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TRIP REPORT:
VISITS TO THE PHILIPPINES, THAILAND
INDONESIA AND BANGLADESH

Prepared by: Fred W. Reed, JHU/PCS Asia
Regional Communication Advisor

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Population Communication Services
Population Information Program
The Johns Hopkins University
624 North Broadway
Baltimore, Maryland 21205
USA

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LIST OF ABBREVIATIONS

AVS	Association for Voluntary Sterilization
BKKBN	Indonesian National Family Planning Coordinating Board
DTCP	Development Training and Communication Planning
IEC	Information, Education and Communication
INTRAH	Program for International Training in Health
JHU/PCS	The Johns Hopkins University/Population Communication Services
MIS	Management Information System
NCF	Nutrition Center Foundation
PCF	Population Center Foundation
PDA	Population and Community Development Association
PKMI	Perkumpulan Kontrasepsi Mantrap Indonesia
SOMARC	Social Marketing for Change
TA	Technical Assistance
TAVS	Thai Association for Voluntary Sterilization
UN	United Nations
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

This trip was undertaken with a limited number of objectives, as follows:

- 1) JHU/PCS has an obligation in its cooperative agreement to offer and provide communication related technical assistance in the Asian region. This trip thus offered USAID missions an introduction to the services offered by JHU/PCS;
- 2) Since its inception, JHU/PCS has received requests for technical assistance from AVS affiliates in Asia. The trip offered an opportunity to establish contact with those affiliates and to identify their needs;
- 3) USAID in Manila had offered JHU/PCS the opportunity to help develop some projects to be sponsored by USAID in the Philippines. Time was spent developing three projects with the Population Center Foundation (PCF) of the Philippines; and
- 4) Efforts in India during the past ten months have made clear a variety of training needs in India. This trip allowed the beginning of the work necessary to establish the kinds of training resources available in the region. Initial negotiations were undertaken to begin planning for that training.

The visits to the Philippines, Thailand, Indonesia, and Bangladesh revealed a need for more than one communication advisor in each country. The need was expressed by both USAID people and host country staff in most countries. I think the conclusion to be drawn is that this is certainly not the time to withdraw this kind of support from Asia. Indeed, some of the reverses suffered in the Philippines and Indonesia point to an increased need for effective communication support for the family planning programs. Program directors and senior staff recognize this. The USAID population officers share that view. We should exercise care that programs that are within reach of success are not abandoned for uncertain gains elsewhere. The demographic impact of failure for family planning in Asia is simply too great to allow us to adopt a posture of benign neglect. All of this will require substantial additional resources over a three to five year period dedicated to family planning communication.

VISITS TO THE PHILIPPINES, THAILAND, INDONESIA AND BANGLADESH

A. THE PHILIPPINES

The visit to the Philippines began with a briefing with Mr. Bill Johnson, the Health, Nutrition and Population Officer. Jose Rimon will report more intensively on that meeting with Mr. Johnson. A number of points can be usefully emphasized, however. The Philippines, which had been thought to have a contraceptive prevalence rate of nearly forty percent, was recently discovered to have a rate of more near to thirty percent. This serious revision of the family planning performance figures seems to derive from several sources. First, there has been a substantial reduction of those practicing traditional methods of contraception. It is important to note that this change is contrary to conventional wisdom which suggests that it is good to recruit acceptors for every method regardless of its effectiveness. The notion being that when individuals find that they are using an ineffective method they will shift to more effective methods. This does not seem to have happened in this case. A second point worthy of note is that it is becoming more and more recognized that more effective, well targeted, and psychologically correct communication needs to be undertaken. These new communication efforts need to target males, younger people, and others who influence birth control decisions. Mr. Johnson suggested that some longer term advising in communication may be important and useful.

In conjunction with the effort to find training opportunities for Indian colleagues, visits were made to the Communication Foundation for Asia, the Institute of Mass Communications at the University of the Philippines, The Population Center Foundation, the Nutrition Center Foundation, The Population Commission, and visits or lunches were had with members of the advertising community and people who regularly participate in media production.

The Communication Foundation for Asia, started by Father Lagerway some years back is situated on a lovely campus. It has facilities for production in a variety of media. The personnel of the Foundation have been involved in a large variety of social concerns and appear to be capable of providing good training in media production either on their own or some other campus. My impression of the Foundation personnel is that they are well trained and task oriented.

