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ISN 69900

MATCHING GRANT

"EXPANSION AND IMPROVEMENT OF FAMILY PLANNING PROGRAMS IN LATIN AMERICA AND THE CARIBBEAN"

GRANTS No. DPE-3043-G-SS-5067 & No. DPE-3043-G-SS-7062

ANNUAL REPORT

January - December 1987

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MATCHING GRANT ANNUAL REPORT

"Expansion and Improvement of Family Planning Programs
in Latin America and the Caribbean"

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JANUARY 1 - DECEMBER 31, 1987

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I. INTRODUCTION

A. THE SCOPE OF THIS REPORT

This annual report covers CY 1987, with service statistics and financial data broken down quarter by quarter, and compared to CY 1986. The Matching Grant (MG) started October 1, 1985, but since activities at the field level did not get under way until January 1, 1986 (the October-December, 1985 period was entirely devoted to preparation for the first sub-grants), calendar years are now the most appropriate 12-month periods for evaluating MG achievements.

The situation is slightly complicated by the fact that the original Matching Grant (#DPE-3043-G-SS-5067) was extended until December 31, 1987, and that a second Matching Grant (#DPE-3043-G-SS-7062) was approved August 31, 1987 and began to be implemented October 1, 1987. In some of the sub-grants, and in several other budget items, funds from the extended first Matching Grant (MG1) had to be supplemented by funds from the second Matching Grant (MG2) before the end of the year. In short, the two grants overlapped during the last quarter of 1987. This fact is reflected in the financial reports, where some budget items are funded from both sources, but it had no effect on program results at the field level.

In this report we do not try to describe the routine field activities, in each country, that contributed to the results achieved. All of these activities have been previously described in approved work plans, and most recently in the proposed October, 1987 - December, 1988 work plan. Instead, we concentrate on the changes that took place in 1987, and on explaining the results achieved, especially those results that were better, or worse, than we expected.

B. AN OVERVIEW OF MG SERVICE ACHIEVEMENTS IN 1987

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING - WESTERN HEMISPHERE REGION

SUB-PROJECT	1986	QUARTERLY ACHIEVEMENT				1987	% CHANGE 1986-1987	1986	1987	1987
	MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$	COST PER NEW ACCEPTOR
IBRAZIL	151,086	48,001	53,259	68,847	79,974	250,081	65.5%	\$1,780,079.98	\$1,514,674.53	\$6.06
ICOLOMBIA	59,712	15,983	13,630	17,179	13,694	60,486	1.3%	\$1,737,386.01	\$1,891,725.50	\$31.28
IMEXICO	111,035	50,907	54,970	45,562	43,310	194,749	75.4%	\$1,149,146.01	\$1,176,618.52	\$6.04
ICHILE (*)	2,406	2,664	7,463	2,853	4,315	17,295	618.8%	\$100,513.75	\$268,248.38	\$15.51
IPANAMA	—	0	0	114	448	562	—	\$0.00	\$34,969.29	\$62.22
IPERU (*)	25,243	16,382	10,388	19,282	15,946	61,998	145.6%	\$103,528.30	\$159,921.65	\$2.58
ITRINIDAD (*)	706	1,250	1,593	2,005	1,563	6,411	808.1%	\$30,504.15	\$101,712.28	\$15.87
IURUGUAY (*)	13,079	5,328	4,817	5,269	6,271	21,685	65.8%	\$37,619.00	\$83,120.69	\$3.83
TOTAL	363,267	140,515	146,120	161,111	165,521	613,267	68.8%	\$4,938,777.20	\$5,230,990.84	\$8.53

(*) Received less than full year MG support in 1986.

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP) - WESTERN HEMISPHERE REGION

SUB-PROJECT	1986	QUARTERLY ACHIEVEMENT				1987	% CHANGE 1986-1987	1986	1987	1987
	MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$	COST PER CYP
IBRAZIL	213,070	76,043	67,833	83,527	72,235	299,638	40.6%	\$1,780,079.98	\$1,514,674.53	\$5.06
ICOLOMBIA	719,671	185,361	162,061	197,143	168,238	712,803	-1.0%	\$1,737,386.01	\$1,891,725.50	\$2.65
IMEXICO	101,764	37,859	54,660	35,432	34,411	162,362	59.5%	\$1,149,146.01	\$1,176,618.52	\$7.25
ICHILE (*)	7,462	3,283	7,409	6,644	7,069	24,405	227.1%	\$100,513.75	\$268,248.38	\$10.99
IPANAMA	—	0	0	89	419	508	—	\$0.00	\$34,969.29	\$68.84
IPERU (*)	28,049	11,043	11,831	19,602	13,427	55,903	99.3%	\$103,528.30	\$159,921.65	\$2.86
ITRINIDAD (*)	6,411	4,262	6,014	9,765	8,312	28,353	342.3%	\$30,504.15	\$101,712.28	\$3.59
IURUGUAY (*)	17,162	7,051	7,218	8,564	8,156	30,989	80.6%	\$37,619.00	\$83,120.69	\$2.68
TOTAL	1,093,589	324,902	317,026	360,766	312,267	1,314,961	20.2%	\$4,938,777.20	\$5,230,990.84	\$3.98

(*) Received less than full year MG support in 1986.

1987 was the second year of the Matching Grant, and the results shown in the two tables above confirm the observation expressed in our May, 1985 proposal to AID:

"...there are excellent WHR Associations that cannot receive AID bilateral support, currently operate at levels well below their service delivery capabilities, and face enormous unmet needs for family planning."

The continued success of the MG, as measured by 1987 increases in new acceptors (69%) and couple-years of protection (20%) also confirms a central tenet of the IPPF/WHR: given well-managed family planning associations (FPAs), with program strategies that are well-adapted to national needs and opportunities, it is not difficult to convert additional funding into additional family planning (fp). However, not all FPAs affiliated with IPPF/WHR are able to make that conversion quickly, or at a favorable "rate of exchange", so we have consciously tried to reserve MG support for those FPAs that could take fast and efficient advantage of additional funding. In the process, we have had to pass over other FPAs, some of them located in countries with tremendous needs for fp. We intend to turn to some of those less proven FPAs in 1988, testing them with relatively small sub-grants.

C. NOTES ABOUT THE SERVICE FIGURES USED IN THIS REPORT

In a previous document (the second annual Work Plan) we presented 1986 service figures which included not only MG achievements but also FPA services funded from other sources, and we compared them with the corresponding 1985 total service figures. We are not yet in a position to present a similar global 1987-1986 comparison yet because the FPAs have yet to present their 1987 annual reports to the IPPF/WHR (those annual reports are due in New York at the end of February, but many do not arrive until mid-March). The 1986 and 1987 figures used in this report are therefore taken from the quarterly MG reports, which are already available. That is fine, except for the countries where MG support did not begin in January, 1986. In Part II of this report the service tables for each FPA show the dates the MG projects actually began. In the cases of Chile, Peru, Trinidad and Tobago, and Uruguay, 1986 MG support covered less than the entire year. In other words, the tables compare full year 1987 achievements with partial year 1986 achievements in those four countries. We see no way around this problem at the moment. As soon as we have 1987 reports that cover the non-MG activities of our FPAs we will prepare a global comparison for submission to AID.

D. CORRECTIONS TO 1986 STERILIZATION FIGURES

All of the FPAs that benefitted from MG support in 1986 submitted quarterly progress reports about their MG projects,

including a service statistics form designed especially for the MG (see Attachment A). They also submitted annual reports, in the standard IPPF format, covering all of their 1986 activities. During 1986 and early 1987, MG staff followed up on these reports during visits to the field, and in most cases were able to confirm the accuracy of FPA reporting.

When it comes to services provided directly and wholly by the FPA, there is little room for error, simply because the FPA controls the process from the moment the client walks through the door. Not so with collaborative services, where the FPA may be working with organizations that have rather different interests and practices. Such organizations may be lax in their record-keeping or in their reporting to the FPA.

Referred sterilizations pose the greatest difficulty because in reporting such sterilizations FPAs must adhere to the same strict IPPF standards that apply to sterilizations performed directly by the FPA. Above all there must be adequate documentation, accessible to the FPA, of informed choice and informed consent. Both in Brazil and in Mexico we came across cases where the public sector agencies to which the FPAs had referred clients who wanted sterilizations had not adequately documented the operation, or the informed consent. This led the Brazilian and Mexican FPAs to review their records, and to remove from their 1986 reports the referred sterilizations which were inadequately documented. The 1986 figures used in this report reflect those changes.

In Mexico the difference was not important, because most of the collaborating public sector agencies were documenting sterilizations properly. In Brazil, however, government hospitals have a long history of providing voluntary sterilization in conjunction with some other operation, and then documenting only the other operation. This does not reflect a lack of informed choice but rather the bureaucratic difficulty of getting federal reimbursement for sterilizations. In all cases referred by BEMFAM, the clients had already been informed about the other methods available, but had asked to be referred to a hospital where sterilization was available (there were no BEMFAM sterilization services available in these locations). Virtually all these clients were subsequently required to pay the operating physician extra for the sterilization provided, a strong indication of informed consent.

In our view this is a reporting problem, not a defect in the way the FPAs provide voluntary sterilization. The FPAs neither provide nor pay for these sterilizations. In places where FPAs lack the facilities to directly provide sterilization services, there is no practical alternative other than referring clients to the government hospitals that do provide such services. By including such sterilizations in

their reports to us, however, the FPAs were in effect "importing" sterilizations that did not meet IPPF standards of documentation. It is this error which has now been corrected.

E. 1987 ACHIEVEMENTS VS. 1987 TARGETS

The following table compares MG achievements in 1987 with the targets that had been set in our 1987 work plans. Unfortunately, there was no single work plan that covered the entire year so in most cases the targets given are sums taken from sub-grant work plans covering different portions of 1987:

(See next page for table)

I. E. 1987 ACHIEVEMENTS VS. 1987 TARGETS

ACTIVITIES	NEW ACCEPTORS TARGETS	NEW ACCEPTORS ACHIEVED	NA % ACHIEVED	OTHER TARGETS	OTHER ACHIEVEMENTS
I. SUPPORT TO FPAS					
1. BRAZIL	225,445	250,081	110.44%		
2. COLOMBIA	64,905	60,486	93.19%		
3. MEXICO	117,500	194,749	165.74%		
4. CHILE	10,421	17,295	165.96%		
5. PANAMA	615	562	91.38%		
6. PERU	26,755	61,998	231.72%		
7. TRINIDAD & TOBAGO	4,200	6,411	152.64%		
8. URUGUAY	13,325	21,685	162.74%		
TOTAL SERVICE SUB-PROJECTS	464,166	613,267	132.12%		
9. GUATEMALA (TRAINEES)	---	---	---	22 DOCTORS, 12 NURSES, 12 SOCIAL WORKERS	19 DOCTORS, 8 NURSES, 7 SOCIAL WORKERS, 1 ANESTHESIOLOGIST
10. OTHER FPAS				FPAs NOT SPECIFIED	SUB-GRANT TO PANAMA
II. REGIONAL ACTIVITIES					
11. COMMODITIES				AID IN-KIND TO 20 FPAS	18,111,493 CONDOMS, 2,462,800 ORALS, 331,000 IUDS 64,800 SPERMICIDES
				CASH COMMODITIES ACCORDING TO NEED	\$57,789.91 IN EQUIPMENT, VEHICLES & INSTRUMENTS
12. TECHNICAL ASSISTANCE AMONG FPAS				NOT SPECIFIED	32 VISITS TO 7 FPAS
13. MANAGEMENT INFORMATION SYSTEMS				2 PPBR WORKSHOPS HARDWARE & SOFTWARE FOR 15 FPAS	2 WORKSHOPS-COSTA RICA HARDWARE & SOFTWARE SENT TO 14 FPAS
14. EVALUATION SUPPORT				CLIENT SATISFACTION STUDIES IN 4 FPAS CYP MANUAL 2 EVALUATION WORKSHOPS	1 IN PROGRESS (MEXICO) NOT FINISHED 1 SOUTH AM. WORKSHOP 1 CENTRAL AM. WORKSHOP

There is not much to say about the target vs. achievement comparison shown on the above table, except to point out that our underachievement in the Evaluation Support item was directly related to the resignation in July, of our Project Evaluation Officer (Louis Werner), and the difficulties we had in finding a suitable replacement (the new Project Evaluation Officer, Diego Berrio, will begin work on March 15, 1988).

As for the new acceptor achievements, almost all were above their targets but in retrospect we are not sure that is very important. In the long run the MG must be judged on how much service expansion it produced, and the best measure will be annual increases in CYP. Nor should we restrict ourselves to CYP increases registered in MG projects. What really counts is whether the MG yields significant CYP increases for the entire FPA. We know there were such increases in 1986 (approximately 37% over 1985), but we will have to wait another month to know what the corresponding figure was in 1987.

F. COSTS PER NEW ACCEPTOR, AND COST PER CYP

In tables 1 and 2 above, we have included a very rough calculation of cost per new acceptor and cost per CYP, simply dividing the 1987 sub-grant amounts by the 1987 service achievements. Several comments are in order:

1. Not all of the sub-grants are fully spent on service provision (there are training and I&E activities in some countries) so it may not be entirely "fair" to use the full sub-grant amounts as the numerators.
2. There are structural cost differences among the countries, especially when it comes to salaries, which have an inevitable impact on the cost of providing fp. services.
3. The method mix varies considerably among the FPAs, sometimes for reasons beyond the control of the FPA, and the average cost per CYP is very sensitive to the proportion of acceptors that receive IUDS and especially sterilization.
4. The mode of service delivery also varies, and FPAs that emphasize clinical delivery usually have higher average costs.

Notwithstanding the above caveats, we are satisfied with most of the costs shown above, and believe that the average costs per CYP should play an important role in our future evaluation of the progress made in each country.

II. SUB-GRANTS TO FAMILY PLANNING ASSOCIATIONS

A. BRAZIL (BEMFAM)

The MG projects in Brazil got off to a slow start in 1986, due partly to the kind of start-up problems that plague any large-scale enterprise and partly to a national economic crisis (the Cruzado Plan) that made many financial transactions difficult during the first half of 1986. Nevertheless, the MG projects gathered momentum as the year went on, and set the stage for a substantial expansion in 1987.

