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FHi Family Health International • Research Triangle Park, NC 27709 USA

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SUMMARY

This report describes activities funded by Family Health International (formerly the International Fertility Research Program) during the fifth year of Grant AID/pha-G-1198 from the Agency for International Development.

Projects funded within the scope of activities of the Grant during fiscal year 1982 are as follows:

A. Training and Technology Transfer

In a major effort to develop and strengthen research capabilities in the area of reproductive health in developing countries, FHI provided support to national fertility research programs in Colombia, Bangladesh, Indonesia, Sudan, Thailand, Egypt, and Tunisia. The International Federation for Family Health, also funded by FHI, serves to coordinate the interests of these individual programs. The national fertility research programs have assumed leading roles, not only in conducting country-relevant contraceptive technology research, but also in the promotion of active, strong family planning programs in the countries where they are located.

Projects funded this year to enhance the technical abilities of programs and individuals with whom we work include the development of microcomputer technology and placing of microcomputers in Thailand, Indonesia and Tunisia to institutionalize data management; technical assistance in long-range strategy development for family planning programs in Senegal, Morocco, and Mali, and a number of training

activities to improve the knowledge and skills of our collaborating investigators and family planning providers around the world.

B. Health and Demography

Fieldwork for an assessment of contraceptive needs and services was completed in Northeastern Brazil, and an evaluation of family planning use and distribution channels was carried out in Southern Brazil. Findings of these studies are expected to have important implications for Brazilian family planning policy decisions.

Data from a study of contraceptive use, breast-feeding and abstinence in Lagos, Nigeria, demonstrated that in a modern African city couples are abandoning traditional methods of fertility regulation-- particularly long intervals of breast-feeding--more rapidly than they are adopting modern methods of contraception. This is probably true for many African cities with high population growth rates, high maternal and child mortality, and where modern contraceptive use is extremely low.

In the world's largest program to monitor hospital deliveries, data have been collected on obstetric care and treatment of incomplete abortion in almost 50 countries. These data provide a unique reservoir of information for research on a wide range of topics related to the care of pregnant and parturient women, as well as information that the participating hospitals use to improve services.

While the problems of incomplete abortion have long been recognized in Latin America, only recently has this problem in Africa come under

discussion. FHI is funding nationwide studies in Zaire and Ghana to document the extent of spontaneous and deliberate interruption of pregnancy before term.

C. Programmatic Clinical Research

Projects funded this year under the Grant to promote biomedical research development included a postpartum IUD comparative study in Mexico and a clinical trial of copper IUDs in Brazil, the first-ever multicenter university hospital evaluation of metal-bearing IUDs. A series of small programmatic contraceptive technology studies aimed at training and increasing awareness of appropriate methods for local use have also been carried out.

D. Information Dissemination

A number of seminars and conferences have been sponsored to provide information on family planning and high-risk pregnancies. In addition, we have supported the publication and distribution of information related to family planning/contraceptive technology, including the International Journal of Gynaecology and Obstetrics, and Network, an award winning publication that shares recent developments in contraceptive research with our collaborating investigators around the world.

These activities have helped to meet FHI's goals of improving the welfare of people in the developing world by promoting reproductive health.

I. INTRODUCTION

In September 1977, AID awarded the IFRP a grant (pha-G-1198) of \$655,208 to provide funding for a variety of population and family planning related activities. Toward the end of the initial year, this grant was extended for an additional four years, with increased funding of \$7,783,000. Of this amount, \$1,600,000 was obligated for the period September 30, 1978-September 29, 1979; \$1,835,000 was obligated for the period September 30, 1979-September 29, 1980; \$1,800,000 was obligated through August 31, 1981; and an additional \$2,260,000 was obligated in December, 1980, through September 29, 1982.

Through the mechanism of subgrants, FHI allocates Grant resources to projects that fall within FHI's goal to develop and make available to all people realistic and appropriate fertility regulation choices. Priority is given to those projects that enhance activities funded under the research contract. These include the development and promotion of biomedical research capability through support of national fertility research programs and transfer of biomedical research skills and technology; research on users' perspectives and barriers to contraceptive acceptance and use; the monitoring of maternity care to provide information on the public health problems posed by high fertility and inadequate family planning services; and training, information dissemination, conferences and seminars to diffuse FHI research findings and to make available skills and information to family planning providers and policymakers.

This report reviews activities funded by FHI during the fifth year of the Grant to carry out the objectives, and describes plans and priorities for future activities. Projects are organized according to type of activity.

II. ACTIVITIES

A. Training and Technology Transfer

1. National Fertility Research Programs

A variety of projects aimed at developing and strengthening research capabilities in the area of reproductive health constitute FHI activities in training and technology transfer. This includes support to national fertility research programs in Bangladesh, Colombia, Egypt, Indonesia, Sudan, Thailand and Tunisia. Organized largely through cooperative efforts of FHI and the national governments, these programs were designed to develop institutions capable of conducting biomedical and service delivery research that can be used by policymakers and providers of family planning services in those countries to make decisions about the most appropriate methods of family planning to use in national programs and about the most effective ways to provide services. The national fertility research programs have assumed leading roles not only in conducting country-relevant contraceptive technology research, but also in the promotion of strong, active family planning programs in the countries where they are located.

Our ultimate goal is for the national fertility research programs to become autonomous, self-sufficient organizations with funding from a variety of sources to design and implement research, process and analyze data, and provide the findings in a useful format to policy makers and service providers. To this end, emphasis of our support during fiscal year 1982 has been in the following areas:

- 1) To assist with analysis of all data on contraceptive and maternal and child health research carried out to the date by the national programs, and to improve mechanisms for sharing these findings with the network of service providers and policy makers through scientific meetings, publications in professional journals, and other official channels.
- 2) To enhance understanding of research methods and strengthen capabilities, including the ability to optimize use of findings. To this end, research methods workshops were carried out in Thailand, Indonesia, Egypt and Bangladesh.
- 3) To develop local data processing and analysis capability, FHI developed programming and provided micro-computers to the national programs in Tunisia, Thailand and Indonesia during fiscal year 1982. Egypt and Bangladesh are possible candidates for this type of assistance when we have evaluated the success of the first three transfers.
- 4) To provide technical assistance to the fertility research programs in securing funding from a variety of sources to support their research. We are particularly proud that the program in Bangladesh now has funding from the World Bank and WHO, in addition to FHI support. The program in Indonesia is receiving support through the Indonesian National Family Planning Board from USAID in Jakarta, and the program in Egypt is receiving financial support directly from USAID in Cairo, with technical assistance provided by FHI.

To further strengthen the financial autonomy of the national fertility research programs, FHI provided support to the International Federation for Family Health (IFFH), which now

has a secretariat located in Bandung, Indonesia. The role of IFFH is to assist the national fertility research programs, individually and collectively, to coordinate research activities of mutual interest to its member organizations.

The following paragraphs describe briefly the major accomplishments of the national fertility research programs during the 1982 fiscal year. They are listed by study identification number (SIN) as well as by the country and project title. Budget information for these programs for the 1982 fiscal year are provided in Section IV of this report.

SIN 701 - Colombia: Regional Fertility Research Program
(PRIF)

Given the graduate status of Colombia as a recipient of USAID funds, this was our final year of support to PRIF. FHI is pleased to have launched, help develop and then see the first of its fertility research programs reach independence. During this year, PRIF conducted a series of training programs in research methods for professionals in the fields of sociology, demography and public health, and for registered nurses to review and update their skills in maternal and child health and family planning. Trainees came from Honduras, Mexico, and Panama as well as Colombia. The courses were conducted by local staff and foreign consultants and enabled the participants to return to their

countries better equipped to handle the challenges of their local programs.

In addition to the training programs, PRIF also continued the preparation and publication of monographs with data generated from studies done in Colombia in previous years. A manual on contraception was also prepared and published. These publications have been distributed widely in Latin America.

SIN 703 - Bangladesh Fertility Research Programme (BFRP)

The Bangladesh Fertility Research Programme (BFRP) received a fourth year of support during this grant period. This period saw the inclusion of more rural centers in the investigator network, initiation and implementation of three independent studies, considerable effort to diversify the sources of funding, and renewed efforts to improve data quality and conduct studies of policy relevance within Bangladesh. Study ideas were solicited regularly from investigators in the field and new investigators were recruited and trained in study procedures.

