsia (37%) and prolonged or obstructed labor (18%). Combination of these data and extrapolation based on previous studies lead us to a conservative estimate of 9,700 annual deaths in Bangladesh due to abortion.

A portion of the study was concerned with the attitudes of Bangladesh's rural physicians toward abortion. Current law permits abortion only to save the life of the mother, and virtually all physicians in the study (99%) favored abortion in other circumstances.

An outgrowth of this work was to identify other fertility research needs. A proposal was prepared for a prospective study of major medical complications resulting from male and female sterilizing procedures and has been submitted for funding. This proposal includes ongoing consultation by the CDC for its expected 18-month duration.

TABLE 4

Maternal Deaths Known to Health Workers*
Bangladesh, 1978

Reported Cause	No.	Percent
Abortive		
Induced abortion	498	25.8
Spontaneous abortion	34	1.8
Ecotpic	17	0.9
Antepartum		
Eclampsia	528	27.3
Intrapartum		
Bleeding	469	24.3
Difficult labor/delivery	252	13.0
Uterine rupture	113	5.8
Postpartum		
Tetanus	14	0.7
Other infections	66	3.4
Other	171	8.8
TOTAL**	1,933	111.8

*Survey conducted by Institute for Statistical Research and Training with PIACT support for field work, Ford Foundation support for Dr. A. Measham, and USAID support for consultants Dr. R. Rochat, Dr. M. Rosenberg, and Statistical support staff at CDC

**Total exceeds 100% because of multiple causes of some deaths

Before leaving Bangladesh, Dr. Rosenberg briefed Sallie Craig-Huber of USAID/Dacca on the status of the survey and tentative plans to disseminate its information.

b. Abortion Morbidity Philippines. The following is an abstract of a paper recently completed by Charlie Chen, Ph.D., a Demographer in the Program Evaluation Branch of FPED. The data were made available by Dr. Juan Flavier, who is co-author of the paper which has been accepted for publication by Studies in Family Planning. The title of the paper is, "Knowledge About, Attitude Toward, and Practice of Induced Abortion in Rural Villages of Cavite, Philippines."

A survey of all married women from 15 through 49 was conducted in 1976 in 5 rural villages in the Philippines by the International Institute of Rural Reconstruction. Data were analyzed at the Center for Disease Control on a collaborative basis. Of 676 respondents, 17% admitted that they had had at least one induced abortion. The hilots, doctors, and drugstores were the major providers of abortion; and the methods used ranged from oral tablets to herbs, injection, D&C, and massage. About 12% of respondents were hospitalized with complications from abortion. An upward trend toward abortion over time was speculated. There was an age difference in reported abortion experience. A large minority were aware of how an abortion could be performed and believed that abortions were easily obtained in their communities. Half the respondents approved of abortion, and 57% stated that abortion is legal. Medical, health, and religious rather than legal factors, were the primary concerns of those who disapproved of abortion. To supplement the shortcomings of this study, it was recommended that a large-scale survey be designed to study morbidity associated with induced abortion.

c. Sterilization Surveillance. The following ifnormation was sent to Dr. James Shelton, Research Division, AID, in answer to his request for information about FPED's efforts in studying the epidemiology of surgical sterilizing operations. Four major efforts were detailed for AID's information. We appreciate AID/W's support for some of these activities in the past and look forward to continuing these important efforts.

The first major activity that we are involved in is a surveillance of morbidity associated with surgical sterilizing operations in women. We call this the Collaborative Review of Sterilization (CREST). This surveillance is accomplished by contracting with institutions and physicians who perform the sterilizing operations. They interview a woman before her operation, abstract medical records after the operation, and call back in 3 weeks and 1 and 2 years after the procedure. By analyzing this information, we hope to document

which sterilizing operations are the safest, both in terms of long and short-term complications, and which have the lowest failure rates. Our plan is to obtain information on approximately 1,500 procedures of each type performed at each time. That is, a particular sterilizing operation (e.g. electrocoagulation) could be performed postpartum, postabortion or not in relation to a pregnancy event. Hence, we need 1,500 electrocoagulations done at each of these 3 times for a total of 4,500 electrocoagulation procedures. Likewise for bandings, mini-laps, Pomeroys, and so forth. Currently we have contracts with institutions to provide us with approximately 3,500 procedures. As monies become available over the next several years we anticipate letting contracts to acquire information on approximately 22,000 procedures. To this date CREST has been mainly supported by CDC funds. Effective, rapid implementation of this project will require more funds than CDC can presently budget.

