

PD-AAR-593

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TRIP REPORT # 0-32

TRAVELERS: Ms. Lynn Knauff
INTRAH, Deputy Director

COUNTRY VISITED: Sri Lanka

DATE OF TRIP: February 17 - February 23, 1985

PURPOSE: Updated needs assessment for
technical/financial assistance.

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EXECUTIVE SUMMARY

From February 17-23, 1985 Lynn Knauff, INTRAH Deputy Director and James Veney, INTRAH Evaluation Officer (his report to be submitted separately) visited Sri Lanka to assess potential and need for INTRAH's technical and financial assistance.

Meetings were held with the USAID Health/Population/Nutrition (H/P/N) Officer and with all major organizational providers of family planning services, and representatives of the Ministry of Plan Implementation, the Nursing Education Office of the Ministry of Health (MOH), and UNFPA.

Preliminary determination was made of viable prospects for INTRAH support.

These include:

1. Technical and financial assistance to Family Planning Association of Sri Lanka (FPASL) for continuation (with modifications) of the village volunteer training program;
2. Possible assistance, if requested, to the Family Health Bureau (FHB) in design of a family planning refresher curriculum for midwives.

FPASL was asked to submit a revised proposal to INTRAH by early April. If it is acceptable, INTRAH should re-visit Sri Lanka in May to:

- finalize the proposal and budget;
- identify specific needs for technical assistance;
- develop a draft sub-contract.

In addition, communication should be maintained with FHB's Dr. Vidyasagara, Chief of the MCH Division.

SCHEDULE

- Sunday, Feb. 17:** Arrived in Colombo at 12:15 p.m.
- Monday, Feb. 18:** Briefing with Ms. Eilene Oldwine, USAID/Colombo
Meeting at Family Planning Association of Sri Lanka (FPASL)
Meeting at Family Health Bureau (FHB), Ministry of Health (MOH)
- Tuesday, Feb. 19:** Meeting with Chief Nursing Officer, Ministry of Health (MOH)
Meeting at Population Services International (PSI)
Village visit
- Wednesday, Feb. 20:** Meeting at UNFPA
Meeting at Ministry of Plan Implementation
Meeting at FPASL
- Thursday, Feb. 21:** Meetings at FPASL
- Friday, Feb. 22:** Debriefing with Ms. Oldwine, USAID/Colombo
Meetings at FPASL
- Saturday, Feb. 23:** Departed for Kathmandu at 2:25 p.m.

I. PURPOSE OF THE VISIT

This visit was made to assess the potential and need for INTRAH technical and/or financial assistance as a result of USAID/Colombo's inquiry to the Government of Sri Lanka (GSL) about an expression of interest and need for assistance through the PAC II contract (see Appendix B for Sri Lankan organizations' responses to the GSL's Ministry of Plan Implementation's letter on the subject).

II. ACCOMPLISHMENTS

- A. Meetings were held with representatives of the Family Planning Association of Sri Lanka (FPASL), the Family Health Bureau (FHB) of the Ministry of Health (MOH), the Nursing Education Officer of the MOH, Population Services International (PSI), the Population Division of the Ministry of Plan Implementation (MOPI), and with the UNFPA Country Representative.
- B. A briefing and debriefing were held with Ms. Eilene Oldwine, H/P/N Officer, USAID.
- C. A visit was made to a village located 45 minute's drive from Colombo to attend the one-year anniversary celebration of the FPASL - sponsored Rural Family Health Program and to talk with satisfied contraceptive users, village volunteers, the District's Medical Officer for MCH, and members of the village and district family planning committees.
- D. On the basis of information obtained from interviews and written materials, the following summarizes probable INTRAH initiatives:
 1. Support for FPASL's village volunteer program, specifically: a three-week TOT for district-level officers who are also responsible for training and supervising village volunteers; review and revision of the content and time allocations of the training follow-up and refresher curricula based on FPASL's priorities for the volunteers; training and refresher training of volunteers; evaluation training for one or two FPASL staff to enable them to aggregate and analyze baseline and follow-up data for purposes of improving surveillance and management of the volunteer program; technical assistance in interpretation

and use of baseline and follow-up data; and an annual 10% follow-up sample of volunteer trainees.

2. Assistance to the Family Health Bureau in review and revision of a family planning in-service training course for midwives.
- E. The FPASL was requested to submit a revised proposal to INTRAH. If it is received by April 1 and favorably reviewed, an INTRAH visit to Sri Lanka in May will be made for the purpose of sub-contract development and for checking back with FHB on the progress of internal discussions regarding needs for INTRAH technical assistance.
- F. Two FPASL staff members will be invited to Chapel Hill for the summer evaluation course.

III. BACKGROUND

Nearly 75% of Sri Lanka's population of 14.85 million persons is rural and Buddhist. Literacy is high—90.5% overall; 82.4% for women—and awareness about family planning is high: over 95%. However, estimates of contraceptive prevalence, according to the Contraceptive Prevalence Survey (CPS) in 1982, show a marked disparity between awareness and practice: only 30.4% use a modern method (and of those, sterilization had been adopted by over 20%). Rhythm and traditional methods are practiced by almost 20% of the 55% of currently married women of reproductive age who reported use of a family planning method. A Family Health Impact Survey taken in 1981/82 and published in May 1984 (Evaluation Unit, FHB/MOH, Colombo) revealed that 48% of their sample of 5083 currently married women in the reproductive age group practiced contraception: only 7% of those reported use of IUD, pill or injectable; 20% had been sterilized; and, 14% used traditional methods. Of those who reported they desired no more children, 44% were not using any contraceptive method (see Appendix C for the summary and conclusions of the survey).

The crude birth rate is estimated to be 26.2, and the annual growth rate is 1.5%. Singulate mean age at marriage is surprisingly high: 28 years for men and 25 years for women.

Private and public sector family planning services are available throughout the country as a result of initiatives taken in the 1950's.

An organized effort to introduce family planning to Sri Lanka was made in early 1953 with the founding of the Family Planning Association of Sri Lanka. At the commencement the activities of the Association were restricted to areas around the capital city of Colombo. Attention was focused on family welfare with a view to reducing maternal mortality, malnutrition and infant mortality. The work done by the Association was given Government recognition in 1954 in the form of a financial grant.

In 1958, the Government entered into a bilateral agreement with the Royal Government of Sweden to conduct a pilot project in Community Family Planning. This project was designed to investigate the prospects of family planning in Sri Lanka and study the attitudes of the people towards family planning. The project commenced in June 1958 in two public health midwife areas. In the pilot areas the crude birth rate showed a promising decline and there was an increasingly positive attitude towards family planning.

The project also demonstrated that family planning could be successfully integrated with the existing maternal and child health services which were already widespread within the country.

Through the experience gained from this pilot project, the Government decided in 1965 to accept family planning as part of national policy and family planning was made a function of the Ministry of Health. The delivery of family planning services was thus integrated with the existing Maternal and Child Health Services.

A separate division was established in the Ministry of Health to implement this programme and placed in charge of an Assistant Director, Maternal and Child Health (AD/MCH). In 1968, a Maternal and Child Health Bureau was set up with AD/MCH as the administrative head. The Bureau was also entrusted with the function of planning, implementing and evaluating the family planning programme. In 1973, the Maternal and Child Health Bureau was redesignated the Family Health Bureau.