The Institute of Mass Communications at the University of the Philippines is the site where most of those working in development communication in the Philippines were themselves trained. Its faculty has long had a reputation for competence and enthusiasm. The Institute offers its own set of training programs which are part of the University curriculum and also can offer specialized courses as needed. Recently, Professor Feliciano retired due to reasons of poor health. A new dean has been appointed and it will take some time to discover whether the Institute continues its vigorous program. The faculty are especially strong on theory and concepts of communication.

The Population Center Foundation (PCF), with which we did most of our other work, is a most impressive organization. The staff and administration show splendid dynamism, intelligence and sense of purpose. PCF has divisions with skills in planning, training, production and general IEC program development. The products of the Foundation which we had an opportunity to view were of high quality and indicative of the sense of purpose of the staff. We had an opportunity to see print materials and a couple of slide/tape presentations produced for Foundation activities. They were excellent. PCF would be willing to undertake training of Indian communication people, if sufficient lead time and opportunity for proper planning were given. The discussion with Ms. Aurora Go and her staff resulted in the suggestion that we might likely find it useful to set up training programs for entire production units of Indian Central Training Institutes. The basic idea is that by training an entire section at one time, a sufficient critical mass of training people would be developed to permit effective functioning when they returned to their own organizations. One advantage of using the PCF as a training site is that they have the capability of providing training on their own premises and of also bringing experts from other Philippine settings to assist in the work. PCF could provide both training on their own campus and could also provide followup after participants concluded their work at the PCF.

The Nutrition Center Foundation is located on the same campus as that of PCF. The NCF is engaged in doing nutrition and health outreach programs. They can do training in program design as well as various aspects of outreach and communication. Regardless of whether training is done at the NCF, it should be pointed out that the NCF has in place the finest Management Information System I have seen. The hardware of the system is simply an Apple II computer and a Scantron card reader that directly enters data from Scantron cards onto a floppy disk. NCF has had help in

developing software such that they can get nearly instant diagnostic information on nearly any aspect of their outreach program. The system is flexible, allowing them to query a wide variety of issues. The data source is a Scantron card which is completed by the outreach worker and passed to the Center. It appears that this system solves all of the problems which are usually encountered in most Management Information Systems. The forms are easy for the outreach worker to complete and require little time. Since the Scantron reader is self-feeding, little human energy is required. Time consuming coding is obviated. Reports are produced directly by the computer. The report is thus ready within minutes of the receipt of the data. I would strongly recommend that any Indonesian, Thai, Bangladeshi, or Indian who comes within easy distance of Manila should be taken to see this system in operation. Widespread use of this system could revolutionize family planning outreach and its management.

The Population Institute of the Philippines is the nerve center of the country's family planning effort. Projects which receive either domestic or foreign funding are cleared through and coordinated by the PopCom. PopCom has a staff of competent and enthusiastic people. They are articulate and task oriented. Members of PopCom are actively engaged in communication production and other activities in the arts. Although PopCom itself does not engage in training activities directly, its members are available to help with communication training programs which may be offered in the country.

The visit to the Philippines resulted in the development of three good projects for communication in family planning: one oriented to industry, one directed at farmers focusing on male motivation, and one concerned with adolescent fertility. In addition, thinking has begun on projects to link breastfeeding, nutrition and child survival to family planning communication.

ACTION:

1. I will send to Ms. Go copies of papers we have done in India on family planning messages and on sales techniques for family planning.

2. PCS should send Ms. Go about 20 copies of "Healthier Mothers and Children through Family Planning" (a Population Report) to be circulated to her staff. (Completed.)
3. One of the main problems of the Philippine family planning program is that of male motivation. Recently, Richard Manoff and his associates developed a campaign with this focus for Bangladesh. It is important that the PCF have an opportunity to view these materials. I will try to take care of this from Delhi, but would appreciate it if someone at AID or PCS would get the material together for wider sharing.
4. The World Bank has an occasional paper on the application of the Training and Visiting system to family planning. PCF could use a few copies of this. PCS may be able to find it and send it to them.

CONCLUSION: Three concluding comments may be prudent.

