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**INTERNATIONAL FEDERATION FOR FAMILY LIFE PROMOTION  
FEDERATION INTERNATIONALE D'ACTION FAMILIALE  
FEDERACION INTERNACIONAL DE ACCION FAMILIAR**

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July-December 1986 Progress Report

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Demonstration-Research Projects: Zambia and Liberia

In May 1986 USAID undertook a midterm evaluation of the projects and found that a great deal of groundbreaking effort had produced a creditable beginning: 1) good relations with the ministries and some, or in Zambia, substantial government assistance in providing NFP service, 2) teacher training, testing and supervisory systems, 3) interesting innovations like the training of illiterate clients and teachers, 4) motivated and intelligent project staffs.

The evaluation team especially recommended that client recruitment increase, teacher retention improve, work begin on cost-effectiveness equations and that the program development dynamics be qualitatively described.

All of the recommendations were addressed and followed up promptly by IFFLP and the field staffs. One nagging problem remains. In Liberia, due to economic conditions, there is little room in the project budget to increase client recruitment and service because there is no possibility of hiring more NFP teachers. Both IFFLP and USAID/Washington are in fund deficit positions, so their providing supplementary funds does not look promising. However, Population Communication Services might be able to give consultation and a small grant for IEC.

Plans are underway with the Institute for International Studies in NFP (Georgetown University), with PCS and with the Development Group, for a management/outreach training workshop for Liberia and Zambia managers/ supervisors to be held in mid-1987.

As the USAID Evaluation Team discovered, many things have been learned and tried in the last 3-1/2 years in the effort to start two NFP programs in Africa. A first draft documenting many of these experiences and development dynamics is attached with this report. It will be reviewed and revised by the consultants and field staff during the last 1-1/2 years of the project and be used to plan and guide other emerging NFP programs. Some of the topics may be developed for publication in international family planning journals.

JHU/IFFLP Data Analysis of the Demon. Projects in Liberia/Zambia

Highlights from the statistical reports found on pp.11-42 reveal declining Pearl rates over time 1984-1986 with the 1986 Pearl rates being 10.8% (Liberia) and 17.9% (Zambia). The first tables on use-effectiveness according to breastfeeding status are also included in the report. Liberia shows big regional differences in Pearl rates with Yekepa reporting a 6.7% rate and Gbargna A 0% Pearl rate. Discontinuation rates for avoiding pregnancy users are low: 17% (Liberia) and 20% (Zambia) though they are expected to increase as the programs age and follow-up data comes in.

This is the first statistical report structured to give guidance and feedback to the provincial supervisors on the use-effectiveness, caseload (for avoiding pregnancy clients) and client follow-up data performance of each teacher and each province. It took about three years to arrive at the point where follow-up data on clients was sufficient to give this feedback. Although the USAID evaluation team thought this feedback to the field was late, it is actually about on target with the IFFLP workplan in the contract proposal.

Summaries of client characteristics include tables on age, number of live births, past family planning use, breast feeding status/use-effectiveness referral sources, education and religion. Some differences between the two countries are quite striking.

In the next service statistics report to the field and to A.I.D., IFFLP/JHU will repeat the use-effectiveness/caseload/follow-up data performance table by teacher and by district. It will also add discontinuations per teacher and district. Analysis and feedback on achieving pregnancy clients will be given and use-effectiveness according to breastfeeding status of clients. Change of family planning intention of users will also be analyzed in the next report.

### Technical Assistance Project Reports

Most of the technical assistance projects were during this reporting period extended in duration by one year to December 1987. A table showing the operation dates and funding levels of all the AID-IFFLP projects can be found on p. of this report.

Highlights of the project field reports received during this interval were:

**Bobo Dioulasso, Burkina Faso** project conducted sensitization/information seminars to 50 participants in Niangologo and Kounadougou and to 70 participants from Tounouna and Ouézzinville. Dr. Francois Guy, IFFLP consultant, assisted Entr'Aide Familiale in giving an information session to 70 pastoral workers of the dioceses of Bobo, Diébougou and Dédougou-Nouna.