Studies were diverse and numerous and included: comparative trials of different barrier methods (collatex sponge and Neo Sampoo); comparisons of the Copper T and the multiload device; sterilization surveillance studies; maternity record and pregnancy wastage studies; and independent studies on compliance with the correct pill taking regimen,

endocrinological effects of an injectable contraceptive, and a comparison of the effectiveness of different types of depot holders for pills and condoms (such as school teachers and Traditional Birth Attendants). Preliminary results from the compliance study suggested a considerable amount of non-compliance (for example, taking pills only when the husband was there). For some women, this may contribute to their experience of side effects. This subject deserves further attention.

In support of studies funded under FHI's AID contract, the BFRP monitored studies comparing differences in pill dosages; two barrier methods (diaphragm versus Neo Sampoons); and a long-term follow up study of women who were sterilized. Ongoing activities included the annual contributor's conference, training for people involved in studies, and publication of papers in professional journals and proceedings.

Staffing remained constant except for the hiring of a new Deputy Director, a clinician formerly with the Mohammadpur Fertility Services and Training Center where a number of BFRP/FHI studies have been conducted. The BFRP staff participated in several training courses within the country and in Thailand.

One new activity was a seminar on "Usefulness of Maternity Care Research", attended by policymakers and investigators

who had been involved in maternity record studies. Participants discussed means of improving maternal health in Bangladesh. Maternity services are relatively undeveloped in Bangladesh and maternity care monitoring studies help to focus the attention of policymakers on problems of maternal health.

Unlike PRIF, BFRP is unlikely to attract significant indigenous resources until the country as a whole is more fully developed. However, it has been successful in obtaining funds from other agencies for several new studies, including an injectable trial with WHO; a NORPLANT trial with the Population Council; and a comparative pill trial with USAID/Dacca funds. Staff have submitted research proposals to several other organizations (such as PIACT) as well. This past year has been one of definite progress for the BFRP in diversifying its funding and establishing itself as the main organization doing contraceptive clinical trials in Bangladesh.

SIN 720 - Indonesia Fertility Research Program (BKS PENFIN)

Since January 1979, FHI has provided financial and technical assistance to the BKS PENFIN, a private, non-profit fertility research organization located in Bandung, Indonesia. With FHI assistance, the BKS PENFIN has conducted studies in maternity care, pregnancy wastage, maternal mortality, IUD, FS, MS, and systemics. It has

conducted numerous training activities and conferences to upgrade clinical research skills of Indonesian physicians while disseminating widely the results of BKS PENFIN studies. During the period of this subgrant, BKS PENFIN sponsored a research methodology workshop that focused on data analysis skills, particularly with respect to the interpretation of standard computer output for maternity care studies. In addition, the workshop concentrated on those epidemiologic and research principles that underly maternity care monitoring and general biomedical research methodology.

The BKS PENFIN program manager spent three weeks at FHI for training in project design, implementation, and monitoring. An annual investigators conference was held to review ongoing activities and plan future research projects. At least two investigators from each of the 12 collaborating BKS PENFIN centers attended this conference. The results of BKS PENFIN research have been disseminated to government policymakers and members of the medical community.

The BKS PENFIN and its associated centers have been asked by the Indonesian government to conduct national level clinical trials of pills and IUDs currently in use in Indonesia. Routine data collection and analysis is done at the Bandung center in cooperation with the Bandung Institute of Technology. During fiscal year 1982, a Texas Instruments DS 990 Model 1 microcomputer was installed in Bandung and staff were trained in its use.

As the BKS PENFIN moves closer to research autonomy, it is improving professional ties with government institutions, other donor agencies, and pharmaceutical companies. As a result, a number of important research projects evaluating breast-feeding practices, implants, triphasic oral contraceptives (OCs), prostaglandins and other drugs have been undertaken.

Follow up subgrant support for the BKS PENFIN will enable it to continue its efforts to respond to clinical research needs of the Indonesian family planning program. After almost four years of collaboration with FHI, the BKS PENFIN is making solid progress toward becoming an effective agency in the evaluation of the safety, effectiveness and acceptability of contraceptive technologies and a leader in promoting safe and effective methods for Indonesian couples.

SIN 725 - Thailand Fertility Research Association (TFRA)

FHI has provided financial and technical assistance to the TFRA since February 1980. The TFRA is a private, non-profit organization that operates within the administrative structure of the Ministry of Public Health in Bangkok. It consists of a network of physician researchers from each of the country's medical schools and the Ministry of Public Health. Support to the national program consists primarily of field trials of contraceptive methods; delivery system experiments aimed at increasing the availability and

acceptability of existing technology; and training programs to diffuse the latest contraceptive technologies, especially among doctors practicing in the country's provincial cities and rural areas. The TFRA central office has a number of fulltime and part-time staff with experience in administering project activities.

In addition to research projects in support of national program goals, the TFRA sponsors training activities such as the Symposium on Long-Acting Agents for Fertility Regulation in January 1982, in collaboration with the World Health Organization. To encourage and improve research activities among provincial investigators, the TFRA sponsored a 10-day research methods workshop with Chulalongkorn University's Institute of Health Research during March 1982. An annual investigators' meeting was held in September to review project activities and to establish plans for future work.

To strengthen existing data processing analysis capabilities, FHI provided a Texas Instruments DS 990 Model I microcomputer and associated program training in the summer of 1982.

Ongoing clinical research studies include postpartum IUDs, standard vs. low dose OCs, and a comparison of the TCU 380 Ag and the Multiload 375 IUDs. The world's first "vertical" maternity care monitoring project is progressing well in Sukothai Province where data are being collected on all

deliveries attended by TBAs, midwifery centers, district hospitals and provincial hospitals in the entire province.

SIN 722 - Sudan Fertility Control Association (SFCA)

During this grant period, core support was continued to the Sudan Fertility Control Association (SFCA). After a number of years of data collection on maternal health, the emphasis turned to data analysis. With the help of a consultant provided by FHI, the SFCA prepared a number of papers on hospital deliveries in different Khartoum hospitals, on maternal mortality, and on pregnancy wastage. Some of these papers were presented at the February 1982 Scientific Meeting.

Funds from this subgrant also supported SFCA staff to conduct a study of male attitudes toward contraception in which 250 men in the Khartoum area were interviewed.

Consultant reports were completed on one female sterilization study and one study comparing the Copper 7 IUD with the Lippes Loop D.

One of the FHI/SFCA goals was that other sources of funding be explored. In this, the SFCA was highly successful, having secured a large grant from bilateral AID sources to organize family planning clinics.

The SFCA continued to prepare training materials and proceedings of the Scientific Meeting.

SIN 759, 1059 - Egypt Fertility Care Society (EFCS)

No organization in Egypt at the present time is wholly dedicated to and responsible for evaluating the latest developments of contraceptive technology by means of clinical trials in support of the national family planning program. Past funding to EFCS has supported the training, travel, salaries, and administrative expenses of a small unit, including a data collection coordinator, to facilitate forms flow, the delivery of supplies and equipment, the shipment of forms and the handling of queries about the data. Core funding for the EFCS is provided by a renewable grant from the Association for Voluntary Sterilization.

EFCS has acquired valuable experience in service and research program management during its collaboration with AVS and FHI that will be drawn upon as it expands the scope of its activities to include the design and implementation of research and programmatic activities in support in Egyptian family planning priorities. During fiscal year 1982, EFCS formed a subcommittee for research activities whose responsibilities include determining research goals and objectives, preparing long-range plans for future activities and organizing relevant Egyptian organizations in support of these goals.

Support for EFCS in the coming year will be by means of bilateral monies from USAID/Cairo and the Egyptian Ministry

of Health. EFCS will intensify its efforts to identify national research priorities and to set into motion a number of clinical trials in support of those priorities. The focus of the expanded program will be to increase the research and organizational autonomy of the EFCS by strengthening its administrative structure and upgrading local data processing and analysis capability by means of microcomputer.

SIN 767 - Tunisia Fertility Research Program - Office
National du Planning Familial et de la
Population (ONPFP)

The Office National du Planning Familial et de la Population (ONPFP) is developing a full spectrum of fertility research activities in Tunisia. With support from FHI, the Office has developed centralized capability for the formulation and implementation of service-oriented research activities, including a system of automated data processing to analyze fertility research data.

The goals of the Office during this reporting period were to strengthen data analysis capabilities and to disseminate research results in order to enhance the ability of the Tunisian health providers to work with new methods of fertility management and associated research methodology. Expansion of the network of participating research centers to include representatives of urban and rural centers throughout Tunisia was given high priority.

With technical assistance from FHI, the ONPFP has increased its ability to handle large quantities of clinical data, and learned how to collect, process and exploit it for analysis. Multi-center maternity care monitoring and surveillance of female sterilization cases were carried out at major obstetric care and family planning centers in Tunisia. This subgrant also provided staff support for a nationwide trial of postpartum IUDs.