The figures in the Tables on the next two pages tell the story in terms of new acceptors and CYP, where the gains from 1986 to 1987 were 66% and 41%, respectively, despite the fact that Matching Grant support declined by \$265,405 during the same interval. These are signs of a more mature program, that no longer faces significant delays or start-up costs. The quarter-by-quarter service trend was steadily upward in terms of new acceptors, but more stable in terms of CYP.

These service results are all the more impressive when measured against increasingly strict federal guidelines about family planning. The Ministry of Health has published guidelines which restrict the use of some IUDs, and require pill acceptors to have a prior medical examination by a physician (despite the fact that pills are available without prescription in any pharmacy). BEMFAM has chosen to adhere to these guidelines, not just in its collaborative programs with state and municipal governments, but also in its own clinics. This has led to increased use of physicians in BEMFAM service programs, but has not prevented service increases.

As expected, the Community Programs that operate through state and municipal health agencies (and therefore benefit greatly from facilities and staff maintained by those agencies) proved more cost-efficient than the clinics maintained solely by BEMFAM. Nevertheless, it should be remembered that many of the BEMFAM clinics have referral and training functions that serve surrounding community programs, and are therefore integral components of those programs.

In May, 1987, a WHR team visited the MG projects and recommended some geographical consolidation of MG resources, and the elimination of support for clinics that were not serving as referral or training centers for surrounding community programs. These changes were carried out during the 3rd quarter of 1987, reducing the number of MG clinics from 11 to 7, and should lead to even more effective use of MG resources in 1988.

The tables above reflect the fp service part of BEMFAM's work, but BEMFAM sees itself as an educational institution above all else, and uses its community programs, clinics, headquarters staff and Board members to promote a very broad definition of family planning. It has publicly identified itself with the Health Ministry's "Program of Integral Health for Women" (PAISM), despite the fact that PAISM has adopted medically conservative norms about provision of fp services. In fact, BEMFAM now provides a full range of MCH services in all of its own clinics. Sex education, and education about sexually-transmitted diseases, especially AIDS, claims a growing portion of BEMFAM time and effort, not just through clinics and community programs, but also through special projects with high-risk groups.

Training of professionals is an important element of BEMFAM's MG program, and during the first 9 months of 1987 MG funds were used to support the Center for Educational Activities (CAE), which offered a variety of fp-related courses for 55 professionals from all over the country. In addition, BEMFAM also trained many state and municipal health workers through its community programs and clinics.

A recent report from BEMFAM outlines its operational priorities as follows:

- " - location of activities in areas whose social indicators reveal a need for assistance;
- involvement of population segments characterized by lack of participation (males, and young adults)·
- integration of family planning with other forms of preventive medicine;
- development of local collaboration."

Judging from the results of 1987, these broad ambitions are not inconsistent with continuing expansion of fp services.

FPA/COUNTRY: BENFAM/Brazil

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	PROJECT STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$ (*)	1987 EXPENDITURES IN US\$ (**)
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
COMMUNITY PROGRAMS										
1. Piaui	1/86	19,344	4,444	7,382	9,467	13,522	34,815	80.0%		\$100,750.08
2. Rio de Janeiro	6/86	34,720	14,150	13,207	20,849	21,588	69,794	101.0%		\$195,768.88
3. Ceara	1/86	46,770	11,582	11,834	13,444	12,856	49,716	6.3%		\$175,486.48
4. Santa Catarina	3/86	4,220	2,433	2,680	3,598	4,520	13,231	213.5%		\$101,342.63
5. Bahia	9/86	18,586	7,796	8,324	9,056	8,169	33,345	79.4%		\$152,882.68
6. Pernambuco	10/87	—	—	—	—	10,168	10,168	—		\$38,767.02
SUBTOTAL		123,640	40,405	43,427	56,414	70,823	211,069	70.7%	\$824,286.32	\$764,997.77
CLINICS (Jan-Sept)										
1. Reference	1/86	4,481	1,679	1,788	1,765	—	5,232			\$82,824.00
2. Demonstration (6)	1/86	16,586	3,648	4,174	4,256	—	12,078			\$215,072.27
3. Support (5)	1/86	6,379	2,269	3,870	6,412	—	12,551			\$158,031.04
SUBTOTAL		27,446	7,596	9,832	12,433	0	29,861		\$499,278.99	\$455,927.31
CLINICS (Oct-Dec)										
1. Olinda (PE)	10/87	—	—	—	—	1,854	1,881			(PE)
2. Recife (PE)	10/87	—	—	—	—	831	1,073			(PE)
3. Meier (RJ)	10/87	—	—	—	—	1,927	1,927			(RJ)
4. Fortaleza (CE)-420	10/87	—	—	—	—	568	568			(CE)
5. Fortaleza (CE)-426	10/87	—	—	—	—	2,708	2,708			(CE)
6. Chapeco (SC)	10/87	—	—	—	—	717	717			(SC)
7. Salvador (BA)	10/87	—	—	—	—	546	546			(BA)
SUBTOTAL		0	0	0	0	9,151	9,420		\$0.00	\$0.00
CLINICS TOTAL		27,446	7,596	9,832	12,433	9,151	39,281	43.1%		
TOTAL SERVICE SUBPROJECTS		151,086	48,001	53,259	68,847	79,974	250,081	65.5%	\$1,323,565.31	\$1,220,925.08
Center for Educ. Activ.									\$233,930.86	\$136,163.25
Supplies									\$3,922.58	\$140.19
Equipment									\$2,666.27	\$95.29
Indirect Expenses									\$231,324.93	\$197,535.54
TOTAL PROJECT EXPENSES									\$1,795,409.95	\$1,554,859.35
Less Local Income									\$15,329.97	\$40,184.82
TOTAL MG SUPPORT									\$1,780,079.98	\$1,514,674.53

(*) During part of 1986, CBD & clinic expenditures were reported globally, not by state.

(**) In the IV Quarter of 1987, the grouping of BENFAM projects changed, and clinic expenditures were included under Community Programs.

Note: 1. Reference Clinic is Olinda; 2. Demonstration Clinics include Belem, Sao Luiz, Fortaleza, Meier, Campinas & Belo Horizonte.

3. Support Clinics include Porto Alegre, Fortaleza, Chapeco, Bahia & Recife.

FPA/COUNTRY: BEMFAM/Brazil

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	PROJECT STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$ (*)	1987 EXPENDITURES IN US\$ (**)
			I JAN- MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
COMMUNITY PROGRAMS										
1. Piaui	1/86	28,113	12,471	7,043	10,112	9,635	39,261	39.7%		\$100,750.08
2. Rio de Janeiro	6/86	48,421	19,958	17,752	26,440	26,858	91,018	88.0%		\$195,768.88
3. Ceara	1/86	52,461	13,186	13,214	15,954	12,600	54,954	4.8%		\$175,486.48
4. Santa Catarina	3/86	3,383	1,716	1,470	2,405	1,767	7,358	117.5%		\$101,342.63
5. Bahia	9/86	23,385	7,554	6,792	7,895	5,702	27,943	19.5%		\$152,882.68
6. Pernambuco	10/87	—	—	—	—	8,411	8,411			\$38,767.02
SUBTOTAL		155,762	54,894	46,271	62,806	64,973	228,944	47.0%	\$824,286.32	\$764,997.77
CLINICS (Jan-Sept)										
1. Reference	1/86	21,578	7,780	5,723	2,225	—	15,728			\$82,824.00
2. Demonstration (6)	1/86	14,454	3,570	3,808	3,769	—	11,147			\$215,072.27
3. Support (5)	1/86	21,276	9,799	12,031	14,727	—	36,557			\$158,031.04
SUBTOTAL		57,308	21,149	21,562	20,721	0	63,432		\$499,278.99	\$455,927.31
CLINICS (Oct-Dec)										
1. Olinda (PE)	10/87	—	—	—	—	1,285	1,285			(PE)
2. Recife (PE)	10/87	—	—	—	—	3,338	3,338			(PE)
3. Meier (RJ)	10/87	—	—	—	—	1,039	1,039			(RJ)
4. Fortaleza (CE)-420	10/87	—	—	—	—	425	425			(CE)
5. Fortaleza (CE)-426	10/87	—	—	—	—	712	712			(CE)
6. Chapeco (SC)	10/87	—	—	—	—	263	263			(SC)
7. Salvador (BA)	10/87	—	—	—	—	200	200			(BA)
SUBTOTAL		0	0	0	0	7,262	7,262		\$.00	\$.00
CLINICS TOTAL		57,308	21,149	21,562	20,721	7,262	70,694	23.4%		
TOTAL SERVICE SUBPROJECTS		213,070	76,043	67,833	83,527	72,235	299,638	40.6%	\$1,323,565.31	\$1,220,925.08
Center for Educ. Activ.									\$233,930.86	\$136,163.25
Supplies									\$3,922.58	\$140.19
Equipment									\$2,666.27	\$95.29
Indirect Expenses									\$231,324.93	\$197,535.54
TOTAL PROJECT EXPENSES									\$1,795,409.95	\$1,551,859.35
Less Local Income									\$15,329.97	\$40,184.82
TOTAL MG SUPPORT									\$1,780,079.98	\$1,514,674.53

(*) During part of 1986, CBD & clinic expenditures were reported globally, not by state.

(**) In the IV Quarter of 1987, the grouping of BEMFAM projects changed, and clinic expenditures were included under Community Programs.

Note: 1. Reference Clinic is Olinda; 2. Demonstration Clinics include Belem, Sao Luiz, Fortaleza, Meier, Campinas & Belo Horizonte.

3. Support Clinics include Porto Alegre, Fortaleza, Chapeco, Bahia & Recife.

B. COLOMBIA (PROFAMILIA)

PROFAMILIA is the traditional star of the WHR, so we expect never-ending increases in every category from this FPA. Eventually, however, past successes and environmental constraints impose their own limits, and this seems to have happened in Colombia in 1987. As the tables on the next two pages show, PROFAMILIA delivered a tremendous volume of services in its MG projects, with CYP more than twice that of any other FPA, but those services did not grow when compared to PROFAMILIA's performance in 1986. New acceptors rose 1.3% to 60,486, while CYP declined 1% to 712,803.

Actually, there is more to this story than the fact that PROFAMILIA was fully prepared for MG resources in 1986, and wasted no time in putting them to good use. During 1987, the Colombian environment changed in several ways that worked against service increases:

- 1) Internal inflation grew faster than the purchasing power of MG support. MG support for PROFAMILIA grew 2% in dollar terms, but local inflation outpaced devaluation by 6% so the real purchasing power of MG support declined by about 4%.
- 2) Political instability increased substantially in 1987, and had a chilling effect on services in certain cities.

In PROFAMILIA's low-cost sterilization project, there were also operational reasons which caused expenses to increase from 1986 to 1987 without any compensating increase in the number of sterilizations. The increasing demand for sterilization services generated by PROFAMILIA's reduced fees has led to significantly greater use of PROFAMILIA operating rooms, medical instruments, and disposable medical supplies. All of these elements were showing the effects of the increased patient flow in 1986 and 1987, so during 1987 PROFAMILIA decided to invest in refurbishing operating rooms, replacing medical instruments, and renewing stocks of medical supplies. In other words, much of the \$200,000 increase in 1987 sterilization expenses should be considered an investment in future sterilizations and will lower the average costs of sterilizations in 1988.

Sterilization services weigh heavily in PROFAMILIA's total MG expenses for a very simple reason: poor Colombians cannot come close to paying the full costs of a PROFAMILIA sterilization (around \$37). Even with partial support from AVSC, IPPF, and other PROFAMILIA income, the balance left to be paid (around \$10) is beyond the reach of most poor clients. Thanks to the additional MG support, however, nearly half of all PROFAMILIA sterilizations can now be more

heavily subsidized, leaving the client to pay only a dollar or two. The effect of this MG subsidy, when it was introduced in 1986, was immediate and dramatic. From 45,679 sterilizations in 1985, PROFAMILIA, jumped to 59,681 in 1986. Anyone who still wonders whether demand for family planning by poor people is price sensitive has only to examine this natural experiment.

In 1987, PROFAMILIA's fees did not change and demand for sterilization remained at 99% of the 1986 level. PROFAMILIA provided 59,223 sterilizations in 1987, of which 2,436 were vasectomies. 48% of the 1987 sterilizations (28,441) were heavily subsidized, and charged to the MG.

MATCHING GRANT SERVICE STATISTICS
1987 ANNUAL REPORT

FPA/COUNTRY: PROFAMILIA/Colombia

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$ (**)	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
11. Low cost VSC CLINICS	1/86	28,970	7,737	6,132	8,118	6,454	28,441	-1.8%	\$814,925.17	\$1,099,504.34
12. 4 New Clinics	1/86	2,486	1,090	1,152	1,508	1,162	4,912	97.6%		\$191,190.20
13. 3 Existing Clinics	1/86	6,024	1,407	1,420	1,883	1,440	6,150	2.1%		\$144,929.83
14. 10 Outlying Centers	1/86	22,232	5,749	4,926	5,670	4,638	20,983	-5.6%		\$119,776.20
Sub total:		30,742	8,246	7,498	9,061	7,240	32,045	4.2%	\$475,732.04	\$455,896.23
15. CBD in marginal areas	1/86	—(*)	—(*)	—(*)	—(*)	—(*)	—(*)		\$159,911.71	\$85,114.72
TOTAL SERVICE SUBPROJECTS		59,712	15,983	13,630	17,179	13,694	60,486	1.3%	\$1,450,568.92	\$1,640,515.29
Information & Education									\$148,529.13	\$106,430.89
Indirect Expenses									\$226,615.56	\$233,457.17
Less Local Income									\$88,327.60	\$88,677.85
									\$1,737,386.01	\$1,891,725.50

Note: Sub-project #2. New Clinics are Bogota Kennedy, Bogota Quirigua, Tunja & Soledad.
 Sub-project #3. Existing Clinics are Santa Marta, Palmira & Popayan.
 Sub-Project #4. Outlying Centers are Barrancabermeja, Buenaventura, Girardot, Ibague, Monteria,
 Neiva, Rionegro, Sincelejo, Valledupar & Villavicencio.
 Sub-project #5. CBD in marginal areas includes Bogota, Barranquilla, Cartagena & Cali.