**Ouagadougou, Burkina Faso** program provided consultation and information in NFP to 1233 persons in Ouagoudougou, Yaoko, Sapone, Dassouri, Toece, Guilougou, Baam, and Temnaore. Fifty eight persons were registered as learning users. Generally, 40-50% of those informed or registered are interested in spacing births; the others are infertility or hypofertility cases. July-September is the planting season so less is accomplished during these months in everything except agriculture.

**Congo:** Service is getting well-organized and the project reports training 387 users so far and graduating 301 users to autonomy during the 3rd quarter. Service programs are located in Mpissa, Ouenzé and Mfilou (all in the capital area) and in Pointe Noir on the coast. More expansion has been undertaken in training 21 teachers in Pointe Noir and using eight of them as full-time teachers. In the capital area, 33 teachers were trained and eight are now full-time teachers. Two supervisors who were recently trained in Mauritius visit or team teach with each teacher twice a week. During the quarter 2650 women were given information on NFP. Efforts are made to target those who are five months postpartum and those who have more than five living children.

**Central African Republic** program launched into a new phase of more focussed NFP service and documentation. For the last few years the main program focus was reproductive health education in which thousands in the capital and in the provinces received instruction aimed primarily at preventing sexually transmitted diseases and exposing the listeners to NFP. So far 384 NFP users have been registered of which 60% are using NFP to avoid pregnancy. However, there may be serious under-reporting on NFP

users in the province as the educators are still doing considerable data/reporting on the initial mass education program. NFP teaching and follow-up brings its own heavy reporting and paperwork demands which the provincial teachers (all volunteers) have not yet adjusted to.

**Ivory Coast** conducted in the third quarter a user workshop in Boudoukou (near the Ghana border) for 98 lettered persons and 46 unlettered persons, the latter was in the local language. It is interesting to note that more than half of both groups were unmarried. Another user workshop was held at the Rural Center in Zélé in the district of Man for 25 persons. The NFP training team noted that the rural participants were far more restrained in talking about sexual matters than their NFP students in Abidjan. Second quarter user statistics (mostly for the Abidjan area) were 135 beginning users and 41 users.

Visits of IFFLP Executive, Dr. Lanctot and IISNFP consultant Solange Smyrcka resulted in a proposal to the IISNFP to fund expansion of NFP through the Womens Home Economic Centers. However, the director of the relevant government ministry has been changed and her replacement will be studying the proposal.

Three of the PROVIFA team attended supervisory training in Mauritius.

**Ghana's** national program has opened five new NFP centers in Keta-Ho Diocese, four new centers in Sunyani diocese and one new center in Sekouidi-Takaradi. Senior government public health nurses from various regions have attended NFP seminars and have been asked to get assistance from diocesan NFP coordinators in training community health nurses as users/instructors. The NFP program is thus expanding from the Catholic to the government health infrastructure.

A seminar in the sympto-thermal method was given for 33 southern Ghana NFP teachers. This was the second such seminar given and now all the Ghana NFP teachers have been taught the sympto-thermal method and are charting their own temperatures first before beginning to teach clients. Verbal reports from the northern diocese of Wa relate that many NFP instructors are having difficulty charting their temperature and that the system is more cumbersome than the cervical mucus method.

**Mauritius'** retrospective user study with JHU-IFFLP is proceeding on schedule. So far the questionnaire has been reviewed, revised and pretested. A master list of the 1982 autonomous users cohort has been compiled.

A proposal with the IISNFP (Georgetown) for a prospective user study has been finalized. A proposal for developing regional training and research capacity is also being developed with IISNFP.

The **Madagascar** IFFLP-AID supplementary assistance project was approved and funded in December. NFP is viewed very optimistically by the AID Mission and IFFLP considers the NFP instructor group of 25 persons to be energetic and experienced for a beginning program.