In order to enable the Research Department of the ONPFP to become self-sufficient in all phases of data collection and processing, FHI installed a microcomputer at the headquarters of the ONPFP in June 1982. Two staff members were trained in its use and it is currently operating to fulfill the needs of the ONPFP for analysis of information recorded in the monitoring of their various activities.

During the course of this project, activities were modified due to changes in management within the ONPFP and staff reductions resulting from a loss of funding for service activities from other agencies.

SIN 704 - International Federation for Family Health (IFFH)

The IFFH was established to serve the interests of national fertility research programs. Since its creation, it has grown to include fertility research programs in 13 developing countries and four international technical

assistance agencies. The objectives of the organization are:

- a. To assist in the development of national fertility research programs;
- b. To develop guidelines for the formulation and implementation of fertility research and the related areas of maternity care, community health and program evaluation;
- c. To develop standard study designs and data analysis and reporting procedures in the areas of fertility research;
- d. To serve as a source of advice in fertility management technology to governmental and nongovernmental groups;
- e. To provide a centralized forum for the exchange of ideas and experiences to ensure rapid dissemination of information on fertility control technology.

During the past year, the IFFH has taken a significant step in emphasizing its developing country orientation by establishing a secretariat in Bandung, Indonesia. A full-time program officer hired for the IFFH Secretariat received training in program management skills and techniques at the IFRP in August 1981. In the coming year IFFH will attempt to diversify its funding sources.

2. Technical Assistance and Technology Transfer

During the past year, Grant funds have supported a number of FHI activities designed to enhance the technical capabilities of programs and individuals with whom we work and to improve our ability to identify and respond to research needs and maintain closer contact with family planning and health providers and policy makers in the field. The following paragraphs summarize projects undertaken to meet this objective.

SIN 1002 - Microcomputer Based Data Collection and Analysis System

The purpose of this in-house subgrant was to enable the programming staff to convert and develop computer software for the Texas Instruments DS 990 microcomputers to be placed in the field. To this end the following programs were completed and distributed to the first three sites selected for inclusion in this project.:

- 1) TELLY - An interface to the TX 5 Operations System which allows for a "user friendly" environment for the users of the microcomputers.
- 2) DEMO - A package of demonstration programs used for training and becoming acquainted with the microcomputer.
- 3) DAP - The Data Analysis Package is a statistical analysis package fashioned after the canned statistical packages used on the FHI computer.
- 4) FMAN - A set of file utility and data management programs.
- 5) PLATO - A population dynamics projection system for exploring population parameters and their affect on population growth.
- 6) MCM - The Maternity Record 903/910 data loading and standard tables system.
- 7) IUDPS - The IUD patient summary system for monitoring clinical trials involving IUDs.

The following systems were modified slightly or enhanced for use on the microcomputers:

- 1) SBC990 BASIC - The BASIC programming language which allows the users to write their own programs in an easy to learn and use programming language.
- 2) TX5 OS - The Texas Instruments supplied operating system for the DS 990 Model I microcomputer.
- 3) TPL - The Term final Programming language; a system that allows the user by means of answering a set of questions to design a data entry system for any research data.

SIN 791 - Logistical Development and Evaluation of the
Microcomputer Based Data Collection and
Analysis System

The purpose of this subgrant was to evaluate the usefulness of the Texas Instruments DS 990 Model I microcomputers and their software before the machines were placed in the field. A microcomputer was purchased and installed at FHI for use by the staff in developing the computer programs to be placed with the machines. The microcomputer was also used for training and demonstrations to FHI visitors from developing countries, and in training courses sponsored by the FHI as a tool in teaching basic data processing principles.

In order to receive input from developing country users, Mr. Guillermo Rojas G. from the CCRP in Bogota, Colombia, spent a month at FHI evaluating the programs, training and software systems that were being prepared for distribution. His evaluations and inputs were incorporated into the development and implementation stage of the microcomputer based data collection and analysis project and were very helpful in providing an improved final product.

SIN 1010 - Morocco: Technical Assistance in the Expansion
and Monitoring of an Integrated
Household Delivery Program

Following the completion of the three-year (1977-80) pilot project of household-based distribution of family planning services in Marrakech Province, the Government of Morocco decided to expand the project to an additional three provinces and increase the number of services offered by the

paramedically-trained household agent. In addition to offering family planning methods and information, agents will supply, as applicable, oral rehydration salts, a locally-manufactured infant weaning food, and iron-plus-folate tablets, and will also record vaccination histories in an effort to identify target populations within the national immunization program.

Within this ambitious program, FHI was requested by the Ministry of Public Health (MOPH) and USAID/Rabat to provide technical assistance to enable the MOPH to monitor on a sample basis its expanding program of household delivery of health care services, to assist in the establishment of a data analysis capability specific to the household distribution of health care services, and to develop management and evaluation skills that could be applied throughout Morocco with national expansion of the program in the 1980s.

Following the completion of baseline surveys in each of the three designated provinces and the initiation of household delivery of services, FHI is designing and assisting in the implementation of a series of small sample surveys to monitor the impact of the program. Training of local staff in the processing and analysis of information collected will be provided; statistical software packages are being provided as requested and available through FHI.

The information collected by this series of small surveys is expected to provide rapid programmatic feedback, necessary to the management and evaluation of the large-scale distribution project such as that now undergoing nationwide expansion in Morocco.

SIN 1070 - Senegal: Technical Assistance to the Senegalese Family Planning Association (ASFEF)

The purpose of this project was to provide technical assistance to the Senegalese Family Planning Association (ASBEF) to develop a strategy for enlarging its scope of activities with USAID assistance.

During the month of March, an FHI staff member spent 3 weeks in Senegal and reviewed various sources of funding available to the ASBEF and assisted in the development of plans for action. A strategy document which integrated the various activities of ASBEF was prepared. Subsequently, the IPPF renewed its support to the ASBEF and the USAID project was formally approved and initiated in August 1982.

The program of activities funded by USAID includes the provision of clinical services to women at two clinics in the Cap-Vert Region. It provides also for a campaign of information and education throughout Senegal. Also included in this program are the creation of a documentation center and regular medical workshops to be sponsored by the ASBEF to provide information about advances in contraception for medical professionals.

SIN 766 - Mali Family Planning Association (AMPPF) Service
Data Analysis

This subgrant provided support to the Malian Family Planning Association (AMPPF) to analyze service data spanning several years. Data analysis was done locally and provided information which will be used to monitor and improve family planning services in Mali.

During fiscal year 1982 the work conducted under this project included the design of the coding sheet to be used to assist in the computerization of the patient individual records. Approximately 16,000 records were collected from various centers conducting family planning activities in Mali. They included AMPPF centers and Ministry of Health centers. The information was coded and transcribed on perforated cards, an analysis of the data was conducted and a final report was prepared. The final report was submitted to FHI in September 1982 and will be finalized for distribution in December 1982.

This project permitted the development of a profile of family planning acceptors over time in Mali as well as assessing the acceptability of various methods of contraception. Particular attention was paid to the sociodemographic profile of the women receiving service at the various centers, any clinical conditions in family planning acceptors and continuation rate.

Based on the findings of this analysis, an overall redesign of the data collection system will be undertaken by the AMPPF. Additional training and supervision will be provided to the staff to improve data collection techniques, feedback and the incorporation of results to improve services in Mali.

SIN 789, 1089 - Chile: Core Support for Contraceptive Research

Dr. Jaime Zipper, who has been responsible for major innovations in family planning now used throughout the world and who is Professor of Physiology at the University of Chile, has worked closely with FHI since 1972, conducting a variety of clinical trials of intrauterine devices and nonsurgical sterilization. Changes within the university system in Chile resulted in a drastic reduction of support for research activities and Dr. Zipper was faced with attempting to continue his research work without adequate staff. These subgrants provided funds for personnel to continue working with Dr. Zipper.

Dr. Zipper has reported progress in his research activities involving the development of new contraceptives: IUD development, barrier methods and spermicidal activity of Beta Blockers. All of these projects are still in experimental stage.

During this reporting period data were obtained on the efficiency of pregnancy detection with electropotential

measurements. He has shown that a small IUD vector, the Copper I, produces minimal menstrual side effects and is currently working on reducing expulsion rates.

SINS 1015, 1016 - Regional Offices

In order to strengthen FHI's ability to identify and respond to research needs and maintain closer contact with family planning and health providers and policymakers in the field, FHI established two regional offices. The Latin American office was established in 1980 in Bogota, Colombia, under the management of Dr. German Riano, an obstetrician-gynecologist who was formerly Director of the Colombian National Fertility Research Program and has a long association with FHI. Dr. Riano has played a leading role in the development of an FHI program of activities in Ecuador, and has traveled throughout South America to represent FHI at conferences on family planning, and to develop and conduct training courses in family planning and contraception.

