

1986
ANNUAL REPORT OF THE INTERNATIONAL PROGRAMS

MAR 21 1986 of the

ASSOCIATION FOR
VOLUNTARY SURGICAL CONTRACEPTION

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for activities conducted under
Cooperative Agreement DPE-0968-A-00-2001-00
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- Hugo Hoogenboom
Executive Director
- Terrence Jezowski
Director, International
Programs Division
- Lynn Bakamjian
Deputy Director,
International Programs
Division

PREFACE

This annual report of the Association for Voluntary Surgical Contraception (AVSC) is submitted to the Agency for International Development (AID) to fulfill reporting requirements of Cooperative Agreement DPE-0968-A-00-2001-00. This report describes AVSC's international activities conducted during the period January 1 to December 31, 1986, and reflects the total international effort by AVSC regardless of funding source (AID-central, AID-bilateral, or private).

AVSC's international program would not be possible without the collaboration of numerous individuals and organizations, especially AVSC projects and their staff whose work represents AVSC's real achievements. Appreciation and gratitude are extended to AID for its continued financial assistance; to AVSC's Board of Directors, especially the International and Executive Committees, whose interest and guidance are invaluable; and finally, to the professional and support staff at AVSC headquarters in New York and the field offices in Bogota, Dhaka, Lagos, Mexico City, Nairobi, and Tunis.

Special thanks are due to those who helped with the production of the 1986 report: to AVSC staff who contributed information on their activities and programs; to Dana Evans, who tabulated the statistical data; to Lorrie Fritz for writing Chapter 2 and completing the tables for Chapter 3; to Millie Rondon and Thomasina Grace who cheerfully typed and retyped the many drafts; to Pam Harper for her support, guidance, and patience during the laborious editing process; to Dore Hollander for copy editing the manuscript; to Linda Levine for preparing the figures; and to Lynn Bakamjian for coordinating (and finally completing) the overall effort.

Terrence Jezowski
New York

ASSOCIATION FOR VOLUNTARY SURGICAL CONTRACEPTION

The Association for Voluntary Surgical Contraception began in 1943 out of the simple conviction that men and women should have the choice of surgical contraception available to them as a method of family planning. We are a nonprofit membership organization.

In recent years, people have become more aware of how excessive childbearing can endanger the health of women and children and how rapid population growth throughout the world affects all our lives. These concerns have affirmed the continuing need for AVSC, whose fundamental aim has been, and remains, to allow people everywhere access to safe and effective voluntary surgical contraception.

From 1943 until 1972, AVSC worked only in the United States, taking the lead to ensure the right of each individual to choose voluntary sterilization as a method of birth control. In 1972, AVSC began its international program. Today we can point to programs in 60 countries in addition to our own, that directly touch the lives of hundreds of thousands of people and indirectly touch millions more.

Education. AVSC educates the general public and professionals about voluntary sterilization. We serve as an informational clearinghouse for individuals, medical personnel, professional journals, newspapers, magazines, and psychiatric, social welfare, and legal agencies.

Research. AVSC initiates and monitors fact-finding studies on medical, legal, psychological, ethical, socioeconomic, and public health aspects of voluntary sterilization. We support research and evaluation that will help make services safer, more effective, and more widely used.

Services. AVSC helps developing countries introduce or expand voluntary sterilization services as an integral part of their health and family planning programs. We support the establishment and operation of clinic services with direct financial subsidies, equipment, training, technical assistance, and educational materials. Our programs complement the work of other family planning organizations and are often administered in collaboration with those agencies.

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CHAPTER 1

INTRODUCTION

The purpose of AVSC's cooperative agreement with the Agency for International Development (AID) is "to carry out a program to increase the number of developing countries in which high-quality voluntary sterilization services are institutionalized and routinely accessible to the majority of the population and to increase the number of developing countries in which voluntary sterilization has become acceptable as a family planning and health measure." The ultimate aim of the program is to help improve maternal and child health in the developing world. The assumption that underlies this approach is that voluntary sterilization is the safest, most effective, and most affordable method of contraception for men and women who have decided that they want no more children. 1986 marked the fifth year of AVSC's current agreement with AID (April 1, 1982 to June 30, 1988).

AVSC works to achieve this goal through an active program of technical and grant assistance to counterpart organizations and individuals overseas. In recent years, relative program emphasis has shifted from the introduction of services to expanding services nationwide with parallel attention to enhancing quality of services; from helping to create policies favorable to voluntary sterilization to devising guidelines and standards for safe, effective and voluntary service delivery; from subsidizing services to encouraging self-reliance; and from training primarily surgical teams to also training counselors, field workers, program managers and other categories of program personnel. More time and resources are now spent critically assessing past involvement and future needs in priority countries, conducting project monitoring and evaluations, and in some cases doing operations research. This current approach is more manpower-intensive and commits AVSC to assign proportionately more resources to technical assistance than to grants. This trend was evident in 1986 and will become more prominent in the years to come.

In 1986 AVSC's international program extended to all regions of the world. Grants assistance approximating \$6.9 million was obligated for subagreements and small grants in support of voluntary sterilization services, information and education, training, and professional education activities. AVSC continued to shift grant resources to countries where sterilization services are not yet widely available (Africa and the Middle East) from countries where sterilization programs are long-standing and beyond the introductory stage (Asia and Latin America). This shift has resulted in AVSC supporting a smaller number of procedures as our emphasis moves from subsidizing services in large Asian and Latin American programs to introducing services in small pilot programs in Africa. Table 1.1 summarizes some of the inputs and outputs of AVSC's grants assistance program.

Technical assistance to programs focuses on three main areas: voluntarism, safety and effectiveness, and expansion of access. These areas are interdependent and mutually supportive. Services cannot be expanded unless they are voluntary, safe, and effective. Therefore, the principles

TABLE 1.1: Highlights of AVSC's International Program, 1986

- Number of subagreements awarded	61
*Dollars awarded for subagreements (including amendments)	\$6,678,784
*Number of countries receiving subagreements	27
- Number of small grants awarded	74
*Dollars awarded for small grants	\$239,737
*Number of countries receiving small grants	29
- Regional allocation of grant funds	
*Sub-Saharan Africa	20%
*North Africa/Middle East	12%
*Asia	28%
*Latin America/Caribbean	32%
*Global	8%
- Number of voluntary sterilization procedures performed in AVSC projects	
*Female	142,812
*Male	54,560
- Number of physicians trained	184
- Number of nonphysicians trained	296

of voluntarism and medical quality are the underpinnings for all AVSC programs and for all the activities described in this report. This is true regardless of whether programs are in new, underserved regions or in places where voluntary sterilization is more readily available. The following summarizes AVSC's regional programs and technical assistance activities for 1986.

AVSC's regional programs

For the first time in AVSC's history, the largest number of programs were awarded in Sub-Saharan Africa, surpassing all other regions. This is evidence of the increased interest in voluntary surgical contraception and the potential for future expansion of activities in this region. We are gratified that the many years of exploratory and seeding efforts have paved the way for an exciting program in a region heretofore considered unlikely for the development of voluntary sterilization activities.

In 1986 we began to focus our efforts on a few priority countries where the prospects seem best for successful national programs, e.g., Kenya, Nigeria, and Zaire. Our primary goal is to develop and strengthen programs in these countries because of their regional influence and their potential to serve as model service and training sites for other African programs. In addition, we are supporting small, pilot service projects in many other countries in response to specific requests for assistance. In 1986, AVSC started programs or initiated program development in the "new" countries of Burundi, Ethiopia (private funds), Ghana, Liberia, and Zimbabwe.

Particular attention is being paid to training new service providers in minilaparotomy under local anesthesia and to training nurse midwives in information, education, and counseling for family planning and voluntary sterilization. This approach requires a great deal of technical assistance and project oversight to ensure that programs start off on the right track and benefit from lessons learned from AVSC experience elsewhere. To help manage this increased workload, AVSC opened two field offices for Africa in 1986: the Africa regional office in Nairobi, Kenya, and the Nigeria country office in Lagos, Nigeria.

Despite AVSC's intensive work in North Africa and the Middle East for over ten years, the environment for gaining acceptance for voluntary sterilization remains conservative and difficult to work in. Thus, in 1986 AVSC continued its strategy to support programs that demonstrate the acceptability of services and to educate professionals about the role of voluntary sterilization in improving maternal health. In Tunisia and Morocco, where successful national programs have emerged, AVSC provided technical assistance to develop quality assurance activities that will assist in the management of large, nationwide programs. For example, in Tunisia, workshops were held to standardize anesthesia regimens and to improve the quality of education and outreach in the program. In Morocco, a pilot computerized management information system was developed for testing. Another major accomplishment in the region was setting the stage through visits and small grant seeding efforts to initiate programs in Turkey and Jordan, two potentially strategic countries for the future.

In the Asia region, 1986 was a period of assessment and reflection as AVSC contemplated how best to maintain and institutionalize quality services, while shifting grant and human resources to other underserved regions. Through comprehensive assessments of our large programs in Thailand and the Philippines (and by developing plans for assessments of Bangladesh and Nepal in 1987), we are discovering that these goals cannot be achieved without maintaining or even increasing technical assistance and projects. However, more projects in Asia will be for program experiments, workshops, and research and evaluation, rather than for the subsidization of institutional support and services. The major exception in the region will be Pakistan, where AVSC significantly expanded project activity in 1986 in order to develop pilot service and education projects to demonstrate the acceptability and feasibility of voluntary sterilization services in that country.

In Latin America and the Caribbean, where it is possible to utilize and build on resources within the region, AVSC continued in 1986 to emphasize professional education and exchange of experiences as principal vehicles for our work. For example, two major regional professional education efforts were undertaken this year: a regional workshop on medical supervision for Latin American managers of large multisite service programs (Dominican Republic) and a seminar for counselors and counseling trainer/supervisors from Central America (Mexico). In addition, several important national level professional education efforts were held in 1986, such as seminars on counseling and voluntarism in Brazil, Colombia, and the Dominican Republic and a national safety seminar in Brazil to develop norms on safe and effective voluntary sterilization practices. To facilitate the planning and exchange of resources within the region, AVSC consolidated responsibility for managing all Latin America and Caribbean programs under the direction of the regional office in Bogota, Colombia. As part of this reorganization, a country office in Mexico City was opened to assist with the management of programs in Mexico. In addition, country assessments were undertaken in Guatemala, Mexico, and Honduras to form the basis for AVSC's future involvement in these countries.

Ensuring voluntarism

A major program emphasis of AVSC's is to ensure that men and women who are considering surgical contraception are able to make free and informed choices about their fertility. We do this in the programs we support and we also encourage attention to this issue in other programs--through technical assistance, publications, demonstrations, and workshops. In 1986, there were several on-going and new efforts to enhance voluntarism in international programs.

Assessing voluntarism and designing programs to address this important aspect of service delivery were major features of AVSC's international program in 1986. AVSC began developing a practical manual entitled Informed Consent and Voluntary Sterilization, which is intended primarily for use by project directors responsible for service delivery; however, it will also be valuable to counselors and other family planning agencies as well. In addition, a detailed and comprehensive analysis was undertaken of the client follow-up surveys begun in 1984 and completed in 1985 and 1986. These

surveys were conducted among female clients in Bangladesh, Colombia, El Salvador, Guatemala, Indonesia, and Tunisia in order to determine whether clients are making fully informed, voluntary decisions about sterilization. The final report of these internationally comparable surveys will be published in 1987; however, programs have already begun to use the results to improve client information, education, and counseling practices.

AVSC also undertook in 1986 two special field assessments in Guatemala and Kenya to review voluntarism practices in AVSC-supported programs and to make recommendations for improvements. The Kenya assessment was particularly important as it will be the basis for developing informed consent and voluntarism standards for the national voluntary surgical contraception service program.

Program safety and effectiveness

Guided by the principle that the success of voluntary sterilization programs depends to a large extent on the quality of the services they offer, AVSC continues to give top priority to assuring and maintaining the high quality and effectiveness of services. The predominant quality assurance event in 1986 was the World Federation meeting of international experts in Singapore to review and expand the World Federation's 1984 publication Safety of Voluntary Surgical Contraception, an oft-used reference that has guided AVSC's service programs and has served as the basis for safety norms for many national programs.

Another major accomplishment in 1986 was the continued push to decentralize medical oversight of programs to medical staff in the field, as well as to the programs themselves. This was done by adding new program staff with medical backgrounds in Nigeria, Mexico, and North Africa and the Middle East, as well as by testing pilot medical surveillance systems in Indonesia, the Dominican Republic, and Kenya. The Latin American medical supervision workshop mentioned earlier was also a highlight of our efforts to transfer responsibility for medical oversight to programs.

The technological base for service delivery is continuously expanding with new surgical techniques and the development of long-lasting contraceptives. AVSC is closely following these technological developments as they have the potential to improve voluntary surgical contraception quality, acceptability, and program coverage. Norplant (the long-acting hormonal contraceptive implant), the Chinese no-scalpel vasectomy technique, and the Filshie clip method of tubal occlusion are three promising developments which were explored in 1986.

During the year, AVSC led an interagency task force, with representation from the Population Council, Family Health International, and the Program for Appropriate Technology, to develop a draft training curricula for Norplant service providers and counselors. AVSC also sponsored a special training course (with private funds) for vasectomy experts from Bangladesh, Nepal, Sri Lanka, and Thailand in the new, refined no-scalpel vasectomy technique, which involves a small puncture rather than an incision with a scalpel. Training was also given to physicians from Africa in the Filshie clip method of tubal occlusion, and a study was

initiated in Kenya to assess the safety and effectiveness of this method in postpartum service delivery.

World Federation

The World Federation is an international public health policy organization consisting of national and regional leadership organizations and individual experts in the fields of family planning and voluntary surgical contraception. It plays an important role in AVSC's efforts to make voluntary sterilization services more widely available and accessible in the developing world by addressing global and regional issues related to the quality and delivery of voluntary surgical contraception services in developing countries.

Highlights of the World Federation's 1986 program include the following: revision of Safety of Voluntary Surgical Contraception, an international guide for the practice of voluntary sterilization, at a meeting in Singapore of experts from 25 countries and eight international organizations; the publication and dissemination of Training Guidelines for Voluntary Surgical Contraception, developed in 1984 by a panel of World Federation experts; a major meeting of leaders from 36 Arabic medical schools and training programs which resulted in the development of a family planning curricula for medical students, obstetrics-gynecology residents, and postgraduate trainees; and a small, yet important meeting of women leaders from Guatemala, Kenya, Sri Lanka, and Turkey to devise strategies for increasing women's roles in the provision and management of voluntary surgical contraception services. In addition, the World Federation contributed to AVSC's professional education activities by publishing three issues of its issue-oriented newsletter, Communique.

Challenges for 1987 and beyond

In 1987, AVSC will begin negotiations with AID for the next five-year cooperative agreement, which will set the stage for a new program of technical assistance to increase the availability of high-quality voluntary sterilization services in the developing world. We do not foresee any major or abrupt shifts in our approaches and strategies, and we expect to continue to focus on three main areas: voluntarism, safety and effectiveness, and expansion of access to services.

However, the major challenge will be to "do more with less." One thing we have learned is that, everywhere in the world, voluntary, safe, and effective accessible services are still needed; AVSC must continue to maintain a global presence and program. Thus, as the demand for AVSC support and resources expands in Africa, we must, at the same time, determine effective ways to address quality and access needs in Latin America and Asia. New programmatic approaches, improved program planning, and evaluation skills will be required. In addition, we must renew or intensify our efforts to collaborate with other resources and donors, as it is clear that, as one organization with limited resources, AVSC alone cannot address the unmet need for voluntary surgical contraception.

CHAPTER 2

GRANTS ASSISTANCE PROGRAM

The grants assistance program is the major vehicle for conducting AVSC's international program and for completing the work intended under its cooperative agreement with AID. This chapter reports on AVSC's grants assistance program from two perspectives. Part I presents an overview of the number, funding sources, program emphases, and regional distribution of grants awarded in 1986. Part II provides a more in-depth look at the accomplishments of AVSC projects in terms of service delivery, training of medical and paramedical staff, and professional education workshops.

PART I: OVERVIEW OF 1986 GRANTS ASSISTANCE

Number and type of grants

AVSC conducts its grants assistance program through the award of subagreements and small grants, and amendments. Subagreements are generally grants for comprehensive programs in excess of \$7,500; they require prior AVSC board and AID approvals. Small grants, on the other hand, are always less than \$7,500, do not require prior AVSC board and AID approval, and are generally for more limited purposes. Amendments to subagreements are made when a program requires funds in excess of the original budgeted amount; AID approval is needed if the amendment exceeds 15% of the original budget or \$35,000, whichever is less. As shown in Table 2.1, a total of 162 obligations were made in 1986. Of these, 61 were subagreements, 74 were small grants, and 27 were amendments.

Although AVSC activity, as measured by the number of subagreements obligated in 1986, increased by 9% between 1985 and 1986, the total amount of funds obligated decreased by almost 13% (See Table 2.2). This reduction in total amount of obligations can be explained by several factors, including a decline in the amount awarded to the World Federation and a trend away from large-scale efforts and toward an increasing number of small-scale seeding activities, especially in Sub-Saharan Africa.

Amount and source of funds

Over \$6.91 million were obligated for subagreements, small grants, and amendments in 1986. Historically, AVSC has provided support to subrecipients through three funding sources: AID central funds, USAID bilateral funds (Bangladesh only), and private funds. A breakdown of the number and amounts of awards by source of funds is provided in Table 2.1. The primary source of funding continues to be AID central funds, which accounted for 99% of all grants assistance in 1986. This includes over \$1.5 million in restricted funds, that were added on to AVSC's cooperative agreement by USAID missions or AID regional bureaus for use in specific countries or for specific activity.

TABLE 2.1: Summary of AVSC Obligations for Local Project Funding,
by Source of Funds, 1986

Type and Source of Funding	Number of Awards	Amount
Subagreements:		
Central Funds	58	\$6,188,258
Private Funds	<u>3</u>	<u>48,653</u>
Subtotal:	61	\$6,236,911
Small Grants:		
Central Funds	72	\$ 230,502
Private Funds	<u>2</u>	<u>9,235</u>
Subtotal:	74	\$ 239,737
Amendments:		
Central Funds	27	\$ 441,873
TOTAL	162	\$6,918,521

TABLE 2.2 Number of Awards and Countries, Dollar and Percentage Distribution of Total Obligated, by Region and Type of Award, All Funding Sources, 1985 and 1986

Subregion and Type of Award	1985				1986			
	# Awards	# Ctrys	Amount	#	# Awards	# Ctrys	Amount	#
Asia								
Subagreements	10	5	\$2,284,014		16	5	\$1,662,393	
Amendments	5	3	\$ 36,091		15	6	\$ 249,771	
Small Grants	6	5	\$ 12,983		4	4	\$ 9,656	
Total	21	8	\$2,333,088	29.46	35	7	\$1,921,820	27.77
Sub-Saharan Africa								
Subagreements	13	3	\$1,472,237		23	8	\$1,165,100	
Amendments	3	3	\$ 14,926		5	5	\$ 45,128	
Small Grants	32	12	\$ 124,927		47	16	\$ 144,858	
Total	48	13	\$1,612,090	20.35	75	18	\$1,355,086	19.58
N. Africa/Middle East								
Subagreements	11	6	\$ 442,989		3	2	\$ 807,756	
Amendments	6	4	\$ 220,199		1	1	\$ 840	
Small Grants	7	3	\$ 30,915		11	3	\$ 43,293	
Total	24	7	\$ 694,103	8.76	15	6	\$ 851,889	12.31
Latin America/Caribbean								
Subagreements	20	11	\$2,368,238		18	12	\$ 2,045,062	
Amendments	12	5	\$ 265,686		6	4	\$ 146,134	
Small Grants	21	8	\$ 59,081		12	6	\$ 41,930	
Total	53	8	\$2,693,005	34.00	36	13	\$ 2,233,126	32.27
Europe								
Subagreements	1	1	\$ 6,707			0	\$ 0	
Amendments								
Small Grants								
Total	1	1	\$ 6,707	0.08	0	0	\$ 0	

Table 2.2 (cont.)

Subregion and Type of Award	1985				1986			
	# Awards	# Ctrys	Amount	#	# Awards	# Ctrys	Amount	#
World Federation Subagreements Amendments Small Grants	1		\$ 580,100		1		\$556,600	
Total	1		\$ 580,100	7.32	1		\$ 556,600	8.04
TOTAL								
Subagreements	56	26	\$7,154,285		61	27	\$6,236,911	
Amendments	26	25	\$ 536,902		27	16	441,873	
Small Grants	66	28	\$ 227,906		74	29	239,737	
GRAND TOTAL	148	42	\$7,919,093	100.00	162	44	\$6,918,521	100.00

No obligations of USAID bilateral funds were made by AVSC in 1986; regional bureau funds accounted for only one obligation in 1986. Activities supported by bilateral funds obligated in 1985 continued into 1986 under a large program in Bangladesh. The extension of the program into 1986, due to decreased activity in previous years, is further explained in Chapter 3.

Subagreements funded by add-ons, or restricted funds, are generally intended to coordinate AVSC-supported activities with existing USAID bilateral projects and thereby supplement voluntary sterilization activities funded through AVSC's central cooperative agreement with AID. In 1986, restricted monies were obligated for projects in Guatemala, Kenya, Mexico, Morocco, Nigeria, and Tunisia.

During 1986, three subagreements and two small grants totalling \$57,888 were awarded from private funds in the Dominican Republic, Ecuador, Egypt, Ethiopia, and Kenya. Private funds are used in countries where voluntary sterilization is politically sensitive or where AID funds cannot be used (as is the case in Ecuador and Ethiopia), or for activities concerning new technologies that are not yet approved for AID funding, such as the Filshie clip (Egypt, Kenya). The exception in 1986 was in the Dominican Republic, where the World Health Organization provided funds for AVSC to conduct a pilot safety surveillance system.