1. It is probably true that the project proposals would not have developed without the consultants' presence. It is certain, at the same time, that the work could not have been done without the competence, graciousness, and hospitality of the PCF staff. They add a new dimension to the notion of grace and glamour.
2. The presence of Jose Rimon was crucial to this effort. On one hand, his previous work in the Philippines opened doors and had us working productively early on our first working day in Manila. On the other hand, Jose has an excellent sense of organization, systems and communication. His attention to detail and willingness to do it once more to make it right were essential ingredients.
3. The tenor of this report suggests that the Philippines has clear competence in communication, can do training in communication, and has personnel who would be useful to do training in other countries. One might then conclude that no further technical assistance in communication is needed. I believe that conclusion is not supportable.

The position of Mr. Johnson (also crucial to this effort) is that the program is not at a plateau, but has suffered a number of reverses. The skills and expertise tend to be located at the top of the several organizations and do not pervade to the lower reaches. Our conversations revealed a strong desire on the parts of our Filipino colleagues to continue to have access to fresh ideas and to test their efforts and notions against outsiders who may not have been subject to the "group think" that at times characterizes organizations working under extreme pressure. I believe that routine support by communications experts with credible field experience is still important to the Philippine family planning program. I believe they agree.

B. THAILAND

The visit to Thailand had the following objectives. First, we wished to follow up on requests for technical assistance from the Thai Association for Voluntary Sterilization (TAVS). Second, we wished to investigate the possibilities for training of Indian communication people. Finally, we wished to meet population people in Thailand to acquaint them with PCS.

Mr. Terry Tiffany, of USAID provided us with a good initial briefing concerning population activities in Thailand, with emphasis on the various parties working in the field. His briefing helped to clarify some confusion concerning the consultancy which was requested from Bob Griffin for TAVS. Our (Mr. Rimon and I) understanding was that the request for Mr. Griffin's work was to be paid for by PCS. It turned out that the understanding in Thailand was that the Regional Office of AVS was to pay for the consultancy. On that basis, the Regional Director of AVS wished to delay the consultancy until the need for it was thoroughly clear.

We met with Mr. Aray Sriburatham, the Executive Director of TAVS. After giving us a briefing concerning the work of the organization, he again emphasized the need for some technical assistance. One area for TA is in the work of translating and editing materials from Thai into English for wider distribution. My sense is that the objective here is to allow TAVS to share its materials with the other countries in the region. Another need is for assistance in developing prototype materials on sterilization which could be used in work done in the service points throughout the country. Finally, there is a desire for some assistance in developing training and materials for counseling for sterilization. This material would be used in conducting training sessions for governors of the Thai provinces. It appears as though TAVS sees its role as being the provision of support for services which are offered through the Population and Community Development Association (PDA) both in service points and training programs.

Aray's briefing strongly emphasized TAVS relationship with the work done by Mechai and PDA. There was much less emphasis on the relationship between TAVS and the government program which provides most of the family planning services in the country. The impression that one comes away with is that TAVS is searching for the role that it should play in a country with a strong family planning program. Given

that both PDA and the government program have strong service delivery and training components, TAVS is probably looking rightly at developing strength in the areas of new communication strategies and counseling approaches. An impression that came from the meetings at AVS and the governmental program was that there was not a strong link between the organizations. Perhaps some work could be done to help AVS become clearly relevant to the government program. More will be said about this in the section concerning the visit to the Ministry of Health.

ACTION:

Mr. Sriburatham said that he was badly in need of materials which had been used successfully to motivate and educate about sterilization in other countries. A packet of these materials from PCS may be very much appreciated.

VISIT TO PDA

PDA is the organization set up by Mechai. It originally delivered family planning services and has since expanded into areas of operating income generating projects and training in population. It should be noted that PDA is now a large and apparently stable establishment whose character has become much more than just the efforts of Mechai himself. INTRAH of North Carolina is using PDA to offer consulting and training for programs in Africa. The reason for our visit to PDA was to try to learn about training programs that may be of use to the Indian family planning program.

Mr. Rimon and I were provided with a briefing concerning the training activities of PDA, a schedule of planned training courses, and a brief description of PDA's field activities. While regularly offering a variety of courses in communication, PDA is prepared to design courses especially for the needs of any other program. PDA has a large and comfortable plant which has grown tremendously during the past five years. They use their own training staff as well as bring in experts and consultants from other organizations. Our visit coincided with the training of several senior staff members from PopCom in the Philippines. Their reports of the training were consistent with the reports which we had received informally in Bangkok. It seems that the strongest part of the training program is the field trips. While PDA has a communication laboratory in which they can do training in the production of media materials, it seems less adequate for training other Asians.