In the Spring of 1981, Dr. Peter Lamptey, A Ghanaian physician with public health degrees from UCLA and Harvard, set up an FHI regional office for Africa in Accra, Ghana. Dr. Lamptey has, in the short period of a year, developed a very active FHI-supported program in Ghana, and is providing valuable guidance to FHI as we strengthen our programs throughout Africa.

3. Training

In addition to the training activities included in our support of the national programs, several projects have been carried out in a number of countries to train health personnel to provide contraceptive services, including surgical female sterilization by minilaparotomy, and IUD insertion. These activities have helped to develop essential clinical skills for many health care providers previously uninvolved with family planning and have enabled them to become actively involved in providing family planning services.

Other training efforts have been geared to strengthening research and data analysis skills, and to developing training materials for use in national family planning programs.

SIN 763 - Travel Support for FP/MCH Research Trainees

Funds were provided to cover travel and per diem for trainees from different Latin American countries to attend the courses organized by PRIF (SIN 701). These courses focused on research methodology for physicians, demographers and social scientists and maternal/child care and family planning for registered nurses. Four courses were held for researchers in population and human reproduction in July, September, and October 1981 and February 1982. Each course lasted two weeks and took place at the headquarters of the Corporacion Centro Regional de Poblacion in Bogota, Colombia. Trainees came from Honduras, Mexico and Panama.

Three other courses for nurses were given in Bogota in June, November 1981 and March 1982. Two additional courses took place in Cali, Colombia, to which FHI sponsored two nurses from Monterrey, Mexico and two from Tegucigalpa, Honduras. Many nurses from throughout Colombia also participated.

In the post-course evaluations trainees were very enthusiastic and emphasized the scarcity of this type of training in Latin America, particularly seminars that focus on research methodology, study design and data processing.

SIN 079 - Mexico: Family Planning Educational Modules for Medical Schools

This program supported the design and production of prototypes of family planning educational modules for use in Mexican medical schools and for the training of instructors who would be responsible for the implementation of a family planning program within the curriculum of 28 Mexican universities. Under an earlier subgrant, FHI provided funds for the first workshop to bring together the deans of the medical schools and discuss the proposed modules. Another funding agency provided support for the massive reproduction and dissemination of the modules following a model already available in one of the participating universities.

During this reporting period the evaluation of the modules was completed and the family planning program began to function at the participating universities. Three physicians were hired as consultants to evaluate the modules at six

universities covering most of the geographic areas in the country.

The results of the evaluation vary considerably probably due to regional differences. Differences were also noticed between private and government institutions; however, it could not be established whether the institutions themselves, or the professors are directly responsible for the differences in the data obtained from the evaluation. This will be subject of additional evaluation to be undertaken in the future.

The data were presented at a meeting of the directors of the schools of medicine held in June in 1982 in Mexico City; at this meeting the directors requested that the evaluation be published. At present AMFEM is negotiating the publication with an official health journal to be distributed nationally.

SIN 794 - Mexico: Training in Contraceptive Technology in Social Services.

Training in Contraceptive Technology was provided by the University of the Yucatan to 24 graduate physicians who are assigned to rural health centers for one year as part of their social services program. The program reviewed all methods of contraception currently in use or still in the research stage, their indications and contraindications. The lecturers were Mexican physicians, familiar with health problems in the rural area.

The seminar lasted three days and the participants were given a variety of current publications on contraceptive technology.

SIN 746 - Ecuador: Advances in Human Reproduction and Contraception

The Center for Promotion of Responsible Parenthood (CEPAR) requested FHI support to organize and implement a four day course in human reproduction, contraception and the relationship between population and health for 40 obstetricians and gynecologists from Quito and the province of Pichincha. The lecturers included prominent national professionals and foreign lecturers who oriented their subjects toward human reproduction covering physiology, endocrinology and genetics; the area of contraception, human sexuality and family planning methods in general were also discussed during the seminar.

The seminar provided a forum to review latest contraceptive technology in a country where, until very recently, there was little activity in family planning. The seminar was very well attended, and family planning materials and current publications were distributed.

SIN 076 - Mexico: Manual for Vasectomy Counseling

Funds were provided for the translation, printing and distribution of a manual to counsel patients considering a vasectomy procedure.

Vasectomy is still not widely accepted in Latin America, mostly due to the lack of information available to men that seek a family planning method. The vasectomy counseling manual was printed in two versions: a complete version translated from the English edition to be used by physicians and social workers in family planning programs, and an abbreviated version for easy reference and daily use in a busy clinic.

Both versions were distributed to organizations and clinics in Latin America. Given the paucity of this type of manual, many requests have been received for additional copies for local distribution.

SIN 742 - Ecuador: Support for Lecturers to a Course in
Population

The Ecuadorian Family Planning Association (APROFE) requested FHI support for a three day course to address population problems and their impact on health activities in the armed forces. Dr. German Riano and Dr. German Uriza from Colombia served as lecturers to this course.

The three day seminar was attended by members of the armed forces, including obstetrician/gynecologists, psychologists, health educators from military and civilian agencies throughout the country.

The seminar emphasized current and new family planning methods along with indications for and contraindications to their use.

• SIN 774 - Brazil: Vasectomy Training in Sao Paulo

This subgrant supports in-country travel and per diem for 12 Brazilian physicians from different regions of Brazil to train in all aspects of vasectomy for one week at the PROPATER clinic under the supervision of Dr. Marcos de Castro. PROPATER is the largest and most successful vasectomy clinic in Latin America. Each physician is trained individually, one per month for a one-week period. Training includes vasectomy counseling, the surgical procedure, follow-up care, including the diagnosis and treatment of complications, and the operation of a vasectomy clinic. Candidates for training are referred and selected by public health facilities throughout Brazil. In addition, funding is being provided to cover the costs of translation, typing, preparation and publication of a vasectomy training manual, the first of its type available in Portuguese for wide use in Brazil.

SIN 1050 - Egypt: Training of Pharmacists and Private Physician

FHI support to the Egypt Fertility Care Society (EFCS) under this subgrant has been for the development and regular distribution of technical training materials that provide information on current contraceptive products and methods,

contraindications, side effects and ways to manage them, promotional ideas and other information that relates to family planning and contraceptive technology. At the present time, some 4000 doctors and 5000 pharmacists are receiving training materials regularly under this subgrant.

A preproject survey was conducted in October 1980, in which a total of 450 pharmacists were interviewed and a questionnaire was completed for each pharmacist. Among the findings were deficiencies in knowledge about IUDs, rhythm, injectables, and surgical contraception. A post-pharmacist training survey is planned during early 1983 to evaluate the impact of the project.

B. Health and Demography

Research activities in maternal and child health and evaluation of the impact of family planning service programs constitute a major area to which Grant resources are devoted. Grant-supported projects in this area are summarized under the topics "Maternity Care Monitoring" and "Family Planning Needs and Services Evaluation."

1. Maternity Care Monitoring

FHI's Maternity Care Monitoring Program is probably the world's largest hospital monitoring program. Under this program data have been collected on obstetric care and treatment for pregnancy wastage for some 600,000 women in

more than 50 countries. These data provide a unique reservoir of information for research on a wide range of topics related to the care of pregnant and parturient women.

Information from this data reservoir are used:

1. to assist in the more effective management of limited resources for maternity care;
2. to monitor trends in maternal and infant mortality and morbidity and suggest ways of further reducing death and sickness among women and their infants;
3. to highlight the need for and the effectiveness of postpartum and postabortion contraceptive service programs;
4. to help physicians adopt the optimum therapy to help a woman recover from an abortion;
5. to encourage the wider provision of contraception; and
6. to act as a vehicle for the development and transfer of clinical research skills and to assist FHI in identifying new collaborators particularly in sub-Saharan Africa.

Using the tools developed under Maternity Care Monitoring, a number of special studies have also begun in the past fiscal year. Maternity Care Monitoring projects during fiscal year 1982 are summarized by subgrant number in the following paragraphs.

FCO 0705: Maternity Care

This in-house project, developed over several years, involves the collection, analysis, and reporting of information on deliveries and pregnancy loss from health care institutions in many parts of the world. The data are used by participating institutions to monitor patient

characteristics, services provided, and maternal and infant mortality and morbidity in order to assist in the more effective management of limited resources for maternity care. The studies also serve as a vehicle for the development and transfer of skills necessary for in-country research. To date a total of over 500,000 maternity records have been collected at 171 institutions in 53 countries.