In 1970, the Government stated that "though family planning would not be a solution to the economic ills of the country, nevertheless family planning facilities should be made available on a more intensified scale". The Government 5 year plan presented at the end of 1971, stated that "family planning should be made available to all groups and not be confined to the privileged section of society".

From 1972, the family planning programme had the necessary political endorsement and the Government sought the assistance of several international organizations to obtain financial support for expansion of services within the country.

In 1978, the subject of population policy was gazetted as a function of a separate Ministry and assigned to the Ministry of Plan Implementation which functions directly under the President of the country. The subject of family health was assigned to a Project Minister of Colombo Hospitals and Family Health within the Ministry of Health with responsibility to direct, coordinate and implement activities pertaining to maternal and child health and family planning.

(Excerpted from the Family Health Impact Survey, 1981-1982, pp. 13-14)

In the public sector;

The Family Health Bureau is the central organization responsible for the overall delivery of family health services within the country. Family Health Services include the following components:

1. Pre-natal, Natal and Post-Natal Care.
2. Care of the Infant and Pre-school Child.
3. Family Planning Services.
4. Immunization Services.
5. School Health Services.
6. Nutrition.
7. Monitoring and Evaluation of MCH/FP Services.

Sri Lanka has a well developed health infrastructure to provide an efficient family health service within the country. The Family Planning services are provided through this health infrastructure, utilizing the physical facilities and personnel of the Ministry of Health.

For purposes of health administration, the country is divided into 19 divisions; each division is in the charge of a Superintendent of Health Services (SHS) who is responsible for total health care within the division. Each SHS Division is further subdivided into health areas, each in charge of a Medical Officer of Health who is responsible for all promotional and preventive health activities.

Each health area is provided with a network of medical institutions and health centres which provide institutional and clinic based Maternal and Child Health (MCH) services. The MCH Clinics are conducted regularly by the Medical Officer of Health or by the Medical Officer of the institution assisted by the Public Health staff (PHI, PHNS and PHM) of the area. Clinic activities include pre-natal and post-natal services, care of the infant and pre-school child, immunization, family planning, nutrition education and provision of food supplements.

The Public Health Midwife is the front-line health worker who through a systematic scheme of home-visits, provides domiciliary care to mothers and children. As a member of the health team, she also assists at the MCH clinic conducted in her area. Her major functions consist of pre-natal, natal and post-natal care, including care of the new-born; advice to mothers about the immunizable diseases of childhood and the provision of such services; advice and assistance on family planning to eligible couples in her area, in addition to which she undertakes the field distribution of condoms and contraceptive pills, maintaining follow-up of family planning acceptors. She also plays a role in the community as a health educator particularly in those aspects of health that relate to the mother and child.

The Public Health Nursing Sister's role is mainly one of supervision and guidance of the public health midwives in the MOH area. She also participates in clinic activities and other functions related to maternal and child health.

The primary functions of the Public Health Inspector consists of the control of communicable diseases and environmental sanitation. As a member of the health team he plays a leading role in school health activities and in the field of family planning undertakes male motivation and the field distribution of condoms.

(Excerpted from the Family Health Impact Survey, pp. 14-15)

In the private sector, four organizations provide family planning services:

1. The Family Planning Association of Sri Lanka (FPASL) provides a full range of temporary methods at their Kandy and Colombo clinics. In addition, 27,000 volunteer motivators in 850 villages motivate family planning acceptors to obtain government - sponsored services. FPASL's field program employs district and marketing officers in their community based distribution (CBD), retail sales and rural family health programs. Family Planning acceptors must be married; the volunteer motivators are generally unmarried, female, and youthful (under 28 years of age). Research affiliations have been developed with The Population Council and Family Health International.
2. The Sri Lanka Association for Voluntary Sterilization (SLAVS) has a clinic in Kandy.

3. The Population Services International (PSI) has a contraceptive retail sales program assisted by FPIA. PSI has also trained 2,200 of an estimated 16,000 ayurvedic practitioners in family planning and provides supplies of oral contraceptives to them.
4. The Community Development Services (CDS) program has a social marketing program, a small volunteer cadre, and stationary and mobile clinics.

Coordination of family planning and population interests is provided by the Population Division of the Ministry of Plan Implementation which convenes informational meetings of the public and private sector family planning interests and organizations.

USAID has no population/family planning bilateral program in Sri Lanka. The UNFPA provides \$1.5 per year to support public sector family planning and population project, and supplies of commodities. The UNFPA-assisted projects have included: support of the 1981 census; a now-empty demographic center; refurbishment of 87 operating theatres; WHO-sponsored paramedicals' training; the Research and Evaluation Unit of the FHB; in-service and basic training of midwives and a family planning curriculum for use in basic training; and, management training of district and central MOH staff.

A recently-published World Bank report of June 1983 population/family planning team was not available to us. However, we were told that there was little, if any, attention to training.

With regard to training, there are four sources:

1. The Family Planning Association of Sri Lanka (FPASL) trains their volunteers and staff, and also trains physicians in vasectomy and tubectomy for which the Government provides FPASL with Rs. 100,000.
2. The Bureau of Health Education of the Ministry of Health provides in-service communications training to midwives and other field personnel. The basic training in family planning for midwives is the responsibility of Schools of Nursing and the Institute of Health Sciences.
3. Population Services International provides for training to the pre-service level of ayurvedic students.
4. Sri Lanka Association for Voluntary Sterilization (SLAVS) provides sterilization training for physicians.

It is generally agreed that the number of family planning points is adequate (although this view is not shared by the Population Division Director of the MOPI), family planning awareness is high, the incentive system for sterilizations has promoted sterilization perhaps at the expense of temporary methods, and there is surprisingly high and perhaps effective use of traditional methods. The major jobs to be done are to motivate for and accelerate use of effective temporary methods among those not desiring more children but not using any contraceptive method, and to conduct action research on approaches to acceptance (Population Council is currently supporting FPASL in use of a midwife/satisfied IUD acceptor team to promote IUD adoption) and on the effectiveness of traditional methods currently in use (FHI will support this study). There is also need to investigate the interest, practices of and the training effects on ayurvedic practitioners with respect to temporary modern and traditional methods since it is estimated that 80% of Sri Lankans routinely seek ayurvedics' advice.

IV. ACTIVITIES

- A. The Family Planning Association of Sri Lanka is keenly interested in expanding its rural family health program which uses village-based volunteers to motivate for family planning, accompany new acceptors to clinics, follow-up family planning continuation clients, and act as sources of family planning information. The FPASL volunteers' initial training is currently for three days which is followed by supervisory visits of the district officer and an annual convocation. To date, 27,000 volunteers in more than 850 villages have been trained; generally, a group of 20 is trained in each village. The volunteer group conducts a village baseline survey which identifies couples in the reproductive age group and whether or not they are using contraception. If they are not, the couple is asked why not and the coded reason is recorded. The contraceptive-users' method is recorded. The baseline survey is updated annually for the two years during which FPASL provides support in each village. Thus, levels of contraceptive use can be ascertained and volunteer effort toward motivation can be determined (see James Veney's report for views on this subject).