One high point of the visit to PDA is the chance to see the family planning promotion devices which they sell. They operate a small shop where T-shirts bearing clever family planning slogans are for sale. Also sold are key chains with condoms in a case bearing the inscription "Break in Case of Emergency". Other items of a similar nature are also available. These kinds of items have drawn considerable attention to PDA and to family planning in Thailand. Those who comment on the work of PDA seem to take one of two positions. Some think of the Thai program as being only Mechai and his "gimmicks". It is possible, thus, to attribute the success of the program to the publicity that PDA has given family planning and the various contraceptive devices.

On the other hand, some observers point out that the Thai program is made up of a tightly knit and planned organization that can deliver high quality services and does so very well. They point out that the publicity PDA receives overshadows the point that nearly all of the services and communication in the country are delivered by the government program. Such an image depicts PDA and Mechai as publicity hounds and little more. My own judgement is that no analysis which is currently available can adequately assign proportions of the success of the Thai family planning program to any single component. There has long been a tenuous and symbiotic relationship between the PDA portion of the program and that of the Ministry of Health and it is clear that the government program has been given far less credit than it deserves. Still, it seems that PDA points the way to some interesting and useful publicity activities that any country can undertake to promote awareness of family planning.

It is not clear that PDA has training that would be of significant use to the India program.

VISIT WITH THE MINISTRY OF HEALTH TRAINING DIVISION

We met with Ms. Chusie Sujpluem, Head of Training in the Family Health Division and Ms. Pisamai Chandavimol of the Health Planning Division of the Ministry of Health. This visit was strongly recommended by both Mr. Tiffany of USAID and Mr. Najib Assifi of DTCP. According to a number of observers, the Thais have an excellent system of training, service delivery, and contraceptive sales. Contraceptives are sold through barbers, shopkeepers, and cooperative drugstores. They have in place a multi-tier training program that allows training to be given effectively throughout the

system. According to Ms. Pisamai, the program has taken a hard line approach to family planning. While some of the other programs in Asia have moved in the direction of integrating family planning with health, introducing or increasing incentives for acceptors, and enclosing family planning in a variety of other development programs, Thailand has moved in the opposite direction. The communication program emphasizes sound health and economic reasons for spacing and delay of first birth. Rather than allow the energy of outreach workers to be diverted from family planning, they have insisted that the family planning worker do only that. Both Pisamai and Chusie emphasized that if individuals are practicing family planning for the right reasons and are properly motivated, then they do not need incentives to keep them at it. Unfortunately, we did not have time to go into the field with them to get a better idea of the program, but others report that the program is indeed working well.

The Thai family planning program would be willing to welcome visitors to be trained or given study tours of their program. I would like to offer some Indian officials the opportunity to be exposed to this program. One can hardly argue with success.

VISIT TO DTCP

The Development Training and Communication Planning organization has been doing planning and training in the management and creation of development communication programs for some years. Although the unit is part of UNDP, it is fully self supporting through its courses and consultancies. It is a credit to this group that their expensive services are much in demand.

In our meeting with Romeo Gecolea, the Director, he pointed out that DTCP has as its first priority the servicing of UN funded projects. They could undertake training in India more easily if it was in response to UNFPA or one of the other UN organizations. The demand on DTCP's time and staff is great and they are currently looking to employ several more senior staff consultants who have skills in management and communication. DTCP offers a number of one or two week courses in Bangkok in which they would welcome Indian participants. We will be receiving notification of these courses. One bias of the DTCP program is worth noting. They have discovered, during their years of practice, that communication activities are conceptually and practically inseparable from the management of development organizations. As such,

they do not take on communication consultancies unless the projects are willing to allow the communication planning to focus on the internal communication and management of the organization as well. This approach, while inconsistent with purely divisional approaches to management is consistent with more modern management concepts. DTCP's success lies largely in its focus on treating organizations as communicating mechanisms rather than treating communication as a single separable function of an organization.

We met with Mr. Najib Assiffi, the consultant who has been working with the population communication program in Indonesia on behalf of UNFPA. Mr. Assiffi had received a cable from Kazuko Kano, the Jakarta UNFPA coordinator, asking that we get together to coordinate and share the work that we have done in Indonesia over the past few years. As near as I can tell, Najib's work in Indonesia is oriented towards trying to help decentralize the communication activities of the BKKBN. This includes trying to place more communication hardware at the provincial level and to get more communication training for provincial personnel.