Records of more than 60,000 cases of pregnancy wastage have been received from 98 centers in 22 countries.

Two major accomplishments during the past year have been the preparation and distribution of a Maternity Record Data Book and the completion of data collection in a nationwide maternity care study in Ecuador. The Data Book provides frequency distributions of every variable on the Maternity Record for each participating center, making it easier for investigators to compare the obstetric practice and performance at their hospital with that of similar institutions. Responses to the Data Book from collaborating investigators have been extremely favorable.

In order to make MCM data more useful at the level of policy development, recent efforts have concentrated on implementing studies that are more broadly representative of maternity care within a given country or area. To that end, the nationwide study in Ecuador includes 10 Ministry of Health hospitals and four hospitals of the Armed Forces. An analysis of services provided by different types and sizes

of hospitals is now underway and will be presented to the Ministry of Health and collaborating investigators in the coming year.

- During the past year, numerous consultant reports have been written to facilitate the use of information collected by contributing investigators. In addition, papers have been written for investigators to present at various professional meetings. A workshop for maternity care investigators in Indonesia was held to introduce basic concepts of population epidemiology, to resolve problems of data collection, and to provide guidance on data interpretation and analysis.

SIN 783 - Health and Technology Evaluation

This in-house subgrant supported in-depth analyses of maternity care data by medical and social scientists at FHI in collaboration with scientists in the countries where data were collected. Among the subjects studied were postpartum and postabortion contraceptive acceptance; cesarean deliveries; tobacco smoking effects on pregnancy outcomes; perinatal risk factors; antenatal care and pregnancy outcome; breech management; and deliveries by traditional birth attendants (TBAs). Results of these analyses are being shared with collaborating investigators in the FHI's worldwide network to provide information that can be used to improve the care provided to pregnant and parturient women, to manage scarce health care resources more effectively, and

to strengthen the provision of postpartum and postabortion contraceptive services.

Under a separate subgrant, SIN 1005, priority is being given to the preparation and publication of a collection of these papers as a monograph on pregnancy and childbirth in the developing world.

A commercial publisher in England has agreed to publish the manuscript which will be completed in the next few months.

SIN 765 - Ghana: Hospital and Patient Costs of Pregnancy Wastage Complications

Many studies have attempted to document the incidence and complication rates of incomplete abortion, but few studies have attempted to measure the costs involved. This subgrant provides assistance to Korle-Bu Teaching Hospital in Accra, Ghana, to study the costs incurred by the hospital in treating patients admitted with incomplete abortions, whether spontaneous or induced outside the hospital. Five hundred women admitted with a diagnosis of incomplete abortion are being followed during their treatment; all medication, including blood transfusions, are being recorded. Time spent with the patient by doctors, nurses, technicians, and other hospital personnel is being measured and total hospitalization time is being recorded. This study will also estimate the costs to the patient, both in terms of income she would have earned during the period of hospitalization and incapacitation as a result of the abortion, as well as

and any expenses the patient may have borne in obtaining the abortion and subsequent care or assistance.

This study will help to determine whether the costs of treating incomplete abortions can be reduced, and will identify ways to reduce the incidence of incomplete abortion.

SIN 782 - Zaire: Surveillance of Medical and Social Aspects of Pregnancy Wastage

Deliberate pregnancy wastage constitutes a major problem for Zairian medical services. Women hospitalized for treatment of incomplete abortion consume a large proportion of the country's scarce medical resources. Recently there have been several deaths due to the sequelae of incomplete abortion, many of which are illegally induced. At Mama Yemo Hospital in Kinshasa, an average of 20-25 women are admitted daily for treatment of complications of incomplete abortion, and an estimated 70% of these women had abortions illegally induced outside the hospital. The problem is thought to be particularly serious among unmarried women in their late teens, who do not have legal access to contraceptive services.

This subgrant funds the design, implementation, evaluation and reporting of a surveillance of fetal wastage before term in three cities in Zaire. In addition to information on the medical complications associated with the events and the clinical procedures necessary to treat them, women

hospitalized for treatment of complications will be asked about their knowledge and practice of contraception.

During fiscal year 1982, the basic questionnaire to record all hospitalized pregnancy losses was designed, pretested and finalized. An additional questionnaire to elucidate the decision making process that led the women to abortion was also drafted. This questionnaire will be administered to a sample of women admitted at the data collection centers. It is expected that approximately 500 interviews will be conducted in each city.

It is hoped the information will be useful to national decision makers in devising plans to reduce the number of abortions.

2. Family Planning Needs and Services Evaluation

With Grant funding, the application of sociodemographic and evaluative research techniques to a number of problems has provided crucial information to program planners and policy makers in Brazil, Nigeria and Bangladesh during the past year, and work was initiated on additional projects in Senegal and Nigeria.

SIN 0741 - Nigeria: Lagos Contraception and Breast-feeding Survey

During fiscal year 1982, analysis of data from a study of contraceptive use, breast-feeding and abstinence in Lagos, Nigeria, was completed, and a final report prepared. This study provided valuable information on how modern

contraceptives replace traditional methods in an African city that serves as a model for a continent with high population growth rates, high maternal and child mortality, and where modern contraceptive use is extremely low. Findings from this study show that, while breast-feeding is still universal, the duration of breast-feeding has declined substantially over the past decade. This is of particular concern because the use of modern methods of contraception remains very low. In this study only about 7% of currently married women were using modern methods--primarily orals and IUDs. We can expect, as a result of shorter breast-feeding that is not being made up for by use of modern methods, that women will have shorter intervals between births and each woman will bear more children during her lifetime, contributing to the already extremely high rate of population growth in Nigeria.

SIN 0743 - Brazil: Southern Regional Family Planning Needs Assessment

To evaluate family planning needs in the Southern Region of Brazil, surveys were conducted in the States of Piaui, Rio Grande do Sul and Santa Catarina. Results of these three surveys will be combined to analyze factors related to the prevalence, side effects, acceptability, costs, delivery and demographic impact of contraception in this region. The field work has been completed, and data analysis is in progress.

This project is unique in including a series of questions to assess contraindications and side effects of oral contraceptives, use of medical resources before provision of pills, and subsequent to experience of side effects. It is, therefore, the first time we have used social science methodology to study the biomedical aspects of contraceptive use.

Little is known concerning the prevalence of possible medical contraindications for oral contraceptives among women who obtain supplies from loosely supervised commercial outlets. Data from other surveys conducted in Brazil show that oral contraceptives are always the predominant or the second most commonly used method of family planning. Given the strong preference for oral contraceptives, it is important to collect data for optimum channels of distribution.

Data from this survey will provide information on the use of oral contraceptives in a region in which supplies are available from three sources--pharmacies, clinics and the CBD program. The effectiveness of these programs in meeting the demand for contraception safeguarding the health of women and in providing adequate counseling in the use of orals is being evaluated.

SIN 0744 - Brazil: Northeast Family Planning Needs and Program Evaluation

In 1980, the Northeast Brazil Family Planning/CBD Evaluation Survey was carried out in the States of Rio Grande do Norte,

Pernambuco, Paraiba and Bahia. These four statewide surveys were independent but used the same questionnaire. They were designed to cover a range of maternal and child health and family planning topics and, in the states where the Brazilian Society For Family Welfare (BEMFAM) had been operating community-based distribution (CBD) programs, to measure program impact.

Findings show that, of the three states with community based distribution of contraceptives programs in existence for five to seven years, Rio Grande do Norte has the highest percentage of currently married women 15-44 years of age using contraception (47.0%), followed by Paraiba at 43.2% and Pernambuco at 41.4%. In contrast, contraceptive use is only 31.1% in Bahia, which does not have an official family planning program. The two most prevalent methods of contraception in all five states are orals and female sterilization, with these methods accounting for at least two thirds of total use in each state.

The survey data also helped determine the number of women who are at risk of an unplanned pregnancy and in need of family planning services so that denominator data such as potential caseloads and/or target groups can be projected. The women defined here as "in need of services" are noncontracepting, fecund, sexually active women (regardless of marital status), who were not currently pregnant and did not want to become pregnant at the time of the interview.

Overall, about 11 percent of all women in the three states with CBD programs are at risk of an unplanned pregnancy. In Bahia, the state with no organized programs, 18 percent of women are at risk of an unplanned pregnancy. In all states, the percentage of women in need of family planning services is about twice as high in rural as in urban areas. Among the states with CBD programs, use of orals is higher in states where more women use the program. It would appear that the program adds to total use rather than substituting for other sources of contraception.