For the past three years, RTSA/Asia provided support for village volunteers' training and for an evaluation of training outcomes. With the demise of RTSA/Asia and of a large portion of IPPF's support, FPASL lacks an adequate funding base to support volunteers' training.

The volunteer program is directed by the Director of Operations, Mr. Amara Dissanayake. He and the district officers guide and supervise the field program. The Evaluation Unit of FPASL records and passes on to him the results of baseline and annual update data. The training of volunteers is organized by the district officers who use a standard curriculum which is carried out by local resource persons and the district officers. The district officers have had no training in training. Variation in the quality of training is a function of the availability of resource persons, the training capability of the resource persons and district officers, and the appropriateness of the curriculum to the local situation. Although only minor training expense is involved, it is not clear why 20 volunteers per village had been chosen as optimal. The curriculum appeared to rely heavily on lectures despite need for high-levels of interpersonal communications skills on the part of volunteers. One is also struck by the profile of the volunteer (unmarried, youthful, with high school education) when contrasted with the population to be motivated. Careful attention has not been given to analyses of baseline and update data to determine whether the volunteer: population ratio is optimal and to changes in reasons for non-adoption of contraception by eligible couples. We were told that the baseline data are compiled after 8-12 months of initiation of the volunteer program, that the data are sometimes incomplete and perhaps erroneous, and that a before and after analysis of prevalence is the main focal point for review. These observations were reviewed with FPASL's Director, Mr. Daya Abeywickrema, who appeared very willing to review and revise the training curriculum based on the findings of the surveys and an analysis of volunteers' tasks and FPASL's priorities, and to initiate more comprehensive analyses of before and after data. He felt that if district officers were trained to review the data, they could use them to provide improved supervision and could follow-up on data that appeared to be erroneous, incomplete or in other ways warrant follow-up. In addition, FPASL is quite willing to institute systematic refresher training which will, thereby, take the pressure off the initial 3-day training period so it can emphasize the most immediate and highest priority jobs of the volunteer.

FPASL will submit a revised proposal to INTRAH based on discussions held during our visit. Mr. Abeywickrema indicated that the funding situation was critical but, after hearing that September 1 was the earliest possible start date of a sub-contract felt that January 1, 1986, (the start of his fiscal year), might be an appropriate starting date for support of volunteer training. However, he would like the district officers' TOT to be held in September or October since they would have to be ready for the training season starting on January 1.

- B. Ms. Eilene Oldwine, the H/P/N Officer, USAID, will be given a copy of FPASL's proposal before it is forwarded to INTRAH. She indicated support for the proposed project. She will be on home leave from April 1 - June 7th. A copy of this trip report should be sent to her, c/o Bill Goldman, Asia, TR Office at AID.

Ms. Oldwine advised us that clearance for U.S. and third-country participants is given by the Ministry of External Affairs, and is a lengthy process.

Ms. Oldwine kindly investigated the process for obtaining airline tickets and travelers' checks for any non-FPASL participant (FPASL can handle these through their travel agent). The process is as follows:

1. A check covering cost of the ticket and travelers' checks should be sent by telegraphic transfer to:
Commercial Bank of Ceylon for
Mercantile Tours Ceylon, Ltd.
Account Number 22-23-84
2. Mercantile should be informed of the transfer by telex. Their Telex Number is 21138 VAVALEXCE
(Mercantile is USAID's travel agent)
3. Ms. Oldwine will obtain a waiver on the 5% tax on tickets from USAID's Controller.

- C. Dr. N. Vidyasagara, the Director of MCH in the Family Health Bureau, noted the importance of the midwives in motivating for family planning and the need to prepare them in effective communications skills. He felt that if the midwives

improved their counselling skills there could be a significant alteration in the contraceptive prevalence picture.

He is very promotive of family planning and feels that midwives are key personnel in the family planning delivery system although he is strongly opposed to their being trained in IUD insertion. He also feels that the pre-service family planning preparation of midwives may require attention.

He outlined the Population Council-supported study in which a midwife is paired with satisfied IUD users. He felt that the study findings would support an extension of this approach.

He will pursue with the UNFPA representative support for more action-oriented refresher training of midwives, and encouraged us to meet with the UNFPA representative, which we did.

- D. In a brief discussion with Mrs. Samanasekera, the Chief of Nursing Education, Ministry of Health, it was learned that there had recently been a revision in the MCH/FP curriculum for midwives, now called Family Health Workers. During their 12 months' didactic and six months' practical training they are prepared for 18 activities, primarily in MCH/FP. Because of a severe shortage of tutors, the curriculum may not be conducted as written (Many Sri Lankan health professionals have emigrated to the Gulf States). From Mrs. Piewaratna who is in charge of the practicum, we learned that the tutor-student ratio is 1:50 over the six months' practicum period. She did not indicate that there were any problems. When asked why temporary contraceptive prevalence figures were so low, she felt that the side effects of the IUD were deterrents to adoption. There were "so many reasons" for not adopting the pill according to her.

Neither Mrs. Samanasekera nor Mrs. Piewaratna knew why we had come to meet them and did not express any interest in or need for INTRAH assistance.

- E. Dr. Dan Vanderportaele is the UNFPA representative who knew of INTRAH from his tour in Turkey. He indicated that the government felt there was enough financial assistance in family planning and satisfied with the UNFPA contribution of \$1.5 million per year.

He noted that the UNFPA needs assessment visit scheduled for March 1985 will be postponed until 1987.

He felt that any further UNFPA support of ayurvedic practitioners' training was ill-advised, citing a recent study showing it to be a "disaster". UNFPA has supported a broad range of population/family planning projects (some executed by WHO and UNICEF). He did not indicate satisfaction with the midwives' in-service and basic training project conducted by the School of Nursing and executed by WHO citing the fact that 50% passed the first year exam and the two fellowships for nurse tutors had taken a long time to materialize.

UNFPA works through the GOSL, and funding is not made available directly to NGO's.

- F. Mr. D. P. Wijegoonsekera is the Population Division Director of the Ministry of Plan Implementation. He assigned priority to INTRAH support of FPASL's proposal. The MOPI's priorities are to increase the number of service sites and to motivate potential acceptors of temporary methods. He felt FPASL could strongly influence progress toward the latter.

In discussion about the role of the ayurvedic practitioner, he supported both pre-service and in-service training in family planning but he had not yet seen the evaluation of the UNFPA - supported project. He cited support for family planning by the Minister of Ayurvedic Medicine and the widespread use of ayurvedic advice by the people. When asked about potential for ayurvedics to provide Natural Family Planning counseling, he felt that Natural Family Planning methods were not effective and should not be promoted.

He told us that government policy was that oral contraceptives should only be available through prescription which is the reason why MOPI was not encouraging FPASL's volunteers to distribute pills.

- G. In a meeting at Population Services International (PSI) we were briefed on the ayurvedic practitioners' training program by Mr. A. Nanayakkara, Director, and Ms. Chandra de Silva, the Project Coordinator. In the project's current phase, it is planned that an 80 hour MCH/FP curriculum will be introduced into the five colleges of Ayurveda. PSI requested INTRAH support for curriculum revision and for the teaching program. Although we were told that ayurvedics will be brought into the traditional medical system, that view was disputed by MOH officials.