(*) PROFAMILIA does not count new acceptors in its CBD programs. See Table 2. CYP.

(**) During part of 1986, PROFAMILIA did not report clinic expenditures by sub-project.

MATCHING GRANT SERVICE STATISTICS
1987 ANNUAL REPORT

FPA/COUNTRY: PROFAMILIA/Colombia

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$ (*)	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Low Cost VSC CLINICS	1/86	361,814	96,713	76,650	101,475	80,675	355,513	-1.7%	\$814,925.17	\$1,099,504.34
2. 4 New Clinics	1/86	22,138	7,475	8,352	10,395	10,177	36,399	64.4%		\$191,190.20
3. 3 Existing Clinics	1/86	79,614	17,983	18,732	20,278	20,284	77,277	-2.9%		\$144,929.83
4. 10 Outlying Centers	1/86	240,619	59,848	54,840	61,448	52,109	228,245	-5.1%		\$119,776.20
Sub total		342,371	85,306	81,924	92,121	82,570	341,921	- .1%	\$475,732.04	\$455,896.23
5. CBD in marginal areas	1/86	15,486	3,342	3,387	3,547	4,993	15,269	-1.4%	\$159,911.71	\$85,114.72
TOTAL SERVICE SUB-PROJECTS		719,671	185,361	161,961	197,143	168,238	712,703	-1.0%	\$1,450,568.92	\$1,640,515.29
Information & Education									\$148,529.13	\$106,430.89
Indirect Expenses									\$226,615.56	\$233,457.17
TOTAL PROJECT EXPENSES									\$1,825,713.61	\$1,980,403.35
Less Local Income									\$88,327.60	\$88,677.85
TOTAL MG SUPPORT									\$1,737,386.01	\$1,891,725.50

(*) During part of 1986 PROFAMILIA did not report clinic expenditures by sub-project.

Note: Sub-project #2. New Clinics are Bogota Kennedy, Bogota Quirigua, Tunja & Soledad.
 Sub-project #3. Existing Clinics are Santa Marta, Palmira & Popayan.
 Sub-Project #4. Outlying Centers are Barrancabermeja, Buenaventura, Girardot, Ibague, Monteria, Neiva, Rionegro, Sincelejo, Valledupar & Villavicencio.
 Sub-project #5. CBD in marginal areas includes Bogota, Barranquilla, Cartagena & Cali.

C. MEXICO (MEXFAM)

For the second year running, MEXFAM has registered an impressive service expansion in its MG projects, as shown on pages 12 and 13, increasing new acceptors by 75% and CYP by 60%. This is hard enough for a small FPA to do, starting from a small service volume, but very much harder for an FPA the size of MEXFAM.

Some of MEXFAM's Board members have expressed concerns about the pace of this expansion, which is now in its third year, and have instructed MEXFAM's staff that 1988 should be a year of consolidation, to avoid becoming spread too thin. Judging from the MG projects, however, MEXFAM's expansion is avoiding many common pitfalls:

- 1) MEXFAM's staff structure is far leaner and more responsive to opportunities and problems than it was 3 or 4 years ago. MEXFAM must be the only FPA in this hemisphere that ever doubled the size of its program while it was cutting its salaried staff in half. The key word is "salaried", because MEXFAM has found a number of other arrangements, which fall short of employment but allow MEXFAM to motivate and make use of many talented people who are not MEXFAM employees.
- 2) MEXFAM's extensive use of computers, which not only link their entire senior staff, allows the FPA to manage a far-flung program and meet donor reporting requirements with a relatively small staff. To see how far and how fast MEXFAM has come in this field, it is enough to note the steady changes of the quarterly reports that MEXFAM has submitted about its MG projects: in two years their content and presentation have evolved rapidly and impressively, thanks to the use of increasingly sophisticated computer techniques.
- 3) MEXFAM has developed a number of new service approaches, such as the now famous Community Doctors, the Intensive Promotion Areas, the Regional Activation Programs, and the Institutional Support Programs, which appear to multiply the impact of the FPA beyond what would be possible through expansion of traditional clinics or CBD programs. A common feature of these new service approaches is that MEXFAM does not pay the full cost of the fp services provided, because other institutions, or private MDs, pay an important share of that cost. This allows MEXFAM to continue its large-scale service expansion even though the annual increase of MG support has been insignificant.

In short, MEXFAM may have found a combination that allows it to break away from internal rigidities that

often limit the rapid growth of FPAs, or make such growth dangerous.

This is not to say that MEXFAM's program is free from management problems. Any program of this size includes elements that have turned sour, or soon will. The Community Doctors program which has become so widely admired suffered serious turnover problems at the outset, mainly because MEXFAM had yet to develop ways of screening out marginally motivated candidates. But MEXFAM began making mid-course corrections as soon as the turnover problem became apparent, and today the Community Doctors (within the context of APIs and PARs) have become MEXFAM's most important vehicle for nation-wide program expansion. This fact is not lost upon the other FPAs of the WHR: Brazil, Colombia, and Ecuador are already trying to adapt the Community Doctors model to their own circumstances, and many other FPAs are thinking of following suit.

In 1987, MEXFAM decided that the functional differences among their programs were more important than geographical location, and that a reorganization of programs by functional categories would facilitate management and future expansion. Starting with the 1st quarter of 1988, therefore, the MG programs are as follows:

- 1) Areas of Intensive Promotion (APIs)
- 2) Family Planning Centers
- 3) Institutional Support Programs (PAIs)
- 4) Regional Activation Programs (PARs)
- 5) Male and Special Programs

Lurking behind these new acronyms and titles are three new service approaches which MEXFAM has developed during the two years of MG support:

APIs

These are urban slums with a relatively high population density, relatively low contraceptive prevalence, and a lack of public and private health services. In each API, MEXFAM establishes a small clinic, either with a Community Doctor or with a private MD who was already practicing in the area, and a network of volunteer promoters (there are now 582 of these promoters spread over 11 Mexican states). The promoters make house-to-house visits (19,517 during the last quarter of 1987!), refer clients to the clinic, and resupply clients with contraceptives. Regional Coordinators supervise the activities in 10-20 APIs.

PARs

These are the rural versions of APIs, with a methodology adapted to the greater distances and the smaller communities.

PAIs

This is MEXFAM's answer to the almost universal problem of public sector agencies that are supposed to deliver fp information and services but don't. MEXFAM has developed the art of approaching well-motivated local affiliates of these public agencies, finding out what is holding them back in fp (it could be a lack of training, or a lack of contraceptives, or a lack of promotion in the community), and signing an agreement for a collaborative program, in which MEXFAM becomes responsible for supplying what is missing. The key to success, MEXFAM has found, is to let the public agency take full credit for the improvements, so that there is no institutional rivalry created.

Whatever the names, the results of these new approaches already speak for themselves in the 1987 service figures. The only apparent slip was in the "Mexico City Clinics" (down 61% in new acceptors, and 59% in CYP) which is an artefact of shifts between that program and "Mexico City - Marginal Areas". During 1987 many of the APIs that belonged to the former were transferred, for administrative reasons to the latter. Hence the decline of one and the huge increase in the other. Taken together, the two Mexico City projects more than doubled their new acceptors and increased CYP by two thirds.

MATCHING GRANT SERVICE STATISTICS
1987 ANNUAL REPORT

FPA/COUNTRY: MEXFAM/Mexico

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Mexico City-Marginal Areas	1/86	18,702	11,615	16,658	16,118	19,404	44,391	137.4%	\$78,504.11	\$117,079.14
2. 8 Cities - Marginal Areas	1/86	39,314	22,498	17,297	11,431	10,257	51,226	30.3%	\$341,571.00	\$225,356.97
3. 6 Cities - Marginal Areas	1/86	20,679	10,724	10,998	10,863	7,665	32,585	57.6%	\$257,703.48	\$172,989.16
4. Promotion in Rural Areas	1/86	9,500	2,415	3,626	3,326	3,312	9,367	-1.4%	\$93,963.72	\$70,138.55
5. Mexico City - Clinics	1/86	13,410	1,879	1,611	1,285	476	4,775	-64.4%	\$180,927.84	\$49,770.87
6. Coop. with Universities	1/86	9,430	1,776	4,780	2,539	2,196	9,095	-3.6%	\$70,134.71	\$37,090.57
TOTAL SERVICE PROJECTS		111,035	50,907	54,970	45,562	43,310	151,439	36.4%	\$1,022,804.86	\$672,425.26
Supplies									\$33,925.80	\$214,167.96
Equipment									\$0.00	\$184,101.06
Indirect Expenses									\$145,455.69	\$129,489.72
TOTAL PROJECT EXPENSES									\$1,202,186.35	\$1,200,184.00
Less Local Income									\$53,040.34	\$23,565.40
TOTAL MG SUPPORT									\$1,149,146.01	\$1,176,618.52

Notes: Sub-Project 2. 8 Cities are: Monterrey, Tijuana, Mexicali, Queretaro, Puebla, Leon, Merida & Morelia.
Sub-Project 3. 6 Cities are: Guadalajara, Veracruz, Monclova, Saltillo, Chihuahua, & Ensenada.

MATCHING GRANT SERVICE STATISTICS
1987 ANNUAL REPORT

FPA/COUNTRY: MEXFAM/Mexico

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1985 EXPENDITURES IN US\$	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Mexico City-Marginal Areas	1/85	19,548	11,184	19,697	13,144	12,586	56,611	189.6%	\$78,504.11	\$117,079.14
2. 8 Cities - Marginal Areas	1/86	26,105	8,279	12,420	8,313	8,728	37,740	44.6%	\$341,571.00	\$225,356.97
3. 6 Cities - Marginal Areas	1/86	19,285	10,289	8,682	5,975	6,303	31,249	62.0%	\$257,703.48	\$172,989.16
4. Promotion in Rural Areas	1/86	7,283	1,398	3,275	1,924	3,576	10,173	39.7%	\$93,963.72	\$70,138.55
15. Mexico City - Clinics	1/86	18,638	3,514	1,416	1,424	1,275	7,629	-59.1%	\$180,927.84	\$49,770.87
16. Coop. with Universities	1/86	10,905	3,195	9,170	4,652	1,943	18,960	73.9%	\$70,134.71	\$37,090.57
TOTAL SERVICE SUB-PROJECTS		101,764	37,859	54,660	35,432	34,411	162,362	59.5%	\$1,022,804.86	\$672,425.26
Supplies									\$33,925.80	\$214,167.96
Equipment									\$.00	\$184,101.06
Indirect Expenses									\$145,455.69	\$129,489.72
TOTAL PROJECT EXPENSES									\$1,202,186.35	\$1,200,184.00
Less Local Income									\$53,040.34	\$23,565.48
TOTAL MG SUPPORT									\$1,149,146.01	\$1,176,618.52

Notes: Sub-Project 2. 8 Cities are: Monterrey, Tijuana, Mexicali, Queretaro, Puebla, Leon, Merida & Morelia.

Sub-Project 3. 6 Cities are: Guadalajara, Veracruz, Monclova, Saltillo, Chihuahua, & Ensenada.

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	STARTING MONTH/YR	1986	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986	1987
		MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$
FP in Red Cross Clinics	3/86	2,406	2,664	7,463	2,853	4,315	17,295	618.8%	\$91,214.54	\$193,522.22
Supplies									\$2,489.78	\$40,624.56
Indirect Expenses									\$6,809.43	\$34,101.60
TOTAL MG SUPPORT									\$100,513.75	\$268,248.38

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	STARTING MONTH/YR	1986	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986	1987
		MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$
FP in Red Cross Clinics	3/86	7,462	3,283	7,409	6,644	7,069	24,405	227.1%	\$91,214.54	\$193,522.22
Supplies									\$2,489.78	\$40,624.56
Indirect Expenses									\$6,809.43	\$34,101.60
TOTAL MG SUPPORT									\$100,513.75	\$268,248.38

Although APROFA's work with Red Cross clinics in Chile began in March, 1986, the 36 clinics that now compose this program were added one by one, so the service results for the ten months in 1986 were modest. The tables above tell quite a different story for 1987. With tremendous percentage increases in new acceptors and CYP, the Chilean project has taken off in a most impressive way, confirming the high potential of collaborative programs with other PVOs.

At the end of 1987 there were 15 Red Cross clinics with full MG support for their fp services, plus 21 more in which MG support was used to complement IPPF support and thereby extend the hours of fp service.

Although APROFA has trained community promoters for this program, and the Red Cross has used press and radio to publicize its new fp services, the program now faces problems brought on by too much popular demand: the Red Cross "matronas" (nurse-midwives) that are paid by APROFA to deliver the fp services are simply swamped, and in some clinics there is no longer space to accommodate the waiting clients. APROFA has recently had to extend the hours in 6 of the 15 "full MG" clinics.

The following comments from APROFA's 4th quarter report are revealing:

"The satisfactory achievement of the project goals shows the high percentage of reproductive age women who are not served by the official Health Services ... a situation which used to be unthinkable in this country."

This project could easily be extended to other Red Cross clinics in Chile. In fact, APROFA is under strong pressure from the Red Cross to do so, but the level of MG funding approved for 1988 will only permit the addition of one more "full MG" clinic, and the expansion of hours in one other clinic.

E. GUATEMALA (APROFAM)

During 1987, APROFAM provided training in male and female sterilization techniques (laparoscopy, minilaparotomy, and vasectomy) for 19 physicians, 8 registered nurses, 1 anesthesiologist, and 7 social workers at APROFAM's Surgical Center for voluntary sterilization in Guatemala City.

The physicians and anesthesiologist received classroom training in: demographic variables; family planning methods, uses, and contraindications; surgical methods in general; the importance of the pre-operative examination; anesthesia regimens; post-operative care; and prevention and management of complications and emergencies. Trainees watched audiovisual demonstrations of the vasectomy procedure. Requirements for the selection of the patient and the basic information which any patient must receive were stressed. A final evaluation was made of the knowledge acquired.

Practical surgical training included identification of high risk cases, and contraindications to sterilization. Trainees received on the job training in the prevention and management of the most common operative and post-operative complications of vasectomy. IPPF and AVS standards and safety norms were stressed throughout the training.