VISIT WITH THE POPULATION COUNCIL

We visited with Dr. Andy Fisher of the Population Council to pay a courtesy call and also to discuss our work in India. Among other things, Dr. Fisher pointed out that he had participated in a visit for consulting to India three or four years ago and had identified a variety of simple researches that could be undertaken to strengthen the communication program. Mike Jordan has located this report for me so we will see if some of the recommendations can be acted on.

ACTION:

If PCS has the names of some first rate communication and management people with project related field experience, they may wish to share them with DTCP.

C. INDONESIA

The visit to Indonesia had three purposes. First, we wished to respond to some requests which had been received for TA from the AVS affiliate. Second, we wished to explore the possibility of organizing a visit for senior Indian officials to follow up on the visit paid to Indonesia by a similar group in 1981. Third, we wished to acquaint the USAID Mission with the services of PCS. As it turned out, much more work appeared than could be handled successfully in such a brief visit.

Mr. David Denman, the Population Officer, briefed me on the activities of the BKKBN and changes that had taken place since I left Jakarta in 1982. Essentially, two facts are outstanding. First, BKKBN has undergone a substantial reorganization that has created more divisions in the headquarters. The overall implications of this reorganization are still being worked out and plans are still being generated by senior level working groups. Second, the Indonesian family planning program has undergone substantial reverses in the past year. Briefly put, within the last two years, BKKBN officials thought that the contraceptive prevalence rate was approaching 60%. Further analysis of the census data, contraceptive offtake, and some community studies seem to indicate that the previous estimate of prevalence was too high. How high is a matter of conjecture. Depending upon the informant the estimate of prevalence varies from 45% and lower to perhaps 52%. While there are a number of factors which may account for the previous over estimate, the consequence has been that BKKBN has been stunned and the entire program is being reassessed.

Based on the current IEC data and the program coming on-line at the BKKBN, Mr. Denman would like two major inputs from PCS. First, sample surveys indicate that there is widespread ignorance about methods, e.g. what they are, how they are used, advantages, disadvantages, and where to get them. It would be useful to get a consultant to help design print materials for this purpose and to help in pretesting and adapting prototype materials. Second, Indonesia is about to undertake a major urban family planning program. This activity will be a substantial enlargement of work that has been underway for the past five or six years. One of the program inputs is a major advertising program using various mass media. Mr. Denman would like to get some help for Mr. Harry Victor (the Project Director) to put together a brief for an invitation to bid for advertising agencies to take up the media portion of this work.

MEETING WITH MR. RUSS VOGEL

Russell Vogel, formerly the Regional Director of AVS is now advising both the BKKBN and the AVS affiliate. He provided tremendous support during my visit. Russ emphasized the extreme need that the BKKBN program has for basic print materials. As with the conversation with Mr. Denman, Mr. Vogel called attention to the fact that few potential acceptors knew about methods and that much of acceptance was based upon personal persuasion rather than on knowledge. Continuing with Mr. Vogel, we met with Mr. Gary Lewis who is helping BKKBN with evaluation work. They emphasized that BKKBN badly needed to review its overall communication strategy and look to see whether they should be doing other kinds of things in a systematic manner. Again, it appears that the adjustment of the contraceptive prevalence rates in the country may occasion careful discussion of the approaches that are used in communication.

MEETING WITH DR. FIRMAN LUBIS

Dr. Firman Lubis, Director of YKB, has been working in urban family planning for some time now. He has started a system of urban clinics which are self-supporting. They support themselves both by the sale of medical and contraceptive services and through the sale of contraceptives and other health related items. Dr. Lubis emphasized his need for good basic print brochures on contraceptive methods. The brochures should indicate the what, why, how, and where of each method. He would appreciate some assistance with this. This is a need which is complementary to that of the BKKBN. We also discussed the possibility of developing a broader product line for sales through the clinics and outreach workers. The idea here would be to develop a line of products so that women in urban communities could earn extra money by selling contraceptives and other health related products from door-to-door. Indonesia has a tradition of door-to-door sales and one could capitalize on this tradition to both promote contraception and to boost women's incomes.