An evaluation report of the PSI training of 2,200 ayurvedic practitioners has been prepared (a copy has been sent to us). However, since no baseline data were collected the findings may be of limited value.

V. RECOMMENDATIONS

- A. If a revised proposal from FPASL which incorporates recommendations for revision made during the visit is received in early April, INTRAH should re-visit Sri Lanka in May for proposal and budget finalization and sub-contract development. The proposal should incorporate the following features:
1. District Officers' preparation in training, curriculum development, and data analysis, interpretation and application.
 2. Training of a realistic number (perhaps 3000 total over 3 years) of volunteers which should include: initial training, follow-up supervision and training, and refresher training.
 3. A strong evaluation component which incorporates an annual 10% follow-up cumulative sample over the life of the project.

- B. Communication with Dr. Vidyasagara of the FHB should be maintained to ascertain training needs for midwives.

- C. Support for training of ayurvedic practitioners or pre-service training of ayurvedic students should be deferred until and unless it is clearer that: (1) the government will move to incorporate ayurvedics in the formal health care system; (2) ayurvedics who have been trained are actually providing sound family planning advice and are effective family planning service providers; and (3) the results of evaluations are studied and recommendations are unequivocally stated.

APPENDIX A

Persons Contacted/Met

USAID/Colombo

Ms. Eilene Oldwine, H/P/N Officer

Ministry of Health (MOH)

Dr. N. Vidyasagara, Chief of MCH, Family Health Bureau

Ms. Charlotte Sumanasekera, Chief, Nursing Education Officer

Ms. Pieratne, Nursing Education

Ministry of Plan Implementation (MOPI)

Mr. D. P. Wijegoonsekera, Director of Population Division

Family Planning Association of Sri Lanka (FPASL)

Mr. Daya Abeywickrema, Director

Mr. Victor De Silva, Evaluation Consultant

Mr. Amara Dissanayake, Director of Operations

Dr. Sriani Basnayake, Medical Director

The President and Members of the FPASL Board

Population Services International (PSI)

Mr. Atula Nanayakkara, Director

Ms. Chandra De Silva, Program Officer

Mr. Peter Lawton, Director of Project Development (London)

UNFPA

Dr. Dan Vanderportaele, Country Representative

APPENDIX B

Sri Lanka Organizations' Responses to the GSL's Ministry of Plan Implementation's
Letter on Needs for Assistance Through the PAC II Contract, November 20, 1984

memorandum

DATE: NOVEMBER 20, 1984

REPLY TO
ATTN OF: Dr. G. Thenabadu, Program Specialist, HPHR, USAID/Sri Lanka

SUBJECT: Population: New Project, Family Planning Training for Paramedical,
Auxiliary and Community (PAC) Personnel II, No.936-3031

TO: The Project Officer, ST/POP/IT
AID/Washington, D.C. 20523

The subject project was announced to GSL 26th October. All four non-governmental organizations implementing Population/FP services have expressed interest in the project. The Family Health Bureau of the Ministry of Health has also requested ~~for~~ additional information.

Enclosed are copies of correspondence for your information and necessary action.

Enclosures: a/s

OFFICIAL FILE COPY



SRI LANKA ASSOCIATION FOR
VOLUNTARY SURGICAL CONTRACEPTION

(Incorporated under the Societies Ordinance (Cap 113))
Approved Charity) අනුමත (ආදාන)

NO 2, PRIMROSE ROAD,
KANDY,
SRI LANKA
: T'Phone 08 - 23462
Cables SLAVSC

Our Ref: A/243

Your Ref: POP/USAID

Mr. D. P. Wijegoonasekera,
Director, Population,
Ministry of Plan Implementation
Population Division,
220/4, Javelock Road,
Colombo 5.

DIR		
DD		✓
LA		
EXO		
PRO		✓
Pi.SP		✓
CRNT		✓
MWRD		
HPHR	X	wa
ARD		
DUS		
Assoc Telco		

9th November, 1984.

NOV 14 1984

Dear Sir,

NEW COOPERATIVE AGREEMENT IN POPULATION SERVICE INTERNSHIP
PROGRAMME & PROJECTS: "FAMILY PLANNING TRAINING FOR PAC
PERSONNEL" & "CONTRACEPTIVE SOCIAL MARKETING:"

We thank you very much for your letter of 5th November, 1984
on the above subject.

As you are aware we are already engaged in Family Planning
and VSC Training for Medical Officers and para-medical staff.
The Ministry of Plan Implementation has been good enough to
provide us with a grant of Rs.100,000/= towards costs of
the current Training Programme. Although the IPAVS New York
is also providing some funds for this Training project there
is still an unfinanced gap in respect of the current
commitment.

We enclose for your information a copy of the Scheme presently
applicable to the Training of Medical Officers in Techniques
of Contraception & Family Planning. Perhaps we could further
develop this Training scheme with the assistance and guidance
of Training experts. We also consider it very desirable to
develop an arrangement for the training of our Trainers. If
the USAID accepts the SLAVSC as a suitable NGO having the
Services of Professional personnel to undertake the Family
Planning Training for PAC Personnel we shall indeed be happy
to provide detailed Project proposals.

(More....2/.)



SRI LANKA ASSOCIATION FOR
VOLUNTARY SURGICAL CONTRACEPTION

(Incorporated under the Societies Ordinance (Cap. 123)
Approved Charity)

NO 2, PRIMROSE ROAD,
KANDY,
SRI LANKA
T'Phone 08-23462
Cables SLAVSC

Our Ref:

- 2 -

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Your Ref:

The SLAVSC Family Health and Training Centre is being developed as a model providing comprehensive Family Planning Services. This Centre is in charge of a Medical Director, who is also the Consultant Urologist of the Kandy General Hospital. The development scheme of this Centre envisages inter-alia the establishment of a clinical laboratory and a pharmacy. It will be appreciated therefore that the SLAVSC has the capacity to engage itself in the proposed Contraceptive Social Marketing Project, subject however, to some assistance being available for the acceleration of the development of this Centre.

We are quite willing and able to provide facilities for the training of selected Personnel from other countries in Population Service Internship Programme. Recently we successfully provided training facilities in Population Management and VSC Service Delivery to Medical Doctors from the Yeman Arab Republic and Indonesia.

We consider it of paramount importance that opportunities be made available for our Trainers, both Medical Officers and para-medical staff including auxiliary and Community (PAC) personnel to be trained abroad in appropriate Universities or other Institutions. We shall submit our Project proposals as soon as we hear from you.

We look forward to your kind assistance, and cooperation to secure support for the aforesaid activities.

Yours faithfully,

K.M. Karunaratna
K.M. Karunaratna,
Acting Executive Director.

c.c. - ~~_____~~
~~_____~~

KM/sa.

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SLAVSC FAMILY HEALTH & TRAINING CENTRE, KANDY.

TRAINING OF MEDICAL OFFICERS IN TECHNIQUES OF CONTRACEPTION & FAMILY PLANNING.

1. Objectives:

- A. To train government medical officers and private medical practitioners in techniques of contraception and family planning, more specifically in Surgical Contraception Procedures (vasectomy and tubectomy).
- B. To contribute to the national goal of making voluntary sterilization services available through out the country by helping to provide the necessary trained manpower for such services.
- C. To introduce modern methods of surgical contraception procedures and family planning.
- D. To maintain the Training Centres as a Model standard setter for voluntary sterilization training in Sri Lanka.