The nurses received theoretical training in anatomy and physiology of reproduction, contraceptive methods, vasectomy techniques through audiovisuals, pre-operative preparation of patients, post-operative care, management of complications, and use and care of medical instruments. Practical training included assisting the surgeon and anesthesiologist in the vasectomy procedure, management of specialized surgical instruments and equipment, and team work of the vasectomy procedure.

Social workers' training included information on demographic variables, contraceptive methods, discussion of approaches used in community talks (eg. group talks, home visits), use of different communications media, and carrying out preliminary community research prior to initiating surgical

programs. Practical training included observation of activities carried out by I&E staff of APEOFAM for 3 days, with the focus on information needed by the acceptors of voluntary sterilization, and doing a minimum of 3 talks and 5 home visits.

Physicians Trained Jan - Dec 1987

Dr. Carlos Rafael Barrios A./Guatemala
Dr. Carlos Raul Alonzo/Guatemala
Dr. Marco Vinicio Gonzalez/Guatemala
Dr. Oscar Rolando Calderon D./Guatemala
Dr. Carlos Rafael Ruiz Villatoro/Guatemala
Dr. Jorge Alberto Fuentes Puga/Guatemala
Dr. Jose Guillermo Wazar Puello/Rep. Dominicana
Dr. Ricardo Mauricio Gomez/Republica Dominicana
Dr. Luis Fernando Castrillo A./Costa Rica
Dr. Adalberto Avila Panchame/Honduras
Dr. Fernando Azcona Hoyo/Honduras
Dr. Ramon Antonio Fernandez/Venezuela
Dra. Maria Luz Yuja Gomez/Bolivia
Dr. Daniel Rodolfo Cardenas S./Bolivia
Dr. Pedro Segundo Aguirre Mata/Peru
Dr. Pedro Salomone S./Uruguay
Dr. Rene Vera Ramos/Mexico
Dr. Carlos Arroyo Guerrero/Costa Rica
Dr. Jose Antezana R./Bolivia

Anesthesiologist Trained - August 1987

Dr. Ciro Gamaniel Alvarado S./Peru

Nurses Trained Jan - Dec 1987

Virginia Villafuerte/Guatemala
Cristina Umanzor de Carcamo/Honduras
Emilia Ruiz Paguada/Honduras
Mirtha Sossa Malale/Bolivia
Rosemary Gisberth Llanos/Bolivia
Flor Davila Cordova/Peru
Graciela Razo Guzman/Mexico
Deyanira Sandi Montero/Costa Rica

Social Workers Trained Jan - Dec 1987

Ana Francisca S. de Martinez/Honduras
Norma Ondina Ayala de Montoya/Honduras
Gisela Diaz Michelena/Venezuela
Ruth Soria Solares/Bolivia
Alejandrina Andrade Fanola/Bolivia
Barbara Munguia Mendez/Mexico
Zaday Pastor Tasies/Costa Rica

F. PANAMA (APLAFA)

The small sub-grant to APLAFA was approved in June, 1987, and got underway in July. Unfortunately, the sub-grant was temporarily suspended, as of December 31st, when political problems caused AID to withdraw its support from Panama. Efforts are now in progress to renew the sub-grant for humanitarian reasons, but as of March 1, 1988 it was still suspended.

This being APLAFA's first recent foray into fp service provision (beyond its small headquarters clinic in Panama City), we did not expect or see impressive results during the first 6 months. Many of the 1987 expenses were start-up expenses, and most of the 562 new acceptors were registered in the last 3 months of the year.

We still like the idea of working with other PVOs in Panama, in order to extend the reach of APLAFA's modest resources, and we still think that volunteer Fire Departments, whose community functions traditionally go well beyond fighting fires, represent an interesting opportunity. If the proposed sub-grant for 1988 is approved, we are confident that APLAFA will build on the preparatory steps of late 1987 and turn in far better results than the ones shown below.

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING
FPA/COUNTRY: APLAFA/PANAMA

SUB-PROJECT	STARTING MONTH/YR	QUARTERLY ACHIEVEMENT				1987 TOTAL	1987 EXPENDITURES IN US\$
		I JAN-MAR	II APRIL-JUNE	III JULY-SEPT	IV OCT-DEC		
1. Panama City_APLAFA Clinic & Fire Dept.	6/87	—	—	68	123	191	\$9,681.69
2. Santiago Fire Dept.	6/87	—	—	25	201	226	\$11,356.11
3. David Clinic	6/87	—	—	10	62	72	\$7,281.76
4. El Libano Health Post	6/87	—	—	11	62	73	\$1,249.42
5. Darien (*)	—	—	—	—	—	—	\$870.00
TOTAL SERVICE PROJECTS		0	0	114	448	562	\$30,438.98
Indirect Expenses							\$4,530.31
PROJECT TOTAL							\$34,969.29

(*) It was not possible to carry out activities with the Military in Darien due to the country situation. Expenditures under Darien Sub-project were travel & start-up expenses.

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)
 FPA/COUNTRY: APLAFA/PANAMA

SUB-PROJECT	STARTING MONTH/YR	QUARTERLY ACHIEVEMENT				1987 TOTAL	1987 EXPENDITURES IN US\$
		I JAN-MAR	II APRIL-JUNE	III JULY-SEPT	IV OCT-DEC		
1. Panama City APLAFA Clinic & Fire Dept.	6/87	—	—	13	141	154	\$9,681.69
2. Santiago Fire Dept.	6/87	—	—	2	13	15	\$11,356.11
3. David Clinic	6/87	—	—	73	256	329	\$7,281.76
4. El Libano Health Post	6/87	—	—	1	9	10	\$1,249.42
5. Darien (*)	—	—	—	—	—	—	\$870.00
TOTAL SERVICE PROJECTS	—	0	0	89	419	508	\$30,438.98
Indirect Expenses							\$4,530.31
PROJECT TOTAL							\$34,969.29

G. PERU (INPPARES)

As the tables on the next page show, INPPARES had excellent results in 1987, rapidly expanding the coverage of its MG projects. Even allowing for the fact that the 1986 figures are only 9 months, the 1987 increases in new acceptors (146%) and CYP (99%) were high, and the average costs were low. Matching Grant support increased 54% from 1986 to 1987, but is still at a low level in relation to the service needs in Peru.

INPPARES began and ended the year with two MG programs:

1. Centers in Arequipa, Chiclayo, and Iquitos, with headquarters' clinics and supporting networks of community medical posts and CBD to cover the surrounding Departments of Arequipa, Lambayeque, and Loreto. The Population Council is providing supplementary support, and in 1987 this program grew by 54% in terms of CYP.

2. The "Patres" clinic in Lima, which offers all temporary methods, serves as a training center for INPPARES and other fp staff, and is also the base for the work centers program that helps companies offer fp to their employees. This clinic rose 64% in terms of CYP.

From May through September, temporary funding was provided for an ongoing CBD program in Lima that had been started with INOPAL support.

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING
INPPARES/Peru

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$	1987 EXPENDITURES IN US\$ (*)
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Expansion to Arequipa, Chiclayo & Iquitos	4/86	23,338	14,883	6,220	11,489	14,886	47,478	103.4%	\$67,540.01	\$113,663.47
2. PATRES Clinic	4/86	1,905	1,499	1,236	2,119	1,060	5,914	210.4%	\$36,463.08	\$25,542.94
3. Lima CBD	5/86-9/86	—	—	2,932	5,674	—	8,606		\$.00	(**)
TOTAL SERVICE SUB-PROJECTS	—	25,243	16,382	10,388	19,282	15,946	61,998	145.6%	\$104,003.09	\$139,206.41
Equipment									\$.00	\$14,883.26
Indirect Expenses									\$8,726.08	\$18,858.10
TOTAL PROJECT EXPENSES									\$112,729.17	\$172,947.77
Less Local Income									\$9,200.87	\$13,026.12
TOTAL MG SUPPORT									\$103,528.30	\$159,921.65

Note: Sub-grant for period Oct. 1987 - Dec. 1988 has not yet been approved, however activities continued in the IV Quarter.

(*) Only expenditures from Jan - Sept 1987 are included

(**) Expenditures are included in CBD Project.

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)
INPPARES/PERU

SUB-PROJECT	STARTING MONTH/YR	1986	QUARTERLY ACHIEVEMENT				1987	% CHANGE 1986-1987	1986	1987
		MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC	TOTAL		EXPENDITURES IN US\$	EXPENDITURES IN US\$ (*)
1. Expansion to Arequipa, Chiclayo & Iquitos	4/86	22,021	8,429	4,575	9,681	11,315	34,000	54.4%	\$67,540.01	\$113,663.47
2. PATRES Clinic	4/86	6,028	2,614	2,439	2,695	2,112	9,860	63.6%	\$36,463.08	\$25,542.94
3. Lima CGD	5/86-9/86	—	—	4,817	7,226	—	12,043		\$.00	(**)
TOTAL SERVICE SUB-PROJECTS	—	28,049	11,043	11,831	19,602	13,427	55,903	99.3%	\$104,003.09	\$139,206.41
Equipment									\$.00	\$14,883.26
Indirect Expenses									\$8,726.08	\$18,858.10
TOTAL PROJECT EXPENSES									\$112,729.17	\$172,947.77
Less Local Income									\$9,200.87	\$13,026.12
TOTAL MG SUPPORT									\$103,528.30	\$159,921.65

Note: Sub-grant for period Oct 1987 - Dec 1988 has not yet been approved, however activities continued in the IV Quarter.

(*) Only expenditures from Jan - Sept 1987 are included.

(**) Expenditures are included in the CGD Project.

H. TRINIDAD AND TOBAGO (FPATT)

As we reported in 1986, the initial attempt of FPATT to expand sterilization services by informing private doctors about the availability of such services, hoping for referrals, proved a failure. In late 1986 and new Executive director, Hetty Sarjeant, was appointed and MG staff visited Trinidad and worked with Mrs. Sarjeant to develop a new program strategy for increasing the effectiveness of the FPA's two clinics, making the following changes:

1) Lower Fees for Temporary Methods

A review of clinic records suggested that FPATT fees were a barrier to some clients (most pill acceptors could only afford to buy one or two cycles). Furthermore, FPATT was charging many different fees for different services, which made it difficult for prospective clients to know what their total cost would be. It was decided to experiment with a "package fee" of TT\$10.00 (\$2.78) for a year's worth of family planning, regardless of the method chosen. This package fee is easy to understand, easy to promote (see Attachment B for FPATT ads) and is low enough to be accessible to almost anyone. The package fee came into effect in mid-April, 1987, and promotion began in late-May.

2) More Convenient Clinic Hours

To alleviate the bottlenecks which occurred during the morning hours, and to allow clients to be served before going to work, it was decided to open the Port of Spain clinic an hour and a half earlier, at 7:00 AM, with new part-time staff on duty. The new hours began in May, and a study during July revealed that 19% of clients were served during this new early morning session.

3) Better Patient Flow, Less Waiting, and Less Boredom

Resupply clients are now attended by one clerk, while others take care of clients who need to see a nurse or doctor. Male clients are handled separately, and a minimum of information is now taken from them. The clinics now have TVs and VCRs, both for educational videos and for entertainment while waiting.

4) Public Information about Hours, Services, and Fees

A comprehensive media campaign was developed by a local ad agency. Press ads began in May, followed by radio ads in June (see Attachment B for samples). By June, most FPATT clients said they had seen or heard the ads, and in July 37% of the new acceptors cited newspaper or radio ads as their source of information about the FPA. Posters and leaflets were also produced and widely distributed.

5) Recruitment of Associate Doctors

Following the example of many other WHR Associations, FPATT enlisted the help of 46 private doctors by offering contraceptives in return for information about service provided to low-income fp acceptors. The doctors also refer clients to the FPA for IUD insertion and sterilization. The success of this venture, which yielded 676 new acceptors of fp during 1987, indicates what was lacking in the failed attempt of 1986: the quid quo pro of donated contraceptives.

6) Lower Fees for Sterilization

Sterilization fees of up to TT\$240.00 (\$67) have been an important source of local income for FPATT in the past, and the FPA has therefore been reluctant to reduce them. Impressed by the positive effects of reducing fees for temporary methods, however, the FPATT Board of Directors decided to unify sterilization fees at TT\$100.00 (\$27), beginning in October, 1987.

Given the fact that sterilization fees were only lowered in mid-October, most of the effect of the changes described above was felt in the acceptance of temporary methods, with less impact on couple-years of protection (CYP). Nevertheless, FPATT has reason to be very pleased with the increases of 1987 over 1986, which, based upon full-year totals for both years, were as follows:

New Acceptors, all methods	+172%
Sterilization acceptors	+11%
Couple-years of Protection	+26%

The full impact of the changes made in 1987 should be seen in 1988, as FPATT takes advantage of a much higher public profile, lower service fees, greater geographical reach thanks to the Associate Doctors, and far more efficient management of its two clinics.

FPA/COUNTRY: FPATT/Trinidad

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Sterilization Expansion	4/86	375	—	—	—	—	0	\$26,810.08		
2. Temporary methods Expansion	10/86	331	—	—	—	—	—	\$2,514.69		
SUB TOTAL		706	—	—	—	—	—			
3. Service Expansion (all methods)	1/87	—	1,250	1,593	2,005	1,563	6,411		\$335,079.01	
TOTAL SERVICE SUB-PROJECTS		706	1,250	1,593	2,005	1,563	6,411	808.1%	\$29,324.77	\$335,079.01
Indirect Expenses									\$1,179.38	\$13,266.81
TOTAL PROJECT EXPENSES									\$30,504.15	\$348,345.82
Less Local Income										\$121,313.66
Less Other Donors										\$125,319.88
TOTAL MG SUPPORT									\$30,504.15	\$101,712.28

Note:

1987 figures include ALL new acceptors (clinic & sterilization), as MG sub-project was integrated into FPA's Contraceptive Services Project.