Because technology used in this country is fairly similar to that used in other places, we anticipate that the results of this study should be directly transferable to the international situation. Knowing which procedures are the safest should help the Agency for International Development in its efforts to provide safe and effective surgical sterilization around the world.

The second area we are working in is gathering information on deaths related to surgical sterilizing operations in women. Work on this activity was begun in 1978-79 by Dr. Sherry Thacker with monies provided through the AID/CDC RSSA. The goal of this activity is to assemble a list of all deaths related to surgical sterilizing operations in the United States and to investigate each one of them. So far, we have identified over 70 deaths. The case reports will then be analyzed to determine the chain of events leading to the death. This work will be reviewed by a group of medical, legal, and other experts, who will help identify ways in which such deaths can be prevented in the future. This methodology is similar to that which we used for studying abortion deaths and has resulted in a dramatic decline in deaths related to surgical sterilization.

The information uncovered in this surveillance should be directly transferable to the international situation. Similar techniques are used both in the U.S. and abroad, and many overseas physicians are trained in the U.S. or by U.S. physicians. Hence, we would expect the technology to be similar and the results of our surveillance directly transferable.

We plan to uncover deaths related to surgical sterilization in 3 ways: (1) The Commission of Professional and Hospital Activities (CPHA) maintains a surveillance on over 40% of

discharges from U.S. short-term hospitals. We will contract with them to obtain a list of the deaths of which they are aware. (2) We will work through State Maternal and Child Health and Vital Registry activities to ascertain additional deaths. (3) We will depend (as we do in our abortion surveillance system) on reports from our informal network of interested family planners.

The third activity relates to establishing a count of surgical sterilizations in the United States. This count serves as a denominator so that we can calculate morbidity and mortality rates. While the activity itself is not directly usable by AID, the resulting morbidity and mortality rates should be.

The fourth activity is direct consultation to developing countries in assessing the safety of sterilization as practiced there. We recently drafted a protocol to study the safety of sterilization procedures in Bangladesh. In late June 1979 Bill Bair (AID/W) visited CDC and asked if we could provide assistance with a similar study in Colombia. These studies should help identify operator and patient risk factors under conditions which do not occur in the United States.

B. Planned Activities

1. Contraceptive Prevalence Surveys

FY 79

a. Complete final reports for El Salvador and Guatemala
b. Complete field work and coding for Piaui, Panama, and U.S. portion of U.S.-Mexico Border Survey

FY 80

a. Data processing and report writing for Piaui, Panama, and U.S.-Mexico Border
b. CBD baseline survey in El Salvador
   CBD evaluation surveys in Northeast Brazil

2. Logistics Assistance
   a. Bangladesh
   b. Peru
   c. Panama
   d. Central America Workshop

3. Epidemiologic Studies on Fertility Control and Pregnancy Outcome
   a. Sterilization Morbidity-Bangladesh
   b. Reproductive Outcome-Cameroon
   c. Oral Contraceptive Study-Brazil (Sao Paulo)

4. Training
   a. Short-term-Family Planning Evaluation Workshop for International Health Professionals, August 1979

1) Mr. Soegeng Waloejo, Indonesia
2) Dr. Set Yawati Budiningsih, Indonesia
3) Dr. Tjakra Manuaba, Indonesia
4) Mr. Pravit Lejchaikarm, Thailand
5) Dr. Chisale Mhango, Zambia
6. Dr. Lucas Blanco, Peigo

b. Long-term - FY 1980
1. Dr. Chisale Mhango, Director-Designate, Maternal/Child Health Division, Ministry of Health, Zambia
2. Dr. Hani Atrash, Ob-Gyn Dept., American University of Beirut, Lebanon

5. Topics proposed by Bill Bair during site visit to FPED/CDC, June 25, 1979

1. Sterilization study-Colombia(Morbidity & Mortality and Health Impact)
2. Health effects of family planning/fertility reduction
3. Summary of contraceptive prevalence data-Latin America
4. Management Workshop-Central America
5. Vertical vs. Horizontal programs
6. Abortion epidemiology/surveillance (Colombia, Costa Rica, Panama)