A number of papers are being prepared using data from the survey:

1. "Use of Maternal-Child Health Services and Current Use of Contraception in Northeast Brazil". To be presented at the 110th Annual Meeting of the American Public Health Association.
2. "Contraceptive Practice and Community-Based Distribution Program Impact in Northeast Brazil."
3. "Cesarean Delivery in the Northeast of Brazil."
4. "Sterilization in the Northeast of Brazil." To be presented at the 110th Annual Meeting of the American Public Health Association.

SIN 749 - Mexico: Comparison of Contraceptive Distribution Systems

Under this subgrant, FHI provided core support for an experimental community based distribution system in Matamoros, Tamaulipas, Mexico. The experimental design called for the implementation of contrasting administrative strategies to be carried out in two separate low income communities. One

strategy required direct control and supervision of distribution activities by the central office; the other called for primary control vested in a group of community leaders.

A baseline survey on knowledge and use of contraceptives was completed during the first two months of the subgrant. Basic hand tabulations were done in Matamoros, with additional data analysis to be done using the computer at FHI. An important component of this subgrant was the Reproductive Risk Survey designed to provide valuable data from the Latin American region on oral contraceptive safety and the prevalence of reproductive risk factors. The survey was completed during this reporting period and data will be processed shortly.

The number of contraceptive acceptors has increased steadily. There is indeed a difference between the system that is controlled by the central office and the one managed by a community leader. During the second year of support the system controlled by a community leader will be restructured to include several people more representative of the community and thus improve the operation of the program and increase acceptor rates.

SIN 775 - Sudan: Male Attitudes Study

In a February, 1982 survey of 250 men living in Khartoum, knowledge of, attitudes toward and use of contraception

among Sudanese men were explored using a combination closed-ended/open-ended questionnaire specifically designed for this study. Particular attention was given to attitudes toward male and female sterilization.

Most respondents (91.6%) believed that Khartoum was over-populated and most had ideas about both the causes and effects of over-population of Khartoum. Although most of the men expressed a desire to have large families, several findings suggest that they felt that they may have to be satisfied with a lower number for economic reasons. Three fifths of the men with wives of reproductive age stated that they wished to use family planning services now, but only about one fifth were currently using an effective method. Desire for additional family planning information was very high, with about 80% of the men saying that they wished to have additional family planning information. Almost 60% of the men stated that they were interested in learning more about female sterilization and about 50% wanted to know more about male sterilization. In general, attitudes toward family planning were far more favorable than previously believed by providers of these services. However, only 2.8% of these men had actually obtained services from a family planning clinic.

The final report for this study has been completed and distributed. An article based on the report has been submitted for publication.

SIN 787 - Tanzania: Teenage Pregnancy Project Development

This subgrant supported FHI staff and consultant time and travel to Tanzania to assist in the development of a project to study teenage pregnancy and access to contraception in Tanzania.

During fiscal year 1982 a proposal was finalized by the consultants to the project and presented to FHI to be considered for funding.

SIN 1039 - Evaluation Needs of the Bangladesh Social Marketing Project

Population Services International asked FHI to make a site visit to the Bangladesh Family Planning Social Marketing Project (SMP) to assess what aspects of the Project could benefit from evaluation and how the evaluation might be done. The two week-visit took place in June/July 1982. A report describing evaluation needs and recommendations was prepared in August 1982 and later revised.

A major issue was what impact the Project was having in contraceptive use. Sales, particularly of condoms, are very impressive but data on use patterns have not been available. As has been noted by many, there is a gap between the numbers of condoms sold by SMP or distributed by the government and the numbers of condom users identified in surveys. A number of possible explanations for this gap was presented and each explanation was discussed, ranked in importance,

and possible methods for getting more information were suggested. For example, it may be that survey respondents (usually women) are underreporting condom use. In future surveys, samples of husbands should be included to see if they report considerably more condom use.

SIN 1009 - Adolescent Sexuality Perceptions and Practices

This project is a collaborative effort involving FHI, the Pathfinder Fund, and the Family Planning Unit of the University College Hospital in Ibadan, Nigeria, under the direction of Dr. O.A. Ladipo. Its purpose is to survey the beliefs and behavior of adolescents in the Ibadan area on the subject of human reproduction, sexuality and family planning. A detailed questionnaire was administered to 1000 males and 1000 females aged 14 and 24, including those still in school and those who have completed their education and are working or seeking employment. Interviewers were trained at the Family Planning Unit and have previous experience in collecting information on contraceptive use and reproductive behavior.

Analysis of the data and reporting on the significant findings will represent a major step toward filling a void which now exists on the subject, particularly among developing countries. The results of this study will be used to inform Nigerian policymakers and service providers about the extent of sexual awareness and behavior among

adolescents in the Ibadan area, to call attention to trends in adolescent sexual and/or contraceptive behavior, and to assess the implications of adolescent sexual behavior at the individual, community and national level.

SIN 1071 - Senegal: Vanguard Acceptors of Family Planning Services in the Cap-Vert Region

This subgrant funds a study to examine in considerable detail the sociodemographic characteristics and reproductive/contraceptive aspirations of individuals receiving family planning services from the three major family planning clinics in Dakar, Senegal. In the context of the recent repeal of laws restricting contraception and the initiation of a program to encourage birth spacing, it is of vital importance for the Government to have at its disposal information on the factors associated with the acceptability and use of modern contraceptives. Such information is necessary to plan education and service delivery programs to maximize the acceptance and effective use of family planning.

The project plan is to collect and analyze data on the factors associated with acceptance of family planning among a group of "vanguard contraceptors", and to use the findings to help in planning new service interventions to increase the prevalence of use among women desiring to practice modern contraception.

During fiscal year 1982 a questionnaire and training manual were developed. Data collection is expected to begin in December 1982.

C. . Programmatic Clinical Research

While the major clinical research work of FHI is supported through the Contract funding mechanism, Grant 1198 funds are used to support clinical studies designed to meet programmatic needs of investigators who are not a part of a national fertility research program or that are not part of a Contract research strategy.

The programmatic subgrant, SIN 960, was designed to fund 39 studies in the areas of IUD, female sterilization, male sterilization, Barriers and Systemics not covered under specific country subgrants.

Any study approved under this subgrant should meet at least one of these long-range objectives: (1) the collection of baseline data for the purpose of program monitoring; (2) the introduction of contraceptive technologies new to the participating programs; (3) the response to AID requests for involving local leaders in family planning efforts; (4) the identification of a pool of investigators which can be tapped for participation in FHI research clinical trials when needed, and (5) the response to program and research needs of collaborating centers who are already a part of the FHI network.

The subgrant was originally scheduled to terminate in February 1980. Due to problems in initiating some studies, approval has been obtained to extend the subgrant through June 1983 to complete ongoing activities.

As of September 30, 1982, thirty-four studies had been approved by the FHI Programmatic Subgrant Studies Committee. Of the remaining twenty-one, thirteen have been completed, and eight are currently active. The attached chart provides details of these twenty-one studies.

In general, the subgrant has met its objectives. SubSaharan Africa was seen as a priority area, however, and FHI was able to do only limited work there. Several studies planned for Zaire were cancelled because FHI was unable to obtain local USAID mission approval. In all, 13 studies were cancelled because of inactivity or lack of mission approval.

PROGRAMMATIC STUDY STATUS, SEPTEMBER 1982

Completed Studies

Investigator	Country	Study Area	Planned Caseload	Admission Received at FHI	Subgrant Objective
Somogyi	Venezuela	IUD	305	307	1,4
De Cetina	Mexico	IUD	200	200	1
De Castro	Brazil	IUD	200	194	2
Lavin	Chile	IUD	700	775	5
Araujo	Brazil	IUD	150	150	2
Nunez	Honduras	FS	1000	531	1
Nunez	Honduras	FS	1000	1040	1
De La Vega	Panama	FS	300	254	1,4
Jarrett	Sierra Leone	FS	200	200	1,4
Semiono	Tanzania	FS	350	211	1,3
Neto	Brazil	FS	400	405	1
Salam	Egypt	FS	200	205	1
De Silva	Sri Lanka	MS	500	502	1

Active Studies

Investigator	Country	Study Area	Planned Caseload	Admission Received at FHI	Subgrant Objective
De Silva	Sri Lanka	IUD	300	308	1,4
El Kholi	Egypt	IUD	200	84	4
Acosta	Peru	IUD	300	213	1
Ustay	Turkey	IUD	200	153	4
Guzman	Peru	IUD	200	80	1
Bossemeyer	Brazil	FS	300	106	1
Ei Katsha	Egypt	FS	300	10	5
Aguinaga	Brazil	FS	2000	1227	5

SIN 980 - Brazil: IUD Evaluation Project

The Campinas Center for Research and Control of Maternal and Infant Diseases (CEMICAMP) is a private nonprofit foundation affiliated with the Universidade Estadual de Campinas that promotes research in public health problems of women and children, including various aspects of family planning. This subgrant to CEMICAMP provided support and supplied 10,000 copper IUDs for a clinical trial of these devices to introduce IUDs as a contraceptive method in Brazil, where they are little used. Twelve hospital centers throughout Brazil participated in a program to insert approximately 10,000 IUDs, following patients at 3, 6, 9, and 12 months after admission. For physicians inexperienced in IUD insertion, training was provided at four designated hospital centers. Data on side effects and continuation were collected on simplified IUD records and processed at CEMICAMP. The project provided essential information in the evaluation of this method for Brazil's family planning effort. These are the only data available for South America's largest country on the continuation and side effects of IUD use.