MATCHING GRANT SERVICE STATISTICS
1987 ANNUAL REPORT

FPA/COUNTRY: FPATT/Trinidad

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	STARTING MONTH/YR	1986 MG TOTAL	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986 EXPENDITURES IN US\$	1987 EXPENDITURES IN US\$
			I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC				
1. Sterilization Expansion	4/85	4,688	—	—	—	—	0	\$26,810.09		
2. Temporary methods Expansion	10/86	1,723	—	—	—	—	—	\$2,514.69		
SUB TOTAL		6,411	—	—	—	—	—			
3. Service Expansion (all methods)	1/87	—	4,262	6,014	9,765	8,183	29,948		\$335,079.01	
TOTAL SERVICE SUB-PROJECTS		6,411	4,262	6,014	9,765	8,312	28,353	342.3%	\$29,324.77	\$335,079.01
Indirect Expenses								\$1,179.38	\$13,266.81	
TOTAL PROJECT EXPENSES								\$30,504.15	\$348,345.82	
Less Local Income									\$121,313.66	
Less Other Donors									\$125,319.88	
TOTAL MG SUPPORT								\$30,504.15	\$101,712.28	

Note:

1987 figures include ALL new acceptors (clinic & sterilization), as MG sub-project was integrated into FPA's Contraceptive Services Project.

I. URUGUAY (AUPFIRH)

"Family Planning Services integrated into Ministry of Health's Primary Health Care in the interior of Uruguay"

During 1987 the subproject served 14,396 new acceptors, attended 67,358 visits, and provided 22,106 CYP at 71 service sites in 7 Departments. (Salto, Cerro Largo, Colonia, Canelones, Florida, Artigas, and Tacuarembó) The method mix for new acceptors was 45% orals, 31% IUDs, and 24% condoms (under 1% sterilization), while the method mix for CYP was 22% orals, 69% IUDs, 4% condoms, and 5% sterilization.

Family Planning services were provided through a network of Ministry of Health doctors, rural health promoters, mobile clinics, nurses, midwives, teachers, and social workers, who served as family planning volunteers, while carrying out their responsibilities in the Government health services. While the Ministry of Health provided little or no family planning services in MOH clinics, the FPA through this sub-project provided training in contraceptive methods, technical assistance in establishing fp services within existing MOH services, and contraceptive and other family planning supplies. The FPA also covered a portion of travel and vehicle maintenance costs of Government health teams. During 1987, new and improved IEC materials were produced by the FPA, including pamphlets on contraceptive methods, a family planning manual for health workers, and an anatomy/physiology/methods flipchart. These materials were distributed to some 300 doctors and paramedical staff working with the FPA.

The sub-project "Family Planning Services through Non-Medical Staff in Marginal Areas of Montevideo and Surrounding Areas" served 7,289 new acceptors, 32,549 household visits, and provided 8,883 CYP through the distribution of orals, spermicides and condoms. As this is not a true community-based distribution project, results are limited by the number of outreach workers and the hours worked, which is in turn limited by the budget. The method mix for new acceptors was 62% orals, 10% IUDs (referred to community clinic set up by AUPFIRH), and 27% condoms. Method mix by CYP was 50% orals, 25% IUDs, and 25% condoms. Spermicides were not available for most of 1987, thus the lack of acceptors using that method.

A cost effectiveness analysis showed that costs for new acceptors, service-related home visits, and CYP were US\$3.09, \$1.00, and \$3.90 respectively.

Through this sub-project, six social workers and midwives made home visits, interviewing and screening potential and current family planning acceptors. Contraceptives (orals and

condoms, and instruction about their use were provided. A clinic was established to refer clients requesting IUDs or needing medical attention. Counseling was provided on maternal-child health, breast feeding, care of the newborn, and legal and social problems of the poor. Project staff visited the marginal areas in the project on a regular basis, following a strict schedule which was provided to clients.

FPA/COUNTRY: AUPFIRH/Uruguay

TABLE 1: NEW ACCEPTORS OF FAMILY PLANNING

SUB-PROJECT	STARTING MONTH/YR	1986	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986	1987
		MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$
1. FP INTEGRATED SERVICES	3/86	9,150	3,579	3,209	3,577	4,031	14,396	57.3%	\$24,185.00	\$42,655.12
2. FP IN MARGINAL AREAS	6/86	3,929	1,749	1,608	1,692	2,240	7,289	85.5%	\$11,535.00	\$29,623.75
TOTAL SERVICE SUB-PROJECTS	—	13,079	5,328	4,817	5,269	6,271	21,685	65.8%	\$35,720.00	\$72,278.87
Indirect Expenses									\$1,899.00	\$10,841.82
TOTAL MG SUPPORT									\$37,619.00	\$83,120.69

FPA/COUNTRY: AUPFIRH/Uruguay

TABLE 2: COUPLE-YEARS OF PROTECTION (CYP)

SUB-PROJECT	STARTING MONTH/YR	1986	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	1986	1987
		MG TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			EXPENDITURES IN US\$	EXPENDITURES IN US\$
1. FP INTEGRATED SERVICES	3/86	13,919	5,559	4,966	6,258	5,323	22,106	58.8%	\$24,185.00	\$42,655.12
2. FP IN MARGINAL AREAS	6/86	3,243	1,492	2,252	2,306	2,833	8,883	173.9%	\$11,535.00	\$29,623.75
TOTAL SERVICE SUB-PROJECTS	—	17,162	7,051	7,218	8,564	8,156	30,989	80.6%	\$35,720.00	\$72,278.87
Indirect Expenses									\$1,899.00	\$10,841.82
TOTAL MG SUPPORT									\$37,619.00	\$83,120.69

III. A. IN-KIND CONTRACEPTIVES AND CASH COMMODITIES

During the year 1987, in-kind commodities, as listed in the attached Table 1, were sent to the various FPAs in the region. In general, products were received on schedule, with the exception of Uruguay which received Lo Gentrol orals in the fourth quarter of 1987. Colombia received Tahiti logo and Majestic logo condoms, and the oral contraceptive Noriday, in lieu of the Sultan condoms and the Lo Femenal orals supplied to the other Associations.

Table 2 lists the commodities purchased using funds under the Cash Commodities budget line item. Two IBM-AT microcomputers were purchased, one for PROFAMILIA, Colombia, for use in the financial and programmatic management of the Matching Grant sub-projects; and the second one for AUPFIRH, Uruguay, for use by the Evaluation Department for compiling survey data, service statistics, and doing operations research. A vehicle was provided to the Uruguayan FPA for use in the CBD program in Montevideo, which functions through a 6-person mobile team of nurse-midwives and social workers who make daily family planning visits to the outskirts of the capital. Equipment and chemicals needed to set-up a pap smear laboratory at the Patres Clinic in Lima, run by the Peruvian FPA, INPPARES, were also provided.

Table 3 lists all the cash commodities included in the FPA sub-grants and purchased in the United States for the sub-grantees.

During the first quarter a commodities management visit was made to Chile by the Project Supplies Officer. With the opening of new clinics and the expanded expansion of hours at existing clinics, the need for contraceptives, especially spermicides increased significantly. In order to meet the new increased demand, the FPA requested Conceptrol vaginal tablets, and a total of 19,200 units were sent on a trial basis (until this point NeoSampoon had been the only foaming tablet used).

In early September a commodities visit was made to Brazil mainly to review the oral contraceptive situation. There had been a marked decline in the distribution of oral contraceptives due to the enforcing of a government guideline requiring women to have a pelvic exam once a year prior to dispensing of oral contraceptives. BEMFAM follows this guideline, hence the decline in the distribution of pills, but this is expected to normalize in 1988. During this visit condom stocks were found to be extremely low at the central warehouse, the existing stocks being actually those borrowed from another family planning institution. Unfortunately, despite several efforts made by this office, we could not obtain the permit to export condoms to Brazil to alleviate the shortage. A total of 1,998,000 colored condoms have in fact been stored at the Brethren Service Center Warehouse, since late 1986, and remained there throughout 1987 awaiting the appropriate documentation for export to Brazil. The export permit was finally received in December, enabling the shipping of these condoms in early 1988.

Two monitoring visits were also made to INDEPS, the procurement agency located in Washington, to coordinate and establish procedures for the shipping of all commodities, in-kind and cash.

III. A. IN-KIND CONTRACEPTIVES & CASH COMMODITIES

Table 1 : IN-KIND COMMODITIES SHIPPED IN 1987

COUNTRY	COL. CONDOMS	PL. CONDOMS	LO FEMENAL	COPPER T-380	CONCEPTROL
Antigua	24,000			200	
Aruba	12,000		1,200		
Barbados		84,000			
Belize			4,800		
Bolivia	120,000	120,000	7,200	6,000	
Chile	594,000		800,400	102,200	19,200
Colombia *	5,146,000		895,200	100,000	
Costa Rica *	4,051,493		399,600	4,000	
Curacao	18,000		22,800	2,000	
Ecuador	150,000		30,000	20,000	
Grenada		198,000	2,400		
Haiti	72,000	72,000	9,600		
Jamaica	348,000		39,600		
Panama		30,000	3,600		2,400
Peru *	2,502,000	2,598,000		68,000	43,200
St.Lucia	138,000			400	
St.Vincent		6,000			
Suriname	48,000	42,000		600	
Trinidad	736,000	306,000	5,200	600	
Uruguay *	696,000		241,200	27,000	
TOTAL	14,655,493	3,456,000	2,462,800	331,000	64,800

* Comments: Colombia received 4,396,000 Tahiti condoms, and 750,000 Majestic condoms, and 895,200 cycles of Noriday.
 Costa Rica received 3,967,493 Tahiti condoms from Colombia
 Peru IUD total includes 10,400 Copper T 200
 Uruguay received 241,200 cycles of Lo Gentrol

III. A. IN-KIND CONTRACEPTIVES & CASH COMMODITIES

Table 2 COMMODITIES PURCHASED UNDER THE CASH COMMODITIES BUDGET

COUNTRY	ITEM DESCRIPTION	QUANTITY	COST
COLOMBIA	EPSON Printer	1	\$1,200.00
	Microcomputer - IBM-XT	1	\$5,850.00
JAMAICA	Projector Lamps	12	\$288.00
PANAMA	IUD Insertion Kit	7	\$610.75
PERU	Female Model 36 FPE -SIMA	3	\$116.99
	Male Model SIMA 16C -Vasectomy	2	\$340.49
	Wet Sterilizer	1	\$220.37
	Battery Cassette Tape Recorder	2	\$176.81
	Slide Tray	10	\$58.00
	Measuring Jar	1	\$98.00
	Test Tube - case of 72	1	\$68.00
	Organizer Trays -case of 6	7	\$504.00
	Plastic Containers -pack of 6	2	\$38.00
	Phosphotungstic acid	1	\$49.00
	Canada Balsam	4	\$299.20
	Hematoxylin Stain	5	\$197.25
	Eosin	3	\$35.25
	Orange Stain	2	\$39.00
	Light Green Stain	4	\$103.80
	Bismark brown	2	\$31.20
	Mercurit Bar	1	\$27.35
	Alum Ammonium Sulphate	1	\$17.80
	Lithium Carbonate	1	\$28.25
	Microscope	1	\$974.85
TRINIDAD	20" Television set	2	\$598.00
	Video Recorder	2	\$698.00
	Video Tapes	50	\$249.50
	Lindy Pelvic Model	10	\$200.00
	Falope Ring	200	\$111.00
	Microcomputer IBM-AT	1	\$9,790.55
URUGUAY	Microcomputer IBM-XT	1	\$15,708.00
	DBASE III Plus	1	\$399.00
	Word Perfect	1	\$395.00
	Lotus	1	\$495.00
	SPSS/PC+	1	\$1,246.50
	Lindy Pelvic Model	50	\$1,000.00
	Vehicle	1	\$15,527.00

III. A. IN-KIND CONTRACEPTIVES & CASH COMMODITIES

Table 3 COMMODITIES IN GRANT AND PURCHASED FOR SUB-GRANTEES

COUNTRY	ITEM DESCRIPTION	QUANTITY	COST
BRAZIL	Falope rings	6,000	\$2,115.74:
	Laparoscope Single Incision	1	\$6,457.10:
	Laparocators		
	with CO2 cylinder and light	2	\$8,800.00:
COLOMBIA	Operating Laparoscope 12mm	30	\$38,370.00:
	Trocar and Sleever 12mm	29	\$9,425.00:
	Falope Ring Applicator	37	\$17,020.00:
	16mm Projectors	15	\$9,987.00:
	Megaphones	13	\$2,756.00:
	Kodak Slide Projectors	15	\$6,677.10:
	Films on Family Planning	74	\$11,350.00:
GUATEMALA	Pelvic Model - basic Adam	2	\$640.00:
	Eve Pelvic Model	2	\$900.00:
	Teaching Attachment	2	\$4,730.00:
PERU	35mm Kodak Projector	2	\$713.10:
	Medical Kit #4	1	\$167.47:
	Medical Kit #6	20	\$1,162.60:
	Overhead Projector	1	\$199.49:
	AMC Cherokee Jeep	1	\$12,631.00:
	Medical Kit #3	13	\$2,090.66:
	Female Model 36 FPE Sima	2	\$228.98:
	Hyfrecator	1	\$448.00:

III. B. TECHNICAL ASSISTANCE AMONG FPAs

During CY 1987, 32 Regional Staff and volunteers participated in the Technical Assistance Among FPAs Program, which has been made possible under the Matching Grant. The exchange of experience which took place in 1987 allowed FPA Staff and volunteers to experience first hand MEXFAM's recent innovations, to provide technical assistance to other FPAs in the areas of evaluation, I & E, finance, male clinics, and CBD, and to carry out needs assessments of the computer systems of 2 FPAs.

Seven FPA staff visited MEXFAM to see first hand the operation of the "médicos comunitarios" program. To date, the result of these visits are that PROFAMILIA has opened 2 médicos comunitarios clinics in Bogotá, with plans to expand after doing an evaluation; BEMFAM presented a proposal to the Enterprise Program which has not been approved; and we are awaiting a proposal from COF in Bolivia. APROFAM is interested in beginning a similar médicos comunitarios program.

Two very useful technical assistance/needs assessment visits were carried out by our regional FPA systems analysts from the FPAs of Costa Rica, Colombia and Mexico. The visits which were requested by the Executive Directors of the two FPAs (APROFAM/Guatemala and BEMFAM/Brazil), were extremely successful, and provided a thorough analysis of hardware, software, systems, and staff required.