**Rwanda** was visited by Dr. Lanctot, IFFLP executive, in the fall at about the same time that major negotiations between Action Familiale and the government concluded that: 1) NFP had a right to exist as a method of family planning, and 2) it could be developed as a service by the Catholic dioceses. The NFP potential for service is already quite advanced. Sixty to seventy five centres are served by 60 NFP instructors and 22 instructors-in-training. Using the IFFLP-AID technical assistance grant, five Rwandese will be trained as supervisors in Mauritius. The program is finalizing its service statistics formats and client questionnaires. Once the data system is operating, the service statistics are expected to be quite impressive as one pilot center alone (Gikondo) has trained over 1100 users. It is also expected that the project will be eligible for bilateral funds eventually if it so desires it.

**Tunisia** is another proposed NFP program (\*\$340,000 for three years employing 15 full-time teachers and 10 half-time teachers. See Dr. Guy's report attached)\* eligible for bilateral funds and negotiations, in which IFFLP consultant Dr. Francois Guy recently participated, are underway to develop an NFP pilot center with the ministry of public health.\* So far the program, which has only two instructors and five teachers-in-training, is teaching or following 425 users and has graduated 74 users to autonomy. The service has found, however, that it is advisable to keep in touch with autonomous users for motivational purposes. Service sites are located in and around the cities of Tunis Bizerté and Bourguiba. Detailed service statistic reports are submitted by this project in a very timely manner.

**Zaire** is carrying on energetic NFP activities in Inongo in Kananga (52 teachers/478 users) and with three groups in Kinshasa: 1) National NFP coordination/Promotion at the Episcopal Conference Medical Office, 2) Education à la Vie which gives sex education to 15,000 high school students per year through 1332 trained teachers and has begun NFP instruction to couples in Kinshasa, 3) Conduite de la Fécondité (64 teachers/495 learning users and 125 autonomous users).

The Medical Office of the Episcopal Conference conducted a national NFP information conference for 32 diocesan and parish family life leaders representing 20 different areas in Zaire. The experience of the long-standing NFP groups mentioned above was shared with the participants as was the NFP supervisory training recently received by three Conduite personnel in Mauritius.

Zaire has an AID bilateral population project which is interested in assisting some of the NFP or sex education programs.

IFFLP Consultant Trips 1986

	F. Guy	C. Lanctot	S. Jones	J.Le Blanc	R. Kambic
Tunisia	Dec 86				
Liberia			21-28 Nov 86 19-22 Apr 86		30 Oct- 5 Nov 86
Mauritius					17-23 Oct 86
Zambia			8-18 Dec 86		4-16 Oct 86
Ouagadougou				10-12 Mar 86	
Bobo Dioulasso	Nov 86			Feb 87	
Senegal		22-25 Aug 86 30-2 Sept 86	15-19 Apr 86 16-17 May 86	3-10 Mar 86	
Ivory Coast		18-20 Sept 86	25-30 Apr 86	26 Feb- 3 Mar 86	
Ghana			22-25 Apr 86		
Cameroon			1-7 May 86		
RCA	15 Jan- 3 Feb 86				
Congo	3-4 Feb 86		7-11 May 86	13-14 Mar 86	
Zaire	4-8 Feb 86	9-14 Sept 86	13-14 May 86		
Rwanda		5-9 Sept 86		19-25 Feb 86	
Burundi	8-18 Feb 86			14-19, 25-26 Feb 86	
Madagascar					
Lesotho			1-5 Dec 86		

African Supervisor Training Courses in Mauritius \*\*

	<u>No. of Trainees</u>	<u>Date of Training</u>
Zambia	3	June 85
Zambia	3	April 86
Liberia	3	October 85
Central African R.	5	May 85
Ivory Coast	3	May 85 *
Zaire	3	August 86 *
Congo	2	September 86 *
Rwanda	5	April 87
Madagascar	3	July 87
Cameroon	2	September 87
Lesotho	1	87 or 88

Kenya, Burundi, Senegal, Central African Republic and Zambia may send several trainees in 1987-88 contingent on funding being available.

\* Reports annexed.