D. Information Dissemination

Making research findings and information on the most recent developments in family planning services delivery and contraceptive technology available to policymakers and care providers is an integral part of the work of FHI. Grant-supported activities

in this area in fiscal year 1982 included publication and distribution of the results of our work, and sponsorship and participation in seminars and conferences, as summarized in the following paragraphs.

SIN 1030 - International Journal of Gynaecology & Obstetrics

In fiscal year 1982, FHI continued to co-sponsor, with the International Federation of Gynaecology and Obstetrics, the International Journal of Gynaecology and Obstetrics published by Elsevier Scientific Publishers in Ireland. FHI edits all manuscripts reviewed and accepted by the Editor that have been written by developing-world physicians and researchers. In addition to our editorial support, FHI purchased from Elsevier 1500 Volume 20 (1982) subscriptions at a reduced rate for distribution to AID Missions and selected health care professionals in the developing world.

SIN 1031 - Network

The FHI quarterly newsletter, Network, has completed its third volume year of publication. The most recent issue (August 1982) was mailed to 5800 readers internationally. Specialized commercial publications, including at least one foreign-language publication, regularly abstract and publish materials from Network. In May 1982, FHI received an international journalism award for the quality of content and usefulness of Network. Interest in Network continues to grow: since the first issue was published in October 1979,

more than 2500 individuals have requested that they be added to the mailing list.

Plans call for the mailing list to be "cleaned" following reader response to a direct-mail interest survey. Readers were sent a postal card with the August 1982 issue and were asked to return it to FHI if interested in continued receipt of Network. Readers who do not return the card will be removed from the mailing list. This effort is being made to increase Network's cost-effectiveness and usefulness.

SIN 773 - Tunisia: International Symposium on Fertility Regulation

This subgrant funded an International Symposium on Fertility Regulation held in Tunis in June 1981. The Symposium presented recent developments in Family Planning and Contraceptive Technology. Particular emphasis was placed on family planning research problems in Africa.

During fiscal year 1982, financial and administrative aspects of the project were completed including, payment of per diem and travel expenses for participants to the conference as well as for the financial management unit of the Symposium.

SIN 1045 - International Conference on the Role of the Pharmacists in Family Planning

FHI staff and technical support were provided to the International Conference on the Role of the Pharmacist in Family Planning organized by the Triton Corporation, Washington,

DC. The October 1982 Conference included topics such as community involvement, communications, in-service training, and social marketing. FHI assistance consisted of help in drafting the program agenda and schedule, establishing the goals and purposes of the conference, recommending possible country participants and outlining session and workshop topics.

SIN 798 - National Egyptian Pharmacists' Conference

The National Egyptian Pharmacists' Conference was held on October 25, 1981, in Alexandria, Egypt. The Conference was attended by 146 people, including 103 pharmacists, 14 senior pharmacy students, 18 family planning officials, and 11 media representatives. The focus of the Conference meetings centered around the role of the pharmacy in family planning as a source of information and the distribution of products as well as the need for activities that would upgrade the scientific knowledge about reproductive health and family planning. Session topics included the role of pharmacists in family planning, the population problem in Egypt, marketing of contraceptives and various specific talks about hormonal, IUD, and barrier methods of contraception.

Recommendations by the conference participants encouraged greater availability of contraceptive methods, the stabilization of the prices for contraceptives, the inclusion of family planning in the curriculum of the faculties of

pharmacy, and a program to provide continuous upgrading of knowledge about contraceptives and family planning for pharmacists. Eighty percent of the respondents to an evaluation questionnaire indicated they received the EFCS training and information materials regularly.

Television, radio, and newspapers covered the work of the Conference.

SIN 740 - Travel for International Speakers at the
Association of Planned Parenthood Physicians
Annual Meeting

FHI's program relies on its worldwide network of physicians, health service workers and policymakers. Recognition provided from this network benefits FHI and, we in turn, strive to ensure that the investigators themselves are recognized for their efforts and achievements.

Prior to fiscal year 1982, a number of FHI's collaborative investigators were invited to participate as speakers in the October 29-31, 1981 Annual Meeting of the Association of Planned Parenthood Physicians. Early in fiscal year 1982, FHI covered the travel, registration and per diem expenses of four physicians who agreed to present papers: Dr. Okun Ayungade, Nigeria; Dr. Rohit Bhatt, India; Dr. Roberto Rivera, Mexico; and Dr. Hamid Rushwan, Sudan. The papers covered activities of special interest to the APPP Program Committee (African perspective on Family Planning Services and research, nonsurgical chemical sterilization,

breast-feeding and ovulation, and female circumcision) and all were in some way related to the investigator's collaborative work with FHI. Feedback from participants at the conference indicated that all the talks were well received. These combined with three presentations by FHI staff contributed to an unusually exciting, successful meeting.

In addition to their presentations at the Association of Planned Parenthood Physicians, all four investigators spent two days visiting FHI, meeting with staff to review on-going projects and planning future collaborative activities. A seminar was also held during their FHI visit so that all staff could become better acquainted with these investigators and their work.

SIN 790 - Brazil: Breast-feeding: Annotated Bibliography

Interest in breast-feeding among health professionals in Brazil has increased recently. However, there is little literature available in Portuguese; the majority of relevant articles are in English. This subgrant funded the publication of an annotated bibliography in Portuguese of more than 500 articles on breast-feeding.

Printing and distribution of the bibliography to Brazilian health professionals was completed during fiscal year 1982.

As Brazilian health providers become more aware of the many benefits of breast-feeding, it is expected that

breast-feeding will gain wider acceptance among young mothers throughout the country.

III. PLANS AND PRIORITIES

The extension of Grant AID/Pha-G-1198 for an additional three years at the end of fiscal year 1982 assures continued support for projects that will help to make realistic and appropriate methods of family planning more readily available and accessible to families everywhere. FHI plans an active program of support to a wide variety of projects to meet this goal in fiscal year 1983.

A. National Fertility Research Program

During the coming year, our continued support to national fertility research programs in Thailand, Indonesia, Bangladesh and Sudan will enable these programs to move toward greater autonomy. In addition to core financial support, FHI will continue its technical assistance to these programs to develop and improve their ability to design, implement and analyze data for research that will help to answer the needs of family planning policymakers and service providers in these countries.

We are especially pleased that support to the Egypt Fertility Care Society will be provided through funding from Egypt's bilateral program. FHI will continue its technical assistance to the EFCS, helping that organization to play an increasing role in determining fertility research needs in Egypt.

A final subgrant will also provide core support to the International Federation for Family Health to enable it to maintain its Secretariat in Bandung, Indonesia while its officers seek to establish multi-source funding for the organization.

In other countries where FHI has large investigator networks, such as Mexico and Brazil, or where there are special opportunities for strengthening the research capabilities of organizations already in existence, such as Sri Lanka, we will also explore the possibilities of providing support to new national fertility research programs.

B. Technical Assistance, Training and Technology Transfer

Evaluation of the operation and maintenance of microcomputers placed in Thailand, Indonesia and Tunisia in fiscal year 1982 will form the basis for additional training in computer technology for these programs. In addition, research capabilities in Mexico and Brazil will be enhanced by the installation of microcomputers and training of staff at the recipient agencies in their maintenance and use. We will continue to evaluate the data processing needs of other programs in preparation for additional transfer of computer technology. Egypt and Bangladesh are possible candidates for microcomputer installation in the future.

Conferences, seminars and training courses to improve clinical skills of providers of family planning services and to make available information on a variety of topics related to contraception and family planning will continue to receive emphasis as

an important channel for the diffusion of FHI research and help to shape population policy in many countries. For example, FHI has been requested to support the first program in Haiti to train physicians to perform vasectomies. Consideration will also be given during the planned training to the requirements for the establishment of a data collection system to monitor vasectomies performed by the physicians who have received training.