Subagreements by primary emphasis

Subagreements include funds, materials, and technical assistance to public and private institutions in developing countries. The long-range objective of this assistance is to increase access to safe and effective VSC services. Although all subagreements must serve this long-range goal, their short-term objectives may differ, depending on the area of main emphasis.

AVSC classifies subagreements according to the following areas of main emphasis: provision of sterilization services, training, professional education, information and education, evaluation or special studies, and support of national leadership groups. Many programs, especially the larger ones, combine several of these purposes. This is particularly true for consolidated grants, which combine a number of individual projects into single programs. In Indonesia, Mexico, and Thailand in 1986, over \$1 million were obligated to consolidated subagreements that are designed to streamline and facilitate program execution and administration.

Figure 2.1 shows the distribution of subagreement awards, and Figure 2.2 the distribution of funds obligated, by primary emphasis. In 1986, service delivery was still the major focus of AVSC-supported programs, accounting for 79% of subagreements awarded and 69% of all funds obligated. The second-largest category of funds obligated, accounting for 23%, was support of national associations for voluntary sterilization, all of which, with the exception of the World Federation, are in Asia. By supporting national associations, AVSC is helping to establish a solid base for institutionalizing voluntary surgical contraception service delivery, a goal that takes on greater importance as programs mature.

FIGURE 2.1: Percentage Distribution of Subagreement Awards by Primary Emphasis, 1986

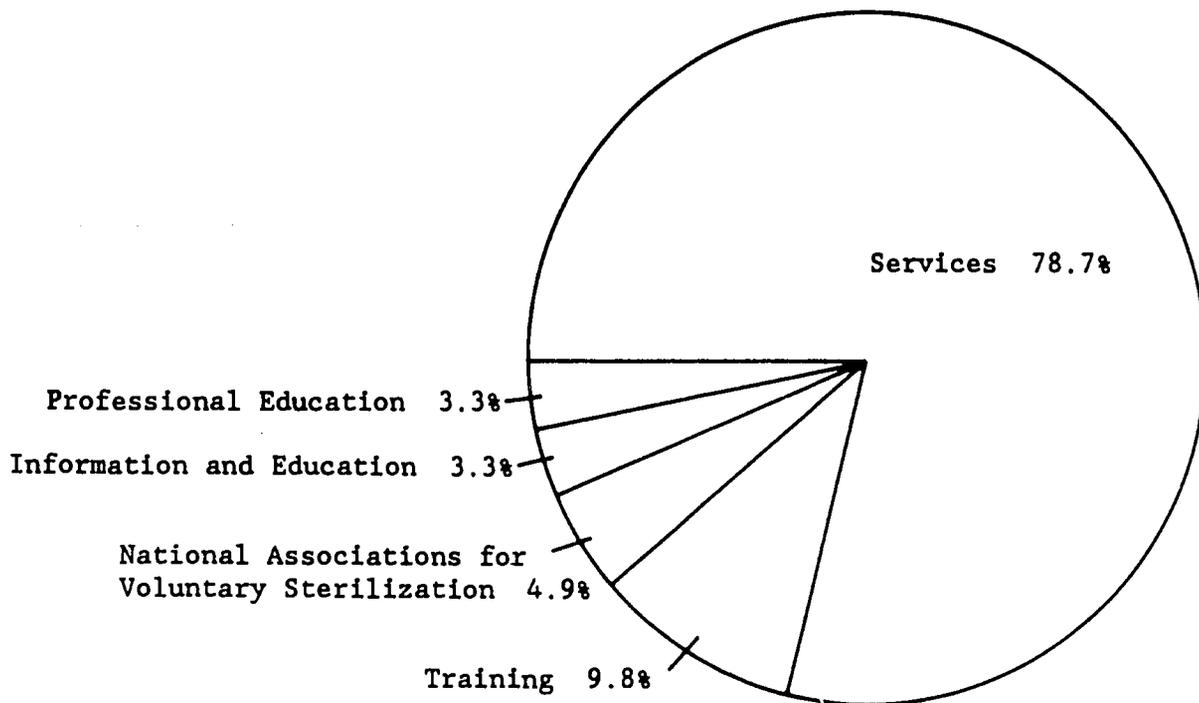
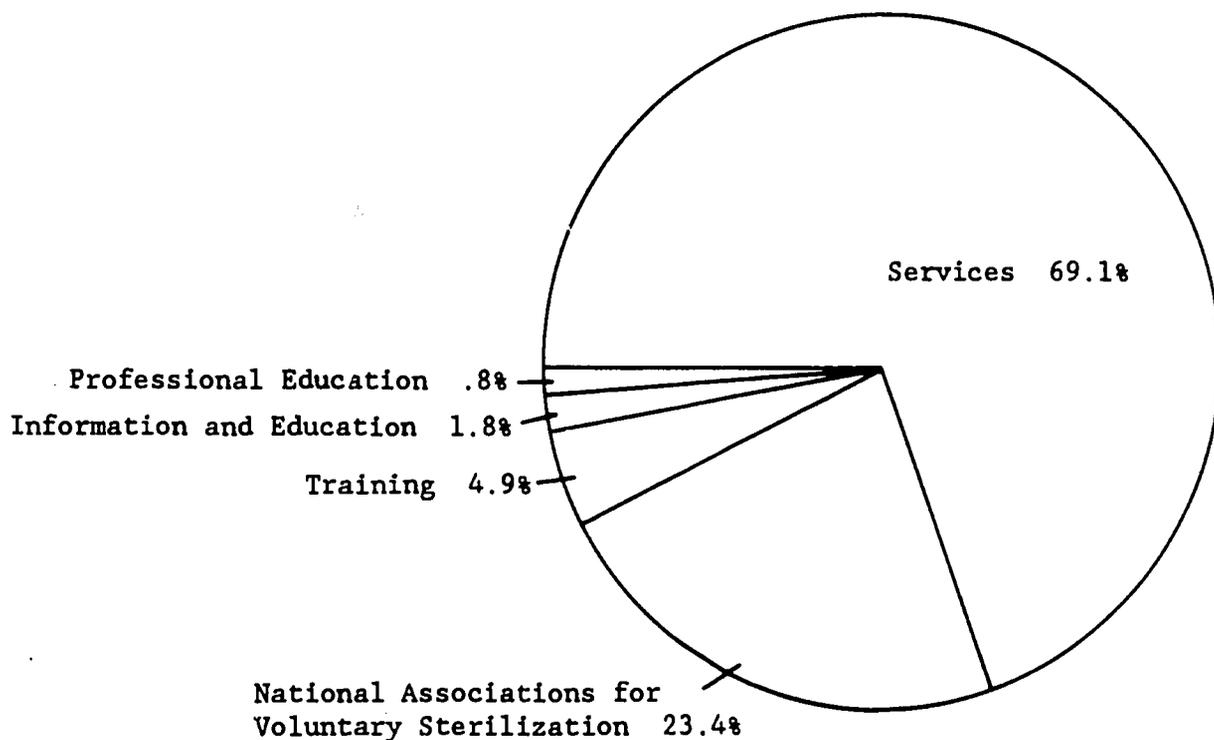


FIGURE 2.2: Percentage Distribution of Total Funds Obligated for Subagreements by Primary Emphasis, 1986



Subagreements by region

Table 2.2 illustrates the distribution of awards and funds obligated by region in 1985 and 1986. In Asia and Sub-Saharan Africa, the trend is toward a larger number of awards but fewer funds obligated in 1986 than in 1985. In North Africa and the Middle East, the reverse is true: Fewer awards were made, but more funds were obligated. Both parameters have declined in Latin America and the Caribbean. These shifts, however, are not indicative of major changes in the distribution of resources among the four regions since 1985. The greatest change was in North Africa and the Middle East, whose share of total funding increased only by 3.6 percentage points between 1985 and 1986. Changes in each of the other regions did not exceed two points. The Latin America/Caribbean region continues to receive the highest percentage of total funding (32.3%), followed by Asia (27.8%), Sub-Saharan Africa (19.6%), and North Africa and the Middle East (12.3%). Chapter 3 presents a discussion of the subagreement awards in each region, as well as detailed lists of subagreements and amendments awarded in 1986 in each region.

Small grants

The use of small grants (less than \$7,500) enables AVSC to respond quickly to minor requests for equipment, training, professional education, evaluation, and information and education. Of the 74 small grants awarded in 1986, 31 were in support of services via the provision of equipment, 29 were for training and professional education, eight for client information and education, five for studies and evaluations, and one for local purchase of materials; the funds totaled \$239,737. More than half of the small grants awarded went to Sub-Saharan Africa, in an effort to expand the capabilities of service providers and meet the growing need for services in that region. Detailed lists of small grants awarded in 1986 are included in Chapter 3.

PART II: ACCOMPLISHMENTS OF AVSC PROJECTS

SERVICES

Number of procedures

In 1986, for the second year, the total number of voluntary sterilization procedures reported by AVSC programs declined. While Asia was primarily responsible for the decline in numbers from 1984 to 1985, Latin America showed the sharpest decrease in 1986. A reduction in the number of female procedures reported accounts for the drop in total numbers, while in every region, male procedures showed an increase from 1986.

Almost 200,000 procedures were reported performed by AVSC in 1986. A total of over 1.5 million procedures were reported between 1976 and 1986. Figure 2.3 shows the trends in voluntary sterilization use since 1976, from the steady increase through 1984 to the subsequent decrease.

While the total number of procedures reported by AVSC-supported programs is on the decline, a decrease in the popularity of voluntary sterilization cannot be inferred. Millions of procedures are performed each year without direct AVSC support. As the focus of AVSC's programs turns increasingly to such issues as medical safety, counseling, and evaluation, much of the service provision previously supported by AVSC funding is being delivered by programs which are now institutionalized.

Choice of surgical procedure

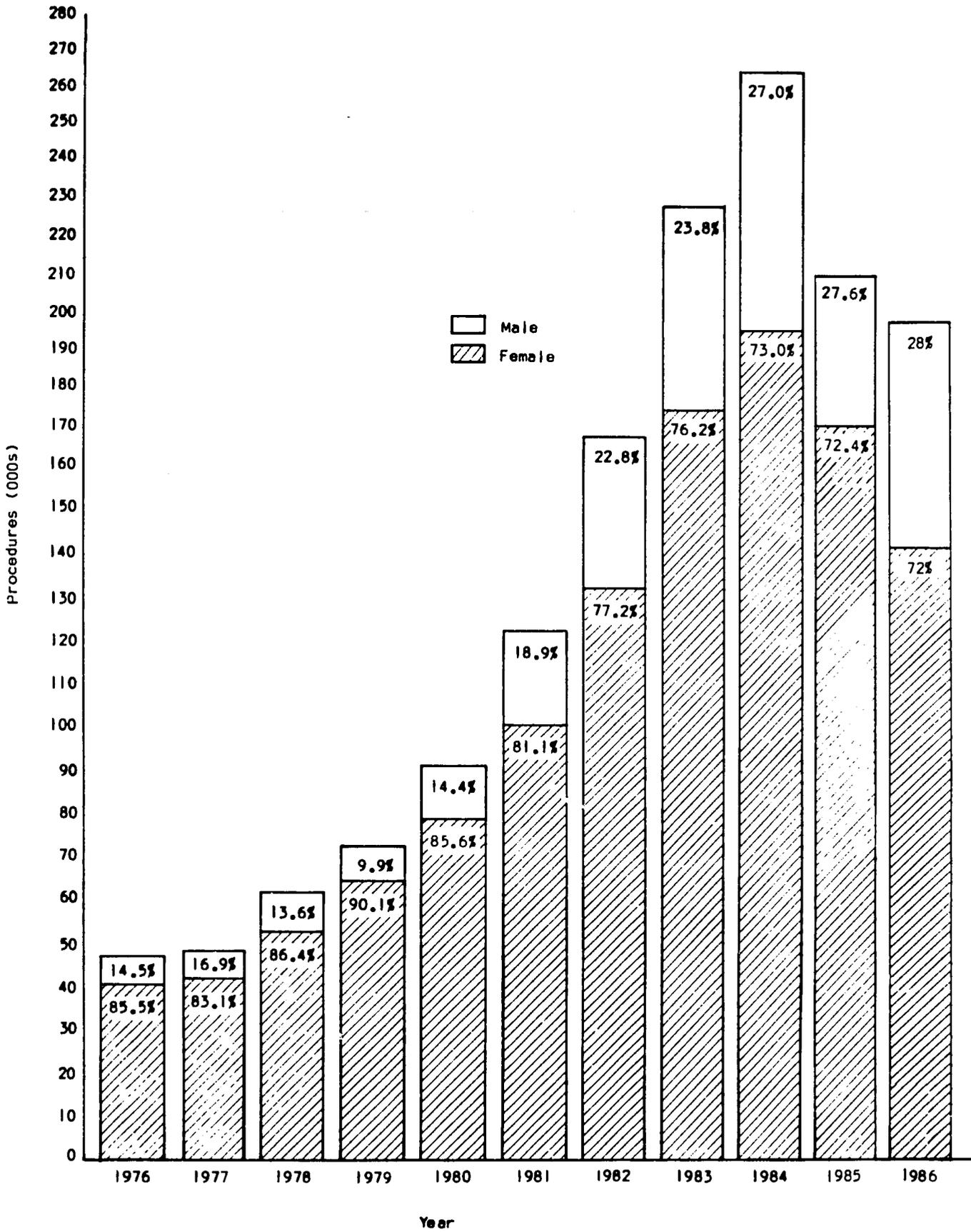
Female voluntary surgical contraception is still the predominant procedure in every region of the developing world, with the exception of Asia. However, its share of the total number of procedures performed in AVSC-supported programs is steadily decreasing in all regions, while vasectomy is increasing.

Minilaparotomy accounted for over 50% of all female procedures reported in 1986, a percentage that has remained more or less stable over the last several years (see Figure 2.4).

Laparotomy, vaginal methods, and other techniques (excluding laparoscopy) continue to account for only 2% of all female procedures, a figure which has remained consistent over the last several years.

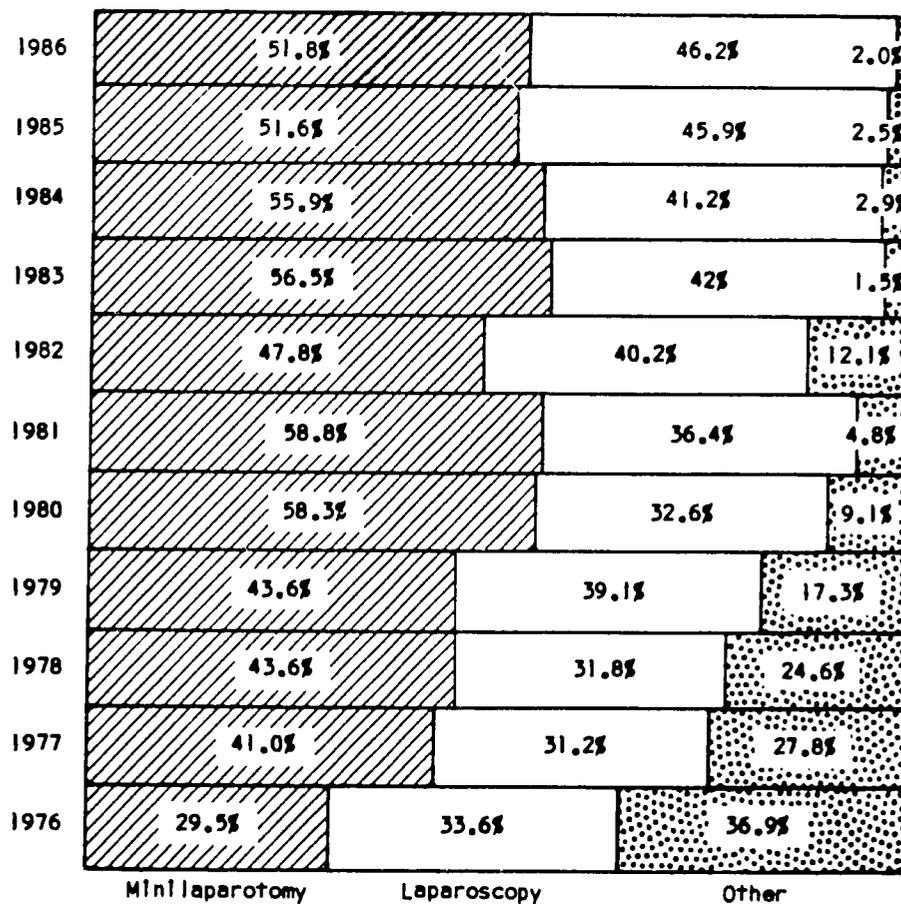
As Figure 2.3 shows, the popularity of vasectomy in AVSC-supported projects has risen substantially since 1976, from about 14% of all VSC procedures in that year to nearly 28% in 1986. The number of reported vasectomies has increased in all regions, most notably in Asia and North Africa and the Middle East. With the increase in Asia, which reversed a sharp decline in 1985, the number of male procedures exceeded the number of female procedures by 24%. North Africa and the Middle East reported the first vasectomies in that region since 1979, (performed in the People's

FIGURE 2.3: Number and Percentage Distribution of Sterilization Procedures Reported by AVSC Recipients, by Sex of Acceptor, All Funding Sources, 1976-1986



Percentages for 1986 are based on projections.

FIGURE 2.4: Percentage Distribution of Female Sterilization Procedures Performed by AVSC Recipients, by Technique, 1976-1986



Percentages for 1986 are based on projections.

Other techniques include laparotomy, vaginal methods, and unspecified methods.

Democratic Republic of Yemen). Latin America also showed an increase of 13%, over 1985, demonstrating a continuing trend in that region.

The continued growth in the popularity of vasectomy can be ascribed in part to AVSC's intensive efforts to make vasectomy available where it was not before, and to inform and educate officials and service providers as well as the general public about vasectomy. As accessibility and education grow, men who were expected to show resistance to vasectomy on cultural and religious grounds are increasingly choosing to exercise their option for safe, effective permanent contraception.

Regional distribution of reported procedures

The number of reported procedures in a given area is influenced by such factors as the number and maturity of AVSC projects in the region, the type of projects supported, and how long and to what degree voluntary sterilization has been officially accepted and supported in the countries of the region. Brief descriptions of the trends in and influences on reported procedures for each region follow.

*Asia: This region is distinguished by the existence of national family planning programs and the official inclusion of voluntary sterilization as part of those programs in most countries. Quality issues such as safety and counseling are high on AVSC's agenda in Asia, whereas expansion of services is increasingly left to local and national programs. This shift is reflected in the sharp drop in the number of VSC procedures since 1984. The reduction in sterilization performance in the Bangladesh program is an equally important factor in the downward trend in the region (see Chapter 3). While 1986 showed a slight increase in the number of procedures performed in the region from the previous year, the overall trend continues to reflect both the shift in focus of AVSC-supported programs in general, and changes in the Bangladesh program specifically. The number of female procedures declined between 1985 and 1986, while the number of vasectomies has increased. At over 44,000 vasectomies, male VSC procedures exceeded female VSC procedures in the region for the first time.

*Sub-Saharan Africa: The seeding activities that have been under way in this region for the last several years are beginning to show dramatic results. The number of tubal occlusions has been doubling yearly since 1982. In 1985 and 1986, the number of female procedures performed more than tripled, from over 4,000 to almost 15,000. These procedures account for over half of the total number of procedures performed since 1976. The majority of sterilizations took place in Kenya and Nigeria, which are in the forefront of sterilization acceptability in the region. A few other countries, such as Mauritius and Sierra Leone, reported small numbers of procedures.

The role of vasectomy continues to be insignificant in Sub-Saharan Africa, and will probably remain so for a while. Voluntary sterilization continues to be introduced most easily when it is integrated with maternal and child health care, which is among Africa's most pressing health concerns. It is therefore likely that vasectomy can only be introduced when there is general access to comprehensive family planning services, a

situation that is changing but is not yet a reality in many African countries.

*North Africa and the Middle East: The trend over the years in this region has been a gradual, steady increase in the number of procedures reported by AVSC programs. In 1985 and 1986, however there was a slight decrease in female procedures, due largely to the plateauing of service delivery from one of the region's largest providers of sterilization services, in Tunisia. The number is expected to increase in 1987 and beyond, as a national service program in Morocco continues to expand on the provincial level.

In 1986, the first male procedures since 1979 were reported. These took place in the People's Democratic Republic of Yemen, in which a single program reported 356 vasectomies between June 1, 1985, and August 31, 1986. Although the total projected figure for 1986 is small -- 267, the fact that vasectomy is reappearing in this largely Muslim region is significant.

*Latin America: The greatest number of procedures reported performed continues to come from Latin America and the Caribbean. The number of female procedures climbed at a steady rate, from 7,500 in 1976 to almost 116,000 in 1985, then dropped for the first time in 1986, to somewhat over 85,000. Several factors account for this decline. The September 1985 earthquake in Mexico City destroyed a major service site and forced the suspension of services. In a Colombian program, one of AVSC's sister agencies (International Planned Parenthood Federation) took over funding for a substantial number of clinics previously supported by AVSC, and in Honduras, funding for another program was taken over by the USAID mission. A shift in focus toward quality assurance and away from service provision in a number of AVSC-supported programs throughout the region also contributed to the decline.

The number of vasectomies performed in the region has increased steadily, from only 476 in 1976 to almost 10,000 in 1986; the total for the period is 44,000. New vasectomy programs in Colombia and continued acceptability in Brazil and Guatemala contribute to the increase in male procedures in the region.

Age and parity

The age and parity of the population served in AVSC-supported programs in 1986 varied from region to region. The mean age throughout all AVSC programs is 33 years for women and 37 for men. Women requesting services had an average of 4.8 live births; wives of male requestors had 3.6. The tendency for female requestors to be younger than males and to be of higher parity than male requestors' wives was evident in all regions. The highest female age/parity figures were found in North Africa and the Middle East, where the average age at the time of sterilization was 36 years and the number of children was 5.9. Asia had the lowest female age/parity: 30 years and 3.9 children.