The visit by the Director of Colombia's Male Clinics Program to MEXFAM resulted in a completely restructuring of MEXFAM's Male Clinic.

From Uruguay, the outreach project Director in Montevideo returned from a visit to INPPARES, CBD Programs, and set up a post in the marginal areas of Montevideo.

In the area of evaluation, there were 3 fruitful visits to Brazil, Perú, and Colombia in which service statistics systems were studied, and techniques for evaluation and studies were interchanged.

Overall in 1987, the Technical Assistance Among FPAs Program allowed key FPA executives, as well as front line project staff, to see for themselves innovations in other FPAs, and compare those programs and administrative structures to their own "back home". We cannot stress enough the important contribution this program has made towards improving service delivery programs towards reviving the spirit of the IPPF as a Federation. The person-to-person contact, among colleagues in other FPAs, has really been one of the most visible

(although one of the cheapest) of the Matching Grant Programs from a Regional perspective.

The attached table lists each visit by date, name of traveller and FPA, host FPA, a brief purpose for the trip, and the date AID gave clearance.

III. B. TECHNICAL ASSISTANCE AMONG FPAS

JANUARY 1 - DECEMBER 31, 1987

<u>DATES</u>	<u>VISITOR/FPA</u>	<u>FPA VISITED</u>	<u>PURPOSE</u>	<u>CLEARANCE</u>
4/24 - 5/10	Peter Myers, Vice President JFPA/Jamaica	ADC/Costa Rica BFPA/Barbados	To meet with Executive Directors and Board Members re: role of FPA vis-a-vis strong program, as JFPA is in process of redefining its role in Jamaica relative to National Family Planning Board.	4/10
5/31 - 6/08	Daniel Aspilcueta Coordinator of MG Subprojects INPPARES/Perú	MEXFAM/ Mexico	To see first hand MEXFAM's "Médicos Comunitarios" Approach, with the intention of establishing a similar program in Perú.	5/22
5/29 - 6/07	Héctor Vargas Assistant to Executive Director PROFAMILIA/Colombia	MEXFAM/ Mexico	To see first hand MEXFAM's "Médicos comunitarios" approach with the intention of establishing a similar program in Colombia.	5/27
5/31 - 6/06	Jorge Solorzano Assistant to Medical Director APROFAM/Guatemala	MEXFAM/ Mexico	To see first hand MEXFAM's "Médicos comunitarios" approach with the intention of establishing a similar program in Guatemala.	5/24
7/13 -	Ana Ferrara Evaluation Officer AAPF/Argentina	INPPARES/ Perú	Training in IPPF Evaluation System (PPER)	6/23

7/05 -	Claudia Valladao	MEXFAM/	To observe MEXFAM's	8/20
7/10	Assistant to Executive Director & Special Projects Coordinator BEMFAM/Brazil	Mexico	management and fund- raising practices and learn about FPA's Medicos Populares' Program.	
	Roberto Alcantara Treasurer, Coordinator of Task Force on Restructuring of Program Department			
7/11 -	Claudia Valladao	PPFA	To study service and AIDS	
8/12	Roberto Alcantara	Affiliates USA	Programs.	
8/03 -	Julia Aguayo	APROFAM/	For the 3 educators	4/30
8/07	Arequipa, Project Coordinator	Guatemala	of MG Project in Peru's interior to study APROFAM's training programs for CBD distributors and staff, sterilization and contra- ceptive methods counseling approaches, and information and education materials for clients and staff training.	
	Vilma Villacres Iquitos Project Coordinator			
	Ada Bernuy, Chiclayo Project Educator			
8/03 -	Hernán Caamaño	APROFAM/	To do a needs assessment	8/3
8/07	EDP Director ADC/Costa Rica	Guatemala	of APROFAM's computer system at request of FPA, including structure of systems department, personnel requirements, information storage capacity requirements. Team visit with System Analyst from PROFAMILIA/ Colombia.	
8/3 -	Richard Albán	APROFAM/	To do a needs assessment	8/11
8/7	Systems Analyst PROFAMILIA/Colombia	Guatemala	of APROFAM's Computer System at request of FPA, including of systems department, personnel requirements, information storage capacity. Colombian FPA has experience with similar NCR mini-computer system. Team visit with EDP Director of Costa Rica.	

8/10 - Marcos Ramos 8/14 Systems Analyst	PROFAMILIA/ Colombia	Observation and training 8/20 visit in use of computers for evaluation, planning, and logistics.
8/17 - Gustavo Abdala 8/21 Administrative Director	PROFAMILIA/ Colombia	To participate in the 8/5 Regional Seminar on "Financial administration in an inflationary environment and multiple donors to family planning programs".
8/17 - Carmen Barcenas Escobar, Accountant MEXFAM/Mexico	PROFAMILIA/ Colombia	To participate in the 8/5 Regional Seminar on "Financial Administration in an inflationary environment and multiple donors to family planning programs.
8/17 - Evandro Gomes Director of Finance BEMFAM/Brazil José Milaré Director of Administration	PROFAMILIA/ Colombia	To participate in the 8/5 Regional Seminar on "Financial Administration in an inflationary environment and multiple donors to family planning programs.
8/19 - Alma Rosa Zamora Finance Director MEXFAM/Mexico	PROFAMILIA/ Colombia	To participate in 8/3 PROFAMILIA Regional Finance Seminar on Inflation & multi-donor environment. Exchange information on accounting and financial systems with finance directors of Brazil, Colombia, and Perú's FPAs.
8/24 - Nebel Altez 8/28 CBD Montevideo Project Director AUPFIRH/Uruguay Maria Luisa Aguilar Project Assistant (midwife)	INPPARES/ Perú	To observe CBD projects 8/19 in Lima and Chiclayo especially mobile posts, selection of promoters, work with community, methodo- logy and results of Proyecto INDICA (INPPARES - INOPAL).

8/24 - Gabriel Ojeda 8/29 Evaluation Director	BEMFAM/ Brazil	To exchange experiences in the evaluation of programs and operations research studies.	8/20
9/17 - Theogenis Nogueira 9/23 President BEMFAM/Brazil	PROFAMILIA/ Colombia	To visit PROFAMILIA Clinical & CBD programs in Cartagena and Barranquilla and in Bogotá.	10/8
9/21 - Keith Morrison 9/23 IEC Director JFPA/Jamaica Majorie Anderson IEC Director FPATT/Trinidad	CFPA/Antigua	To study the Caribbean Family Planning Affiliation's Information, Education and Communication activities especially with regard to CFPA's audio-visual and print materials and their develop- ment and integration within national family planning IEC programs of the Eastern Caribbean Countries which focus attention on clinical family planning services provided by the FPA and the Gov't Health Centers.	9/21
9/24 - Keith Morrison 9/25 Majorie Anderson	BFPA/Barbados	To provide travellers with know-how and skills in FPA-specific media planning and public relations activities and CBD-specific consumer oriented communication activities by viewing such activities in the Barbados FPA.	9/21
9/21 - Jewel Quallo 9/25 Executive Director BFLA/Belize Katherine Solomon Executive Director DPPA/Dominica Beverly Dewar Executive Director MFPA/Montserrat	CFPA/Antigua	1. To study Caribbean Family Planning Affiliation's Information, Education and Communication activities especially with regards to CFPA's audio-visual and print materials and their develop- ment and integration within national family planning IEC plans of the Eastern Caribbean countries and the CFPA Family Planning Day Media Campaigns.	9/21

2. To provide the three Executive directors with Management Technical Assistance in the area of family planning program development and evaluation with special attention to FPA size and client target population.

<p>11/2 - Cecilia Cadavid 11/6 Director "Clinica Para El Hombre". PROFAMILIA/Colombia</p>	<p>MEXFAM/ Mexico</p>	<p>At request of MEXFAM 11/9 to provide technical assistance in the organization of MEXFAM's Male Clinic in Mexico City which opened in January, 1987, and provides vasectomy and male health services, with a view to improvement and replication to other cities.</p>
<p>11/2 - Luis Llano Executive Director COF/Bolivia Felix Sanchez Medical Director COF/Bolivia</p>	<p>MEXFAM/ Mexico</p>	<p>To study Médicos 11/9 Comunitarios approach with intention of establish- ing a similar program in Bolivia.</p>
<p>11/23- Xavier Gonzalez 11/27 Information and Systems Director MEXFAM/Mexico</p>	<p>BEMFAM/ Brazil</p>	<p>At BEMFAM's request 11/5 to carry out a review of BEMFAM's existing computer systems (hardware & software) and to design a computer based systems model linking the financial, programmatic and administrative areas to provide more timely information for management decisions.</p>

III. C. MANAGEMENT INFORMATION SYSTEMS

During November and December, 1987, the IPPF-WHR provided two planning, budgeting and reporting courses at the Asociación Demográfica Costarricense (ADC) for 31 FPA staff members. ADC was identified as the most appropriate site due to the FPA's expertise in microcomputer and FPA office automation, its central geographic location facilitating travel arrangements, and relative low cost as compared to established training sites located in major US cities.

The selected course participants were Program and Finance Administrators from 17 Spanish speaking IPPF-WHR affiliates. This nine-day course introduced FPA staff to the use of microcomputer hardware and software programs, planning, budgeting and reporting capabilities. Participants found the use of Superproject's resource scheduling and allocation software particularly useful for the preparation of grant and pert charts, required in project presentations to donors. IPPF presented an application written under Symphony which utilizes the software's integrated spreadsheets and word processing capabilities to compile the financial, service statistics, and narrative forms required under the IPPF's Program, Planning, Budgeting and Reporting (PPBR) system. Participants reviewed this application and provided specific recommendations in order to improve the software's performance and ease of use. Follow-up on this training will take place in 1988.

In conjunction with this training, at the Matching Grant provided funds for the local purchase or US shipment of microcomputers to 14 FPAs for use by the program planning and coordination departments. The Recipients of this equipment were the FPA's of Argentina, Barbados, Brazil, Chile, Colombia, Mexico, Panama, Perú, and Uruguay. IPPF-WHR received technical clearance for acquisition of these AT-class microcomputers from the Information Resource Management section of USAID in July of 1988, permitting use of the machines in those affiliates where IBM-PC compatible equipment did not exist or was not accessible to the program planning department. All FPA's are responsible for obtaining local maintenance contracts for the equipment. IPPF-WHR will follow up on the computer use and additional staff training requirements of these FPA's during the first half of 1988.

During the 4th quarter of 1987, IPPF-WHR identified a fund accounting and budget software package that will be used in the 1988 accounting workshop. The software from TECAPRO, a Costa Rica management firm, provides all software documentation and screen displays in Spanish. Participants at the November/December PPBR microcomputer course held in Costa Rica will be invited to return in 1988 for this follow-

up accounting workshop. This software will greatly enhance the affiliates' abilities to track project costs against donor attributable income.

Lastly, it should be mentioned that PPBR course participants received a demonstration of computer telecommunications. IPPF-WHR signed onto the Computer Science Corporation's electronic mail service, known as INFONET, in order to begin the transfer of messages, telexes and computer files among computer users in the IPPF-WHR electronic mail community. The Costa Rican FPA was the first installed site on the service. Course participants expressed great interest in obtaining this service for their newly installed computers. The electronic mail service will result in significant communications savings as more affiliates are added, and will facilitate the timely communication of reports, budgets and proposals.

III. D. EVALUATION SUPPORT

Progress in this area was limited by the resignation of the Project Evaluation Officer in July, and by our inability to appoint a suitable replacement before the end of the year. For this reason only one of the scheduled 4 client studies was begun, and the Couple-years of Protection Manual was not finished. On the other hand, the workshop of Latin American Evaluation Directors was held in Costa Rica in November, and was very successful.

In Mexico, MEXFAM contracted IMES to conduct its client survey, and interim findings about the Community Doctors project have already led the FPA to change administrative and financial arrangements in this project. A final report is expected during the first quarter of 1988. The implementation of additional client studies will begin after the arrival of the new Project Evaluation Officer, in March, 1988.

Attachment C lists the conclusions and recommendations of the Evaluation Workshop held in Costa Rica, with Evaluation Directors from 19 Central and South American FPAs. The two main areas discussed were:

1. The homogenization of New Acceptor and CYP indicators.
2. The use of computers in Evaluation.

There was time during this workshop for frank discussion of past problems with FPA service statistics, and hands-on experience with computer-based techniques.

IV. ADMINISTRATION

A. General Comments

As the Summary Financial Report reveals, Administration accounted for only 5.3% of MG expenses in 1987, a feat that was only possible because of the constant support MG staff receive from other members of the WHR staff, and because the MG is operating through well-managed FPAs that do not need much hand-holding. In short, the MG is a project where the vast majority of funding winds up at the FPA level (82.8%) or in regional support activities of direct benefit to FPAs (8.3%).

All components of the Administration budget were underspent in 1987 and, consequently, indirect costs were also well below their budgeted level.