2. Scope of Training:

- A. Male Sterilization (vasectomy)
- B. Female Sterilization (tubectomy)
- C. Temporary Methods
- D. Counselling for Voluntary Surgical Contraception
- E. Planning & Management of Voluntary Sterilization Programs.

3. Scheme of Training:

- A. Module 1 - Theoretical Training : 30 hrs.
- B. Module 2 - Practical Training in Male Sterilization
(minimum 20 procedures)
- C. Module 3 - Practical Training in Female Sterilization and
Temporary Methods (minimum 25 procedutes)

4. Eligibility:

Medical Officers (M.B.B.S.) who have completed the Internship

5. Duration of Training:

Three Weeks

(In the case of those who wish to be certified in vasectomy procedures only, arrangements will be made to complete the training in two weeks).

6. Course Requirements:

(i) The Trainee is required to attend all lectures & lecture-demonstra-

(iii) All Trainees are required, after the completion of training, to submit to the Director of the Training Centre, quarterly statistical reports for a period of one year giving the particulars, such as age and parity, of sterilization acceptors, and detailed reports regarding Surgical or post-operative complization.

7. Evaluation:

Post-Training Evaluation/assessment will be done at the end of each module.

8. Certification:

- A. Those who have satisfactorily completed module I and 2 will be certified in vasectomy procedures.
- B. Those who have satisfactorily completed modules I and 3 will be certified in tubectomy procedures.
- C. Those who have satisfactorily completed modules 1, 2 & 3 be certified in comprehensive fertility management.

9. Venue:

- A. Centre for Training:
SLAVSC Family Health Centre, 14 Keppetipola Mawatha, Kandy.
- B. Theoretical Training - Lectures/Lecture - Demonstrations:
Lecture Room - General Hospital, Kandy (pending extensions to the SLAVSC Family Health Centre).
- C. Practical Training - Training Methods . Male and Female Sterilization.
 - (1) SLAVSC Family Health Centre, Kandy.
 - (2) General Hospital, Kandy.
 - (3) Teaching Hospital, Peradeniya.
 - (4) Visiting Clinics in Kandy District.

10. Numbers to be Trained:

Annually 40 medical officers and 40 nurses.
04 medical officers and 04 Nurses will be trained under each training programme and there will be 10 such Training Programmes during the year.

(more ...3)

11. Course Content:A. Module 1 - Theoretical Training 30 hrs

Orientation
 Demography & Population Policies
 Contraceptive Methods (Temporary)
 Male Surgical Contraception
 Female Surgical Contraception
 Pharmacology of Drugs in Family
 Planning Practice.
 Asepsis and Sterilization
 Informed Consent & Voluntary
 Sterilization.
 Psychological aspects in VSC
 Client Recruitment and Counselling
 Pre-operative Management of VSC
 Post-operative Management
 Emergency Equipment & Drugs
 Gynaecological Problems during
 Contraceptive Practice.
 Clinic Management
 Follow-up
 Recanalisation Surgery of Vas and
 Fallopian Tubes.
 Management of Infertility
 Complications during VSC Procedures
 Anaesthesia Practice in VSC
 Cardio-pulmonary resuscitation
 Concepts and Techniques of Counselling

B. Module 2 - Practical Training in Vasectomy

Client Reception and Counselling
 Pre-operative Examination of Client
 Techniques of Vasectomy (trainee will perform a minimum
 of 20 vasectomy procedures)
 Patient Monitoring
 Follow-up
 Post-operative Management
 Record Keeping
 Re-canalisation Surgery for Vas Tubes.
 Anaesthesia Practice in Vasectomy
 Management of Infertility of Male.

C. Module 3 - Practical Training in Tubectomy

Client Reception and Counselling
 Pre-operative preparation of the Patient,
 O.T. and Clinic.
 Temporary Methods
 Techniques of Tubectomy (Trainee will perform a
 minimum of 25 Tubectomy procedures)
 Laparoscopic Sterilization and other newer Techniques
 of Female Sterilization.
 Anaesthesia Practice in Tubectomy.
 Management of In-fertility.
 Patient Monitoring
 Post-operative Management
 Emergency Handling Manouvers, use and maintenance of

12. Faculty:

Dr. (Ms.) E.R. Amarasekara,
Chief Medical Officer of Health,
Municipal Council,
Kandy.

Dr. A.M.L. Beligaswatte, MBBS (Cey), FRCS (Eng), FRCS(Edin)
Consultant Urologist,
General Hospital,
Kandy.

Prof. Kingsley de Silva, MBBS (Cey), FRCS (Edin), FRCOG (Gt.Britain)
Head of the Department of Obstetrics & Gynaecology,
Medical Faculty,
Peradeniya.

Prof. M.A. Fernando, MBBS (Cey), D.OH (Eng), DCH (Eng), PHD (Harvard)
Head of the Department of the Community Medicine,
Faculty of Medicine, University,
Peradeniya.

Dr. Sri Lal Fernando, MRCP (UK), MRC Psy (Gt.Britain)
Consultant Psychiatrist,
General Hospital,
Kandy.

Dr. P.T. Jayawickremarajah, MBBS (Cey), M.Ed. (Illinois)
Director Medical Education Unit,
Faculty of Medicine, University,
Peradeniya.

Dr. L.D. Karaliyadda, MBBS (Cey), DA (Lond) FRCS (Eng)
Consultant Anaesthetist,
Teaching Hospital,
Peradeniya.

Dr. W.J.B. Karunaratna, MBBS (Cey), FRCS (Edin), FRCOG (Gt.Britain)
Consultant Obstetrician & Gynaecologist,
General Hospital,
Kandy.

Dr. Makuloluwa, MBBS (Cey), MRCOG (Gt.Bt.)
Consultant Obstetrician & Gynaecologist,
General Hospital,
Kandy.

Dr. D.B. Palipana, MBBS (Cey), FFARCS (Eng)
Consultant Anaesthetist,
General Hospital,
Kandy.

Prof. Melvin Pinto, MD. MRCP (SL), MRC.Psy. (Lond), DMP.PHD
Senior Lecturer in Psychiatry,
Faculty of Medicine University,
Peradeniya.

Dr. Chandra Ratnatunge,
Consultant Surgeon & Senior Lecturer in Surgery,
Medical Faculty,
Peradeniya.

Dr. D.C. Senaratna, MBBS (Cey), DMP(London), MRCP.Psy(UK)
Consultant Psychiatrist & Senior Lecturer in psychiatry,
Medical Faculty,
Peradeniya.

Guest Lecturers

Prof. Nandadasa Kodagoda,
Head of the Department of Forensic Medicine,
Medical Faculty University,
Colombo.

Dr. P. Kumarainghe, MRCO (Lond)
Family Health Bureau,
231, De Saram Place,
Colombo.

Dr. N.W. Vidyasagara,
Director, (MCH),
Family Health Bureau,
231, De Saram Place,
Colombo.

Mr. D.P. Wijegoonasekera,
Director of Population,
Ministry of Plan Implementation,
Colombo.

ck/ 24.04.84.