For male requestors, the statistics on age and spouse parity do not cover as great a range as they do for female requestors. In fact, spouse's

parity remained consistent throughout all regions, at an average of 3.6 children; age ranged from a high of 38 years in Asia and Sub-Saharan Africa to a low of 35 years in Latin America and the Caribbean. No data were available in 1986 for North Africa and the Middle East, although throughout previous years, this region had shown the highest male age/spouse's parity figures, averaging 40 years and 5.0 children.

Trends over the years show a slight decrease in age and parity for female VSC requestors since 1976, most notably in Asia, as female sterilization has become more accepted as a contraceptive option. Male trends, however, are not consistent. In Asia, for instance, age is down and wife's parity is up, while in Sub-Saharan Africa, the reverse is true, and in Latin America and the Caribbean, both age and spouse's parity have risen. The shifts are not dramatic, and do not make a substantial statement about changes in the populations served.

Monitoring of VSC services

AVSC carefully monitors all major complications and mortalities resulting from or related to sterilization procedures performed in service projects. This enables AVSC and the local programs to take swift, corrective action as necessary and to make improvements in program safety and effectiveness.

*Mortality surveillance: AVSC-supported programs are obligated to report within 24 hours any death of a sterilization client occurring within 42 days of surgery or resulting from a complication developed within the 42-day postoperative period. All reported fatalities in AVSC programs are thoroughly investigated by the AVSC Medical Division to determine whether the death was attributable to sterilization and whether it could have been prevented. In addition, the operating surgeon and the facility where the sterilization took place must be recertified under the supervision of the program's medical director, senior surgeon or AVSC medical staff, in order to ensure the quality of services while the death is being investigated. In this way, AVSC and the program may take timely corrective action on problems and make recommendations to improve the safety and effectiveness of services.

In 1986, eight sterilization-attributed fatalities were reported in AVSC-supported programs. Five occurred in Brazil and three in Colombia. The causes of death were bowel injury in two cases, both in Colombia; cerebral edema in two cases in Brazil; anesthesia respiratory arrest, one case each in Colombia and Brazil; one case of air embolism in Brazil; and one case of infection in Brazil.

All the deaths in 1986 followed female sterilization, yielding a mortality rate of 5.6 per 100,000 female procedures. (The overall mortality rate for both male and female procedures in AVSC programs is four per 100,000.) This rate for female mortalities represents a decrease from the 1985 rate, and is also somewhat lower than the internationally accepted rate, reflecting efforts made, particularly by large, national programs, to improve safety and provide high quality services. It may also reflect underreporting which is inherent in any surveillance system, regardless of

efforts made by AVSC and its programs to report such occurrences accurately.

-Review of complications: All 497 complications reported in 1985 were reviewed in 1986, and suggestions for improved care were made where appropriate. Based on the performance of 197,372 procedures during the year, the complication rate was 0.25%, reflecting a slight increase from 1984, but remaining lower than many rates reports in the medical literature. As is the case with mortalities, underreporting of complications continues to be a concern, although improvements have been noted, especially in national programs where medical surveillance systems are better developed.

Complications that occurred in 1985 were analyzed according to type. Infection, the most common complication, accounted for 40 percent of the total. Sterilization failure was the second most common type, at 23% of the total. Trauma to the uterus or other organs occurred in 16% of cases. Hemorrhage accounted for 14%, and complications related to anesthesia or sedation accounted for 7% of the total. Analysis of the 1986 complications will be included for the 1987 annual report.

TRAINING AND PROFESSIONAL EDUCATION

One of the most important means of increasing access to and assuring high quality of voluntary sterilization services is through training of service providers, both physicians and health support personnel. In addition, professional education activities, such as workshops and seminars, are effective means for developing and disseminating medical and safety guidelines, developing supervisory skills, and stimulating interest through the dispersion of information on voluntary sterilization's role in health and family planning programs.

Physician Training

In 1986, AVSC-supported projects reported training 184 physicians from 16 countries in one or more sterilization techniques. In all, 123 physicians received training in minilaparotomy, 60 in laparoscopy, 10 in other female methods, and 39 in vasectomy. In regions where services are not widely accessible, such as Sub-Saharan Africa and North Africa and the Middle East, training is often provided as an initial step in establishing services. Out of 27 small grants awarded for training purposes, all but five were in Africa. Where programs are already established, training is provided to support ongoing personnel needs and to orient service providers to new approaches and techniques.

Five subagreements were awarded in 1986 in which the main emphasis was physician training. In Brazil, physicians were trained in minilaparotomy under local anesthesia; Pakistan provided training in vasectomy, while the Philippines trained physicians in both techniques. In Kenya, two physicians were trained in the use of the new Filshie clip for tubal occlusion. In Nigeria, five physicians were trained in minilaparotomy. Individual training programs are described in Chapter 3

Health support personnel training

Support personnel are a vital part of the health-provider team in assuring the quality of services and client satisfaction. AVSC therefore supports the training of nurses, midwives, educators, counselors and others. In 1986, 296 health personnel from 13 countries received training in one or more aspects of service provision: 199 were trained in counseling, 195 in information and education, 104 in assistance in the operating theatre, 32 in clinic management, and 18 in anesthesia administration. Training programs in counseling, while relatively new, will become increasingly important as attention in many AVSC-supported programs shifts to quality issues. One subagreement and one small grant, both in Nigeria, focused exclusively on training nurse-midwives in information, education and counseling. Counseling was a secondary focus in a number of other training efforts in Brazil, Burundi, Pakistan, and elsewhere.

Professional education activities

In 1986, AVSC supported several professional workshops in order to orient program managers to issues concerning medical safety and program supervision. These included a workshop in Brazil to define and disseminate medical and safety norms for VSC services there, and a regional workshop to identify skills and create guidelines for effective program supervision for AVSC-supported programs in South America. An informational seminar was conducted for regional coordinators in Senegal on VSC as a means of improving maternal and child health. These are described in more detail in Chapter 3.

CHAPTER 3

REGIONAL PERSPECTIVES

INTRODUCTION

AVSC divides its international program into four distinct regions: Sub-Saharan Africa, North Africa and the Middle East, Latin America and the Caribbean, and Asia. Programs throughout the world face similar needs and issues with regard to expanding access to and assuring voluntary, safe, and effective sterilization services. However, regional groupings of countries share certain common characteristics, face similar problems, and very often have the same needs. Since these differ significantly among the various regions, AVSC has evolved field-based regional programs that use different approaches and that have different regional resource requirements.

In Sub-Saharan Africa where services are nascent, AVSC is increasingly committing more attention, staff, program funds, and other resources to programs that principally involve exploratory efforts and small-scale program introductions. In North Africa and the Middle East, AVSC maintains a small, but active presence to improve services in countries where sterilization is accepted and to promote policy dialogues and increased understanding of the rationale for services in countries where sterilization remains sensitive. In Latin America and the Caribbean and in Asia, AVSC continues to shift from direct subsidy of services to activities that emphasize improvements in safety, voluntarism, cost-effectiveness, and self-reliance. In addition, these regions continue to be the testing ground for programs that introduce or test new types of services -- such as vasectomy and Norplant -- to complement existing sterilization services.

As will be found in the following pages, our regional strategies and programs are not mutually exclusive. In Africa, for example, we must pay close attention to issues concerning management and alternative modes of service delivery as we try to break new ground, while taking into account lessons learned from years of experience in other regions. Alternatively, in Asia and in Latin America and the Caribbean, there are still countries where introducing services and expanding access are primary concerns. Finally, for all programs regardless of region, the recurrent themes of medical quality and voluntarism are found as these are the sine qua non on which all programs are based.

This chapter includes a short summary of regional issues and strategies, followed by a brief description of every subagreement, small grant, and amendment obligated in each region during 1986.

SUMMARY

SUB-SAHARAN AFRICA

Most African countries are in the early stages of introducing family planning and voluntary sterilization programs. They share a number of common problems, including an absence of population policies, unclear laws concerning family planning, traditional pronatalist attitudes and practices, and a lack of facilities and trained personnel for health and family planning service delivery. Over the past five years, AVSC has worked to develop small-scale, pilot projects in order to demonstrate that a demand exists for voluntary sterilization services and that such services are acceptable when delivered in a high-quality manner and in the context of improving maternal and child health.

In 1986, AVSC awarded a total of \$1,355,086 (approximately 20% of the total amount of grant funds awarded) for activities in Sub-Saharan Africa: \$1,165,100 for 23 subagreements, \$45,128 for 5 amendments and \$144,858 for 47 small grants. For the first time in AVSC's history, the largest number of subagreement awards was in Sub-Saharan Africa, surpassing all other regions. The unprecedented number of small grants is also proof of increased interest in voluntary surgical contraception and the potential for future activities. To help manage this increased workload, AVSC opened a regional office in Nairobi, Kenya, in January 1986, to support programs in English-speaking African countries and a country office in Lagos, Nigeria, to manage programs in that country.

After several years of exploratory and seeding efforts, AVSC has at last begun to make headway in a region heretofore considered unlikely for the development of voluntary sterilization activities. In 1986 we began to focus our efforts on a few priority countries where the prospects seemed best for successful national programs, rather than pursue every opportunity that appeared. Our primary concern is to develop and strengthen programs in these target countries (although we will continue to support pilot projects and respond to specific requests for assistance from others). Priority countries are Kenya and Nigeria in Anglophone Africa, and Senegal and Zaire in Francophone Africa.

Kenya, a country with great strategic potential for voluntary sterilization activities in the region, is well on its way to having a successful national program. In 1986, AVSC received funds from USAID/Nairobi (via an add-on to our cooperative agreement) to assist with the expansion of services in both the nongovernment and government sectors. This support, a major step forward for the eventual institutionalization of voluntary sterilization, is the result of the government of Kenya's recognition that surgical contraception services should be available not only for medical reasons, but also as an elective procedure for couples who want no more children. The major recipients of AVSC support are the Family Planning Association of Kenya (FPAK) and the Protestant Churches Medical Association (PCMA), which together account for 17 service sites throughout the country. FPAK also plays an important role as a training center for

Kenyan and other African health personnel in the technique of minilaparotomy under local anesthesia, and in education and counseling. In addition, AVSC assists several government facilities to improve their ability to provide safe and voluntary services. In 1986, a new program was awarded at the Coast General Hospital in Mombasa, bringing the total number of programs in MOH facilities to six.

At the request of the Kenyan National Council for Population and Development (NCPD), AVSC assessed in late 1986 the information, education, and counseling practices and needs in private and public programs. After interviews were conducted with clients and service providers at 34 facilities, it was clear that clients are making informed and voluntary decisions for surgical contraception. The demand for voluntary sterilization is much higher than most facilities can accommodate, and a client must overcome substantial obstacles to obtain the method. The results of this assessment will be used by the NCPD to develop a standard informed consent form and counseling guidelines for the national program. The study also helped to identify facilities that could benefit from AVSC assistance, to help remove some of the obstacles to services (e.g., lack of trained staff or dedicated space).

Another high priority country for AVSC is Nigeria, where the strategy is to develop at least one successful service program in each of Nigeria's 19 states. This strategy was chosen because Nigeria is a large and diverse country where health and family planning services are decentralized and tend to be the responsibility of state ministries of health. AVSC is identifying and working with university, military, state, and private facilities that have the potential to demonstrate services for replication on a wider level within the states. In 1986, four new service programs were awarded, bringing the total number to 14 programs in nine states. The need for an in-country office is apparent given the large number of separate programs.

AVSC considers the French-speaking countries Senegal and Zaire high priorities for program development as well. In general, Francophone Sub-Saharan countries have developed family planning and voluntary sterilization programs at a much slower pace than their English-speaking counterparts. However, both Senegal and Zaire have demonstrated both an interest in and a potential for developing programs. In 1986, AVSC awarded a new program to the Projet des Services des Naissances Desirables (PSND), the national family planning program in Zaire, to develop six model service facilities, three in urban and three in rural sites throughout the country. This program is being coordinated with an operations research effort by Tulane University to study the acceptability of voluntary sterilization services in both rural and urban settings. In Senegal, AVSC continued its service project (awarded in 1985) with Le Dantec Hospital in Dakar, the premier medical university in West Africa.

In addition to the work in the four priority countries already mentioned, AVSC began several new initiatives in 1986. In Ghana, two service projects were awarded to the Korle Bu Teaching Hospital in Accra and the School of Medical Sciences in Kumasi. The first AVSC project in Liberia was awarded which aims at upgrading the quality of education and services at the John F. Kennedy Memorial Hospital in Monrovia and the Phebe Hospital, a teaching hospital for nurses located in the interior. AVSC also began its

first direct involvement with the Ministry of Health in Mauritius, the goal of which is to upgrade two MOH facilities to provide voluntary sterilization services. During 1986 the groundwork was also laid for new projects in Burundi, Ethiopia (with private funds), and Zimbabwe, all of which will be awarded some time in 1987.

Subagreements Awarded in 1986: Sub-Saharan Africa

GHANA

Korle Bu Teaching Hospital
GHA-01-SV-1-A
\$41,379

Korle Bu Teaching Hospital is the largest hospital in Ghana, but it could not meet the demand for voluntary sterilization services because of inadequate facilities and chronic shortages in supplies. This subagreement supports minor renovation of dedicated space; training in outpatient service delivery; training in information, education, and counseling; and the provision of medical and surgical supplies and client education materials, as well as films and materials for health care personnel. In addition to expanding accessibility to services, the programs at Korle Bu and another major teaching hospital in Ghana will be used to orient a wide range of health care professionals to the important role of voluntary sterilization in maternal-child health services. The availability of services will also allow for the identification of barriers to voluntary sterilization other than accessibility, and for an updated assessment of the demand for sterilization services.

School of Medical Sciences, Kumasi
GHA-02-SV-1-A
\$31,268

Komfo Anokye Hospital is the main referral hospital for the Central Region in Ghana, and one of two teaching hospitals for nurses and doctors. The hospital offers tubal occlusion on a limited basis, but many clients cannot receive services because of inadequate facilities and lack of resources. This program supports the provision of equipment and repairs for dedicated space, the provision of medical and surgical supplies, and training in outpatient service delivery. Training in information, education, and counseling is also included, as are educational materials for clients and health care personnel.

KENYA

Family Planning Association of Kenya (FPAK)
KEN-02-SV-5-A
\$258,227

During this second year of a three-year program with the Family Planning Association of Kenya, outpatient minilap services will be maintained at four FPAK clinics, while services will begin in two more. At a seventh clinic, dedicated space will be renovated and equipped for services. FPAK has evolved into a valuable training resource both in the country and in the

region; personnel selected from current and prospective service sites attend its training programs. This subagreement supports the training of 36 physician/operating theater nurse teams from Kenya and 12 from other African states in outpatient minilap. This grant also supports the salaries of 25 full-time FPAK field educators, who provide voluntary sterilization information, education, and counseling in their communities. These field educators will receive refresher training during the year. In addition, 25 nurse-midwives will be trained in information, education, and counseling, and 50 lay educators will be oriented in providing information and referring clients for voluntary sterilization.

Pumwani Maternity Hospital
KEN-07-SV-2-A
\$44,955

In the second year of a three-year program, AVSC funds are being used to expand the availability and accessibility of voluntary sterilization services at Pumwani Maternity Hospital, the largest maternity hospital in Nairobi. In the first year, dedicated space was renovated and equipped, training was provided to a physician in minilap with local anesthesia and to several nurse-midwives in family planning information, education, and counseling; and 40 hospital staff members were oriented to the hospital's voluntary sterilization program. The second year continues to support service provision; training for counselors; and orientation for new hospital staff, maternity center staff, and family planning staff. Outreach to maternity centers in the Nairobi area will also be continued.

Protestant Churches Medical Association (PCMA)
KEN-08-SV-2-A
\$150,000

During the first year of this subagreement, nine of the Protestant Churches Medical Association's 14 hospitals in Kenya received AVSC support for voluntary sterilization programs. Eight of the nine received medical or surgical equipment, and several underwent renovation. In this second year, the number of clients who can be served will increase in the nine original sites and three new service sites. All 12 sites are in rural and currently underserved areas where a demand for voluntary sterilization has been demonstrated. PCMA's capacity to plan, implement, and evaluate a quality VSC program in rural Kenya will be further developed through supervision, monitoring, and staff development activities. A final objective is to increase the awareness of health care personnel, church and community leaders, and the general public regarding the health benefits of spacing and limiting births and the role of voluntary sterilization in maternal-child health and family planning programs.

Coast General Hospital
KEN-13-SV-1-A
\$24,155

Coast General Hospital is the largest hospital serving Coast Province in Kenya. The facilities for voluntary sterilization are adequate, as four new, well-equipped surgical theaters are operational, and the hospital is well staffed. However, lack of information and education for potential clients remains a barrier to widespread acceptance of male and female sterilization. This program will teach health care personnel about the role of voluntary sterilization in maternal and child health, train doctors and nurses in service delivery as needed, train counselors and educators to deliver information to families in need, and assist the obstetrics/gynecology department in delivering safe, efficient services.

Provincial General Hospital, Nyeri
KEN-14-TR-1-P
\$12,500

The goal of this program is to provide the training, equipment, and supplies needed to introduce the Filshie clip, a tubal occlusion method, that may lead to safer and more acceptable sterilization practices in Kenya. A study of the safety and acceptability of the Filshie clip will be performed as part of this project. Preliminary studies show that the fallopian tubes are likely to thicken with each pregnancy. The Filshie clip is reported to be more flexible in occluding tubes of various sizes and thus may be appropriate for use in Africa, particularly where parity is higher than in any other region of the world. The Filshie clip is under review by the Food and Drug Administration; since it has not yet been approved, private funds must be used for this effort.

LIBERIA

John F. Kennedy Memorial Hospital
LIR-01-SV-1-A
\$60,300

The primary barrier to wider acceptance of voluntary sterilization in Liberia appears to be the lack of information and education among potential candidates. The facilities are adequate at John F. Kennedy Memorial Hospital, the only specialist referral hospital in Liberia, and a teaching hospital for doctors. Three new surgical theaters have recently become operational, and the department of obstetrics and gynecology is sufficiently staffed with physicians. Phebe Hospital will serve as a secondary site under this subagreement. A teaching hospital for nurses, Phebe Hospital has sufficient operating theater space for the current low level of demand for services. This program will teach health care personnel about the role of voluntary sterilization and child health, train doctors and nurses in service delivery, train counselors and educators, and assist the obstetrics/gynecology department in delivering safe, efficient services.

The initial stages of AVSC assistance in Liberia will focus on the development of two model projects in these main medical training institutions.

MALI

Association Malienne pour la Protection et Promotion de la Famille (AMPPF)
MLI-01-SV-3-A
\$28,845

This subagreement enables AMPPF to consolidate and reinforce its service delivery program at two hospital facilities. Support is provided for laparoscopy and minilap at one facility, for laparoscopy and postpartum minlap at the other, and for information and education in conjunction with the service components. The AMPPF is a private, nongovernmental organization affiliated with the International Planned Parenthood Federation. The opening of its pilot family planning clinic in 1972 marked the beginning of family planning services in Mali.

MAURITIUS

Ministry of Health
MAR-03-SV-1-A
\$71,083

The goal of this program is to satisfy the unmet demand for voluntary sterilization by increasing the availability and accessibility of services to the population. This will be achieved by upgrading and equipping two operating rooms and providing a subsidy for surgical supplies. The first phase of this program is to be implemented by the Mauritian Ministry of Health through its national Family Planning and Maternal-Child Health Division at two regional hospitals. In the second phase, an expanded information and education effort will take place. The Mauritian program is expected to serve as a model for East Africa.

Mauritius Family Planning Association (MFPA)
MAR-02-SV-3-A
\$32,865

The goal of AVSC assistance to the Mauritius Family Planning Association is to increase availability and accessibility of both male and female services and to enable MFPA to serve as a pioneer and model for the introduction of safer, simpler, and more cost-effective procedures, such as minilap under local anesthesia and vasectomy. Thus, assistance is provided for a service delivery program, and an informational effort with a special emphasis on male voluntary surgical contraception. This program covers the main island of Mauritius and serves the lower middle and lower socioeconomic classes.

NIGERIA

University of Benin Teaching Hospital
NIR-06-TR-2-A
\$15,550

This subagreement supports the continued expansion of voluntary sterilization services in Benin City and surrounding areas. During the first budget period of this program, 10 physicians were trained in the theory and practice of minilap. In the second period, five additional in-house physicians will be trained, and an anticipated 150 procedures will be performed. Although demand is on the upswing, the caseload is as yet insufficient to warrant training large numbers of physicians. The focus of this program, therefore, is to reinforce counseling and service provision in the newly renovated and equipped operating theater reserved for reproductive health procedures. A workshop for medical and paramedical personnel and observers will be held in order to provide information on medical indications for sterilization.

Military Hospital, Yaba
NIR-07-SV-2-A
\$14,295

During the first year of this program, dedicated space was created at the Military Hospital for provision of female sterilization and infertility diagnosis using laparoscopy. Physicians and counselors at the hospital's family planning clinic were oriented to program activities, and a nurse from the clinic was trained in information, education, and counseling for voluntary surgical contraception. In this second year, further information and education activities will be held for medical personnel of the facility and associated clinics in order to increase their awareness of the project's activities and to encourage them to refer high-risk clients for counseling. In addition, a one-day workshop will be held for personnel of other armed forces health commands in order to educate them about fertility management and inform them of program activities at Yaba. Staff at Yaba will also develop a questionnaire to study family planning knowledge, attitudes, and practices of the female patient population.