\*\* Financial support to this programme is met from three sources:  
-for the country trainees primarily from their AID/IFFLP Technical Assistance  
-for the Mauritius team from a CIDA subsidy  
-for some participants - from other funds e.g. Burundi.

I. Demonstration-Evaluation Projects through ST/POP/R funding

	<u>Operation Dates</u>	<u>Funding Level</u>
1. Mauritius Evaluation	1983-86	\$ 87,800
2. Liberia Demonstration	1983-88	391,243
3. Zambia Demonstration	1983-88	458,390*
4. Johns Hopkins University Research/Evaluation	1983-88	289,190*

\*Budgetary readjustments are currently under discussion to reallocate to the main core cooperative agreement \$20,000 from the JHU subagreement and \$100,000 from the Zambia subagreement as a result of severe devaluation in Zambia.

II. NFP Technical Assistance through ST/POP/R funding (incorporating T.A. project duration extensions)

1. Burkina Faso-Ouagadougou	1985-86	\$ 11,440
2. Burkina Faso-Bobo Dioulasso	1985-87	19,700
3. Burundi	1985-87	14,500
4. Cameroon	1985-87	56,500
5. Central African Republic	1985-87	24,000
6. Congo	1985-87	54,000
7. Ivory Coast	1985-87	18,500
8. Madagascar	1985-88	2,900
9. Mauritius	1985-86	20,000
10. Rwanda	1985-87	34,000
11. Senegal	1985-86	5,000
12. Zaire	1985-87	5,000
13. Tunisia	1985-87	6,000

III. NFP Supplementary Technical Assistance through Africa Bureau Family Health Initiatives Project funding (incorporating T.A. project duration extensions)

	<u>Start Date</u>	<u>Funding Level</u>
1. Cameroon	1985-87	56,700
2. Congo	1986-87	27,500
3. Central African Republic	1985-86	50,000
4. Ghana	1985-86	15,000
5. Ivory Coast	1985-87	21,500
6. Madagascar	1987-88	12,000
7. Mauritius	1986-87	25,000
8. Lesotho	1986-88	30,000
9. Tunisia	1985-87	30,000
10. Zaire	1986-87	40,000

International Congress in Ottawa

The International Federation for Family Life Promotion (IFFLP) held its IVth International Congress and General Assembly, June 24th-July 3rd, 1986, in Aylmer, Canada, with over 500 participants from 90 countries. Previous world congresses were held in Hong Kong (1983), Ireland (1980), and Colombia (1977). The IFFLP has 92 organizational members in Africa, the Americas, Asia/Oceania, and Europe. Within each of these four geographical regions there is an IFFLP Zonal Council with its corresponding zonal secretariat.

The IVth International Congress began on June 24th with a three-day training workshop, which was divided into research, education and beginning and advanced groups. A special workshop group reviewed a draft of a guidelines manual on natural family planning (NFP) for governments, which is being undertaken by the IFFLP in collaboration with the World Health Organization (WHO).

This was followed by zonal meetings and two and one-half days of scientific sessions. At the scientific sessions, there were representatives from 30 universities, more than 10 governments, and a large number of international and non-governmental organizations. The governments of Brazil, China and Switzerland sent special delegations. Some of the 20 sponsoring agencies of the Congress were also present.

The scientific sessions reviewed the latest research in natural family planning and family life education. Topics included: use-effectiveness studies, integration of abstinence in natural family planning, the development of new ovulation detection techniques, research on fertility parameters and premenopause, aging of gametes research, breastfeeding research and trends, analysis of return of fertility in postpartum women, hormonal background of lactation in fertility, youth education, marriage preparation, and sessions on psycho-social aspects of natural family planning.

Through the Technical Assistance subagreements, AID provided 18 scholarships to African participants from Central African Republic, Ghana, Congo, Ivory Coast, Rwanda, Tunisia, Zambia and Zaire.

Other AID-IISNFP (Georgetown) funds provided 28 more scholarships to 19 countries in Latin America, Africa and Asia.