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COMMUNITY DEVELOPMENT SERVICES

62-64, Cotta Road, Colombo 8, Sri Lanka.
 Tele: 94102 - 59 7731
 Cables: "DEVLOSERVE"



"Happiness in the Eighties is a Two Child Family"

OFFICIAL FILE COPY

12th November 1984

Mr. D.P. Wijegoonsekera,
 Director Population,
 Ministry of Plan Implementation,
 220/4, Havelock Road,
 Colombo 5.

NOV 14 1984

Dear Sir,

NEW COOPERATIVE AGREEMENT IN POPULATION SERVICE INTERSHIP PROGRAMME AND PROJECTS : "FAMILY PLANNING TRAINING FOR PAC PERSONNEL" AND "CONTRACEPTIVE SOCIAL MARKETING".

I am responding to your letter dated 5th November 1984 on the above topic.

CDS does require support in relation to offers made. Our needs are as follows :-

a. To develop the capability to carry on training programmes for PAC workers we would appreciate if CDS staff are provided opportunities to certain US and USAID country training programmes in respect of -

- i. Designing curricula for training of Medical and Para medical personnel in counselling and clinical service delivery including implants.
- ii. Designing Evaluation of Management systems.

Developing and designing a new social marketing programmes for CDS of non clinical contraceptives as these products are inadequately marketed in Sri Lanka as seen by recent surveys. We are prepared to implement such a programme together with other NGO in the field.

cooperation in this matter will be greatly appreciated.

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Yours sincerely,

Brig. Dennis Hapugalle, VSV (Retd)

cc : Dr. Wickrema Weerasooriya, Secretary, M/Plan Implementation.
 Dr. (Mrs) G. Thenabada, Program Specialist USAID

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OFFICIAL FILE COPY

NOV 14 1984

Family Health Bureau,
231, De Saram Place,
P.O.Box 589,
Colombo 10.

9th November 1984.

Mr. D.P. Wijegoonasekera,
Director (Population),
Ministry of Plan Implementation,
220/4 Havelock Town,
Colombo 5.

Dear Wije,

NEW COOPERATIVE AGREEMENT IN POPULATION
SERVICE ETC/USAID.

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I refer to your letter dated 5th November 1984 regarding the above subject.

The Family Health Bureau would be particularly interested in the project area of: "Family Planning Training for Paramedical and Auxiliary Personnel", about which more information would be appreciated.

With kind regards,
Yours sincerely,

Dr. N.W. Viliyasagara,
Director (NCH)

cc to: Dr. (Mrs) G. Thenabadu - Programme Specialist, USAID Colombo. ✓
Dr. Malini de Silva - MO/Training - Family Health Bureau.

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ශ්‍රී ලංකා குடும்பத்திட்டச் சங்கம்
The Family Planning Association of Sri Lanka

P. O. BOX 365, 37/27 BULLERS LANE, COLOMBO.7. TELEGRAMS "FAMPLAN" TELEPHONE Nos. OFFICE: 84157 84203 CLINIC: 88131
 ක. ප. 365, 37/27, බුලර්ස් පවුල, කොළඹ 7. දුරකතන අංක. කාමරය 84157, 84203 වෛද්‍යාගාරය: 88131
 අ. ප. 365, 37/27, புல்வர்ஸ் ஒழுங்கை, கொழும்பு 7. தொலைபேசி இல. அலுவலகம் 84157, 84203 சிகிச்சா நிலையம்: 88131

NOV 15 1984

FPA/ED/163/84

9th November, 1984

Mr. D.P. Wijegoonasekera,
 Director, Population Division,
 Ministry of Plan Implementation,
 220/4, Havelock Road,
 Colombo 5.

OFFICIAL FILE COPY

Dear Wife,

New Co-operative Agreement in Population Service Internship Programme and Projects: "Family Planning Training for PAC Personnel" and "Contraceptive Social Marketing".

This is to acknowledge with thanks your letter of 5th November, 1984 on the above subject.

The Family Planning Association of Sri Lanka would like to request your assistance from two of the Projects suggested:

1. Training of Volunteers.

As you know, during the last two years, we have had reports from RTSA in Hawaii for Training our Field Volunteers and each year we have been able to get assistance to train at least 2,000 volunteers of the 6,000 we normally train to support our Rural Family Health Programme. We are very anxious to request for similar support from INTRA which has won the contract for assistance to Training Programmes in the Asia Region. We shall in due course develop a suitable proposal and refer it to them with copies to you. The AID Office in Colombo is aware of the fact that we had received US \$ 20,000 in 1982 and US \$ 10,000 in 1984 from RTSA for the above programme.

2. Contraceptive Social Marketing.

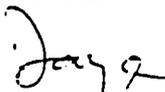
In the area of Contraceptive Retail Marketing, after the visit of the AID Evaluation Team in 1983, we drew up a proposal for Futures Group to get their support to expand our promotional campaign. This was initially referred to Futures by the AID Office in Colombo. We would now like to follow this up and would be able to send you an updated draft of this proposal outlining the type of assistance we would need from the Futures Group in early December. The delay is due to the fact that I plan to be away in Kathmandu from the 28th November on some IPPF work.

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I would therefore, kindly request you to make note of the above two support requirements we would like to have from the Projects listed above.

Thanking you for keeping us informed of the availability of the above support from AID.

Yours sincerely,


DAYA ABEYWICKREMA
Executive Director,
F.P.A.S.L.

c.c. Dr. Wikerema Weerasooria
Dr. Gnani Thenabadu

Population Services

12/12, ARNOLDA PLACE,
IRILAPONA AVENUE,
COLOMBO 5,
SRI LANKA.

Telephone: 553650
Cables: 'Poplank' Colombo.

A. B. ...

12 November 1984.

Mr. D.P. Wijegoonasekera,
Director,
Population Division,
Ministry of Plan Implementation,
220/4, Havelock Road,
Colombo - 5.

Dear Mr. Wijegoonasekera,

U.S AID CABLES

Many thanks for your letter POP/USAID of 5th November '84 which reached me this morning.

We are indeed very interested in at least two of the three projects mentioned in the US/AID Cables, and shall be grateful for any assistance you can give us in having our proposals reviewed favourably.

1. New project for Family Planning Training. I note that there is provision under this project to strengthen and develop the capacity of LDC institutions and agencies in training activities in family planning services. As you are aware the project funded by the ODA which is responsible for the introduction of family planning into the core curricula of the five colleges of Ayurveda in the country is due to come to an end next year. It would indeed be very desirable if this project can be carried on for the next two to three years, and we wonder whether we can obtain any assistance to do so under this project.
2. Contraceptive Social Marketing. As you are already aware we have a complete proposal based on IE&C and service delivery for the marketing of vasectomies in the country. This was submitted to IPAUS some time ago but no satisfactory result accrued for reasons we are not quite sure of. We should indeed be very pleased to submit a fresh proposal broadly based on the original one for funding under this project.

I should like to discuss these two matters with you personally and will telephone you tomorrow morning to check on a suitable time for the purpose.