Central Hospital, Benin City
NIR-08-SV-2-A
\$29,975

The program at Central Hospital represents one of AVSC's initial efforts to develop a model voluntary sterilization project in each of Nigeria's 19 states. During the first program period, dedicated space was established and equipped, and a female service delivery program was launched. In addition, education and training activities took place for health and family planning providers from Bendel State. Activities of this second-year

program include an orientation seminar and an information, education, and counseling training workshop for 20 nurse-midwives from the hospital, family planning clinics, and surrounding maternity centers; the training of four residents in minilaparotomy; and the provision of expendable supplies in order to make voluntary sterilization more available to low-income women and to assist the hospital in responding to the demand for services.

Iyi Enu Hospital, Onitsha
NIR-09-SV-2-A
\$12,300

This program will establish and equip dedicated space at the Iyi Enu Hospital for the provision of female sterilization and infertility diagnosis using laparoscopy. Workshops and ongoing training will take place to orient physicians, hospital nurses, and family counselors about the indications for tubal occlusion, so they can more adequately counsel and refer patients for this service. Data will also be collected, through questionnaires, on the knowledge and attitudes of clinic visitors and sterilization requesters. AVSC support will help to meet the increasing demand for services in Anambra State during a period of fiscal austerity in Nigeria.

University of Jos Teaching Hospital
NIR-10-SV-2-A
\$29,850

University of Jos Teaching Hospital, the only teaching hospital in north central Nigeria, serves as the referral hospital and provides training for medical personnel from all of Plateau State and several neighboring states. During the first project period, dedicated space was established and equipped, a female service delivery program was launched, and educational and training activities were conducted for physicians and health care personnel. In this second period, an orientation seminar and an information, education, and counseling seminar for nurse-midwives from the hospital, family planning clinics, and surrounding maternity centers will be held. The coordinator of information, education and counseling will do outreach work in the community, and a nurse-midwife will attend a training workshop in Ibadan on information, education, and counseling. One physician/nurse team will receive refresher training in Kenya in minilap with local anesthesia in an outpatient setting. Expendable supplies will be provided in order to make tubal occlusion services more available to low-income women and to assist the hospital in responding to the demand for services.

University College Hospital, Ibadan (UCH)
NIR-12-TR-2-A
\$33,440

The University College is one of the premier service and training institutions in Africa and receives referrals from all over Nigeria and surrounding countries. The program at UCH represents one of AVSC's initial efforts to support the development of a quality voluntary sterilization

information, education, and counseling training program in Sub-Saharan Africa. During the first project period, 23 nurse-midwives from current or projected AVSC-funded service programs were trained in information, education, and counseling techniques. Because of the success of the first workshop and the overwhelming need and demand for additional information, education and counseling courses in Nigeria, a second workshop will train an additional 20 nurse-midwives. AVSC will also support the attendance of an observer/resource person from the University of Nigeria Teaching Hospital in eastern Nigeria, in anticipation of the regionalization of such training workshops in Nigeria.

Akure State Specialist Hospital
NIR-13-SV-2-A
\$10,375

Ondo State, in which Akure State Specialist Hospital is located, is one of the original five "accelerated" states for family planning in Nigeria, and State Ministry of Health officials have been collaborating with the Nigerian federal government and USAID/Nigeria to institute statewide family planning services. This three-year pilot program is intended to expand the availability of services in Ondo State and to serve as a model service, counseling, information, education, and referral program for Nigeria. In the first project period, dedicated space for the provision of services was created. In the second period, nurses will be trained in operating room assistance; counseling, information, education, and referral services will be continued; and nurses, midwives, and family planning workers from other centers in Ondo State will be exposed to the counseling, information, education, and referral practices at Akure State Specialist Hospital through a workshop and observation.

University of Nigeria Teaching Hospital (UNTH)
NIR-18-SV-1-A
\$31,526

The University of Nigeria Teaching Hospital, as one of the major specialist hospitals in eastern Nigeria, receives referrals of mothers at risk of complications during pregnancy and childbirth. This program supports the development and expansion of high-risk pregnancy services, including the training of nurses, midwives, and physicians in identifying women at risk of complications in future pregnancies; the provision of information, education, and counseling for women and couples in the high-risk category; client assessment for voluntarism; referral for voluntary sterilization services; and the provision of services in the postpartum and interval stages. Dedicated space will be established, and expendable supplies will be provided. Orientation sessions will be held at surrounding family planning and maternity centers, and a five-day orientation session will be conducted for additional physicians, nurse-midwives, and family planning personnel, so they can more adequately screen, inform, and refer appropriate clients for services.

Ministry of Health, Imo State
NIR-19-SV-1-A
\$85,504

The Imo State Ministry of Health was one of the first state ministries in Nigeria to integrate family planning into maternal-child health services provided in government facilities. Technical training and equipment for service provision will be provided to three major government facilities, while a fourth, rural hospital will be involved in fewer activities and receive less money. Two doctor/nurse teams will attend the Family Planning Association of Kenya's training program in minilap, and two doctors will update their surgical skills by working with previously trained doctors in Nigeria. One nurse-midwife from each of the three large hospitals will attend the AVSC-sponsored counseling training workshop in Ibadan. A nurse-midwife at each of the three hospitals will coordinate the counseling, information, and education components of the program.

Ahmadu Bello University Teaching Hospital (ABUTH)
NIR-20-SV-1-A
\$48,225

This hospital is situated in the heart of the Islamic area of Nigeria, where family planning, particularly sterilization, has not received much attention. Major constraints at Ahmadu Bello University Teaching Hospital include lack of an operating room, inadequate supply of expendable materials, and insufficient familiarity with the minilap procedure. During the first period of this three-year program, AVSC will assist ABUTH in developing a dedicated space for voluntary sterilization services, providing adequate information and education to patients, and increasing services. During the second program period, ABUTH residents and Kaduna State government doctors will be trained in surgical techniques. AVSC believes that this project will be an important first step in the expansion of voluntary sterilization into other Muslim regions of Nigeria.

SIERRA LEONE

Ministry of Health
SIL-01-SV-6-A
\$64,628

The AVSC strategy for assistance in Sierra Leone involves providing start-up support for services in key hospitals in strategic locations around the country while encouraging the institutionalization of voluntary sterilization in hospitals supported in earlier program years. This sixth year of AVSC support for fertility management services in Sierra Leone provides assistance to six hospitals. Services will be expanded at four hospitals, while dedicated space will be equipped at a fifth, and emergency equipment will be provided to a sixth. Expendable supplies will be provided to each of the six hospitals because of severe shortages in the country. Sierra Leone is one of the only countries in Sub-Saharan Africa that has a

viable leadership organization (the Association for the Management of Infertility and Fertility) and one of the few in which government officials openly support the integration of voluntary sterilization into maternal-child health services. There is the potential for a nationwide service program that could serve as a model for other countries of the region.

ZAIRE

ZAI-07-SV-1-A

Projet des Services des Naissances Desirables (PSND)
\$37,020

The goal of this project is to establish six model sites, three in urban and three in rural areas, to serve as demonstration projects for providing services, expanding service availability, and demonstrating latent demand for voluntary sterilization. After the six sites are identified, a project coordinator will be recruited and oriented for each site, and operating teams will be trained in minilap under local anesthesia; a counselor for each site will also be trained. The factors that influence decision making regarding sterilization will be investigated, and relevant operations research will be conducted. When the six model facilities are established, they can serve as training sites for sterilization procedures and counseling in this high-priority country.

Amendments Awarded in 1986: Sub-Saharan Africa

COMOROS ISLAND

El Maarouf Hospital
COI-02-SV-1-A
\$15,350

The objectives of the service delivery project at El Maarouf Hospital were to renovate and equip operating and recovery room space and to provide female sterilization and infertility diagnostic services. The amendment provided funds for the local purchase of an anesthesia machine; the project has been on hold pending the provision of a machine compatible with French installations, which are the standard in the Comoros Islands.

MAURITIUS

Mauritius Family Planning Association (MFPA)
MAU-02-SV-2-A
\$17,470

This program's objectives included expanding service capability to meet the increasing demand for female tubal occlusion services and conducting an information and education effort in vasectomy. Additional funds were provided for two purposes. The first was to cover unusually high shipping costs for AVSC-procured equipment; the second, to complete the renovation of additional recovery room space at a family planning clinic, which would allow MFPA to increase its caseload by drawing from a long waiting list of requesters.

NIGERIA

University College Hospital, Ibadan (UCH)
NIR-12-TR-1-A
\$2,248

An amendment was provided to cover the costs incurred in training two nurse-midwives from UCH at the Family Planning Association of Kenya's course in voluntary sterilization information, education, and counseling. This training supplemented the program's training of 20 nurse-midwives from AVSC-supported projects throughout Nigeria at UCH in the techniques of education and counseling for potential clients.

SENEGAL

Obstetrics-Gynecology Clinic of the University Hospital of Dakar
SEN-03-SV-2-A
\$2,026

Additional funds were provided in order to cover overexpenditures on the shipment of AVSC-procured equipment, a locally purchased generator, and operating room renovation. The renovation and provision of equipment were major components of this project, which supported female services in conjunction with a training program.

UGANDA

Ministry of Health
UGA-01-SV-1-A
\$8,034

This amendment covered additional shipping and handling costs incurred in packing equipment distributed to the four service sites, as well as additional costs for minor renovations at two of the sites. This subagreement supported the equipping of the four program service sites, service delivery, refresher training for operating physicians, and orientation programs for medical personnel of hospitals and other family planning referral centers in the areas involved.

Small Grants Awarded in 1986: Sub-Saharan Africa

BENIN

Cotonou Maternity Hospital
S-896-EQ
\$1,400

This small grant provided pelvic exam instruments, medical kits, and gloves to help alleviate a severe shortage of these items at the main public maternity hospital in Benin, and also served as a means of renewing contact with the facility, which had lapsed after the death of its former director.

BURKINA FASO

Clinique pour la Promotion de la Sante Familiale
S-861-EQ
\$1,558

The provision of educational films and slides enabled clinic staff to provide better information on voluntary sterilization to the client population, with the ultimate purpose of establishing a referral system to the AVSC-funded service site at Yalgado Ouedrago Hospital in Ouagadougou.

BURUNDI

Hospital Prince Regent Charles
S-843-EQ
\$3,315

Urgently needed instruments and expandable supplies were provided to allow the grantee to continue services while awaiting supplies to be provided under a related subagreement.

Centre Hospitalo Universitaire
S-844-EQ
\$7,500

Equipment and expendable supplies were provided to allow voluntary sterilization provision to continue at Centre Hospitalo Universitaire. Additionally, audiovisual equipment and information and education films were provided for use at an October 1986 training program sponsored by the Johns Hopkins Program for International Education in Gynecology and Obstetrics.

Hopital Gitega
S-845-EQ
\$5,582

Equipment and expendable supplies were provided in order to allow Gitega to continue providing services while awaiting the initiation of a service program under a related subagreement. Teaching models and audiovisual materials were also provided for the hospital's paramedical school.

Clinique Foreami
S-859-TR
\$800

The director of this clinic participated in a minilap training course at the Family Planning Association of Kenya. He will serve as one of the operating surgeons under a related subagreement.

Hopital Prince Regent Charles
S-862-TR
\$600

The medical director of the AVSC program in Burundi, who is also principal trainer in both the AVSC and the Johns Hopkins Program for International Education in Gynecology and Obstetrics programs, attended refresher training in minilap under local anesthesia and observed the training program at the National Training Center for Reproductive Health in Morocco.

Ministry of Public Health
S-874-TR
\$3,710

A physician and nurse-midwife/family planning counselor attended an orientation to minilap with local anesthesia and to voluntary sterilization education and counseling at the Family Planning Association of Kenya.

ETHIOPIA

Family Guidance Association of Ethiopia
S-865-TR-P
\$3,500

This small grant supported the training of a doctor/nurse team from the Family Guidance Association of Ethiopia at the Family Planning Association of Kenya. The physician was trained in minilap under local anesthesia, and the nurse was trained to assist in the operating theater during sterilization procedures. The nurse's training also included sessions on information, education, and counseling.

GHANA

Planned Parenthood Association of Ghana
S-870-EQ
\$6,895

Medical kits, expendable supplies, audiovisual equipment, and educational materials were provided as an initial collaboration with the Planned Parenthood Association of Ghana, a major provider of family planning information and services throughout Ghana.

University Hospital
S-880-TR
\$2,500

A physician/nurse-midwife team attended training sponsored by the Family Planning Association of Kenya in outpatient minilap under local anesthesia.

KENYA

Seventh Day Adventist Health Services
S-851-EQ
\$2,000

Two medical kits and an operating room table were provided to the Nairobi clinic of the East African Union of Seventh Day Adventist Health Services for the provision of minilap on an outpatient basis.

Changamwe Clinic
S-873-EQ
\$7,470

Operating room equipment and medical kits were provided to this private harambee (self-help/community development) clinic in Mombasa, in anticipation that the clinic would prove to be an innovative leader in the provision of voluntary sterilization services in Coast Province of Kenya.

Marie Stopes Clinic
S-888-EQ
\$700

Information and education materials were provided to aid in the expansion of the voluntary sterilization component of the low-cost family planning services provided at the clinic. Also, funds were provided for a local purchase of an operating room table, as the clinic had been using an examining table for surgical procedures.

Mkomani Harambee Clinic and Changamwe Clinic
S-902-EQ
\$400

AVSC had previously equipped the minor operating theater at both clinics for the provision of voluntary sterilization services. However, the clinics lacked informational slides and films on minilap and vasectomy, and these materials were provided under this small grant.

Seventh Day Adventist Health Service
S-913-EQ
\$950

Two minilap kits were provided to facilitate an increase in the number of procedures that can be performed at the Nairobi Clinic of the Seventh Day Adventist Health Services. This is related to small grant S-851-EQ, Kenya.

Chania Clinic
S-914-EQ
\$438

Three minilap kits were supplied to replace worn instruments so that minilap training could continue at the clinic.

Mkomani Changamwe Clinics
S-915-EQ
\$7,380

A large sterilizer was provided to the relatively new, free-standing Changamwe Clinic to help ensure its smooth functioning. Both clinics, which are operated by the Shaani Family Planning Project, received additional minilap and vasectomy kits and expendable supplies to meet the demand for voluntary sterilization in Mombasa.

LIBERIA

Dr. Jose Fabella Memorial Hospital
S-867-TV
\$5,000

Four Liberian trainees travelled to the Philippines for refresher training in minilap with local anesthesia.

MAURITIUS

Sir Seewoosagu Ramgoolam National Hospital
S-854-EQ
\$250

Verres needles for insufflation were furnished so that the hospital could utilize its Laprocator.

Mauritius Family Planning Association (MFPA)
S-881-TR
\$800

The operating surgeon at the Mauritius Family Planning Association clinic attended the Family Planning Association of Kenya's training course in minilap with local anesthesia. MFPA may develop into a regional training center in Manila for francophone and anglophone countries.

Flacq Hospital
S-893-TR
\$2,000

A physician/nurse team attended training sponsored by the Family Planning Association of Kenya (FPAK), in minilap under local anesthesia, and observed FPAK's outpatient setup. They were thus able to contribute to the launching of a new AVSC program at the Ministry of Health facilities in Mauritius.

NIGERIA

AVSC Nigeria Country Office
S-841-EQ
\$7,300

Ten minilap kits and expendable supplies for 500 procedures were provided for distribution to select hospitals where service delivery was hampered by lack of basic surgical instruments and supplies.

University College Hospital (UCH)
S-863-TR
\$4,915

Four physicians from Ogun State Hospital Service were trained at University College Hospital in minilap under local anesthesia, observed an active, ongoing voluntary sterilization program, and were oriented to counseling. In addition, each trainee was provided with a minilap kit and enough expendable supplies for 50 procedures.

Jos University Teaching Hospital
S-871-TR
\$3,000

A key nurse-midwife counselor at the AVSC program in Jos participated in a general family planning course at University College Hospital in order to become as conversant with temporary contraceptive methods as with sterilization. This training will enable her to prepare clients at the Jos University family planning unit to make well-informed choices.

Plateau State Ministry of Health
S-875-SV
\$400

The state family planning program and Jos University Teaching Hospital hold joint seminars and workshops on temporary and permanent family planning methods. A male teaching model was supplied to complement other contraceptive commodities provided to the Ministry of Health through Family Planning International Assistance and used in the workshops.

Jos University Teaching Hospital
S-879-TR
\$300

One physician was trained in the application of the Filshie clip, and observed clinic setup and outpatient organization in Nottingham, England.

Minna General Hospital
S-883-TR
\$2,000

A physician/nurse-midwife team, one of five from ongoing AVSC projects in Nigeria, received training in minilap under local anesthesia at the Family Planning Association of Kenya.

Nigerian Army Reference Hospital
S-884-TR
\$2,800

A physician/nurse-midwife team from a related AVSC subagreement participated in the Family Planning Association of Kenya's training in minilap under local anesthesia.

University of Nigeria Teaching Hospital (UNTH)
S-885-TR
\$2,800

Two physicians received training in minilap under local anesthesia. In addition, they observed the functioning of a service delivery organization, outpatient services, and client education and counseling.

Lagos Island Maternity Hospital and Ikeja General Hospital
S-887-TR
\$4,800

A physician/nurse team from each hospital attended a training course in minilap with local anesthesia at Philippines General Hospital.

University College Hospital, Ibadan (UCH)
S-898-TV
\$6,700

This small grant supported the travel of an obstetrician/gynecologist from the fertility research unit at the University of Ibadan in Singapore and Nottingham, England. In Singapore, he participated in the World Federation safety meeting, the World Federation General Assembly, and the 12th World Congress on Fertility and Sterility; in Nottingham, he was trained in Filshie clip application for minilap.

Planned Parenthood Federation of Nigeria (PPFN)
S-903-TR
\$7,087

A five-day workshop in information, education, and counseling was held for 10 Planned Parenthood Federation of Nigeria (PPFN) nurse-midwives and one nurse educator. The objectives were to increase the information, education, and counseling skills of the participants and enable them to pass their knowledge and skills on to other PPFN staff. Educational materials and equipment for the workshop were also provided under this small grant.

SIERRA LEONE

Association for the Management of Infertility and Fertility (AMIF)
S-858-TV
\$1,900

This small grant supported the attendance of a physician at the second World Congress on Sexually Transmitted Diseases.

SOMALIA

Faculty of Medicine, Mogadishu
S-856-PE
\$3,000

The dean of the faculty of medicine was able to attend the Expert Meeting on Training Physicians and Providing Fertility Care Services in the Arab World through funding provided by this small grant.

TOGO

University Teaching Hospital (UTH)
S-876-SV
\$5,240

Information and education materials were provided to orient and educate medical students and health professionals at University Teaching Hospital about the health benefits and rationale for voluntary sterilization. This complements a small grant from 1985 in which expendable supplies and minilap kits were donated to UTH.

UGANDA

Ministry of Health
S-882-TR
\$500

A physician/nurse-midwife team from Jinja Hospital attended the Family Planning Association of Kenya's training course in minilap with local anesthesia.

ZAIRE

Soins de Santé Primaires en Milieu Rural
S-847-EQ
\$1,770

Medical kits were provided for minilap services sites in the Karawa rural health zone of Zaire.

Projet des Services des Naissances Desirables
S-849-EQ
\$600

Minilap kits were distributed to three Zairian physicians trained in the procedure in November 1985, to enable them to use their skills and provide voluntary sterilization services.

Project des Services des Naissances Desirables
S-872-TR
\$4,504

Two doctor/nurse teams were trained in minilap under local anesthesia at the National Training Center for Reproductive Health in Morocco. These teams will be among the nucleus of doctors and nurses who will be key in providing services and counseling under a related subagreement.

Projet des Services des Naissances Desirables
S-897-TR
\$5,000

A physician was trained in minilap under local anesthesia at Altagracia Hospital, a large maternity hospital in the Dominican Republic.

Projet des Services des Naissance Desirables
S-904-TR
\$4,132

An obstetrician/gynecologist from the public hospital in Kinoise was trained in minilap under local anesthesia at Altagracia Hospital in the Dominican Republic. This is related to small grant S-897-TR, Zaire.

ZIMBABWE

Harare Central Hospital
S-839-EQ
\$1,000

One pair of knee-and-foot crutches for a surgical table were provided to this university teaching hospital for use in a minilap and laparoscopy training program for physicians sponsored by the John Hopkins Program for International Education in Gynecology and Obstetrics, with the intent of paving the way for further AVSC involvement in Zimbabwe.

Zimbabwe National Family Planning Council (ZNFPC)
S-853-SV
\$300

Educational materials that the Zimbabwe National Family Planning Council urgently needed were provided. This grant will serve as a link between AVSC and the ZNFPC until the development of a substantial program.

Zimbabwe National Family Planning Council (ZNFPC)
S-886-TR
\$1,000

Two trainees observed minilap technique with local anesthesia at the Family Planning Association of Kenya.

SUMMARY

NORTH AFRICA AND THE MIDDLE EAST

AVSC's overall goal in North Africa and the Middle East is to increase access to voluntary sterilization services and to improve their quality. The countries in this region are in different stages of family planning program development and, thus, different strategies and interventions are required. On one end of the spectrum, there are countries, such as Morocco and Tunisia, with major government family planning programs that include voluntary sterilization components and where AVSC's work is geared toward improving the quality and diversity of services. At the other end of the spectrum are those countries with serious political or infrastructural obstacles that hinder the development of voluntary sterilization programs. In those countries, AVSC's strategy is to gain a foothold through professional education activities, and to develop pilot service programs that demonstrate the acceptability of sterilization services. The Muslim religion is an important cultural obstacle to all voluntary sterilization programs in this region regardless of a particular family planning program's stage of development.

In 1986 a total of \$851,889 was awarded for activities in North Africa and the Middle East: \$807,756 for 3 subagreements, \$840 for 1 amendment and \$43,293 for 11 small grants. The amount of funds awarded to this region represents 12.3% of the total grant funds awarded by AVSC in 1986.