FPED/CDC INTERNATIONAL TRAVEL

April - June 1979

Date(s)	Country (Person[s])	Purpose of Travel
4/8-10/79	U.S.-Mexico Border Health Association Meeting-San Diego (Kochat, Morris, Friedman)	Discuss with PAHO and Mexican officials the U.S.-Mexico Border Family Planning/MCH Survey
4/16-21/79	Jamaica (Anderson)	Consult with AID Mission concerning proposed contraceptive prevalence survey
4/23-26/79	Mexico (Morris, Friedman)	Consult with SSA and CNPF officials on the implementation of U.S.-Mexico Border Family Planning/MCH Survey
4/23-26/79	IPPF-London (Cates)	Annual Central Medical Committee Meeting
5/6-10/79	Korea (Greenspan)	Fourth International Conference on Voluntary Sterilization
5/14-16/79	Panama (Morris)	Finalize questionnaire and field work plans for contraceptive prevalence survey scheduled for July 1979
5/17-22/79	Guatemala (Morris)	Discuss preliminary results from 1978 Contraceptive Prevalence Survey with AID Mission and APROFAM
5/21-26/79	El Salvador (Monteith)	Follow-up assistance in implementation of patient flow analysis
5/23-25/79	El Salvador (Morris)	Provide assistance to ADS in completing Spanish language report on 1978 Contraceptive Prevalence Survey
5/23-6/8/79	Bangladesh (Rosenberg)	Follow-up consultation-maternal mortality/ family planning survey
6/11-13/79	Mexico (Tyler)	WHO Steering Committee for the Task Force on Oral Contraception (non-AID funding)
6/29-7/21/79	Brazil (Morris, Harrison)	a) Training and implement field work for Piaui CBD baseline survey b) Discuss final English report on 1978 Sao Paulo Contraceptive Prevalence Survey with USAID and PUCC

FPED/CDC INTERNATIONAL TRAVEL

PLANNED: July-December 1979

Date(s)	Country (Person[s])	Purpose of Travel
7/9-19/79	Panama (Monteith, Anderson)	Training and implement field work for Contraceptive Prevalence Survey
7/1-3/79	Mexico (Rochat)	U.S.-Mexico Border Family Planning/MCH Survey
8/13-24/79	El Salvador (Monteith and Hudgins)	Implement patient flow analysis in 22 MOH clinics (previously scheduled for June but postponed until August)
8/15-18/79	Mexico (Rochat)	U.S.-Mexico Border Family Planning/MCH Survey
9/17/79	Guatemala (Morris)	Discuss final results of 1978 CPS with USAID Mission and APROFAM
9/18-19	El Salvador (Morris)	Discuss final results of 1978 CPS with USAID Mission and Government Officials
9/20/79	Panama (Morris)	Review coding phase of 1979 CPS
9/21-10/3/79	Brazil (Morris)	Coding phase of Piaui baseline survey and preliminary plans for 1980 survey in States of Northeast Brazil with existing CBD programs
9/24-10/5/79	Brazil (Rosenberg)	Technical assistance to CEMICAMP, Campinas, SP, in study of epidemiology of oral contraceptives and risk factors of breast cancer
10/8-11/12/79	a) Bangladesh (Graves) b) Philippines (Graves)	a) Follow-up logistics assistance including expansion of system b) Discussions with USAID Mission concerning regional logistics advisor
October	Honduras (Monteith, Oberle)	Follow-up assistance to Demographic Association CBD program to review implementation of recommendations made in February 1979
October	Tunisia (Ewen)	Evaluation Assistance

PROPOSED TRAVEL OF FOREIGN NATIONALS
TO FPED/CDC: July-September 1979

Date(s)	Person(s)	Country	Purpose
8/27-9/7	Antonieta Pineda, Chief Department of Evaluation	Guatemala	1978 Guatemala Contraceptive Prevalence Survey---prepare preliminary report in Spanish