Kind regards,
Sincerely,

A. B.

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APPENDIX C

Family Health Impact Survey (1981/1982)
Summary and Conclusions

CHAPTER 11

SUMMARY AND CONCLUSIONS

The period following the early 1970's saw a rise in contraceptive use in Sri Lanka. Contraceptive prevalence increased from 32 percent in 1975¹ to 47.7 percent in 1982², the increase being mainly due to the greater use of modern methods.

TABLE 11.1
Percentage of Respondents by Type of Contraceptive Method used

	<i>Permanent</i>	<i>Temporary</i>	<i>Traditional</i>	<i>Total</i>
World Fertility Survey 1975	9.9	8.9	13.2	32.0
Family Health Impact Survey 1981/82 ..	23.9	9.8	14.0	47.7

A comparison of prevalence rates for 1981/82 with the baseline data of the World Fertility Survey conducted in 1975, shows that the predominant feature of the period 1975 to 1981 was a shift towards the use of sterilization as a

TABLE 11.2
New Acceptors of Family Planning by Method 1971 - 1982

<i>Year</i>	<i>Tubectomy</i>	<i>Vasectomy</i>	<i>IUCD</i>	<i>Pill</i>	<i>Injectable</i>
1971	4,090	245	11,446	25,828	—
1972	9,078	498	18,599	32,300	—
1973	18,398	1,850	27,558	34,214	—
1974	34,942	7,292	29,693	.	—
1975	33,130	6,034	32,755	.	—
1976	32,664	2,924	27,030	25,597	—
1977	17,753	1,302	21,321	27,514	—
1978	19,624	2,325	23,085	31,146	3,046
1979	30,003	5,640	21,187	30,394	5,932
1980	61,642	51,284	19,232	29,296	9,706
1981	46,300	30,333	14,833	22,189	8,142
1982	48,876	13,048	16,115	26,231	10,211

* Not available

Source: Evaluation Unit - Family Health Bureau.

1. World Fertility Survey 1975
2. Family Health Impact Survey - 1981/82

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method of contraception. Although the proportion of respondents using a traditional or a temporary modern method showed a marginal increase, prevalence rates for sterilizations rose dramatically from 9.9 percent in 1975 to 23.9 percent in 1981/82. This shift towards sterilization is also reflected in the routine service statistics received and processed monthly by the Family Health Bureau.

The increase in the acceptance of sterilization was the result of a combination of factors. On the one hand there was a concerted effort to expand and improve the services while on the other, efforts were directed at encouraging people to avail themselves of the services provided.

The improvement in services was effected by providing facilities at smaller medical institutions together with training of non specialist medical officers in sterilization procedures. In addition a scheme of payment¹ was introduced for medical teams performing sterilizations.

Sterilization requires hospitalization or a few days rest which burdens the family with additional expenditure and loss of income which most can ill afford. To meet this situation a scheme was also introduced to pay an allowance to acceptors so as to meet 'out of pocket' expenses incurred in undergoing an operation. The net result of these measures was an increase in the demand for sterilization.

TABLE 11.3
Trends in Sterilization - 1978 to May 1983

<i>Different schemes of Allowances</i>	<i>Total Vasectomies</i>	<i>Total Tubectomies</i>	<i>Total Sterilizations</i>	<i>Average Sterilizations per month</i>
No Allowances				
Jan. - Dec. 1978	2,325	19,624	21,956	1,827
Jan. - April 1979	997	6,976	7,973	1,993
Allowance to Medical teams				
May - Dec. 1979	4,643	23,027	27,670	3,459
Allowance to Medical Teams and in addition 'Out of pocket' expenses to Acceptors as follows:				
Rs. 100/- Jan. - 1980-Oct. 1980	10,119	36,059	46,178	5,130
Rs. 500/- Oct. 1980-Feb. 1981	63,292	40,265	103,557	20,712
Rs. 200/- March 1981-Dec. 1981	8,201	31,618	39,819	3,982
Rs. 300/- Jan. 1982-May 1983*	17,458	69,801	87,259	5,133

* Provisional

1. A payment to medical teams was introduced in May 1979. A surgical team performing tubectomy was entitled to Rs. 65/- for each case performed above a stipulated number. A surgical team performing vasectomy was entitled to Rs. 35.50 for each case above a minimum of five per month. (From 1st June 1983 surgical teams received payment for all cases performed).

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Although sterilizations have shown a marked increase since 1979, it is disturbing to note that the number of new acceptors resorting to temporary modern methods has declined over the last few years. Both routine statistics of new acceptors as well as prevalence rates depict this decline. The decrease is most marked for IUCD while the use of the pill has barely held its own. However the long acting injectable even with limited programme availability has shown increasing popularity.

Of the current contraceptors approximately 50 percent were using a permanent method while 20 and 30 percent respectively resorted to temporary modern and traditional methods.

Contraceptive practice was highest among urban respondents and lowest in the estate sector. Tubectomy was the most widely used method in urban and rural areas, whereas in the estate sector vasectomy was more popular.

Use of permanent methods was strongly correlated to the number of surviving children. Approximately 90 percent of current users who resorted to sterilization had three or more living children, with 26 percent having six or more living children, indicating that permanent methods were sought too late. If the concept of small families is to become a reality, a proper mix of methods needs to be adopted. Temporary methods practised in the early years of marriage would enable a couple to space their children and take them past the high risk years of early childhood, after which they could resort to a permanent method.

Contraceptive use varied widely with education, being lowest among respondents with no schooling. The variation was most marked for temporary modern and traditional methods where use was positively correlated to education. However acceptance of permanent methods was inversely correlated to education.

An appropriate measure to evaluate the success of a family planning programme is the prevalence of contraceptive use among respondents who desire no more children. Approximately 69 percent of the respondents who were not pregnant did not desire any more children. Of these respondents who desired no more children, 44 percent did not use any form of contraception, 35 percent had resorted to a permanent method and 21 percent were using temporary methods (temporary modern or traditional). It is evident from these figures that although a high proportion of respondents did not desire any more children, the majority were not adequately motivated to practise any form of contraception. This is a group that warrants specific programme intervention in the future.