The three subagreements awarded in 1986 were to the two premier programs in the region: the Moroccan National Training Center for Reproductive Health (NTRH) and the Tunisian Office National de la Famille et de la Population (ONFP). Both these programs are important for AVSC's work in the region as they demonstrate government support for surgical contraception programs in spite of religious and political sensitivities.

In Morocco, AVSC provided a grant for the second year of a five-year program with the NTRH which supports services at 30 provincial hospitals throughout the country. At the end of the five years, it is anticipated that voluntary sterilization services will be institutionalized in Morocco as a routine health service provided by the Ministry of Health. In the meantime, AVSC provides technical assistance to develop quality assurance mechanisms and systems that will assist in the management of a large, nationwide program. In 1986, AVSC supported a consultant to help the NTRH computerize its medical record-keeping systems in order to better evaluate medical safety and client satisfaction. The effort is an important pilot as AVSC strives to develop guidelines for simple management information systems in its programs.

In Tunisia, AVSC and ONFP embarked on a new three-year program cycle that shifts the focus of AVSC's support from the subsidization of sterilization services to quality assurance activities. Among the activities undertaken in 1986 by this program was a series of workshops designed to standardize the anesthesia regimen used in ONFP's many service facilities. Another professional education effort was a workshop for ONFP

personnel to improve the quality of education and outreach for the voluntary sterilization program. Future efforts will include collaboration between the ONFP and the Tunisian Ministry of Health to introduce postpartum services in the latter's facilities. To date, the ONFP's program has been geared towards outpatient, interval laparoscopy in its free-standing clinics.

In 1986, the small grant mechanism was used primarily to support seeding efforts designed to gain entry into countries characterized as having political constraints to program development. Jordan and Turkey were the major recipients of small grants in support of minor equipment items to make possible service delivery and various professional education and refresher training activities. In Jordan, the Ministry of Health has expressed interest in working with AVSC, but is cautious about becoming involved in a full-scale program. Therefore, our strategy is to move first with private sector and university institutions. In Turkey, where voluntary sterilization was legalized in 1983, AVSC is hampered by a cautious attitude on the part of the U.S. Embassy (there is no USAID mission in Turkey). As a direct result of the small grants funded in 1986, the Ministry of Health and Social Assistance has invited AVSC to develop a proposal to assist with its voluntary sterilization training program. Private funds will be used to support such activities in Turkey until USAID support is possible.

AVSC maintained a low-key presence in several other countries in the region. In Egypt, AVSC has phased down its program because family planning organizations are increasingly reluctant to risk political attack by delivering voluntary sterilization services. In 1986, no new grants were awarded, but on-going subagreements for services were continued with Alexandria and Ain Shams Universities, and Misr Spinning and Weaving Hospital. Political uncertainties in the People's Democratic Republic of Yemen as a result of a coup d'etat made it difficult to assess several privately supported programs there. In the Yemen Arab Republic, AVSC suspended program activities in 1986 with the Yemen Family Planning Association due to managerial problems. And in the Sudan, AVSC continued its work with the Sudan Fertility Control Society and Omdurman Hospital. Further program development in this priority country was hampered by political uncertainties.

Subagreements Awarded in 1986: North Africa/Middle East

MOROCCO

National Training Center for Reproductive Health (NCRH)
MOR-03-SV-2-A
\$422,222

The purpose of this five year-program is to widen the availability and accessibility of surgical reproductive health services by providing voluntary sterilization services in 30 provincial hospitals throughout Morocco, with the National Training Center for Reproductive Health acting as a central administrative and coordinating body. The main objective of the first year, establishing an administrative and management unit to monitor all aspects of program activities, was fully accomplished. During this second year, service delivery at the initial 20 hospitals will continue, and 10 additional hospitals will be incorporated into the program; the program will thus include the vast majority of provincial hospitals in Morocco. This program makes use of restricted funds provided by USAID/Rabat that were added to AVSC's central cooperative agreement.

TUNISIA

Office National de la Famille et de la Population (ONFP)
TUN-11-SV-1-A
\$139,217

The Office National de la Famille et de la Population, a semiautonomous government agency under the Ministry of the Family and Promotion of Women, is charged with implementing the national family planning program which has served as a model program for the region. This subagreement begins a three-year extension of support for ONFP, which is confronting Tunisia's difficult economic climate and a progressive withdrawal of donor support. The program provides for continuation of high-quality services at 16 ONFP facilities covering virtually all regions of the country and characterized by good past performance. It also, for the first time, includes Ministry of Health facilities. In addition, the project provides for strengthening of ONFP medical supervision by partly financing quarterly medical supervisory visits, and for improving coordination and evaluation of its voluntary sterilization program through meetings of staff members from all service sites.

Office National de la Famille et de la Population (ONFP)
TUN-11-SV-2-A
\$246,317

This program represents the consolidated second year of two separate activities, one in support of 22 service sites, and the second directed at improving the quality of services by improved information, education, and counseling, and by standardizing the anesthesia regimen used. In addition, the effort to enhance quality and safety is expanded this year through two new program components: training in minilap under local anesthesia and provision of information and education to prenatal patients, with the gradual introduction of postpartum minilap services, at three large maternity hospitals.

Amendments Awarded in 1986: North Africa/Middle East

SUDAN

Omdurman Maternity Hospital
SUD-05-SV-1-A
\$840

This amendment provided remuneration for the project director who had previously been unpaid. The subagreement supported the delivery of female services, and the training of physicians in the minilap technique.

Small Grants Awarded in 1986: North Africa/Middle East

EGYPT

Ain Shams University
S-842-EV-P
\$5,735

Equipment and funds were provided to support research associated with the performance of 200 cases of laparoscopic sterilization using the Filshie clip technique. The cases were used as a basis for comparison with application of the Falope-Ring, a frequently used technique in AVSC programs.

JORDAN

General Federation of Jordanian Women
S-834-EQ
\$3,545

Educational films and slides, and audiovisual equipment, were provided as a first step in enabling the General Federation of Jordanian Women to increase awareness among the Jordanian population about voluntary sterilization as a measure to improve maternal and child health.

Jordan University Hospital
S-837-EQ
\$6,025

Audiovisual materials and a laparoscopic teaching attachment were provided for physician training, as a possible precursor to expanded AVSC involvement.

Princess Basma Hospital
S-889-EQ
\$6,857

Medical and audiovisual equipment and materials were supplied to assist Princess Basma Hospital in meeting the unmet demand for female sterilization services and to increase knowledge and acceptance of the benefits and availability of these services.

King Hussein Medical Center
S-890-EQ
\$4,550

Medical equipment was provided to King Hussein Medical Center, a prestigious and influential medical complex, in order to alleviate its equipment problems and allow it to accommodate the high demand for VSC services.

Jordan University Hospital
S-892-TV
\$2,700

Funds were provided enabling the chairman of the obstetrics/gynecology department of Jordan University Hospital to travel to Chicago to present a paper at the Society for the Advancement of Contraception meeting. (The small grant was subsequently cancelled.)

Princess Basma Hospital
S-901-TR
\$2,246

The chief of obstetrics/gynecology at Princess Basma Hospital received refresher training in laparoscopy at the National Training Center for Reproductive Health in Morocco. As a trainer of 10 residents per year, he was interested in including laparoscopy as well as minilap in his obstetrics/gynecology training program.

TURKEY

Ankara Maternity Hospital
S-860-EQ
\$1,635

Surgical instruments were provided to this large and active hospital in anticipation of future program development efforts.

Hacettepe University
S-894-TV
\$3,000

An obstetrician/gynecologist in the department of community medicine at Hacettepe University traveled to Chicago to participate in the annual Society for the Advancement of Contraception meetings. In providing this support, AVSC was encouraging continued delivery of voluntary sterilization services in Turkey and was working to maintain a relationship with service providers.

Ankara Maternity Hospital
S-895-TV
\$3,000

Funding was provided for the participation of the director of Ankara Maternity Hospital in the annual Society for the Advancement of Contraception meeting in Chicago. His continuing education in contraceptive technology and service delivery is a precursor to the development of a service-delivery program at Ankara Maternity Hospital.

Ankara Gynecological Society
S-900-MA
\$4,000

Funds were contributed to assist with the cost of the local printing of 10,000 booklets on family planning, intended for distribution to doctors and midwives throughout Turkey. Information on voluntary sterilization included in the booklet was developed partially from materials provided by AVSC. Resource materials of this sort are scarce in Turkey.

SUMMARY

LATIN AMERICA AND THE CARIBBEAN

Latin America and the Caribbean is a large and complex region where AVSC has been working since the inception of its international program. We subdivide the region into two groups for planning and strategic purposes: (1) countries where we have worked for a long time and where voluntary sterilization is increasingly well-accepted (most of the Central American countries, Mexico, the Dominican Republic, Colombia, and Brazil) and (2) countries that have low prevalence, political barriers, and nascent programs (Bolivia, Ecuador, Paraguay, Peru, and Haiti).

In the higher prevalence countries, AVSC's strategy is to improve medical quality and voluntarism, and to test new and better modes of service delivery and program management. Our approach in these countries involves more technical assistance, professional workshops, and operations research with less support for services themselves. In the low prevalence countries, we work much as we do in Africa, to nurture new projects that introduce services to ensure that they start off on the right footing. The great advantage in Latin America is that it is possible to utilize and build on resources within the region. Thus, professional education and exchange of experiences between the more successful programs and the fledgling ones are important vehicles for our work in this region.

Latin America and the Caribbean region received the largest share of grant funds in 1986. A total of \$2,233,126, or 32% of all grant funds, was obligated: \$2,045,062 for 18 subagreements, \$146,134 for 6 amendments, and \$41,930 for 12 small grants. Of the 18 subagreements awarded, four were for new service programs, two were for professional education workshops, six were for long-standing, large, multisite service initiatives, and the remainder were continuation subagreements to relatively new service efforts in low prevalence countries.

In 1986, AVSC consolidated responsibility for managing all Latin American and Caribbean programs under the direction of the regional office in Bogota, Colombia (which previously had responsibility for South America and the Caribbean). This move was made to facilitate the exchange of experiences and resources within the region and was accompanied by an effort to take a fresh look at many of the large programs that AVSC has supported for several years. Thus, several program assessments were undertaken in 1986, particularly in Central America, to familiarize regional program staff with the issues in countries now under their responsibility as well as to point the way for future program directions. (An assessment of medical quality in El Salvador was planned but postponed, due to the worsening security situation in that country.)

In Mexico, an assessment was conducted to review the impact of past programs and assess the needs for future AVSC involvement. Between 1977 and 1985, AVSC provided over \$5.6 million to public, private, and university organizations in Mexico. The conclusion of the assessment was that this assistance contributed to the overall progress of Mexican institutions,

particularly in the public sector, to provide services. AVSC now needs to turn its attention to improving the quality and efficiency of services; to assuring attention to voluntarism; to emphasizing self-reliance in the private sector; and to extending services to uncovered populations, including men. The assessment also called for improved management of AVSC programs through consolidation of small projects, and better oversight and coordination. This final recommendation, in particular, supported AVSC's decision in 1986 to open an in-country office in Mexico to assist with the management of AVSC programs there. The programs awarded in 1986 reflect the recommendations of the needs assessment.

AVSC's program with the Asociacion Pro-Bienestar de la Familia (APROFAM) in Guatemala underwent a major review in 1986 as well. The client follow-up survey conducted by Tulane University in late 1985 showed that significant proportions of rural, Indian clients who did not speak Spanish at home received their information on sterilization in Spanish and were unable to name another method of family planning. As the survey results were being finalized in early 1986, the new health minister charged that APROFAM was conducting a mass sterilization program. While these charges were later retracted, APROFAM and AVSC followed up by reviewing the program and introducing interventions designed to strengthen it.

Services were suspended in those clinics where problems were found, and AVSC provided a technical consultant to assist APROFAM in reviewing and redesigning its client information, education, and counseling program. This was followed by a three-week clinic-by-clinic inventory of voluntarism and medical quality in APROFAM's program, conducted by a team of AVSC staff and consultants. By and large, it was found that APROFAM delivers high-quality voluntary sterilization services through its network of clinics, private physicians, and mobile teams, and recommendations were made to fine tune rather than to overhaul the program.

In Honduras, a similar inventory of voluntarism and medical quality was undertaken at the request of the USAID mission, which in 1986 assumed funding responsibility for the voluntary sterilization program implemented by the Asociacion Hondurena de Planificacion de la Familia (ASHONPLAFA) through the Ministry of Health and its facilities throughout the country. (This program was financed by AVSC through 1985.) The assessment included ASHONPLAFA's program and a program still supported by AVSC with the Instituto Hondureno de Seguridad Social (IHSS). While no major problems were encountered, areas requiring further assistance include strengthening medical supervision and monitoring, and client education and counseling. The mission has asked AVSC to continue providing technical assistance in these areas. Future programs will focus on professional education in medical and counseling norms.

AVSC's assessment of programs conducted in Brazil in 1985 found that local service providers differed significantly in surgical techniques and anesthesia practices. As a result, the focus of our 1986 programs with two major, private sector, family planning service providers in Brazil, the Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF) and the Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM), was on standardization of practices through better medical supervision and monitoring. In addition, AVSC supported a seminar to define and disseminate

medical safety norms throughout the country. The workshop was conducted by the Sociedade Brasileira de Reproducao Humana and the Federacao Brasileira de Sociedades de Ginecologia e Obstetricia, two leading organizations in human reproduction that have the greatest potential for influencing how services are provided in facilities not supported by AVSC, where the majority of sterilizations in Brazil are performed.

During medical site visits and quality assurance exercises, AVSC has noted a lack of standardization in multisite programs not only in Latin America but also around the world. Therefore, AVSC supported in 1986 a regional workshop on medical supervision for Latin American program managers hosted by the Consejo Nacional de Poblacion y Familia (CONAPOFA) in the Dominican Republic. The workshop developed guidelines on how to supervise voluntary sterilization services in multisite programs and defined the practical skills and job description for a medical supervisor. A major focus was to ensure that supervision consists primarily of technical advice and support, rather than of inspection alone. AVSC expects that this workshop will result in better defined supervision components in the large national programs we support and a heightened awareness of the importance of such quality assurance exercises.

Another regional professional education activity in 1986 was a counseling seminar for voluntary sterilization counselors and counselor trainers/supervisors from five Central America countries. The impetus of this seminar, conducted by the Instituto Nacional de la Nutricion (INN) in Mexico, was the findings from client follow-up surveys conducted in Guatemala and El Salvador. It was designed to give a "hands-on" approach to counseling. The seminar's evaluation was very positive, and several participating organizations will follow up by designing and conducting counselor training activities at the local level.

Subagreements Awarded in 1986: Latin America/Caribbean

BOLIVIA

Clinica San Pablo
BOL-06-SV-1-A
\$18,595

This program is a one-year pilot project to allow the initiation of high-quality minilap services using local anesthesia at the Clinica San Pablo. AVSC support enables this new clinic to gain experience both in the delivery and in the management and administration of this type of service. Support includes the provision of necessary equipment for the operating, recovery, examination, and counseling rooms, as well as institutional reimbursement and administrative and operational support. The clinic offers obstetric and gynecologic care and a full range of family planning services, which have been unavailable in the area, to low-middle and low-income segments of the population.

BRAZIL

Sociedade Civil Bem-Estar Familiar no Brasil (BEMFAM)
BRA-14-TR-4-A
\$142,238

This subagreement is a transitional step in continuation of the established program with BEMFAM, to allow BEMFAM and AVSC to agree on new ways of mutual cooperation, and make modifications based on the results of an evaluation of AVSC's past cooperation with BEMFAM. Its objectives are to train physicians, mainly in minilap under local anesthesia, at three public hospitals; establish standards for the implementation of a supervisory plan; train counselors for the program; and provide voluntary sterilization services at the three hospitals. As a national family planning organization with strong ties to universities and state governments, BEMFAM has the potential to be an effective contributor to efforts at increasing the acceptance of family planning in Brazil

Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF)
BRA-25-SV-3-A
\$449,932

This subagreement represents the last year of a three-year program, the main goal of which is to make safe and inexpensive voluntary sterilization services available to increasing numbers of Brazilians. It is the result of a consolidation of AVSC activities in this vast country, in an attempt to support a larger number of institutions without reducing control over the

quality of services provided. Thus, many of the supervisory and follow-up functions have been delegated to the ABEPF secretariat. The number of institutions participating in the program has been increased from 29 to 35. In addition, a number of physicians from ABEPF-affiliated clinics that do not participate in the program are to be trained in techniques of minilap under local anesthesia. Finally, a seminar for the formulation and adoption of a set of medical safety norms to be applied at the clinics of participating institutions is to be organized.

Sociedade Brasileira de Reproducao Humana
BRA-28-PE-1-A
\$23,450

There are currently no defined norms in Brazil to regulate the provision of voluntary sterilization. Under this subagreement, a workshop will be planned and conducted in order to define, establish, and disseminate medical and safety norms, adapted to local conditions, for the delivery of quality voluntary sterilization services throughout the country. The workshop is to be implemented by the Sociedade Brasileira de Reproducao Humana and the Federacao Brasileira de Sociedades de Ginecologia e Obstetricia, the country's two leading organizations in human reproduction, obstetrics, and gynecology. Thirty outstanding figures in the medical field in Brazil will attend, most of whom have experience with family planning and voluntary sterilization programs. The norms and recommendations established by this group will be extensively disseminated throughout the public and private sectors to serve as orientation for all voluntary sterilization service providers in Brazil.

COLOMBIA

Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA)
COL-16-SV-1-A
\$394,980

This subagreement represents the first year of a three-year assistance to PROFAMILIA, the most important family planning organization in Colombia. AVSC support will permit PROFAMILIA to continue providing quality VSC services at 24 clinics to meet the existing high demand for permanent contraception. In addition, PROFAMILIA will expand its services through the establishment of three new male-only clinics, one each year; such clinics represent an innovative approach that has already proven to be highly successful in Colombia. A pilot demonstration project in one clinic will orient local physicians to the availability of services at the male reproduction unit and, at the same time, will identify interested physicians for future training in vasectomy. PROFAMILIA will continue to train and supervise paramedical personnel in counseling and voluntarism. Also, equipment will be provided to ensure that each service site has the full complement of surgical and emergency equipment. The assistance provided through this subagreement will complement PROFAMILIA's resources to meet existing demand for permanent contraception and to reinforce client assessment, quality, safety, and voluntarism in all AVSC-supported services.

DOMINICAN REPUBLIC

Asociacion Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
DOM-03-SV-5-A
\$198,622

PROFAMILIA has been the pioneer in developing voluntary sterilization services and educational activities in the Dominican Republic and continues to be the major service provider in the country. In this fifth year of AVSC support, services will be offered in 33 private institutions located in 20 out of 28 provinces and the Federal District. PROFAMILIA contracts with physicians to perform sterilization procedures in private clinics, under the continuous supervision of its medical and program staff. Of these clinics, 31 will perform minilap, while at least two will perform vasectomy. Educational activities will be continued using various media to raise consciousness among the general public about vasectomy and the availability of male and female services. Special efforts and training will be carried out to improve education, counseling, and client assessment at all private clinics under contract with PROFAMILIA. Professional education, training, and medical supervision will be implemented with the aim of increasing the quality and safety of procedures and reducing sterilization-related complications. All these activities will contribute to meeting the high demand for quality services in the Dominican Republic.

Consejo Nacional de Poblacion y Familia (CONAPOFA)
SAM-02-PE-1-A
\$28,282

This subagreement is in support of a workshop planned, organized, and conducted by the medical director of CONAPOFA in collaboration with AVSC. The workshop is designed to provide program managers and supervisors from the Latin America region with a definition of the conceptual and practical skills required for adequate supervision, as well as a set of guidelines to determine what supervision should consist of in multisite voluntary sterilization service programs. The participants will be supervisors from programs receiving AVSC support in the region. Seventeen participants representing 14 institutions from seven countries are expected to attend; AVSC staff will be present to serve as organizers and resource persons.

ECUADOR

Asociacion Pro-Bienestar de la Familia Ecuatoriana (APROFE)
ECU-04-SV-2-P
\$26,664

This subagreement provides continued funding for APROFE, a private, non-profit organization, for the provision of low-cost, high-quality tubal occlusion services at two free standing clinic in Quito and Guayaquil

recently established and equipped with support by AVSC and the International Planned Parenthood Federation. The current subagreement supports the delivery of minilap under local anesthesia, training of staff, and technical assistance. APROFE has been seeking approval to use public funds for voluntary sterilization activities in Ecuador, but at present, private funds are required for the continuation of service delivery. AVSC support allows APROFE to keep its clinics open and offer services to the urban poor who cannot afford services provided by private physicians.

GUATEMALA

Asociacion Pro-Bienestar de la Familia (APROFAM)
GUA-08-SV-2-A
\$241,796

This subagreement provides support for a six-month continuation of APROFAM's national voluntary sterilization service program. It was developed as a transitional program to address programmatic needs that were identified in a client follow-up study, and to provide AVSC's newly reorganized Latin America and Caribbean regional office the opportunity to respond to the management needs of this large program. Under this subagreement APROFAM continued meeting the demand for services through its national network of clinics, private facilities, and mobile teams. In addition, AVSC conducted a three-week comprehensive clinical review of APROFAM's service program with respect to medical quality, counseling, and client processing practices. Also planned were two staff seminars, on safety and on client education and counseling, to reinforce APROFAM's efforts to improve the program.

HAITI

Fondation pour la Sante Reproductrice et l'Education Familiale (FOSREF)
HAI-03-SV-1-A
\$44,340

This grant of equipment will assist the government of Haiti to expand its national family planning program by incorporating voluntary sterilization into gynecologic and family planning services in the private sector. Support for this demonstration clinic is a collaborative effort between the public and private sectors to improve the quality and quantity of maternal-child health and family planning services by expanding the participation of private and voluntary organizations in the national family planning program. Under this subagreement a surgical unit for voluntary sterilization will be installed in an existing building; essential operating room, recovery room, emergency, and medical equipment will be provided. USAID/Haiti agreed to support personnel and operating costs of the clinic as a corollary to this subagreement.