ACTION:

Prototype print materials could be sent to Dr. Firman Lubis through Mr. David Denman. It would be useful if someone went to help in the adaptation of the materials for the use of both the BKKBN and YKB. This could be done by either Fred Reed or perhaps someone like Margot Zimmerman (Denman's suggestion and a good one).

MEETING WITH DEOLALIKAR, COLIN BANKS, AND ROGER PEREIRA

The BKKBN is getting a social marketing program underway. Initially, they will focus on condoms with the aspiration of expanding the product line to other methods as they come to be sold over the counter. Deo helped to develop a set of briefs for the social marketing program that are simply splendid and should be available to other countries that hope to engage in the intensive use of commercial advertisers.

We discussed the variety of communication activities that are underway at the BKKBN. These activities range from safari type visits that are camps for special motivation, to radio and television messages, to speeches made by senior BKKBN staff, to special efforts that will be made as part of the social marketing program and the urban family planning program. It quickly became clear that there needs to be an integrating force that would link the various activities that are underway or planned for. Since we stayed in the same hotel, the visit permitted me to get a better idea of both Roger Pereira and Colin Banks. It is my judgement that our previous efforts to link Roger to the Maharashtra program in India were on target and should continue. Colin Banks is also a developmentally oriented graphic designer and could usefully be added to the PCS consultant roster. Both of these men's credentials are with SOMARC and should be available to PCS.

MEETING WITH DR. HARYONO

I had the opportunity to meet with Dr. Haryono, Head of the BKKBN. In a half-hour discussion, I was able to brief him on PCS and to learn his views on the problem of the prevalence rate. He is convinced that it is crucial to review the overall communication strategies of the BKKBN and to identify new directions in which the communication program should move. He asked that I draft a letter for his signature asking USAID to request that PCS use its funds to form an expert group to help

review the BKKBN communication activities and to suggest new directions. Such a group, when formed, should include skills in organizational communication, planning, strategy development, and design. Time would need to be spent prior to such an activity to develop working papers to be used by the working group and the BKKBN. Clearly, this is an important activity and one that both USAID and UNFPA have hoped for at least seven or eight years. I drafted the letter and it awaits Dr. Haryono's signature upon his return from the Netherlands.

MEETING WITH DR. HARYOTO KUSNOPUTRANTO

I went with Mr. Vogel to meet with Dr. Haryoto and several members of the PKMI staff. PKMI, an AVS affiliate, has done a lot of work in Indonesia in the direction of getting a sterilization program on the ground and operating. They have supplied training in procedures, equipment for service points and other educational work. It appears that the time is not too far in the future when the ulamas organizations will accept sterilization as a method of contraception. PKMI wishes to be fully prepared to offer good IEC when that decision comes. It is clear to them that it will not be possible for them to use mass media for the promotion of sterilization. They do wish, however, for some assistance in the production of simple, but good, print materials. They have a need for posters, leaflets, flipcharts for motivators and trainers, human models and other support materials. I mentioned to them that PCF in Manila is conducting training in consultative decision making for motivators of sterilization. This kind of training would be very good for PKMI. A return visit to Indonesia would allow time, hopefully, to help PKMI write a proposal for USAID assistance for this kind of training from the PCF.

ACTION:

1. PKMI needs to receive prototype materials for sterilization from PCS. A follow up visit should be undertaken to help them adapt the materials and pretest them.
2. It would be useful if a set of the male motivation materials done by Manoff in Bangladesh could be supplied to PKMI. Actually, if these materials were sent to David Denman, he could share them with the wider group in Jakarta who could benefit from the ideas in them.

MEETING WITH MR. BAMBANG SURYAPRANOTO

Dr. Bambang is Chief of the Bureau of Information and Networks. He is responsible for helping BKKBN get information from the field offices and to set up a system that can do diagnostics on the information when it is received from the field. I told him about the MIS at the Nutrition Center Foundation in Manila. Mr. Denman indicated that BKKBN is about to get a consultant from USAID to help on MIS. Still, I think it would be immensely useful for Bambang to see the one in Manila. This would be an inexpensive but effective exposure to a good system. (One sees so few things that work, these days, that its easy to get excited about the system in Manila.)

MEETING WITH MS. SUMARNI

Ms. Sumarni is a senior person in the Bureau of Information and Motivation. She is currently taking English courses to prepare for graduate training in the U.S. Because of her seniority at BKKBN, she does not need to learn about communication production. Rather, it would be more useful for her to get strong training in Management of Communication. I know Annenberg has a program of this sort. I will send her the Annenberg brochures.