RSSA REPORTS COMPLETED

April-July 1979

Date of RSSA Report	Country/Project	Travel Date(s)	Person(s)
4/2/79	Egypt: Presentation of paper, "Measuring the Relationship Between Child Health & Fertility," at Seminar on Intermediate Variables Affecting Fertility (non-AID funding).	3/7-13/79	J. Anderson
4/12/79	Honduras: Evaluation of Demographic Association CBD program	2/3-17/79	R. Monteith J. Friedman
4/25/79	El Salvador: Patient Flow Analysis	2/26-3/13/79	R. Monteith A. Bailowitz
5/7/79	El Salvador: Implement training and field work portion of MOH Rural Health Aide project evaluation	3/12-30/79	G. Rubin
5/21/79	Jamaica: Consult with AID Mission and UWI concerning proposed contraceptive prevalence survey	4/16-21/79	J. Anderson
5/23/79	Mexico: Consult with SSA and CNPF on the U.S.-Mexico Border Family Planning Survey	4/23-26/79	L. Morris J. Friedman
5/30/79	El Salvador: Follow-up TDY assisting MOH analyze sterilization data	12/4-15/78	A. Paris J. Conn
6/4/79	IPPF/London: Implement second mailing for lactation--use of oral contraceptives study	3/25-4/1/79	L. Strauss
6/4/79	IPPF/London: Annual Central Medical Committee Meeting	4/23-26/79	W. Cates
6/7/79	El Salvador: Follow-up technical assistance to MOH on the implementation of patient flow analysis	5/21-26/79	R. Monteith
7/16/79	Bangladesh: Maternal/abortion mortality study	5/23-6/8/79	M. Rosenberg

RSSA REPORTS IN PROGRESS

August 1979

Travel Date(s)	Country/Project	Person(s)
July, Aug. & Dec. '78; May 1979	El Salvador: Contraceptive Prevalence Survey (NOTL: Report on survey to be made at AID/W on 8/15/79)	L. Morris
Jan. & May 1979	Panama: Consult with USAID Mission and MOH on proposed contraceptive prevalence survey	L. Morris
Jan. & July 1979	Brazil: Report on Sao Paulo Contraceptive Prevalence Survey and plan and implement (with BEMFAM and Columbia University) CBD baseline survey in Piaui (NOTE: Report completed and hand-carried to AID/W 8/13/79)	L. Morris
5/6-10/79	Korea: Fourth International Conference on Voluntary Sterilization	J. Greenspan
6/11-13/79	Mexico: WHO Steering Committee for the Task Force on Oral Contraception (non-AID funding)	C. Tyler
6/29-8/6/79	Brazil: Assist with training of interviewers and supervise field work - Piaui CBD baseline survey	L. Harrison
7/1-3/79	Mexico: U.S.-Mexico Border Famiy Planning Survey	R. Rochat
7/9-19/79	Panama: Technical assistance to MOH in training of interviewers and implementation of 1979 Contraceptive Prevalence Survey (NOTE: Report completed and hand-carried to AID/W on 8/13/79)	J. Anderson R. Monteith

EXPENDITURE REPORT
AID/CDC RSSA
October 1, 1978 - June 30, 1979

Budget Category	Amount Budgeted	Estimated Expenditures
Personnel (including benefits)	$301,362	$294,129
Travel	70,480	51,397
Rent, Communication, Utilities	6,750	6,750
Printing and Reproduction	6,300	7,100
Other services (including consultants)	15,000	6,154
Supplies	1,500	1,500
Equipment	7,500	4,183
Direct	$408,892	$371,213
Indirect (20%)	81,778	74,243
TOTAL	$490,670	$445,456

Estimated Person-Weeks of CDC Staff Time Used for International Family Planning Activities Consistent with AID/CDC RSSA October 1978-June 1979

Person	Scheduled Weeks	Total Weeks Worked	Types of Activity
Tyler	6	9	A, S, M
Rochat	22	29	A, DA, IC, PIC, M,S,T
Morris	27	33	A, DA, IC, PIC, M,S,T
Friel	6	6	A
Monteith	30	39	DA, IC, PIC, T
Graves	19	13	DA, IC, PIC, M, T
Anderson	30	37	DA, S, T, PIC, IC
Chen	39	36	DA
Gould & Conn	58	39	DA, PIC, IC
Warren	39	39	DA
Friedman	26	28	DA, IC, PIC, T
Thacker	39	39	DA
Mollenkamp	15	15	0
Medical Officer (vacant)	29	0	0
Other Scientific Staff	55	50	DA, PIC, IC, T, M
Other Statistical Staff	64	72	DA, IC, PIC
Secretarial Staff	117	120	0
Other Staff	35	36	0
TOTAL	656	640	

Legend:
A = Administration-related to RSSA
DA = Data analysis and report writing
IC = International consultation
PIC = Preparation for international consultation
M = Professional meetings, organizational activities (e.g., IPPF, APPP, EIS, AID)
S = Supervision and training of CDC staff
T = Consultation to AID/W, AID/M, or in-ernationals at CDC
TR = Training course taken
0 = Other activities