HONDURAS

Instituto Hondureno de Seguridad Social (IHSS)
HON-11-SV-3-A
\$69,912

This subagreement represents the final year of a three-year program with the Honduran Social Security Institute. The program is designed to enable IHSS to integrate and expand the availability of voluntary sterilization services within its overall program. The first two years saw the successful initiation of services at IHSS's two major facilities, and the program is well on its way to becoming institutionalized. Laparoscopy, minilap, and vasectomy are offered, and these services are supported by an information and education program that utilizes interpersonal and print media. During the final program year, AVSC will explore future avenues of technical collaboration with IHSS, and IHSS will work to incorporate the program costs into its 1987 budget.

MEXICO

Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar
(FEMAP)
MEX-24-CO-2-A
\$323,050

This subagreement represents the second year of a three-year program with the Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar to extend voluntary sterilization through FEMAP's network of private family planning affiliates. The program offers technical assistance and supervision to 12 associations, two of which received support under the first-year program. In the second year, four groups that were previously financed under separate subagreements and six new associations will be phased into a consolidated FEMAP program. FEMAP's role as an umbrella organization will improve program quality and management of private family planning associations.

Desarollo e Investigacion para la Planificacion Familiar (DIPLAF)
MEX-44-SV-1-A
\$23,163

This subagreement is to enable one of the largest voluntary sterilization service providers in Mexico to continue to perform surgery. The Hospital General de Mexico is the centerpiece of the country's Ministry of Health system. The obstetrics/gynecology department provides prenatal, postnatal, maternity, gynecologic, and contraceptive services to women with no access to other health care. The pavilion housing the department was destroyed by the earthquake that struck Mexico City in September 1985. In order to enable the resumption of service delivery, AVSC is providing equipment to be used in another surgical area of the hospital complex until the obstetrics/gynecology wing is rebuilt.

Pro-Superacion Familiar Neolonesa, A.C.
MEX-45-SV-1-A
\$58,810

This three-year program is designed to support a joint effort between Pro-Superacion Familiar Neolonesa, A.C., a nonprofit, private family planning institution, and the government's health secretariat (SSA) hospitals. Under this collaborative program, Pro-Superacion Familiar Neolonesa will facilitate increased availability and accessibility to low-cost, high-quality voluntary sterilization services in the SSA hospitals to low-income groups in a broad geographic area in Nuevo Leon State that is rural and marginally urban. This activity will be supported by an education and information campaign, the improvement of medical quality and care, and the training of medical personnel in client assessment, voluntarism, counseling, and the use of local anesthesia.

PARAGUAY

Centro Paraguayo de Estudios de Poblacion (CEPEP)
PAR-02-SV-3-A
\$46,847

The Centro Paraguayo de Estudios de Poblacion, a nonprofit organization, has been committed in past years to the introduction of voluntary sterilization in Paraguay as an alternative to temporary contraceptive methods for the prevention of pregnancies among high-risk women. Activities under this subagreement focus on the expansion and continuation of high-quality services at the only one of CEPEP's 27 clinics where voluntary sterilization is offered. To ensure high standards of care, voluntarism, and medical quality, a counseling workshop will be conducted for 13 participants, including obstetrician/gynecologists, psychologists, health educators, and social workers. Additionally, the information and education campaign will be continued among the low-income population living in rural areas, in periurban areas around the city of Asuncion, and in the northeast of the country.

PERU

Asociacion de Profesionales para la Promocion de la Salud Materno Infantil (APROSAMI)
PER-12-SV-2-A
\$18,270

This subagreement is for the continuation of the voluntary sterilization program delivering services to women of low socioeconomic status living in the slum areas of metropolitan Lima. During the first phase of this multiyear program, dedicated space was renovated for the provision of sterilization services in the APROSAMI clinic, and equipment was purchased

both locally and through AVSC to meet AVSC medical standards. The second year is designed to support the expansion of services already initiated, by providing funds for salaries to paramedical and program personnel, institutional reimbursement, rent of surgical area and utilities, and information and education materials.

ST. LUCIA

St. Lucia Family Planning Association (FPA)
STL-01-SV-6-A
\$22,040

The goal of this program is to assist the government of St. Lucia in its family planning efforts by providing, through the Family Planning Association (FPA), voluntary sterilization services in the public sector that otherwise would not be available to individuals of low economic standing. In addition to supporting male and female service delivery, the subagreement will help expand the FPA's information and education activities on the island, particularly in rural areas, to increase awareness of the availability of voluntary sterilization services.

Amendments Awarded in 1986: Latin America/Caribbean

BRAZIL

Promocao da Paternidade Responsavel (PROPATER)
BRA-27-SV-1-A
\$19,012

This amendment coincided with an extension of the subagreement in order to allow uninterrupted provision of services pending reprogramming, preparation, and approval of a new subagreement with PROPATER. The funds provided support for institutional reimbursement, community education programs, counseling services, information and education courses, supervision, and printing of educational materials.

EL SALVADOR

Asociacion Demografica Salvadorena (ADS)
ELS-13-SV-4-A
\$90,350

This amendment accompanied a six-month extension of the subagreement, to enable AVSC to develop with the Asociacion Demografica Salvadorena (ADS) a new multiyear program for service delivery in El Salvador that is cost-effective. This final year of a four-year program to provide voluntary sterilization services in five ADS clinics and to test pilot approaches to strengthen vasectomy awareness and referral mechanisms required reassessment for a variety of reasons, including the shift of responsibility for Central America programs to AVSC's Latin America/Caribbean Regional Office.

HONDURAS

Instituto Hondureno de Seguridad Social (IHSS)
HON-11-SV-3-A
\$6,000

Funding was provided to cover personnel costs for one of the two IHSS hospitals involved in providing male and female services under this subagreement. Family Planning International Assistance (FPIA) had planned to assume total support of the hospital as of October 1986, but these plans were delayed. The purpose of the amendment was to cover personnel costs and allow services to continue until FPIA was able to assume responsibility for the program.

MEXICO

Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar
(FEMAP)
MEX-24-CO-1-A
\$26,935

This subagreement was extended to allow FEMAP to continue meeting the demand for voluntary sterilization at the five service sites involved while assessment of the program was being conducted and the continuation program finalized. Funding was provided to support service provision during the extension period while financial and service needs assessments were taking place.

Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar
(FEMAP)
MEX-24-CO-1-A
\$1,337

Funding was provided to cover the cost of coordinating a seminar involving FEMAP affiliates currently in or proposed for inclusion in the consolidated program. The seminar provided an opportunity for discussion on the program's consolidation process, as well as on medical norms, voluntarism and informed consent, and project evaluation.

Desarollo e Investigacion para la Planificacion Familiar (DIPLAF)
MEX-44-SV-1-A
\$2,500

This amendment covered the cost of a large autoclave that AVSC provided, along with other equipment, to a large hospital whose obstetrics/gynecology facility was destroyed in Mexico City's earthquake of September 1985. One of Mexico's major sterilization service providers was thus able to resume services.

Small Grants Awarded in 1986: Latin America/Caribbean

BRAZIL

Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca (CPAIME)
S-836-TR
\$3,000

An anesthesiologist from CPAIME, an important training facility for voluntary sterilization in Brazil, studied local anesthesia and local plus sedation, and observed programs in Colombia and the Dominican Republic to modify anesthesia practices for sterilization procedures at CPAIME and to revise training of surgeons and anesthesiologists conducted at CPAIME.

Instituto de Saude Reprodutiva
S-850-EQ
\$2,484

Funds were provided for the local purchase of an air conditioner for the operating room and for some equipment for this small institution located in Santa Maria.

Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF)
S-868-TV
\$600

The coordinator of the ABEPF project made an observational visit to AVSC projects in Colombia and the Dominican Republic to learn about the experiences in these countries.

Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca (CPAIME)
S-869-TV
\$1,300

The chief of the department of information, evaluation, and research at CPAIME traveled to the Centers for Disease Control in Atlanta in order to complete a life table analysis of sterilization failures in the CPAIME program from 1981 to 1984, the data for which were loaded on CDC's computer. Several papers are to result from this research, which contribute to sterilization literature.

DOMINICAN REPUBLIC

Asociacion Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
S-846-EQ
\$7,500

All PROFAMILIA-affiliated clinics were provided with emergency equipment and other medical supplies to ensure the provision of high-quality sterilization services conforming to AVSC medical standards and to the safety guidelines by the Consejo Nacional de Poblacion y Familia and PROFAMILIA.

Asociacion Dominicana Pro-Bienestar de la Familia (PROFAMILIA)
S-852-TR
\$6,186

Four physicians selected by PROFAMILIA received vasectomy training at the agency's two male clinics. Additionally, they observed advancements made in female sterilization techniques, as well as the operational and administrative aspects of both male and female clinics.

EL SALVADOR

Hospital de Maternidad
S-906-EQ
\$2,600

This small grant provided an urgently needed teaching attachment for a laparoscope, in order to renew a significant endoscopic training program under local anesthesia for obstetrics/gynecology residents. The program had been cancelled because of the breakdown of its teaching attachment.

GUATEMALA

Asociacion Pro-Bienestar de la Familia (APROFAM)
S-899-EQ
\$7,500

Emergency equipment was provided to APROFAM to enable laparotomies to be performed in the event of complications during sterilization procedures, in accordance with AVSC safety guidelines.

Asociacion Pro-Bienestar de la Familia (APROFAM)
S-916-TV
\$1,200

An anesthesiologist from APROFAM met with members of AVSC's Medical Division in New York to discuss and resolve anesthesia protocols and other outstanding issues concerning a related subagreement.

HAITI

Foundation pour la Sante Reproductrice et L'Education Familiale (FOSREF)
S-918-TR
\$4,360

An obstetrician/gynecologist from FOSREF attended vasectomy training at PROFAMILIA in Colombia and observed advancements made in female sterilization techniques, with the goal of initiating high-quality male and female services at the first private, nonprofit service site in Haiti supported by AVSC.

MEXICO

Yucatan University
S-838-EQ
\$200

Spare parts for an autoclave previously provided by AVSC were sent in order to render the autoclave functional.

Fundacion Mexicana para la Planeacion Familiar (MEXFAM)
S-905-TR
\$5,000

A physician from MEXFAM was scheduled to travel to Brazil and Colombia to learn how successful vasectomy programs are administered, in preparation for a similar program within his local institution. (The small grant was subsequently cancelled).

SUMMARY

ASIA

AVSC has been working in the Asia region since we began our international program in the early seventies. Sterilization acceptability and services are now well-established throughout most of the region: prevalence is high in several countries, and demand continues to grow. In recent years, AVSC's emphasis and strategy have shifted from service expansion to quality assurance issues, especially as programs gain maturity and as governments begin to support voluntary sterilization as a routine health service. One of the major issues faced by many of the programs in the region is the fact that increased governmental emphasis and public demand for voluntary sterilization are likely to strain the capacity of service programs to assure informed choice and voluntarism. Moreover, rapid expansion of services can also seriously affect medical quality. More needs to be done to assure that the medical and nonmedical quality of services is not compromised as programs expand; thus, there remains considerably more new and important work for AVSC to do in Asia.

In 1986 AVSC obligated a total of \$1,921,820, or 28% of the total amount of grant funds, in Asia: \$1,622,393 for 16 subagreements, \$249,771 for 15 amendments, and \$9,656 for 4 small grants. Of the 16 subagreements awarded, five were for new programs, all of them in Pakistan. The rest, in Indonesia, Philippines, Sri Lanka, and Thailand, were to programs that have been receiving AVSC support for several years. The total amount obligated in 1986 reflects a 27% decrease of funds awarded in 1985. This does not necessarily reflect a sustained decrease in AVSC support for programs in Asia. No obligations were made in Bangladesh, AVSC's largest program in Asia and in the world, as the program was able to continue with funds obligated in 1985 because sterilization performance had declined unexpectedly throughout the country.

Many of the programs in the region are long-standing recipients of AVSC support. Several are classified as national leadership groups whose primary focus has been on advancing the availability and quality of surgical contraception. Many of these national leadership groups must contend with changing their roles because of increased government commitment to voluntary sterilization programs. Moreover, they must learn to decrease their dependence on outside support if they are to become self-sustaining and self-reliant. Therefore, evaluation was a major theme for AVSC's activities in Asia in 1986 as we struggled to understand better the changing needs of our programs and to come to terms with these challenging and important issues.

In Bangladesh, during much of 1986, AVSC's major recipient of support, the Bangladesh Association for Voluntary Sterilization (BAVS), addressed a nationwide decline in sterilization performance, both in its own clinics as well as in the government family planning program. The decline seemed to be due not to a decrease in demand per se, but rather to administrative problems resulting from a government decision to integrate family planning

and health functions at the local level. During the preceding few years, incidents of voluntarism abuse in the government sterilization program were reported; donors and program managers stepped up surveillance, concluded that voluntarism efforts were sound, and spent countless hours defending the program. Thus, the decline in procedures came at a time when perhaps the program was least able to deal with it and its attendant problems.

In the BAVS system, this decline resulted in excess service capacity throughout its network of 33 clinics, and both BAVS and AVSC began to be seriously concerned about the effect this could have on medical quality and voluntarism. Therefore, a major focus during the year was to develop a plan to revitalize the BAVS program and to improve the provision of temporary contraception services and education, in order to ensure a balanced program. The plan, which consisted primarily of different ways to compensate and deploy BAVS field workers, met with little success. It exacerbated competition with other service providers and did not address serious qualitative concerns about field worker qualifications, training, and supervision. Therefore, AVSC began planning in late 1986 for a major evaluation in early 1987 of the BAVS program, the purpose of which is to define BAVS's role in the national family planning program in Bangladesh and to make recommendations about improving the quality of its program. [Note: AVSC's activities in Bangladesh are funded by a separate cooperative agreement with USAID/Bangladesh No. 388-0050-A-00-1014-07. This separate agreement would not be possible without the main cooperative agreement between AID and AVSC; therefore, information about Bangladesh and statistics on funding and outputs are included in this report.]

In the Philippines, AVSC has been supporting programs since 1972. In 1986, AVSC received additional funds from USAID (\$500,000) to improve the quality and availability of voluntary sterilization services in three underserved regions identified by the National Population Commission. AVSC conducted an assessment in late 1986 to determine the current availability of services in those regions and to identify unmet needs and program weaknesses. There is a wide variation of medical practices in the regions, particularly in programs that provide voluntary sterilization services through itinerant teams, and a lack of certified, trained physicians at service sites. Recommendations that address these problems include the development of service guidelines for itinerant services and refresher training and certification through mobile training teams. These recommendations will be put in place in future subagreements. In the meantime, AVSC continued in 1986 to support service, training, and professional education activities with several different groups.

An assessment of voluntary sterilization needs was also conducted in Thailand in late 1986 in order to identify priorities for future AVSC assistance. The Thai Association for Voluntary Sterilization (TAVS), a major recipient of AVSC funding over the past ten years, continues to be considered a major resource by the Thai government; this assessment helped to clarify the role TAVS should play in the national family planning program. Program areas requiring priority attention include the refinement and wider introduction of the voluntary sterilization surveillance system, to improve medical safety and practices, and the expansion of training in counseling.

Another major assessment was conducted in Pakistan, where AVSC had been requested by the Government of Pakistan and USAID to help with their plans to improve access to high-quality voluntary sterilization services in both the public and private sectors. This assessment was a review of quality assurance and training needs in the government's reproductive health service programs. The recommendations were to develop a pilot project for establishing two training "centers of excellence," to review and revise current service delivery guidelines and orient service providers to their content, and to develop standard curricula for training surgical teams (physicians and nurses) in male and female contraceptive surgery.

This assessment will be followed up in 1987 or 1988 by a complementary look at voluntary sterilization programs conducted by nongovernmental organizations (NGOs), many of which are supported by AVSC. In 1986, AVSC awarded five new programs to Pakistani NGOs: the Family Planning Association of Pakistan, Memorial Christian Hospital of Sialkot, Behbud Association of Pakistan, Pakistan Society for Planned Parenthood, and the All Pakistan Women's Association. This brings the total number of programs in Pakistan to seven, in support of AVSC's strategy to develop service and education projects in different areas of the country that will demonstrate the acceptability and feasibility of voluntary sterilization services in Pakistan.

AVSC continued to support programs in Indonesia, Nepal, and Sri Lanka, while laying the foundation for future assessments of activities in these countries as well. In Indonesia, progress continues to be made to institutionalize voluntary sterilization as a routine health service provided in public hospitals. AVSC is in the second year of a three-year program cycle with the Indonesia Association for Secure Contraception (PKMI), which funds several quality assurance and training activities in support of the government program (which remains "unofficial"). At the same time, AVSC is assisting the government program by procuring equipment to upgrade hospitals and health centers in 13 provinces, and by supporting an in-country advisor to the national program. (Both of these activities are funded through an add-on of approximately \$1.5 million provided to AVSC in 1985.) When PKMI is in the final year of the current program cycle, an assessment of needs to define future program directions will be undertaken by AVSC.

AVSC itself underwent a management transition during 1986 with a change in regional office personnel and leadership. As a result, several programs maintained their current activities, and no new initiatives or directions were undertaken. This was the case in Nepal and in Sri Lanka where programs were continued and evaluations are being scheduled.

Subagreements Awarded in 1986: Asia

INDONESIA

Indonesian Association for
Secure Contraception (PKMI)
INS-03-CO-10-A
\$571,065

PKMI, the private-sector organization committed to introducing voluntary sterilization and widening its availability and use in Indonesia, has demonstrated through its training and service programs during the past seven years the existence of an indigenous demand for voluntary sterilization services and its capabilities to assist various medical and allied institutions to provide safe and high-quality services. This three-year program (of which this subagreement is the second year) supports PKMI's efforts to provide assistance to the government program in the areas of training and professional education, quality assurance, policy development, and vasectomy demonstration. Specific activities supported under the subagreement include a medical surveillance pilot project, training support for 14 medical schools, national seminars on special voluntary sterilization issues and policy development, dissemination of publications and educational materials, a counselor training project, and vasectomy demonstration projects in four provinces. In this second year, consolidation of all AVSC-funded PKMI activities into this subagreement will be achieved through a phase out of training and trainee follow-up service projects, and the incorporation of vasectomy and counseling projects into the national headquarters leadership program.

PAKISTAN

Family Planning Association of Pakistan (FPAP)
PAK-15-SV-1-AV
\$80,561

This project enables the Family Planning Association of Pakistan to include an information and education component for voluntary sterilization and establish a service facility as an integral part of its community-based family planning program activities in Faisalabad; the emphasis of the activities will be on vasectomy. Project funds are used to (1) train existing community-based volunteers, community and trade union leaders, and appropriate FPAP staff in providing accurate and reliable information on voluntary sterilization and referring prospective clients to the service center; (2) develop appropriate information, education, and communication materials; (3) establish dedicated space for male and female services in a preexisting building at a central location in the district; and (4) purchase

all necessary equipment. On an experimental basis, the project will also offer limited supplemental health care to sterilization requesters who are rejected because of minor ailments that require minimum health care services.

PAK-16-SV-1-A
Memorial Christian Hospital (MCHS)
\$54,737

Memorial Christian Hospital of Sialkot is a well-placed nongovernmental organization (NGO) in Pakistan with an interest in family planning activities. This program with MCHS of Sialkot involves the creation of dedicated space and facilities for both male and female services, and an information and education program for improving the acceptability of voluntary sterilization. Dedicated space will be renovated and equipped for minilap, laparoscopy and vasectomy services, and staff will be trained during the first project year. A total of 30 female and 20 male health workers, volunteers who have received training from the MCHS rural health care project, will be utilized for client referral and distribution of information and education materials. This project is part of AVSC's strategy in Pakistan to work with well-placed NGOs for discrete projects, focusing on information and education, vasectomy, and quality service delivery.

PAK-17-SV-1-A
Behbud Association Pakistan (BAP)
\$59,940

Behbud Association Pakistan is one of the leading nongovernment organizations in Pakistan, with a strong leadership base and an interest in family welfare activities. This project will enable BAP to include an information and education component for voluntary sterilization and establish a service facility for both male and female clients as an integral part of its community-based maternal-child health and family welfare program activities in Rawalpindi. Project activities include the development of appropriate information, education, and communication materials, the purchase of all necessary equipment for sterilization service delivery, the establishment of dedicated space for male and female services, and the provision of male and female sterilization and IUD services on a routine basis.

Pakistan Society for Planned Parenthood
PAK-19-TR-1-A
\$49,377

The Mayo Hospital is a premier service and training facility in Lahore, and the only facility in Pakistan that routinely provides vasectomy services. In response to the government of Pakistan's and AVSC's recognition of the need to train personnel for participation in an expanding nationwide VSC program in Pakistan and to involve men in the family planning program, this subagreement supports the strengthening of the vasectomy training program of

the Mayo Hospital. Project funds, which are channeled through the Pakistan Society for Planned Parenthood, a nongovernmental organization, are provided to train and orient the trainers, counselors, and key government officials, develop a curriculum for vasectomy training, train 55 public- and private-sector physicians in vasectomy, and conduct trainee supervision and monitoring. It is expected that by training doctors and assisting them in establishing vasectomy capability at their home facilities, the project will provide a long-term, systematic solution to meeting the country's needs for suitably trained medical personnel, and will increase the accessibility and acceptability of male sterilization services in the country.

All Pakistan Women's Association (APWA)
PAK-20-SV-1-A
\$57,816

All Pakistan Women's Association is the oldest national-level nongovernmental organization (NGO) in Pakistan, with a strong leadership base and a successful maternal-child health program. Considering the religious and political sensitivities related to voluntary sterilization, AVSC's strategy in Pakistan is to work with well-placed NGOs on discrete projects focusing on information and education, vasectomy, and quality service delivery. This project aids APWA in the establishment of a model voluntary sterilization service facility as an integral part of its community-based maternal-child health and family welfare program in Peshawar. Project funds are provided to train and orient APWA staff and volunteers in voluntary sterilization, develop appropriate information, education, and communication materials, renovate and equip a dedicated space, and provide male and female services on a routine basis. This program will be the first in the North West Frontier Province to offer voluntary sterilization services to both men and women.