IV. B. IPPF/WHR STAFF TRAVEL UNDER THE MATCHING GRANT

JANUARY 1 - DECEMBER 31, 1987

<u>DATE</u>	<u>FPA/COUNTRY</u>	<u>PERSON(S)</u>	<u>PURPOSE</u>	<u>AID CONCURRENCE</u>
01/19 - 01/22	AID/WASH	Hernán Sanhueza Regional Director Laura Smit Project Officer Sarita Kumar Supplies Officer	Attend Cooperating Agencies Meeting	
02/06	AID/WASH	Carlos Maravilla Project Financial Officer		
02/8-21	MEXFAM/ Mexico	Carlos Maravilla Project Financial Officer	To review financial implementation of the Matching Grant during the first year.	2/10
03/8-14	FPATT/ Trinidad	Laura Smit Project Officer Louis Werner Evaluation Officer	Observe implementation of MG Subproject, meet FPA staff, discuss possible client satisfaction study, review service statistics to more accurately measure project impact.	2/24
03/9-14	FPATT/ Trinidad	Leslie Varkonyi	Install IBM-AT computer; assist Executive Director in setting priorities for computer training and software implementation; introduce word processing and spreadsheet programs.	2/24

03/15-21	APROFA/Chile	Carlos Maravilla Sarita Kumar Project Supplies Officer	Review Financial implementation of the MG Subproject.	2/03
03/22-28	INPPARES/ Peru	Carlos Maravilla	Review Financial implementation of the MG Subproject.	3/30
03/30 - 04/03	MEXFAM/ Mexico	Louis Werner	Discuss client satis- faction study. Examine causes of variability in subproject quarterly report.	3/30
04/07	AID/WASH	Laura Smit	Meet w/Barbara Kennedy, Charles Habis, Connie Carrino to review proposal for Five Year Matching Grant Renewal.	4/24
05/06	AID/WASH	Louis Werner	Meet with Charles Habis to discuss client satisfaction studies and intermediate indicators for MG Projects.	6/11
05/11- 05/22	BEMFAM/ Brazil	Robert McLaughlin Laura Smit Carlos Maravilla	To visit MG Subprojects, monitor implementation of subprojects, discuss future activities under MG, monitor expenditures and financial reports.	5/5
05/27 - 05/29	AUPFIRH/ Uruguay	Laura Smit	First visit to review implementation of Matching Grant Subprojects.	5/11
06/14 - 06/16	AID/WASH	Laura Smit	To attend annual NCIH International Health Conference; topic: influencing Health Behavior: communication, Education, Marketing	6/12

07/06 - 07/10	INPPARES/ Peru	Louis Werner	Discuss design and execution of MG-Funded client satisfaction study at Patres Clinic.	8/20
08/10 - 08/14	PROFAMILIA/ Colombia	Laura Smit	To visit MG Sub-Projects in Bogotá, Barranquilla, Cartagena and Sincelejo, review implementation of projects with PROFAMILIA, and proposal for FY 1988.	8/14
09/07 - 09/18	BEMFAM/ Brazil	Sarita Kumar	To review BEMFAM's Logistical System and contraceptive need for 1988.	7/11
09/09 - 09/11	AUPIRH/ Uruguay	María Gutiérrez Financial Analyst	To review the financial implementation of the MG Projects and close the 1st year of operations.	8/7
09/11	CDC Atlanta/ Georgia	Lilia Cuervo Evaluation & Research Associate, IPPF/WHR	To Coordinate the participation of Leo Morris and other staff in the First Hemispheric Evaluation Workshop of IPPF/WHR affiliates to be held in November with Matching Grant funds.	9/2
09/14 and 09/17	AID/WASH	Laura Smit	Meet with Barbara Kennedy about Brazil	9/28
10/07	AID/WASH	Laura Smit Carlos Maravilla Sarita Kumar Jesús Amadeo Milo Schaub	To attend MG Planning Meeting at Population Reference Bureau with Charles Habis to discuss FY 1988 Work Plan (15 months).	

11/01 - 11/05	JFPA/ Jamaica	Laura Smit	Preliminary visit to discuss Preparation of a Matching Grant CBD Sub-Project with the Jamaica Family Planning Association. 10/29
11/16 - 11/20	San José/ Costa Rica	Robert McLaughlin Laura Smit Sarita Kumar Lilia Cuervo Jesús Amadeo Leslie Varkonyi	To participate in Latin American Evaluator's Workshop.
11/21 - 11/24 & 12/6 - 12/16	San José/ Costa Rica	Jesús Amadeo	To participate in the IPPF/WHR Regional Seminar on IPPF/WHR Program, Planning, Budgeting, and Reporting System (PPBR) using micro-computers. The Workshop instructs participants in the use of Symphony and SuperProject Expert micro-computer software to prepare IPPF-WHR Three Year Plan, Work Program Budget, Half Year and Annual Report documents. Attending FPA staff members will chart and schedule project tasks and resource requirements using the micro-computer. Case studies and seminar materials are based on IPPF-WHR planning, budgeting, and reporting documents previously submitted by family planning associations to WHR. 12/09
11/21 - 11/24		Humberto Arango	
11/30 - 12/16		Leslie Varkonyi	
12/06 - 12/13		Francisco Ramirez	
12/15 - 12/16		Marie Infante	

IV. C. STAFF TIME USED FOR MATCHING GRANT ACTIVITIES

PROJECT STAFF/CONSULTANTS/ OTHER STAFF	TOTAL HOURS WORKED				1987
	I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC	TOTAL HOURS
I. DIRECT COST					
A. PROJECT STAFF					
R. MCLAUGHLIN	314.0	305.0	218.0	344.0	1,181.0
C. MARAVILLA	371.0	392.0	266.0	343.0	1,372.0
L. SMIT	423.5	448.0	385.0	333.0	1,589.5
L. WERNER	378.0	381.5	140.0	.0	899.5
S. CHANDRAHAS	423.5	385.0	427.0	392.0	1,627.5
S. JIMENEZ	329.0	402.5	388.5	336.0	1,456.0
F. GONZALEZ	.0	.0	.0	74.0	74.0
SUB-TOTAL	2,339.0	2,314.0	1,824.5	1,822.0	8,199.5
B. CONSULTANTS/HHR STAFF					
L. STEWART	10.5	.0	.0	2.0	12.5
D. BERTZELETOS	6.0	.0	.0	.0	6.0
H. MARTINEZ	59.5	.0	.0	.0	59.5
L. CUERVO	17.5	10.5	115.0	111.0	254.0
R. JAIMES	1.0	14.0	.0	.0	15.0
M. INFANTE	5.0	38.0	20.0	10.5	73.5
H. ARANGO		3.5	.0	28.0	31.5
L. VARKONYI		.0	.0	317.0	317.0
J. HELZNER		.0	.0	5.0	5.0
SUB-TOTAL	99.5	66.0	135.0	473.5	774.0
TOTAL DIRECT COST	2,338.5	2,380.0	1,959.5	2,295.5	8,973.5
III. OVERHEAD POOL					
H. SANHUEZA					
T. HECHT					
S. GARZON					
E. MARTINEZ					
C. GOMEZ					
G. TORNES					
L. HERNANDEZ					
R. HERNANDEZ					
A. HARVAEZ					
J. AMADEO					
L. VARKONYI					
M. GUTIERREZ					
B. CRUZ					
V. RIMANDO					
V. IBE					

V. MATCHING GRANT SUMMARY FINANCIAL REPORT
 CALENDAR YEARS 1986- 1987

A.I.D. MATCHING GRANTS DPE-3043-G-SS-5067-00 DPE-3043-G-SS-7062-00	QUARTERLY ACHIEVEMENT				1987 TOTAL	% CHANGE 1986-1987	ITEM% OF 1987-TOT.	
	1986 TOTAL	I JAN-MAR	II APRIL-JUN	III JULY-SEPT				IV OCT-DEC
I- SUPPORT TO FPAS								
1- BRAZIL	1,780,079.98	358,648.90	493,067.96	429,726.32	233,231.35	1,514,674.53	-14.91%	23.62%
2- COLOMBIA	1,737,386.01	412,145.02	423,338.38	460,530.12	595,711.98	1,891,725.50	8.88%	29.50%
3- MEXICO	1,149,146.01	172,514.34	338,759.65	221,118.12	444,226.41	1,176,618.52	2.39%	18.35%
SUB TOTAL	4,666,612.00	943,308.26	1,255,165.99	1,111,374.56	1,273,169.74	4,583,018.55	-1.79%	71.46%
4- ARGENTINA	54,811.01	.00	.00	.00	.00	.00	-100.00%	.00%
5- CHILE	100,513.75	59,876.23	60,788.52	101,590.02	45,993.61	268,248.38	166.88%	4.18%
6- GUATEMALA	20,436.62	.00	19,420.18	56,733.14	3,015.48	79,168.80	287.39%	1.23%
7- PANAMA	.00	.00	.00	10,275.62	24,693.67	34,969.29	100.00%	.55%
8- PERU	103,528.30	20,306.61	48,139.45	91,475.59	.00	159,921.65	54.47%	2.49%
9- TRINIDAD TOBAGO	30,504.15	13,179.72	25,511.09	50,416.34	12,605.13	101,712.28	233.44%	1.59%
10- URUGUAY	37,619.00	15,222.81	17,787.87	27,536.24	22,573.72	83,120.69	120.95%	1.30%
11- OTHER FPAS	.00	.00	.00	.00	.00	.00		.00%
SUB TOTAL	347,412.83	108,585.37	171,647.11	338,027.00	198,881.61	727,141.09	109.30%	11.34%
TOTAL SUPPORT TO FPAS	5,014,024.83	1,051,893.63	1,426,813.10	1,449,401.56	1,382,051.35	5,310,159.64	5.91%	82.79%
II- REGIONAL ACTIVITIES								
12- COMMODITIES	99,031.87	32,910.31	27,907.71	31,304.61	69,485.53	161,608.16	63.19%	2.52%
13- TECHNICAL ASSISTANCE AMONG FPAS	61,816.14	1,120.00	4,943.97	34,100.60	15,090.13	55,254.70	-10.61%	.86%
14- MANAGEMENT INFORMATION SYSTEMS	.00	.00	.00	.00	278,854.28	278,854.28	100.00%	4.35%
15- EVALUATION SUPPORT	30,855.58	17.28	.00	.00	38,932.22	38,949.50	26.23%	.61%
SUB TOTAL	191,703.59	34,047.59	32,851.68	65,405.21	402,362.16	534,666.64	178.90%	8.34%
III- ADMINISTRATION								
16- SALARIES AND FRINGE BENEFITS	289,960.83	71,510.98	66,848.94	68,863.54	61,050.70	268,274.16	-7.48%	4.18%
17- CONSULTANTS	58,453.05	3,632.16	3,265.73	4,891.89	19,074.28	30,864.06	-47.20%	.48%
18- TRAVEL AND PERDIEM	81,727.56	14,283.06	8,699.63	5,991.51	14,936.90	43,911.10	-46.27%	.68%
19- OFFICE EQUIPMENT	33,515.10	.00	.00	.00	.00	.00	-100.00%	.00%
SUB TOTAL	463,656.54	89,426.20	78,814.30	79,746.94	95,061.88	343,049.32	-26.01%	5.35%
IV- INDIRECT COSTS	260,025.32	54,765.02	52,515.89	55,242.80	63,291.03	225,814.74	-13.16%	3.52%
GRAND TOTAL	5,929,410.28	1,230,132.44	1,590,994.97	1,649,796.51	1,942,766.42	6,413,690.34	8.17%	100.00%

VI. ANNUAL REPORT ON REQUESTS FOR ABORTION INFORMATION

A "Request for Abortion Information" is defined as "passively responding to a question regarding whether a safe, legal abortion may be obtained if the question is asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely."

The nine Sub-Grantees incurring expenses under the Matching Grant during Calendar Year 1987 received no such requests during the year:

1. BEMFAM/Brazil
2. PROFAMILIA/Colombia
3. MEXFAM/Mexico
4. APROFA/Chile
5. APROFAM/Guatemala
6. APLAFA/Panama
7. INPPARES/Peru
8. FPATT/Trinidad & Tobago
9. AUPFIRH/Uruguay

MATCHING GRANT
 EXPANSION AND IMPROVEMENT OF FAMILY PLANNING PROGRAMS IN
 LATIN AMERICA AND THE CARRIBEAN

QUARTERLY SERVICE STATISTICS REPORT

FPA: _____ PERIOD: _____

SUB-PROJECT/ACTIVITY: _____

NEW ACCEPTORS, VISITS, CONTRACEPTIVES DISTRIBUTED, AND COUPLE YEARS OF PROTECTION

METHOD	NEW ACCEPTORS	ALL ACCEPTORS		CONVERSION FACTORS*	COUPLE YEARS OF PROTECTION
		VISITS	CONTRACEPTIVES DISTRIBUTED		
Sterilization- masc.		*****			
Sterilization- fem.		*****			
Subdermal Implants					
IUDs					
Injectables (1cc)					
Orals (cycle)					
Diaphragm (one)					
Condoms (100)					
Foam (can)					
Jelly (tube)					
Neo-Sampoon (tube)					
Periodic Abstinence		*****	*****	*****	*****
TOTAL		*****	*****	*****	*****

If FPA-specific conversion factors are not yet determined, regional factors used by IPPF/WHO can be applied.

Sterilization by acceptor	12.5	Diaphragms	1.0
Subdermal Implants	5.0	Condoms (100)	1.0
IUD	2.5	Foam (can)	.2
Injectables	.25	Jelly (tube)	.2
Orals (cycle)	.0769	Neo-Sampoon (tube)	.2

FIRST WORKSHOP OF EVALUATION OF LATIN AMERICA FAMILY PLANNING
ASSOCIATIONS AFFILIATED TO THE IPPF/WHR

San José, Costa Rica, November 15-20, 1987

Conclusions and recommendations

AREAS OF INTEREST

During the workshop the following two main topics were discussed:

- A) Homogenization of the indicators Acceptors and Couple Years of Protection (CYP).
 - B) Use of computers in Evaluation.
- A. There were several activities and discussions regarding homogenization of basic indicators used to measure the FPAs' work. Also the forms to be adopted by the IPPF for the recording of service statistics in the PPBR system, were presented to the Committee for their familiarization, criticisms and comments.

Conclusions

1. All the FPAs affiliated to IPPF must use the definition of new acceptor given by this organization when reporting their data to the IPPF, notwithstanding the use of another definition in their internal programs to satisfy philosophical and/or other donors' requirements.
2. The concept of new acceptor extends to that particular instance in which a client using an IUD inserted by another service -outside the FPA- visits the clinic of the FPA for the first time to continue her check-ups there.
3. If the contraceptives are supplied through the FPA's clinical services without a medical consultation and without completing a medical history (sold over the counter) these supplies are considered to be under the commercial project and, in such cases, the user should not be classified as a new acceptor.
4. In an established, periodic counselling or orientation program within the FPA's clinic, a client is classified as a new acceptor when provided with contraceptives and a medical history is opened even if the acceptor is not seen by a doctor.
5. In order to reach a maximum of homogeneity and accuracy in the use of the concept of new acceptor, it was determined that any overcounting caused by the erroneous application of the concept is unacceptable, but not so the under counting due to the application of a definition which, even though a stricter one, does not violate the basic concept given by the IPPF.