ACTION:

Does anyone know of a decent training program for a graduate degree in communication management in the U.S.? If so, please send the brochures to David Denman for Ms. Sumarni. The program should have at least one faculty member who has seen a PERT chart or other similar management device.

MEETING WITH MR. SOEMARSONO

Mr. Soemarsono is Chief of the Bureau of Information and Motivation of the BKKBN. He finds himself particularly under the gun with respect to the problem of the prevalence rates. He observed that as soon as the intensive field activities of the BKKBN slow down, the drop out rate shoots up. He is uncertain about what to do or in what direction the communication program should go. On one hand, he was most enthusiastic to hear that Dr. Harjono had asked for a senior level expert group to help advise on communication strategy. At the same time, he would like to see a long term adviser in communication. This help does not seem to be forthcoming from the

UNFPA. I raised the question of UNFPA assistance with Haryono, Bambang, Sumarni, and Soemarsono. They all indicated that they perceive UNFPA as providing them with funds and equipment. They do not perceive UNFPA providing them with advising. I would guess that this is at variance with Ms. Kano's perception. She has a nearly full-time communication advisor on her staff as well as the part time help of Najib. It should be noted that anyone who is going to work with the BKKBN in the area of communication must have high credibility with Dr. Haryono. I would suggest that this means a Ph.D. and strong field experience.

MEETING WITH MS. KANO

I met with Ms. Kano, the UNFPA Coordinator. Ms. Kano sees UNFPA as delivering considerable help to the BKKBN in communication. It is her perception that the major help of UNFPA is in the form of advice and ideas. That is not the perception of the BKKBN. I would propose that PCS ask for an invitation or that USAID/Jakarta ask PCS to place a consultant with BKKBN for about two weeks to help clarify their needs for outside assistance. It is my sense that funds within the BKKBN are sufficient, but that they are sorely in need of additional expert help.

CONCLUSION:

It is my strong sense that BKKBN and the family planning program of Indonesia in general badly need additional TA in Communication. It is embarrassing that my visit to them waited for ten months before taking place. I would suggest that a return visit, perhaps with Kim Winnard, would be useful in the near future.

MEETING WITH MR. SOETEJO AND DR. BUDI MARTOSOMO

While in the Singapore airport, I met Soetejo and Budi who were just on the way home from an INPLAN workshop in Washington, D.C. They found the workshop to be first rate. They both asked whether it would be possible to have a visit to Jakarta to have detailed discussions about the introduction of POPLINE. They said that the Minister for Population and Environment has asked for the introduction of such a data base and would be willing to put resources at their disposal to set it up. They indicated that there is no problem for data transmission. A staff can be hired for abstracting Indonesian materials and data input. I refer this to Phyllis Piotrow for action.

D. BANGLADESH

This trip was planned accidentally so that my visit to Dhaka coincided with Durga Puja, one of Bangladesh's major holidays. Although there were a number of jobs that needed to be done while in Dhaka, the timing of the visit was simply wrong and some of our time and effort were wasted.

At the visit to USAID, I met with Ms. A. Sigrid Anderson, the Population Officer. After spending a little time to get acquainted, Ms. Anderson helped me find an airline office to get out of town the next day and then made a heroic effort to track down the people from the regional office of AVS so we could have a meeting.

MEETING WITH AVS REGIONAL OFFICE

I met with Gus Konturas, K.M. Rezaul Haque and Gary Newton of the AVS Regional Office. The AVS people were interested to learn what I had heard from the affiliates in the countries I had visited. It turns out that the regional office felt it had been doing precisely the job that the affiliates had asked for PCS assistance on. The AVS regional office has been trying to share as much material on sterilization, motivation, counseling, etc. with their affiliates as they could. AVS Dhaka, however, would like to receive from PCS as much material as PCS has on sterilization, which they would then share with their affiliates. AVS does have some specific communication needs and PCS will likely receive requests for TA from them. One particular need has to do with defending themselves from the charge that sterilization enslaves females. Apparently, some American presences in Dhaka have established themselves to attack the family planning program with emphasis on sterilization. A good deal of time is spent in the AVS offices creating defenses against feminist attacks. Can someone do a POPLINE search on the liberating effects of bearing lots of kids?