PHILIPPINES

Philippines Association for the Study of Sterilization (PASS)
PHI-08-NV-8-A
\$58,626

The Philippines Association for the Study of Sterilization, the voluntary sterilization organization in the Philippines and technical support arm of the Population Commission (POPCOM), plays the coordinating role between POPCOM and nongovernmental organizations involved in providing family planning information, education, and services. Through this project, PASS supports and complements the national population program by enhancing the technical skills of service providers and thereby improving the delivery of sterilization services. The activities that PASS plans to undertake in its eighth year of AVSC support are professional education through three regional workshops and follow-up seminars on current issues in voluntary sterilization, three regional counseling training workshops, and information and education activities, such as radio and TV spots, and publication of a newsletter and journal. Select staff and board members will also undergo training in income-generation activities as well as in supervision and

evaluation techniques in order to strengthen PASS's resource base.

Family Planning Organization of the Philippines (FPOP)

PHI-14-SV-5-A

\$78,696

The Family Planning Organization of the Philippines, has been identified as a key institution for expanded support under AVSC's strategy to improve and strengthen private-sector voluntary sterilization programs in the Philippines. This fifth-year program provides support to FPOP to maintain and provide services through three static clinics with mobile service capabilities established during the previous years at selected FPOP chapters, continue the special vasectomy service program through the FPOP Central Clinic in Manila, and further improve and strengthen medical quality and standards of services.

Institute of Maternal and Child Health

PHI-15-SV-2-A

\$66,320

During the first year of this program a static clinic with mobile sterilization service capability was established at a centrally located Institute of Maternal and Child Health facility in each of two provinces selected on the basis of felt need for, and lack of, adequate VSC service facilities. In addition, 11 mobile service delivery sites were identified. During the second program year, sterilization services will continue to be provided through these static clinics and mobile sites. Emphasis is on improving quality of existing services and program performance, strengthening information, education and communication (IEC) programs, and increasing the acceptability of vasectomy. Refresher training is to be provided to the surgical teams, and appropriate staff will be trained in client counseling. Government outreach workers will receive reorientation training, and local fishermen's and farmer's associations will become involved in IEC activities. In addition, satisfied male clients will be trained to serve as volunteer IEC workers.

Study and Training Center for Surgical Sterilization

PHI-17-TR-4-A

\$54,737

The Study and Training Center for Surgical Sterilization, the government-designated national training center for surgical sterilization, has set the standard and serves as a model for sterilization training in the Philippines. Because of a significant attrition rate of physicians trained in voluntary sterilization, continued training remains an important need in the Philippines. The objectives of this program are to train 35 Filipino physicians and five foreign physicians in minilap and vasectomy techniques, to provide sterilization services in conjunction with training, and to follow-up the certified trainees at their local institutions. The follow-up will serve as a means of evaluating the impact, adequacy, and applicability of training.

Population Center Foundation
PHI-18-SV-3-A
\$59,943

This third and final year of support to the Population Center Foundation for the iglesia Ni Cristo (INC) Outreach Services Program allows for the continuation of voluntary sterilization provision in 21 provinces in Luzon through the INC itinerant team. Additional objectives of the program are to institutionalize staff training capabilities in information and education, to establish static service delivery facilities at two INC sites, and to explore the feasibility of establishing itinerant service delivery based at these two static centers. It is expected that voluntary sterilization services will be institutionalized within INC and that service delivery will continue once AVSC support is withdrawn.

The Children's Medical Center
PHI-20-SV-4-AV
\$26,428

In the Philippines, little is known about vasectomy service delivery and the methods of information and education that are most effective there. It is expected that this project will yield a better understanding of the methods that are effective in educating and informing vasectomy clients, and that should be replicated in other settings throughout the country. Information and education activities include visits by male and female field-workers to low-income communities in metropolitan Manila, where they provide information on family planning, especially vasectomy, and make follow-up home visits to further discuss various family planning options with interested couples. Vasectomy services will continue to be offered at the Children's Medical Center vasectomy unit.

SRI LANKA

Community Development Services (CDS)
SRL-12-SV-3-A
\$59,608

This third-year program assists Community Development Services with the maintenance of the female and male voluntary sterilization program at the Suva Sevana Clinic in Colombo by supporting its personnel and operational expenses. The clinical and administrative staff structure has been streamlined to ensure delivery of quality services with optimum utilization of existing staff; however, AVSC support remains important, since the government has been unable to make any firm commitment for counterpart support to the program. It is anticipated that during the third-year project, approximately 2,000 females and 5,400 males will receive services in this full-time voluntary sterilization program.

Family Planning Association of Sri Lanka (FPASL)
SRL-15-IE-2-AV
\$37,468

This subagreement assists the Family Planning Association of Sri Lanka in continuing its deployment of 360 satisfied vasectomy clients as volunteers for an interpersonal educational campaign in 120 villages within the 24 districts of Sri Lanka. Of these volunteers, 240 were recruited and trained during the first-year program; the remaining 120 are to be selected from the FPASL district-level volunteers and will work as leaders of the volunteer teams. The aim of the program is to use satisfied vasectomy clients to provide information and education regarding family planning, especially vasectomy, to an anticipated 14,000 eligible couples, thus increasing awareness regarding vasectomy as a family planning option. It is expected that approximately 2,300 men will be referred for vasectomy service and 3,700 for the adoption of other contraceptive methods.

THAILAND

Thai Association for Voluntary Sterilization
THA-08-CO-10-A
\$275,401

This second year of continuation support to the Thai Association for Voluntary Sterilization continues a departure from previous AVSC support to the agency, which had been directed primarily at strengthening its organizational capabilities and leadership activities in policy development. The four activities begun in the first year and continued in this second year are designed to improve client information and education, client counseling, medical quality and safety, and vasectomy services. Activities include involving satisfied clients to develop an improved effective client information and education system in 12 provinces that will be linked with district and provincial health officers; organizing a series of regional workshops to disseminate information and train selected health officials and hospital staff in counseling techniques and practices; developing uniform medical standards and safety guidelines; instituting a pilot medical surveillance and feedback system; improving vasectomy service delivery through a series of "vasectomy fairs"; and providing technical assistance to selected provincial and district health offices.

Amendments Awarded in 1986: Asia

BANGLADESH

The Quest
BGD-39-EV-1-A
\$1,800

The purpose of this amendment was to cover additional costs of the client follow-up survey. This subagreement supports a multicountry study that is examining the reasons women seek voluntary sterilization and their understanding of and satisfaction with the procedure.

INDONESIA

Indonesian Association for Secure Contraception (PKMI)
INS-03-CO-9-A
\$7,630

A new program was being designed to consolidate a number of activities that were being funded by AVSC under separate subagreements, in order to improve management and monitoring. Additional funds and a one-month extension were provided to allow program activities to continue without a hiatus in funding while the new program was being finalized and approved.

Indonesian Association for Secure Contraception (PKMI)
INS-03-CO-1-A
\$25,491

This amendment enabled the Indonesian Association for Secure Contraception to expand its pilot medical supervision system from one province to three. The medical surveillance project is among several activities under this consolidated program, including training, policy development, and vasectomy demonstration.

Indonesian Association for Secure Contraception (PKMI)
INS-15-SV-2-A
\$10,000

Additional funds and an extension in time were provided to this subagreement in order to allow voluntary sterilization services, primarily vasectomy, to continue at eight regency hospitals and six health centers in Bali. The program's extension also allowed its consolidation into a larger program, INS-03-CO-10-A, which did not become effective until after the original expiration date of this subagreement.

Indonesian Association for Secure Contraception (PKMI)
INS-24-SV-2-AV
\$1,965

Funds were provided to cover personnel and operational costs for vasectomy services at the Indonesian Planned Parenthood Association clinic in Jakarta during an extension period. This program was later to be incorporated into the consolidation program, INS-03-CO-10-A, in order to allow PKMI to better manage and monitor the various AVSC-funded programs in Indonesia.

Indonesian Association for Secure Contraception (PKMI)
INS-25-SV-2-A
\$388

Funds were provided to cover cost overruns for the shipment of equipment to this service program involving nine hospitals in the province of North Sumatra.

Indonesian Association for Secure Contraception (PKMI)
INS-29-TR-1-A
\$34,398

This program for training of nurses and midwives in counseling techniques was extended so that its activities could continue until the inception of PKMI's consolidated program, INS-03-CO-10-A. By incorporating the counseling program into the consolidated program, PKMI will be able to better manage and monitor the various AVSC-funded programs in Indonesia.

NEPAL

Family Planning Association of Nepal (FPAN)
NEP-01-CO-9-A
\$123,146

Additional funds were provided in order to cover operating costs, such as project personnel salaries, service delivery and support, and training, for a four-month extension of this consolidated subagreement. The extension was to facilitate the Family Planning Association of Nepal's financial management by aligning the current grant period with the program periods of other donors, and to allow adequate time for the development and finalization of FPAN's continuation proposal.

PAKISTAN

Pakistan Medico International (PMI)
PAK-14-SV-1-A
\$2,963

This amendment covers a four-month extension of the subagreement to allow adequate time for Pakistan Medico International to gain experience before a continuation proposal is developed, and to maintain continuity of PMI's efforts in providing quality vasectomy services and information and education activities.

Pakistan Society for Planned Parenthood (PSPP)
PAK-12-IE-1-A-V
\$3,115

This amendment accompanied a four-month extension of this subagreement in order to cover salaries of project personnel, operational costs, local purchase of equipment, and evaluation costs during the extension period. The extension allowed adequate time for the Pakistan Society for Planned Parenthood to gain experience before a continuation proposal was developed and to maintain continuity of its efforts in providing quality vasectomy services and information and education.

PHILIPPINES

Neighbors Population and Development Services (NPDS)
PHI-22-SV-1-A-V
\$3,000

This amendment was made in order to cover the costs of outstanding salary and benefit payments due Neighbors Population and Development Services project staff. The project director, physician, field-workers, and other personnel worked to establish a male family planning clinic, provide vasectomy services at that clinic and two other medical facilities, and improve the communication skills of the field-workers about vasectomy.

SRI LANKA

Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC)
SRL-02-NV-6-A
\$6,764

This multifaceted program was being consolidated with another subagreement (SRL-07-SV-2-A) as a means of strengthening and improving SLAVSC's management and administration. The amendment covered program costs during a

one-month extension period designed to allow sufficient time for the development, finalization, and approval of the consolidated program.

Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC)

SRL-02-NV-6-A

\$15,767

A second extension, of four months, was granted to this subagreement in order to allow time for SLAVSC to review and resolve its management problems resulting from the sudden resignation of its executive director, and time for a new executive director to be appointed. Funds were provided to cover personnel and operational expenses, minimal program activity, and sterilization services during the extension period.

Sri Lanka Association for Voluntary Contraception (SLAVSC)

SRL-07-SV-2-A

\$3,682

A two-month extension and funds to cover program costs during that period were provided to SLAVSC's service and training center in Kandy in order to allow sufficient time for the development, finalization, and approval of the consolidation of this program with SRL-02-NV-6-A.

Sri Lanka Association for Voluntary Contraception (SLAVSC)

SRL-07-SV-2-A

\$9,662

A second extension of four months was granted to this subagreement in order to give SLAVSC time to review and resolve its management problems resulting from the sudden resignation of its executive director. The extension and amendment were processed in coordination with those of SRL-02-NV-6-A, with which this program was being consolidated.

Small Grants Awarded in 1986: Asia

BANGLADESH

Bangladesh Association for Voluntary Sterilization (BAVS)
S-840-EQ
\$108

Six EJM lamps were provided as replacement equipment for a laparoscopy tricontrol console.

INDONESIA

Indonesian Association for Secure Contraception (PKMI)
S-857-TV
\$1,548

A member of the PKMI National Counseling Steering Committee traveled to several provinces in Indonesia as a participant in the AVSC-sponsored counseling needs assessment.

PHILIPPINES

Family Planning Organization of the Philippines (FPOP)
S-864-TV
\$2,200

The resource development director of the Family Planning Organization of the Philippines traveled to the Sri Lanka Association for Voluntary Surgical Contraception's national seminar on voluntary sterilization and informed consent. She aided in the development of resolutions and recommendations on counseling for adoption into the national family planning program.

Dr. Jose Fabella Memorial Hospital (JFMH)
S-878-TR
\$4,700

Two doctor/nurse teams from Uganda Hospital were trained in minilap with local anesthesia at JFMH in the Philippines, to provide services at their home institutions.

SRI LANKA

Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC)
S-866-TR
\$5,800

The assistant secretary of the Sri Lanka Association for Voluntary Sterilization executive board attended the Center for Development and Population Activities' workshop Supervision and Evaluation as Management Tools. The workshop served to strengthen her ability to assist in the organizational development and evaluation activities of this association.

CHAPTER 4

TECHNICAL ASSISTANCE AND PROGRAM SUPPORT

In Chapter 2, AVSC's grants assistance program was described in detail. More and more, AVSC grants include the provision of technical assistance in addition to funds for services, training, and equipment. This chapter reviews the various ways AVSC provides technical assistance to international programs in several areas: medical quality, new technology, equipment, voluntarism, program evaluation, and program management.

Medical quality

AVSC's top priority is assuring and maintaining the high quality of voluntary sterilization services in the programs we support. Programs offering high-quality services have the greatest opportunity for success, because satisfied clients speak favorably about their experiences to others, and in countries where services are not well established, authorities see that services are in demand, acceptable, and performed well by qualified providers.

*Medical site visits: A major vehicle for assuring quality is through periodic site visits by medical staff and consultants. These visits are done to routinely investigate deaths, complications, and surgical and anesthesia practices in the programs we fund. They are also opportunities to provide specific technical assistance in medical areas and to solve medical problems. In 1986, such visits were undertaken to Bangladesh, Bolivia, Brazil, Burkina Faso, Colombia, Dominican Republic, Ecuador, Guatemala, Honduras, Indonesia, Ivory Coast, Jamaica, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Paraguay, Peru, Togo, Tunisia, and Zaire.

*Regionalization of medical staff: In 1986, AVSC added new program staff with medical backgrounds in Nigeria, Mexico, and the North Africa and Middle East region. This is a part of a move to decentralize medical oversight of programs from the New York medical staff to medical staff in the field offices, and eventually, to the programs themselves. The regional medical staff bring not only an expanded ability to review and monitor the medical quality of programs, but also a fresh insight into medical issues and new ideas for improving quality without compromising accessibility.

As more responsibility is transferred to regional staff, continued interaction between the field and the AVSC medical staff in New York is crucial, as the New York medical staff provide direction on safety and other medical issues. In 1986, this was accomplished through medical orientation workshops and joint medical site visits in the field.

*Medical supervision and surveillance: In large multisite programs, the development and implementation of a comprehensive quality assurance

program is a complex and difficult task. In recent years, consensus has been reached in defining medical, surgical, and anesthesia practices that enhance the safety of voluntary sterilization for the client (World Federation, Safety of Voluntary Surgical Contraception, 1984); however, it is not clear how best to implement and supervise the adherence of clinics to these guidelines in large national programs. Therefore, in 1986 AVSC supported several efforts to review different approaches and methods for supervising medical quality.

AVSC sponsored a workshop on medical supervision of voluntary sterilization programs for medical supervisors and program managers from several Latin American institutions. Its purpose was to develop practical "how to" guidelines for supervisors for ensuring compliance with safety and voluntarism for surgical contraception service programs. CONAPOFA, the government agency responsible for family planning activities in the Dominican Republic, hosted this event as it is currently involved in developing a safety monitoring system for the national voluntary sterilization service program in that country. With private funding from the World Health Organization, AVSC, in conjunction with the World Federation's Statistics Committee, is working with CONAPOFA to test a medical record form for clients and its use in collecting data on safety and in serving as a base for medical supervision. Another pilot medical supervision system was launched in 1986 by the Indonesian Association for Secure Contraception (PKMI) in the province of Surabaya (East Java). Its purpose is to test the effectiveness of routine medical site visits in the maintenance and improvement of quality in service programs.

New technology

AVSC follows closely new developments in medical technologies and techniques in an effort to improve both access to and the quality of services. In 1986 the following developments took place:

*Norplant: AVSC has worked closely with the Population Council and Family Health International (FHI), two organizations currently conducting clinical trials to test the effectiveness of Norplant, to look ahead to the time when Norplant will be approved by the FDA and widely available. AVSC is assuming a transitional role between the clinical trials stage and programmatic introduction of the method. Through operations research and other pilot efforts, AVSC will identify and find solutions to problems before Norplant is widely introduced. During 1986, AVSC staff began exploratory discussions with counterparts in several countries to identify pilot program activities. Moreover, AVSC coordinated an interagency task force with representation from the Population Council, FHI, and the Program for Appropriate Technology (PATH) to develop a draft Norplant training curricula.

*Copper intrauterine device (IUD) T380A: When the long-acting Copper T380A was introduced, AVSC began to consider whether and how this device might fit into our programs. At the 1986 annual program staff workshop, a plan was developed to guide our potential involvement with this method. It

was proposed that AVSC should assume responsibility for ensuring the availability of intrauterine devices in voluntary sterilization programs it supports, whenever IUDs are not effectively available -- and cannot otherwise be made available -- in the program. An overriding issue for AVSC involvement with this method is to ensure that the programs we support offer realistic alternatives to sterilization in order to ensure free and informed choice. The first step in the plan will be to determine the extent of IUD service delivery in AVSC programs and to see whether there is indeed a role for AVSC for improving access to or the quality of these services. This will be undertaken in 1987.

*Chinese no-scalpel vasectomy technique: During an observation visit in 1985 to China by an international team of voluntary sterilization experts (funded with private monies), AVSC observed a new, refined vasectomy technique developed in the Sichuan Province. This technique, referred to as "clamping method under direct vision," involves a small puncture rather than an incision with a scalpel and, thus, has the potential to enhance the acceptability of vasectomy by men and service providers alike. In 1986, AVSC sponsored (again with private funds) two Chinese experts to conduct a training course in Thailand for vasectomy experts from Bangladesh, Nepal, Sri Lanka, and Thailand. It is hoped that trainees will incorporate this refined technique in their practice and provide feedback of their experiences to AVSC.

*Filshie clip: The Filshie clip is a relatively new device to occlude the fallopian tubes. Now widely used in the United Kingdom and Canada, the Filshie clip appears to be an improvement in technology that should increase the availability and acceptability of voluntary sterilization. However, to date there is very little documentation about the effectiveness of the device particularly for developing country programs. Therefore, in 1986 AVSC supported the training of physicians from the Universities of Ibadan and Jos in Nigeria and the Nyeri Provincial General Hospital in Kenya in application of the Filshie clip. In addition, a study (supported with private funds) was begun at Nyeri to assess the safety and acceptability of the Filshie clip in that postpartum voluntary sterilization program.

AVSC's equipment program

The provision of equipment for voluntary sterilization programs plays an integral role in the assurance of continued high-quality services. The year 1986 saw a number of important changes in the functioning of AVSC's equipment provision program, including administrative revitalization of the Equipment Services Department and a systematic review of standard equipment.

*Equipment provision: During 1986, AVSC distributed \$411,013 of medical, surgical, and audiovisual equipment, and medical commodities. \$428,011 of this amount was for major equipment items (see Appendix B). The majority of the equipment distributed (85% of the dollar amount) was provided through subagreements, with the remainder provided under small grants.

Nearly 38% of total funds expended was for programs in Sub-Saharan Africa. The establishment of new programs in the region required large capital investments in equipment in order to start voluntary sterilization services. While the amount of capital equipment provided and funds expended decreased from 1985, expendable and other medical supplies continue to be needed in both existing and new programs due to the weak health care infrastructure and the shortage of supplies in this region.

*Revitalization of equipment program: During 1986 AVSC completed the transfer of equipment procurement and shipping functions to International Development Procurement Services (INDEPS), a commodities procurement group specializing in service to international family planning organizations. The collaboration with INDEPS has enabled AVSC staff to focus more attention on programmatic and technical equipment issues. A formal review of INDEPS's performance during the first contract year was conducted with positive results, and the contract renewed for a second year.

The reorganization of AVSC's equipment program included an assessment and expansion of the program's activities. Equipment selection and certification procedures were developed, involving the review of both standard and new items by AVSC equipment and medical staff. A physical review of all equipment in AVSC's inventory took place as a part of this process, with assistance of AVSC medical staff. Research into alternate equipment items was begun, when standard items were deemed inadequate or inappropriate, and country- and region-specific equipment needs were addressed. A program for the distribution of training materials to regional offices and subgrantees was initiated. In addition, the Equipment Services Department's information and monitoring needs were assessed, and procedures both within the department and with INDEPS were reviewed and refined, allowing for smoother administrative functioning of the equipment program. The role of the program in AVSC's activities will continue to grow, as additional issues are identified and addressed.

*Technical assistance: In addition to the technical assistance AVSC provides on an ongoing basis to subgrantees, AVSC has been involved since 1984 in a program to upgrade 240 hospitals and 290 health centers in Indonesia. AID awarded a \$1.5 million amendment to AVSC's cooperative agreement to assist the Indonesian National Family Planning Board with the determination of equipment needs and specifications, development of an importation plan, and procurement and shipment of 4,318 pieces of medical and emergency equipment for the project. In 1986, specifications for 13 equipment items were finalized, including the custom design of one item. All 4,318 pieces were purchased, and the first two of seven shipments were made, accounting for 17% of the total \$1,277,000 equipment value. The project is expected to continue into 1988.