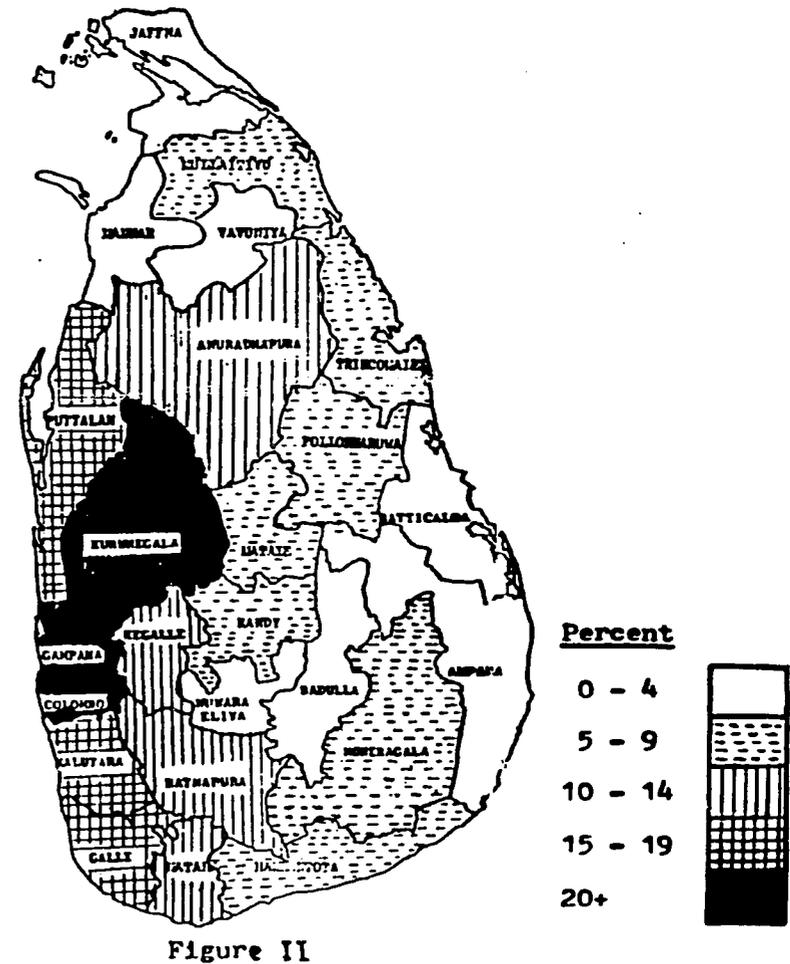
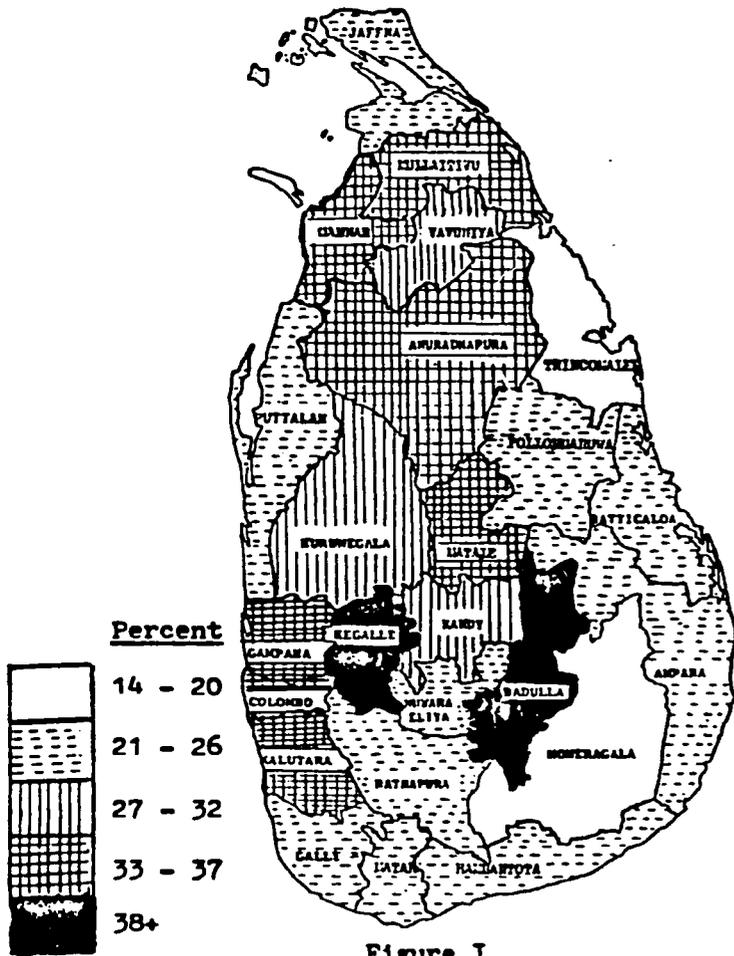
Contraceptive prevalence according to administrative districts has been estimated from the survey. However the rates need to be interpreted with a certain degree of caution, since reliable estimates cannot be made for districts with small populations (Mannar, Vavuniya, Mullativu and Trincomalee) which were not adequately represented in the sample. Disaggregation by districts necessarily leads to such problems since the sample was chosen on a national basis.

CONTRACEPTIVE PREVALENCE

1981/1982

Modern Methods

Traditional Methods



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The survey showed wide differentials in the practice of modern and traditional methods of contraception between districts. The districts of the Western province showed a high use of both modern and traditional methods while their prevalence was low in the Eastern Province.

Although only very few of the total respondents had never heard about family planning (6.5 percent), a large proportion (49 percent) of the total had never used any method of contraception. The main reasons for non acceptance were related to a lack of adequate information about family planning methods. A high proportion of never users (40.6 percent) either did not have adequate knowledge about contraceptive use or had misconceptions regarding contraceptive methods. There appears to be a need for educational material appropriately designed to provide specific information about family planning methods in order to reduce the gap that exists between awareness and use of contraception.

The survey revealed that the proportion of respondents who cited the public health midwife as one of the main sources of information on family planning was low. This is disappointing since the public health midwife is the key health worker at village level on whom much reliance is placed for providing information and instruction on family planning methods during home visits.

The large majority of current users of modern methods (88 percent) had obtained either services or supplies from Government outlets. Tubectomy, Vasectomy and IUCD services were obtained almost exclusively from Government sources, and two thirds of the pill users had purchased their requirements from Government outlets. The majority of condom users had obtained their requirements from Non Governmental sources, retail shops being an important source.

The survey also studied some aspects of service delivery related to the mother and child. The immunization status of a cohort of children revealed that coverage with BCG vaccine was higher than that for Polio and Triple vaccine. 68.4 percent of the cohort had been immunized with BCG whereas coverage for Polio vaccine (3 doses) was 54.3 percent and Triple vaccine (3 doses) was 54.4 percent.

Wide variation was observed in the immunization status of the cohort according to mothers education. The proportion immunized was significantly lower among children of mothers with no schooling and increased steadily with rise in education. It is also noteworthy that the proportion of children immunized was significantly lower among younger mothers. This may reflect a certain diffidence on the part of parity one mothers to subject their first born and only child to immunization. Selective strategies would probably have to be directed towards this group to improve immunization coverage.

Aseptic conditions and trained assistance are fundamental requirements for a safe delivery. The survey revealed that 73 percent of births had occurred in Government institutions and 21 percent had taken place at home. In this

context it is relevant to note that 51 percent of deliveries on estates occurred in estate homes, where conditions did not favour a safe delivery.

The incidence of births at home showed a high correlation to mothers education being highest among mothers with no schooling. The age of the mother however does not seem to have a significant influence in determining the place of delivery.

A disturbing feature of the health situation during the last decade has been the repeated occurrence of diarrhoeal epidemics of varying severity. The relationship between the incidence of diarrhoeal disease, availability of water and adequate sanitation are well known. The survey revealed that nearly one third of the households did not have access to any type of latrine, while another third had access only to a pit or bucket latrine which cannot be considered satisfactory. The availability of safe water was a problem in many households. Approximately 50 percent of households obtained their drinking water from either a common well, river, stream or wewa, this proportion being highest for rural households.

The survey revealed that in general the use of the health services by mothers with no schooling or with only some degree of primary education was significantly lower. The nature of this relationship is not clearly understood. However this correlation should serve as a useful indicator to identify disadvantaged groups and could be made use of in the implementation of health programmes in Sri Lanka.