In the subSaharan countries of Africa, many family planning programs are just becoming established. FHI will continue its technical assistance to programs in Mali and Senegal, helping them to set up routine data collection systems to provide information about the users of the services and their preferences for various contraceptive methods.

C. Health and Demography

Maternity care studies will continue, but with a new emphasis in the coming year. Ongoing studies will be completed and a few new studies will be recruited. The focus of new data collection will shift from single metropolitan institutions to a network of obstetric care providers including peripheral maternity centers and traditional birth attendants. A major undertaking will be a national sample of maternity care providers in Haiti. FHI will continue to assist in the development of skills and facilities necessary for in-country maternity care monitoring systems. Effective use of the information generated will be stressed

through pre-project training and investigator workshops whenever possible.

Analyses of maternity care data collected from 10 countries in subSaharan Africa will be compiled into a report to provide the only information available on institutional obstetric care in many of these countries.

Work will also continue on studies of factors and costs associated with pregnancy wastage in Ghana and Zaire. FHI has received requests to implement similar studies in the Republic of Congo, Zambia and Tanzania. We will work with health providers and policymakers in these countries to develop proposals for these studies. Additional nationwide studies to document the extent of the problem of pregnancy wastage will be undertaken in Bolivia and Ecuador.

In many countries, most of the pregnancy-related care is provided, not by trained professionals, but by traditional birth attendants (TBAs). In Egypt, TBAs are called *dayas*. In the coming year, FHI will continue to build on earlier work with a *daya* training project in Egypt. This study will evaluate the ability of *dayas* who have received some training to provide antenatal, obstetric, postpartum and family planning care and services.

The evaluation of family planning information and service delivery programs will continue to make contraceptive methods more widely accessible to people in need of services. In the next year, with continued funding through Egypt's bilateral program,

FHI will assist the Egypt Fertility Care Society to evaluate the response to training materials provided through its physician and pharmacist project. A questionnaire will be mailed to the 4000 physicians currently receiving these training materials. A preproject survey of 450 pharmacists was conducted in October, 1980. These interviews showed that there were deficiencies in knowledge about IUDs, rhythm, injectables and surgical contraception. A post-training survey of pharmacists is planned early in 1983 to evaluate the impact of the project.

D. Priorities for Additional Projects

Throughout the year, FHI will continue to receive and evaluate ideas and proposals for new projects to be funded under the Grant. In determining whether to support a particular project, a number of guidelines will be applied.

1. Potential for policy impact will be emphasized. FHI is interested in supporting projects and studies, the results of which can be used to improve the delivery of family planning services.
2. FHI will give preference to projects where there is an active collaborative relationship with an in-country agency to enhance the likelihood of successful completion of the project and to assure that findings will be used.
3. Plans for new research projects should include an information dissemination component to assure that study findings are communicated to appropriate audiences, both within the country where they are carried out, as well as to a broader audience of family planning and health professionals around the world.

In addition to setting program priorities for the funding of projects under the Grant, it is essential that country priorities

also be set in order to maximize the use of FHI staff in responding to needs and requests from the developing world.

During the coming year, continuing efforts to develop a program in Africa will receive high priority. Among the African countries, top priority will be given to Ghana, Zaire, and Senegal. Other countries in which activities will continue and be expanded are Nigeria, Mali, and Rwanda.

In Latin America, Mexico and Brazil will continue to receive major inputs of funding and technical assistance. New activities are planned for Bolivia. We will also continue to support projects in Ecuador and Chile.

Bangladesh, Thailand and Indonesia will be the focus of FHI Grant-supported activities in Asia. For the Middle East, Egypt and Sudan will continue to be emphasized.

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IV. SUMMARY OF EXPENDITURES: GRANT AID/pha-G-1198
FISCAL YEAR 1982

SIN	Project Title	Field Costs	FHI Costs	Total FY '82 Project Costs
A. Training and Technology Transfer				
701	Colombia: PRIF	\$51,091	\$ 2,991	\$ 54,082
703	Bangladesh: BRFP	60,034	64,362	124,396
704	IFFH	54,026	62,106	116,132
720	Indonesia: BKSPENFIN	61,795	69,919	131,714
722	Sudan: SFCA	39,790	35,307	75,097
725	Thailand: TRFA	59,630	34,146	93,776
742	Ecuador: FP training	-	2,456	2,456
746	Ecuador: Repro. Health Sem	11,254	1,075	12,329
759	Egypt: EFCS	18,945	4,099	23,044
763	Travel for FP trainees	-	17,501	17,501
766	Mali-FP Data Analysis	5,212	2,713	7,925
767	Tunisia: ONPFP	17,150	19,021	36,171
774	Brazil: Vasectomy Trng.	13,645	1,732	15,377
776	Mexico: Vasectomy Man.	2,500	5,414	7,914
778	Mexico: Surg. Contr. Trng.	7,782	586	8,368
779	Mexico: FP Training	2,655	963	3,618
789	Chile: Research Support	4,350	1,807	6,157
791	Microcomputer Testing	-	4,958	4,958
794	Mexico: Physician Trng.	1,125	401	1,526
1002	Microcomputer Development	-	145,376	145,376
1010	Morocco: Tech. Assist.	-	11,097	11,097
1015	Latin Amer. Regional Offc.	19,347	17,924	37,271
1016	Africa Regional Office	31,843	7,158	39,001
1050	Egypt: Trng. Materials	33,150	5,124	38,274
1054	Egypt: Pharmacist Training	-	2,226	2,226
1059	Egypt: EFCS (continuation)	6,330	1,393	7,693
1070	Senegal: Technical Assist.	-	7,995	7,995
1089	Chile: Research Support (con't)	5,800	1,112	6,912
1103	Bangladesh: BFRP (continuation)	-	626	626
1104	IFFH (continuation)	-	296	296
1110	Morocco: TA to MOPH (con't)	-	227	227
1120	Indonesia: BKS PENFIN (con't)	-	1,131	1,131
1122	Sudan: SFCA (cont'd)	-	605	605
1125	Thailand: TFRA (continuation)	-	\$ 1,242	\$ 1,242
	Subtotals	\$507,424	\$535,089	\$1,042,513

SIN	Project Title	Field Costs	FHI Costs	Total FY '82 Project Costs
B. Health and Demography				
705	Maternity Care	\$ -	\$213,379	\$213,379
741	Nigeria: Contraceptive Use	-	19,482	19,482
743	Brazil: FP Use	10,000	65,839	75,839
744	Brazil: BEMFAM Eval.	-	69,292	69,292
749	Mexico: CBD Eval.	34,553	20,164	54,717
765	Ghana: Preg. Waste. Costs	6,000	778	6,778
775	Sudan: Male Attitudes	1,400	13,967	15,367
782	Zaire: Preg. Waste.	6,000	4,587	10,587
783	Health and Technology	-	13,820	13,820
787	Tanzania: Teenage Pregnancy	-	4,225	4,225
1005	MCM Monograph	-	3,192	3,192
1009	Nigeria: Adolescent Preg.	-	11,639	11,639
1039	Bangladesh: Tech. Assist. to SMP	-	7,754	7,754
1051	Egypt: Daya Training	-	1,284	1,284
1071	Senegal: Vanguard FP Acceptors	-	2,287	2,287
1105	Maternity Care	-	1,106	1,106
	Subtotals	\$ 57,953	\$452,795	\$510,748

C. Clinical Research

960	Programmatic Studies	-	25,640	25,640
980	Brazil: IUD Eval	<u>10,891</u>	<u>5,243</u>	<u>16,134</u>
	Subtotals	\$ 10,891	\$ 30,883	\$ 41,774

D. Information Dissemination

740	Travel for APPP Speakers	-	8,463	8,463
773	Tunisia: Symposium	-	1,434	1,434
790	Brazil: Breast-feeding Biblio.	-	1,069	1,069
798	Egypt: Pharmacists' Conference	-	2,033	2,033
1030	IJGO	-	54,607	54,607
1031	Network	-	35,020	35,020
1045	Pharmacists' Meeting	-	1,408	1,408
	Subtotals	\$ -	\$ 104,034	\$ 104,034

SIN	Project Title	Field Costs	FHI Costs	Total FY '82 Project Costs
0990	Program Development	\$ -	\$ 159,155	\$ 159,155
	Closing Expenses from Fiscal year '81 Subgrants	<u>\$ 1,009</u>	<u>\$ 10,777</u>	<u>\$ 11,786</u>
	Total Direct Costs	\$577,277	\$1,292,733	\$1,870,010
	General and Administrative Costs	<u>-</u>	<u>\$ 296,424</u>	<u>296,424</u>
	Total Grant Expenditures	\$577,277	\$1,589,157	\$2,166,434