The meeting with the people at AVS was necessarily short due to the fact that the staff had been dragged in on a holiday and had other things to attend to. They felt it would be good if PCS would plan another visit to Dhaka at a less inconvenient time. They also would like copies of materials that may be sent to their affiliates.

ACTION:

1. AVS would like prototype materials on sterilization.
2. Is there a literature on involuntary pregnancy that could be shared with AVS to counter the pitches concerning the enslavement of sterilization? Please send to Gary Newton of AVS/Dhaka.
3. When I noted that PCS could provide technical assistance, the AVS staff asked if a list of competent consultants who had been used by PCS and had experience in Asia could be shared with them? I told them that I worked for warm hearted people and they would probably be delighted to share that resource. Was I wrong?

LIST OF CONTACTS

PHILIPPINES:

Communication Foundation for Asia
P.O. Box SM-134 Manila
Metro Manila 2806
Philippines

Billie C. Tablante, Director, Publications Division

Integrated Family Planning and Maternal/Child Health Project
c/o Commission on Population (POPCOM)
SWDCCAPP Building
South Super Highway
Makati, Metro Manila
Philippines

Kenji Ikari, Project Coordinator, Family Planning Project

Population Center Foundation
P.O. Box 2065, MCC
Makati, Metro Manila 3117
Philippines

Aurora Silayan-Go, Director, Program Division

United Nations Children's Fund
6th Floor NEDA Building
106 Amorsolo Street
Makati, Metro Manila
Philippines

Bituin Gonzales, Program and Planning Officer

U.S. Agency for International Development
USAID/Manila
APO San Francisco 96528

Mr. William Johnson, Health, Nutrition and Population Officer

THAILAND

**Ministry of Health
TEVES
Bangkok 10200, Thailand**

**Chusie Sujpluem, Head of Training, Family Health Division
Pisamai Chandavimol, Health Planning Division**

**Population Council
P.O. Box 11-1213
Bangkok 10112, Thailand**

Mr. Andrew Fisher

**Population & Community Development Association
8 Sukhumvit 12
Bangkok 10110, Thailand**

Kanaporn Phatihatakorn, Training Officer

**Program for Appropriate Technology in Health
37 Soi Somprasong 3
Petchburi Road
Bangkok 10400, Thailand**

Mongkol Chayasirisobhon, Representative

**Thai Association for Voluntary Sterilization
2000/11 Prachasongkroh Road
Huay Kwang Bangkok 10310, Thailand**

Arry Sriburatham, Executive Director

**UNDP Asia & Pacific Program for
Development Training & Communication Planning
P.O. Box 2-147
19 Phra Atit Road
Bangkok 10200, Thailand**

Romeo H. Gecolea, Ph.D., Director

**U.S. Agency for International Development
USAID/Bangkok
APO San Francisco 96346**

Mr. Terry Tiffany, Health/FP Development Officer

INDONESIA

Association for Voluntary Sterilization
c/o PKMI
Jalan Malabar 87
Jakarta Selatan, Indonesia

Russell Vogel, Advisor

Perkumpulan Kontrasepsi Mantrap Indonesia (PKMI)
Jalan Malabar 87
Jakarta, Selatan, Indonesia

Dr. Haryoto

U.S. Agency for International Development
USAID/Jakarta
APO San Francisco 96356

David Denman, Population Officer

YKB

Firman Lubis, Director

Indonesian Nat'l Family Planning Coordinating Board (BKKBN)
P.O. Box 186 JKT
Jakarta, Indonesia

Dr. Aryono, Director
Bambang Suryapranoto, Chief, Bureau of Information and Networks
Ms. Sumarni, Bureau of Information and Motivation
Mr. Soemarsono, Chief, Bureau of Information and Motivation

United Nations Fund for Population Assistance
P.O. Box 2338
Jakarta, Indonesia

Ms. Kazuko Kano, Deputy Representative & Sr. Advisor on Population

21

BANGLADESH

Association for Voluntary Sterilization
International Project
35, Road 12A (New)
Dhanmondi R.A.
Dhaka 9, Bangladesh

Mr. Gus Konturas
Mr. K.M. Rezaul Haque
Mr. Gary Newton

U.S. Agency for International Development
USAID/Dhaka
Washington, D.C. 20523

A. Sigrid Anderson, Population Officer

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