CATEGORIZATION OF INTERNATIONAL ACTIVITY UNITS[1] BY ACTIVITY AND CONTINENT

A: July 1974 - June 1979

Activity	Continent					
	Total	Latin America	Asia	Europe[3]	Africa	Other
TOTAL	318	208	55	31	18	6
Logistics	63	35	19	2	7	0
Service Statistics	58	47	10	0	1	0
Estimation of contraceptive prevalence including surveys	49	44	5	0	0	0
Design and Evaluate Innovative Programs[2]	36	34	0	0	2	0
Meeting/Workshops	26	7	3	7	3	6
Overall program evaluation	23	14	7	0	2	0
Consultant to other agencies	22	1	0	21	0	0
Epidemiology of fertility control and pregnancy outcome	15	5	8	0	2	0
Demographic Analysis	15	12	2	0	1	0
Population policy	11	9	1	1	0	0

B: Fiscal Year 1979 - June 1979

TOTAL	46	28	10	6	2	0
Estimation of contraceptive prevalence including surveys	17	15	2	0	0	0
Consultant to other agencies	7	1	0	6	0	0
Design and/or Evaluate Innovative Programs[2]	4	4	0	0	0	0
Overall program evaluation	4	3	1	0	0	0
Service statistics	3	2	1	0	0	0
Epidemiology of fertility control and pregnancy outcome	3	0	3	0	0	0
Demographic Analysis	3	2	0	0	1	0
Meeting/workshops	2	0	2	0	0	0
Population policy	2	1	1	0	0	0
Logistics	1	0	0	0	1	0

[1]Defined as an activity conducted by an FPED consultant while overseas and described in that consultant's RSSA report; most consultants performed more than one activity per trip and most trips were funded by AID. Some meeting and consultant travel was funded from other sources (WHO, IPPF)

[2]Chiefly community-based distribution (CBD) or direct distribution of contraceptives

[3]Activities related to IPPF (London) and WHO (Geneva) rather than government programs.

Source: RSSA reports reviewed by Jim Shelton in March 1977 and updated by Leo Morris in July 1979

International Visitors to FPED/CDC
September 1, 1978-June 1979

DATE(S)	NAME	COUNTRY	TITLE
9/14	Dr. Joao Rizi	Brazil	Director-Designate Amazon Health Services Belem, Brazil
9/14	Dr. Fernando Gomes	Brazil	Epidemiology Department, FSESP, Ministry of Health Rio de Janeiro, Brazil
10/5	Dr. K.B.A. Stanley	Jamaica	Medical Officer Specialist Ministry of Health
12/4-22	Dr. Lidija Andolsek	Yugoslavia	Director, Family Planning Institute, LjuBljana, Yugoslavia
12/20	Dr. Ramon Alvarez	Mexico	Ministry of Health, Office of International Affairs
2/5-16	Lic. Federico Guerra	Panama	Population Studies Office Ministry of Health
2/5-16	Lic. Raul Batista	Panama	Chief, Department of Statistics, Ministry of Health
2/13	Mrs. Gladys Mumuhe	Kenya	Nurse, Ministry of Health
	Miss Lucy Njugu	Kenya	Nurse, Ministry of Health
	Mrs. Esther Aruwa	Kenya	Nurse, Ministry of Health
	Miss Pearly Asila	Kenya	Nurse, Ministry of Health
	Miss Jane Muchumo	Kenya	Nurse, Ministry of Health
	Mrs. Esther Mukatha	Kenya	Nurse, Ministry of Health
	Ms. Mary Njoki Mwangi	Kenya	Nurse, Ministry of Health
2/15-16	Dr. Mario Tenzer	Uruguay	Chief, Data Processing Latin America Center of Perinatology and Human Development
3/6	Mr. Haryantd Rohadi	Indonesia	Chief, Research & Development Division, BKKBN, Ministry of Health
3/29-30	Mrs. S.L. Chinnappa	India	Documentation Officer Institute for Research in Reproduction, Bombay
4/30-5/11	Ms. Angela Merlos de Mendoza	El Salvador	Director, Operations Division El Salvador Demographic Association

DATE(S)	NAME	COUNTRY	TITLE
5/19	Dr. Carlos Huezo	El Salvador	Medical Officer, MCH/FP/MOH
5/21-7/27	Ms. Ophelia M. Mendoza	Philippines	Dept. of Epidemiology and Biostatistics, University of the Philippines
6/11	Dr. Toshitaka Nakahara	Japan	Medical Officer, MCH Division, MOH
6/28	Dr. Elsadiz Mahgoub El-Tayeb	Sudan	Pearson Fellow