56'

THE BEST \$10 ANY WOMAN COULD SPEND!

Just \$10 gives you registration for one year personal counselling from our nurses and doctor's examination, information on family life education, and contraceptive supplies for both men and women - all free of charge.

Please drop in and talk.
We're here 7 a.m. to 4:30 p.m.

THE FAMILY PLANNING ASSOCIATION

PORT OF SPAIN SAN FERNANDO
143 Henry Street 6A Lord Street
Tel: 624-5576 Tel: 652-3065

NO MORE ASKING FOR TIME OFF

Our Port of Spain clinic is now open from 7 a.m. every weekday so that you can come in before work.

And remember, just \$10 gives you registration for one year, with free contraceptive supplies.

Please drop in and talk.
We're here till 4:30 p.m.

THE FAMILY PLANNING ASSOCIATION

PLEASE DROP IN AND TALK

Whether it is about your most personal concerns or your family's well being:

- * Our Port of Spain clinic is now open from 7 a.m. every weekday - come in before work
- * \$10 gives you registration for one year
- * You get personal counselling, doctor's examinations, information on family life education, and contraceptive supplies for both men and women - free of charge

And we provide permanent contraception and infertility investigations for both sexes, as well as Pap Smears and Pregnancy Tests, at nominal cost.



THE FAMILY PLANNING ASSOCIATION

PORT OF SPAIN SAN FERNANDO
143 Henry Street 6A Lord Street
Tel: 624-5576 Tel: 652-3065
7:00 am - 4:30 pm 8:30 am - 4:30 pm

TOBAGO

Scarborough Health Centre,
Robinson Street, Tel: 639-6892
8:30 am - 4:30 pm

Our service is completely confidential
and our nurses and doctors
fully trained and experienced.

6. The Associations affiliated to the IPPF will use the Couple Years of Protection (CYP) Index, as another indicator of program achievement.
7. It was agreed that each FPA may apply the concepts of drop-out, re-admissions and change of contraceptive method, according to its own criterion. Taking into consideration that the drop-out ratio is an important factor, it was suggested that special studies be carried out to determine the reasons.

Arguments: Reasons why some FPAs have discontinued using the concepts of drop-out, re-admission and change of method:

- a) because the time taken-up in the collection of these statistical data have a bearing on the quality of the service,
 - b) the drop-out index does not always reflect reality. A user happy with his/her method often does not comeback for check-ups. In such a case, the user would no longer be active and would be classified as a drop-out by the FPA.
 - c) it was considered that if the CYP achievement decreases, it is clear evidence that dropping-out is occurring thus making it unnecessary to check drop-out levels through daily statistical recording.
8. It was agreed that voluntary sterilizations done by the Associations or referred to other institutions and/or private doctors, will be reported as sterilizations performed only when:
 - a) the USER has signed an informed consent document in accordance with the requirements established by the IPPF and the laws of his/her country regarding voluntary sterilization,
 - b) the ASSOCIATION is absolutely sure that this informed consent document is in the files and is at the FPA's disposal.
 9. All the FPAs that provide sterilization, should calculate their own conversion factors for this method, based on the age distribution of the acceptors.

Recommendations

1. That the FPAs use the conversion factors suggested by the IPPF/WHR until they can prove that they have other factors more adequate to reflect the real conditions existing in their respective countries.
2. It was decided to use as the conversion factor for the natural family planning method and for coitus interruptus, the product of the continuation and failure rates observed. For the natural method the studies by Laing in the Philippines and the Universidad Javeriana of Colombia, resulted in a conversion factor of 0.35. Laing's study was also used

for the coitus interrupts factor since it is the only one based on the experience of developing countries that provide both rates. The result for this method is 0.20.

3. Taking the concept of homogenization in a wider sense, it was recommended that IPPF/WHR consider asking the Regional Technical Evaluation Committee to collaborate in developing the Manual of Evaluation Policies for the FPAs' programs and projects.
4. It was recommended to IPPF that in the new service statistic tables:
 - a) add an space in Table S1 for 1 month dose of injectables;
 - b) modify Table S5, to make it similar to Table S4 used by WHR where columns are provided for commercial projects;
 - c) obtain information on contraceptives given to the clients and not to the distributors.
5. In regards to the use of computers in the evaluation of the FPA's service delivery programs, information and demonstrations were given on the advantages of implementing a computerized system in each of the FPAs. There were also presentations of experiences and studies carried out by the Colombia, Costa Rica, Honduras, Mexico and Dominican Republic Associations. The MacArthur clinic management package and the supplies management package of CDC and AID were critically examined. The following recommendations were made in this area:

Recommendations

1. That the more advanced FPAs in the implementation of computer systems become resources for the training of other FPAs.
2. In view of the variety of "electronic packages" available for the management of supplies --such as the systems designed for CDC and ADC-- it was recommended that the FPAs adopt the system more adequate to their own needs.
3. For the MacArthur package, it was recommended:
 - to use the well known five year age groups distribution 15-19, 20-24, etc.;
 - to use the term "new user" instead of acceptor whenever pertinent;
 - to give a clearer descriptive name to the tables and to provide enough space to indicate the month or the recording period.

FUTURE OF THE TECHNICAL EVALUATION COMMITTEE

The following conclusions and recommendations were adopted regarding the future composition and activities of the Technical Evaluation Committee:

Conclusions

1. The agenda and/or topics suggested for the next meeting were:
 - a) Evaluation of the impact of training activities through follow-up studies, complementing the traditional methods of pre-test and post-test,
 - b) discussion of the evaluation of young adults related activities;
 - c) analysis of the evaluation function of different organizational models of the FPAs. For this topic, the participation of the Executive Directors is considered appropriate.
 - d) usefulness of the use of computers in the practical evaluation of the FPAs' programs and projects;
 - e) discussion of indicators of quality of service, and analysis of patient flow and client satisfaction studies conducted by the FPAs.
2. The IPPF/WHO will be responsible for making available the results of important investigations and evaluations undertaken by the FPAs. This will be done through the Matching Grant Evaluation Officer.
3. The Evaluation Directors of the Costa Rica (ADC), Bolivia (COF), and Peru (INPPARES) associations manifested interest in repeating the comparative study CMP (Couple-Months-of Protection) vs Active Users. Lilia Cuervo and Leo Morris will act as coordinators and advisors of the activities generated by this study.
4. The representatives from Chile (APROFA), El Salvador (ADS), Perú (INPPARES) and Uruguay (AUPFIRH), have accepted to study in collaboration with other interested colleagues, the methodology or strategies for the collection or estimation of data on acceptors and contraceptives distributed to clients through: "Other Programs", "Commercial Outlets" and "Private Doctors or Collaborators", respectively. It was established that all the studies presented be available to the Evaluation Directors for their study, two (2) months prior to the next meeting.
5. The Central America Technical Evaluation Committee was combined by unanimous vote with the South America Evaluation Group to form the Latin America Technical Evaluation Committee
6. It was agreed that -as in previous Technical Evaluation Committee meetings of the WHO/FPAs- the Executive Director of the host FPA act as President of the Committee for that meeting. Also Dr. Roberto Santiso was ratified as Honorary President.

7. It was also decided that a Permanent Technical Advisory Group to the Committee be named, initially composed by Dr. Leo Morris and Dr. Richard Monteith of CDC, Atlanta, and Jesus Amadeo and Robert MacLaughlin of IPPF/WHR.
8. Lilia Inés Cuervo, Evaluation and Research Associate of WHR/RO will continue as the Committee's Technical and Administrative Coordinator.

Recommendations

1. That all the FPAs of the IPPF/WHR continue establishing units and/or strengthening the evaluation functions.
2. That IPPF/WHR continue with the Technical Assistance among FPAs Project for the staff of the Evaluation Units. This exchange should be done through appropriate personnel identified by the FPAs. Not only by sending technicians to advise a particular FPA, but by allowing those interested in benefiting through observation trips also.
3. To plan and develop evaluation and research studies at the regional and sub-regional levels.
4. That the next meeting be held in Brazil, accepting both the kind invitation of Dr. Marcio Schiavo and the results of the votes taken, (11 in favor). As second and third options were Puerto Rico (6 votes) and Bolivia and Ecuador (1 vote each)
5. Recognizing that Evaluation is, or could be an important instrument in program management (meaning by this not only the EXPANSION of programs but, primarily, their IMPROVEMENT), the Committee unanimously adopted the suggestion made by its Honorary President, Dr. Santiso, to invite interested Executive Directors, to participate in the sessions where the importance of evaluation as a management tool is going to be analyzed.
6. The Committee unanimously recommended to invite the Evaluation Director of the Cuban FPA and the Executive Directors of selected Caribbean FPAs to participate in the next meeting.

ACKNOWLEDGEMENTS

The FPAs/WHR Technical Evaluation Committee wishes to express its appreciation to the FPA of Costa Rica for its hospitality and collaboration extended to all the members of the Committee meeting here in San Jose, Costa Rica.

The Technical Committee also wishes to acknowledge the valuable contribution given by IPPF/WHR through the Matching Grant Project, that made possible this First Workshop of Evaluation Directors of Latin American FPAs. This facilitated the continuation and expansion of the work heretofore undertaken by the former Central America Technical Evaluation Committee and the South America Evaluation Group.

SUB-GRANTS TO FPAs UNDER THE MATCHING GRANT

A. SUB-GRANTS: JANUARY 1 - SEPTEMBER 30, 1987

<u>FPA/Countr</u>	<u>Periods of Sub-Grants</u>	<u>Amount</u>	<u>Activities</u>
BEMFAM/ Brazil	Jan 1 - May 31, 1987 (Brazil/3)	\$ 719,010	1. CBD in Bahia 2. CBD in Piaui 3. CBD in Santa Catarina
	Jun 1 - Sept 30, 1987 (Brazil/4)	\$ 533,603	4. CBD in Rio de Janeiro 5. CBD in Ceara 6. Reference Clinic 7. 6 Demonstration Clinics 8. 4 Support Clinics 9. Center for Educational Activities
PROFAMILIA/ Colombia	Jan 1 - May 31, 1987 (Colombia/3)	\$ 735,180	1. Voluntary Sterilization 2. 4 New Clinics 3. 3 Existing Clinics
	Jun 1 - Sept 30, 1987 (Colombia/4)	\$ 677,433	4. 10 Outlying Centers 5. Information & Education
MEXFAM/ Mexico	Jan 1 - June 30, 1987 (Mexico/3)	\$ 744,750	1. FP in Marginal Areas of Mexico City 2. FP in 8 Mexican Cities
	July 1 - Sept 30, 1987 (Mexico/4)	\$ 106,094	3. FP in 6 Mexican Cities 4. FP in Rural Areas 5. Intensive Service Delivery in Mexico City 6. FP in Cooperation with Universities
APROFA/ Chile	Jan 1 - Sept 30, 1987 (Chile/3)	\$ 184,903	FP Services through Red Cross Clinics
APROFAM/ Guatemala	Jan 1 - Sept 30, 1987 (Guatemala/2)	\$ 142,608	Training in Sterilization Techniques

<u>FPA/Country</u>	<u>Periods of Sub-Grants</u>	<u>Amount</u>	<u>Activities</u>
APLAFA/ Panama	Jun 15 - Sept 30, 1987	\$ 38,148	1. FP services through Fire Department 2. David Clinic
INPPARES/ Peru	Jan 1 - Sept 30, 1987 (Peru/3)	\$ 154,294	1. Expansion of CBD/ Clinical Network (Chiclayo, Iquitos, Arequipa) 2. Patres Clinic
FPATT/ Trinidad & Tobago	Jan 1 - Sept 30, 1987 (Trinidad & Tobago/3)	\$ 84,956	Expansion of Contra- contraceptive services
AUPFIRH/ Uruguay	Oct 1 - Dec 31, 1986 (Uruguay/4)	\$ 66,065	1. FP Services through MOH Rural Health Teams 2. CBD in Marginal Areas of Montevideo
TOTAL SUB-GRANTS		\$4,187,044	

B. SUB-GRANTS: OCTOBER 1 - DECEMBER 31, 1987 *
(Included in 15-month Sub-Grant ending December 1988)

BEMFAM/ Brazil	Oct 1 - Dec 31, 1988 (Brazil/5)	\$1,588,331	1. CBD Piaui 2. CBD Rio 3. CBD Ceara 4. CBD Santa Catarina 5. CBD Bahia 6. CBD Pernambuco 7. Olinda Clinic 8. Recife Clinic 9. Meier Clinic 10. Fortaleza 420 Clinic 11. Fortaleza 426 Clinic 12. Chapeco clinic 13. Salvador Clinic
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<u>FPA/Country</u>	<u>Periods of Sub-Grants</u>	<u>Amount</u>	<u>Activities</u>
PROFAMILIA/ Colombia	Oct 1 - Dec 31, 1988 (Colombia/5)	\$1,838,300	1. Voluntary Sterilization 2. 4 New Clinics 3. 3 Existing Clinics 4. 10 Outlying Centers
MEXFAM/ Mexico	Oct 1 - Dec 31, 1988 (Mexico/5)	\$1,529,200	1. Areas of Intensive Promotion 2. FP Centers 3. Institutional Support 4. Rural Activation Programs 5. Male and Special Programs
APROFA/ Chile	Oct 1 - Dec 31, 1988 (Chile/4)	\$ 234,200	FP Services through Red Cross Clinics
APROFAM/ Guatemala	Oct 1 - Dec 31, 1988 (Guatemala/3)	\$ 121,700	Training in Sterilization Techniques.
APLAFA/ Panama	Oct 1 - Dec 31, 1988 (Panama/2)	\$ 98,000	Not yet approved.
INPPARES/ Peru	Oct 1 - Dec 31, 1988 (Peru/4)	\$ 321,779	Not yet approved.
FPATT/ Trinidad	Oct 1 - Dec 31, 1988 (Trinidad/4)	\$ 129,169	Expansion of Contraceptive Services
AUPFIRH/ Uruguay	Oct 1 - Dec 31, 1988 (Uruguay/5)	\$ 121,700	1. FP Services through MOH Rural Health Teams 2. CBD in Marginal Areas of Montevideo

* See Expenditure information for actual amounts of 15 month Sub-grants spent between October 1 - December 31, 1987