Voluntarism

In all of AVSC's programs, the utmost care is taken to ensure that each client receives all the information necessary to make a reasoned, informed decision, and that this decision is made in an atmosphere free from deceit, constraint, coercion, or personal bias on the part of the provider of services. In 1985, there were several on-going and new efforts to enhance voluntarism in AVSC's programs.

*Monitoring informed consent: All subagreements for service programs contain explicit requirements about voluntarism and informed consent. All programs must use an informed consent form that complies with AVSC and AID requirements and must submit a sample to AVSC prior to the start-up of services. AVSC staff monitor compliance with informed consent requirements during field visits. In addition, for multisite programs AVSC requests auditors to check a sample of client records for compliance with AVSC informed consent requirements when they are performing the end-of-grant audit.

In 1985, AVSC conducted a review of informed consent compliance in our programs. The study highlighted the need for better guidance to program personnel about the elements of informed consent. Therefore, a major activity in 1986 was the development of a practical manual entitled Informed Consent and Voluntary Sterilization to guide AVSC projects. This will be a practical guide designed primarily for use by project directors responsible for service delivery, but it may also be useful to counselors and other family planning donor agencies.

*Client follow-up surveys: As reported in the 1984 and 1985 annual reports, AVSC is supporting a series of follow-up surveys of voluntary sterilization clients, in selected programs around the world. This series constitutes the first internationally comparable survey of female sterilization clients, and their main purpose is to learn, from a client's point of view, how effectively information, education, counseling, and services were delivered, and to ensure that clients made fully informed, voluntary decisions about sterilization.

Five countries were selected for the initial round of surveys: Bangladesh, Colombia, El Salvador, Indonesia, and Tunisia. A sixth follow-up survey of female voluntary sterilization clients served by APROFAM in Guatemala was initiated in late 1985 and completed in 1986. During the year, a detailed and comprehensive analysis of the results by the principal investigators and a comparative international analysis by AVSC was undertaken. A final report will be available in 1987.

*Regional voluntarism activities: In 1985, AVSC trained staff from each region to serve as resource persons in the development and monitoring of voluntarism-related programs and issues. This training was used extensively in 1986 in all of the regions, particularly to improve the planning and design of counselor training and voluntarism orientation workshops. (Chapter 3 on regional perspectives cites several examples of

voluntarism and counseling efforts.)

Another major outcome of the 1985 workshop (and the World Federation's 1985 Leader's Symposium on Voluntary Choice and Surgical Contraception) was the design of a methodology for assessing voluntarism in contraceptive sterilization programs. The World Federation plans to publish a Manager's Guide to Voluntarism which would help program managers to identify factors which both enhance and detract from voluntarism in their programs. In the meantime, AVSC conducted two special assessments in 1986 to review voluntarism practices in AVSC-supported programs in Guatemala and Kenya and to make recommendations for improvement. The assessment results are discussed in detail in Chapter 3 on regional perspectives.

Program evaluation

AVSC's evaluation activities are undertaken (1) to ensure program quality with regard to free and informed choice and safe and effective services; (2) to learn how to deliver services more effectively in terms of cost and clients served; (3) to help the institutions we work with to collect and analyze information so that they can maintain and evaluate their own programs; and (4) to monitor and evaluate our own performance.

Several levels of evaluation are conducted by AVSC. First, at the most basic level, we do program/project evaluation. This is accomplished through built-in evaluation plans for each subagreement, standardized subagreement reports which are submitted quarterly by each project, programmatic and medical site visits by AVSC staff and consultants, financial reviews, and audits and special assessments. A list of special assessments conducted in 1986 is found in Table 4.1.

We also support and conduct special studies that look at specific issues that are important in our work, such as the client follow-up surveys discussed earlier in this chapter. Finally, we do self-evaluation of our agency's overall performance. The AID annual report is an important vehicle for documenting AVSC's performance along these lines.

In late 1986, AVSC hired a new research associate to assist program staff with their evaluation efforts. This will provide AVSC with enhanced capability to improve routine program evaluation as well as undertake special studies.

Program management

*Organizational structure: AVSC's headquarters in New York City is composed of four functional divisions: International Programs, National Programs (which receives no AID support), Medical, and Finance and Administration. AVSC also houses and provides administrative services for the World Federation Secretariat. See Appendix A for a list of staff members and positions as of December 31, 1986.

AVSC's international program of grant and technical assistance is directed by the regional offices and field staff, with programs and

TABLE 4.1

Comprehensive and Special Assessments Conducted by AVSC in 1986

Date(s)	Country	Purpose of Assessment	Assessment Team	Results
April-May 1986	Mexico	To evaluate the impact of AVSC's current programs in Mexico and to identify future program directions and strategies.	Gustavo Argueta William Baer (team leader) Fernando Gomez Filiberto Hernandez	The team called for continued support of voluntary sterilization programs in both the public and private sectors, with increasing emphasis on improving medical and voluntarism quality, extending services to underserved populations (including men), and improving program management through consolidation and institutionalization.
May 1986	Honduras	To conduct a technical review of the medical and nonmedical quality of voluntary sterilization services provided in Honduras by the Asociacion Hondurena de Planificacion de la Familia (ASHONPLAFA), the Ministry of Health, and the Honduran Social Security Institute.	Milton Cordero Betty Gonzales (team leader) Ana Klenicki	Recommendations made to improve the quality of the programs included the improvement of medical and program supervision and the strengthening of counseling practices. These findings are being followed up via a subagreement with ASHONPLAFA to conduct national level seminars on medical quality and counseling (to be held in 1987-88).
July 1986	Guatemala	To conduct a technical review of the medical and nonmedical quality of voluntary sterilization services provided in Guatemala by Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM).	Anibal Castaneda Betty Gonzales (team leader) Ana Klenicki	This review led to improvements in safety through the upgrading of service sites in emergency equipment, anesthesia capability, and asepsis practices. In addition, recommendations to improve client information and education were implemented, including making available bilingual staff for indigenous clients, eliminating barriers to services (e.g., identity cards, waiting periods), and integrating outreach for both temporary and permanent contraception.

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(continued - p. 2)

Comprehensive and Special Assessments Conducted by AVSC in 1986

Date(s)	Country	Purpose of Assessment	Assessment Team	Results
December 1986	Pakistan	To assist the Government of Pakistan and USAID with plans to make high quality services available in the government sector (a similar assessment of non governmental organizations is planned for late 1987 - early 1988).	Naushaba Chaudhry Douglas Huber Terrence Jezowski	Recommendations were to develop a pilot project for establishing two reproductive training "centers for excellence, to review and revise current service delivery guidelines, and to develop standard curricula for training surgical teams (doctors and nurses) in male and female techniques. These activities will be programmed in a buy-in of bilateral funds from USAID to AVSC for work in the public and private sectors. (Now on hold due to recent AID decision to suspend programs in Pakistan.)
November 1986	Philippines	To assess the current availability of services and identify unmet needs in three underserved regions identified by the National Population Commission.	Nellie Antiqua Sadia Chowdhury Sallie Craig Huber (team leader)	Recommendations were to develop standard curricula for sterilization training for use by all medical universities, develop service delivery guidelines for itinerant teams, and address the pressing need for refresher training of service providers through the development of itinerant teams. These recommendations are being incorporated into AVSC programs with the Family Planning Organization of the Philippines, Philippines General Hospital, Children's Medical Center, and the Philippines Association for the Study of Sterilization.

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(continued - p. 3)

Comprehensive and Special Assessments Conducted by AVSC in 1986

Date(s)	Country	Purpose of Assessment	Assessment Team	Results
November 1986	Thailand	To identify priorities for future AVSC assistance.	Fernando Gomez Donald Minkler (team leader) Yawarat Porapakkam	The assessment helped to clarify the role of the Thai Association for Voluntary Sterilization, a major recipient of AVSC support in Thailand during the past 10 years. Areas the team recommended for attention included refinement and wider introduction of the pilot surveillance system to improve medical quality and practices, expansion of counseling training, and piloting new approaches to introduce new technologies and cost recovery schemes for services.
November 1986	Kenya	To review information, education, and counseling practices and needs in private and public sector programs.	Lynn Bakamjian Betty Gonzales Nancy Kish Sellah Nakhisa David Ndete Grace Wambwa	The team found that clients are making informed, voluntary decisions for surgical contraception, and the demand for voluntary sterilization is much higher than most service providers can accommodate due to several obstacles. Recommendations were to upgrade facilities and staff, especially in the public sector; improve information and education regarding all contraceptive methods; adopt a standard informed consent form for national use; and consider the removal of the spousal consent requirement.

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administrative support and policy direction from the management and technical divisions in New York. In 1986, AVSC opened three new field offices: the Africa regional office in Nairobi, Kenya, to manage programs in English-speaking Africa; and two country offices in Lagos, Nigeria, and in Mexico City, Mexico, to manage programs in these countries. In addition, responsibility for programs in Central America and the Caribbean, previously handled by staff in New York, was transferred in 1986 to the regional office in Bogota, Colombia, in an effort to enhance regional strategy development and coordination.

*Consultants: A large part of the technical assistance described in this chapter is provided by AVSC program and technical staff both from the field and the headquarters office during the course of their program development and monitoring work. However, more and more, AVSC had discovered the benefit of using outside consultants to provide technical support and back-up to staff's own efforts. In 1986, AVSC contracted with almost 30 consultants for assistance in various aspects of our international work. A list of all international program and medical consultancies is found in Table 4.2.

*Annual program staff workshop: Each year the international division holds a workshop for New York and regional program staff to bring staff up to date on new developments. The purpose of the workshop held in October 1986 was to focus attention on program directions and challenges considered important to AVSC's work as we approach and enter the 1990s. These challenges and directions are inherent in AVSC's emerging long-range plan which will form the basis of the next cooperative agreement between AID and AVSC (negotiations for which will commence in 1987). A major outcome was the development of a draft strategic plan for the introduction of intrauterine devices into AVSC programs (discussed earlier in this chapter).

TABLE 4.2

International Consultants: 1986

<u>Name and Country of Consultant</u>	<u>Scope of Assignment</u>	<u>Length of Assignment</u>
Marc Goldstein, M.D.	Assist in developing a concept paper for centers of excellence and reversal training in India	1 day January 20
Diogo Mastrorocco, M.D.	Provide technical assistance in the development of the counseling workshop agenda, Mexico	5 days March 10-14
Victor Jaramillo, Ph.D.	Review financial management practices of private sector projects in Mexico	30 days February 23 to March 22
William Baer	Serve as team leader for needs assessment in Mexico	20 days April 21 to May 7
Gustavo Argueta, M.D.	Serve as medical advisor for needs assessment in Mexico	20 days April 21 to May 7
Milton Cordero, M.D.	Participate in technical review of services in Honduras	12 days May 26 to June 7
Bernardo Fernandez, M.D.	Conduct medical site visit in El Salvador	6 days June 8-14
Anibal Castaneda, M.D.	Participate in technical review of services in Guatemala	16 days July 14-30
Victoria Ward	Assist in review and redesign of counseling and information program in Guatemala	15 days September 11-25
S. N. Mukherjee	Develop a paper for establishment of three model centers of excellence for training in sterilization and reversal in India	14 days July 21 to August 3

TABLE 4.2 - continued

International Consultants: 1986

Name and Country of Consultant	Scope of Assignment	Length of Assignment
Carol Bergquist, M.D.	Develop a paper for establishment of three model centers of excellence for training in sterilization and reversal in India	14 days July 21 to August 3
Diogo Mastrorocco, M.D.	Serve as resource person for counseling workshop in Mexico	5 days August 4-7
Donald Minkler, M.D.	Develop a paper for establishment of three model centers of excellence for training in sterilization and reversal in India	14 days July 21 to August 2
John Githiari, M.D.	Conduct medical site visit in Uganda	5 days November 9-15
Eric Soulas	Develop a computerized system for data collection and reporting in Morocco	7 days July 30 to August 13
Anibal Castaneda	Conduct a mortality investigation in Brazil	5 days October 20-25
Donald Minkler, M.D.	Serve as team leader for Thailand needs assessment	13 days November 3-15
Sallie Craig Huber	Serve as team leader for Philippines needs assessment	15 days November 6-20
Grace Wambwa	Participate in an assessment of information, education, and counseling in Kenya	17 days November 2-21
David Ndete, M.D.	Participate in an assessment of information, education, and counseling in Kenya	17 days November 2-21
J.K.G. Mati, M.D.	Provide guidance to an assessment of information, education, and counseling in Kenya	3 days November 18-19

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TABLE 4.2 - continued

International Consultants: 1986

<u>Name and Country of Consultant</u>	<u>Scope of Assignment</u>	<u>Length of Assignment</u>
Yawarat Porapakkham	Participate in Thailand needs assessment	13 days November 3-15
Nellie Antiqua, M.D.	Participate in Philippines needs assessment	11 days November 6-20
Marc Goldstein, M.D.	Conduct an assessment of the Chinese no-scalpel vasectomy technique in China	15 days November 7-21
Kent Hugh Mackay, M.D.	Provide technical support to the Bangladesh Association for Voluntary Sterilization	7 weeks November 2 to December 20
Marcus Filshie, M.D.	Conduct medical site visit in Kenya	4 days February 26-28 March 3-5
Ridha Ben Salem, M.D.	Conduct medical site visit in Mali and Burkina Faso	10 days April 14-18 April 21-25
Carmela Cordero, M.D.	Conduct medical site visit in Ecuador	8 days May 3-10
Victoria Ward	Conduct a review of information, education, and counseling practices in Guatemala	15 days June 9-27
Liliane Toumi, M.D.	Conduct medical site visit in Zaire	14 days June 27 to July 9

CHAPTER 5

ACCOMPLISHMENTS OF THE WORLD FEDERATION

The World Federation is an international public-health policy organization consisting of national and regional leadership organizations and individual experts. The work of the World Federation is an integral part of AVSC's long-term efforts to include high-quality voluntary surgical contraception as a choice within health and family planning services in developing countries. The World Federation's program is important because it provides the means for summarizing and analyzing voluntary surgical contraception experience around the world and using that experience for policies and guidelines that help improve the quality of services. That experience also makes the World Federation effective in helping to make voluntary surgical contraception available in regions and countries where it is not now available.

The World Federation's work during 1986 focused on four areas: (1) providing international guidelines for voluntary surgical contraception services and training; (2) increasing training in family planning, including voluntary surgical contraception, in Arabic medical institutions; (3) increasing the role of women in the management and delivery of voluntary surgical contraception services; and (4) informing health professionals and leaders in other fields about voluntary surgical contraception.

In all of its efforts, the World Federation works to expand the availability of contraceptive choices, to increase the network of trained professionals and organizations who deliver voluntary surgical contraception services, and to reach out to new public and private groups.

Providing international guidelines for services and training

*Revising quality guidelines: In Singapore in October, 51 experts met to expand the World Federation's publication Safety of Voluntary Surgical Contraception which presents international guidelines for the practice of voluntary sterilization. The participants represented service programs in 25 countries and eight international organizations.

The committee made a number of recommendations, including the following:

- o Careful preoperative assessment is essential in the performance of voluntary sterilization.
- o Performing an excessive number of procedures in a single surgical session and operating at great speed should both be discouraged. These practices can lead to increased complications and failures.
- o Anesthesia requirements depend upon the service setting and the needs of the client. National programs, however, should adopt local anesthesia regimens with light sedation as the norm, in

order to minimize complications.

- o Routine preoperative laboratory investigations are not necessary for vasectomy cases, unless there are specific medical indications for them. For all female procedures, preoperative laboratory tests for anemia and diabetes should be routine.
- o Present data support the conclusion that complication rates are comparable for laparoscopy and minilaparotomy, except for major vessel injury, which is higher with closed laparoscopy.
- o Monitoring and supervision for quality should be built in at all levels of the voluntary sterilization system, beginning at the clinic level.
- o Because services provided in mobile or temporary settings are usually delivered far from comprehensive emergency services, quality standards should be as high or higher than those for permanent settings. Team members must take extra measures to be sure clients know where to go for follow-up care.

A new manual on medical quality will be prepared during 1987. Meanwhile, the Singapore committee recommended that service providers continue to use the World Federation's current guidelines.

*Training guidelines: During 1986 the World Federation published and distributed Training Guidelines for Voluntary Surgical Contraception. Orders for the book increased steadily in the months following publication. Major organizations who are helping to distribute the manual include the Association for Voluntary Surgical Contraception, the International Planned Parenthood Federation, the Population Information Program, and the World Health Organization.

*Clinical reporting and supervision: In the Dominican Republic the Federation is working with the World Health Organization and AVSC to test new, simple ways of collecting and analyzing service statistics related to safety. During 1986 a client record form was developed and pilot program supervisors were trained.

Increasing training in the Arab World

The World Federation is working with the Association for Voluntary Surgical Contraception and several other agencies to increase the availability of family planning services, including voluntary surgical contraception, in the Arab World. Two ways to accomplish this task are to expand professional education and training activities for physicians and policymakers and to provide information to them. In 1986 the Federation continued to disseminate the Arabic textbook Family Planning Methods, published in 1984 by the Regional Arab Federation for Voluntary Fertility Care with the technical assistance of the World Federation. In addition, staff assisted a regional editorial committee in preparing the first draft

of an annotated bibliography on family planning, including voluntary surgical contraception, to be published in Arabic.

*Developing curricula: In June the Federation conducted a major meeting at which 36 leaders from Arabic medical schools and training programs developed family planning curricula for medical students, obstetrics-gynecology residents, and postgraduate trainees. When adopted in the region, the curricula will play a profound role in increasing family planning services in Arabic-speaking countries, which enroll about 10,000 medical students annually.

The meeting, held in Rabat, Morocco, was significant for three reasons. First, all the participants were high-level policymakers from 11 countries: Algeria, Egypt, Jordan, Lebanon, Morocco, North Yemen, Somalia, South Yemen, Sudan, Syria, and Tunisia. Second, the materials produced are progressive, comprehensive, and carefully developed. Finally, the Rabat medical leaders committed themselves to incorporating the curricula into medical institutions in their countries. The participants believed that theory and practice about family planning should go hand in hand during training. Reproductive health care should be a regular part of both didactic and clinical training.

The Rabat participants recommended that medical students study reproductive health care and family planning for a longer period of time than is currently allotted. Students should receive at least 20 hours of training, instead of the current three. Fifteen of the 20 hours should be devoted to family planning, four hours to infertility, and one hour to management. Subjects to be covered include family planning methods, diagnosis and treatment, referral practices, public relations, insertion of IUDs, and examination techniques for family planning clients. Students should have the opportunity to work with actual clients if possible.

The experts recommended that obstetrics-gynecology residents be taught the medical, religious, social, legal, and psychological aspects of reproductive health care. They should receive practical training in performing laparoscopy and minilaparotomy, inserting IUDs and Norplant, counseling family planning clients, and conducting sex education programs.

Postgraduate education for medical practitioners must be increased, and ongoing training programs should be evaluated regularly. The Rabat group recommended that training programs follow the World Federation's Training Guidelines for Voluntary Surgical Contraception, published in 1986.

In all of its ongoing work in Arabic-speaking countries, the Federation works closely with leading medical institutions and policymakers in the region, including major universities, the Pan Arab Medical Union, the Scientific Council on Obstetrics and Gynecology of the Arab Board for Medical Specialists, the Regional Arab Federation for Voluntary Fertility Care, and Arabic affiliates of the International Planned Parenthood Federation.

Increasing women's involvement

To follow up the 1985 United Nations conference on women held in Nairobi, the Federation is working to increase women's roles in the provision and management of voluntary surgical contraception services. Four women leaders representing Guatemala, Kenya, Sri Lanka, and Turkey met in April to devise strategies for this effort. The participants developed a list of activities that World Federation member organizations can carry out to increase the involvement of women in service delivery and management. Those activities include identifying female physicians and medical students and encouraging their involvement in family planning activities, providing training for female leaders, and developing educational materials to be used with female community leaders, for women's organizations, and in programs with large numbers of female students, such as schools of nursing, social work, and home education.

Influencing leaders

*African parliamentarians: In May Professor J. K. G. Mati of Kenya represented the World Federation at the All-Africa Parliamentary Conference on Population and Development. Dr. Mati discussed voluntary sterilization with parliamentary leaders and described the conditions under which it is an appropriate contraceptive method. Many of the leaders were uninformed about the method before the meeting and were generally favorable to it after meeting with Dr. Mati. In past years the Federation has sponsored representatives at similar meetings in Asia, Latin America, and the Middle East.

*Update on voluntary surgical contraception: In October 1986, 120 participants attended the World Federation's Ninth General Assembly in Singapore, held in conjunction with the XII World Congress on Fertility and Sterility. Fourteen speakers discussed a variety of issues including a Brazilian study of spontaneous recanalization after vasectomy, the results of Norplant clinical trails in Thailand, the growth of voluntary sterilization services in Africa, and the use of the silver clip in tubal occlusion procedures in China.

*Communique: During 1986 the World Federation published three issues of its newsletter Communique, one each in English, Spanish, and French. Subjects covered in the English newsletter were vasectomy clinics in Colombia, the legal status of voluntary sterilization in Brazil, spousal consent for voluntary sterilization, and counseling programs in Sri Lanka. The French issue included articles on counseling, medical information for clients, and voluntary sterilization programs in Tunisia. The Spanish Communique reported on counseling and safety guidelines, local anesthesia, and services provided by the Asociacion Pro-Bienestar de la Familia Colombiana.

New definition and policy statement

The World Federation's Ninth General Assembly in October revised the definition of voluntary surgical contraception to include long-acting contraceptive methods in addition to vasectomy and tubal occlusion. The new definition reflects recent changes in family planning technology, specifically long-acting implants.

The assembly also issued a policy statement on reversal. The statement reads, in part, "Vasectomy and tubal occlusion should be presented as permanent methods of contraception. Nevertheless, some clients will request reversals and, therefore, it is important to use occlusion techniques that are effective yet minimize damage to the vas or tube." The statement points out that providers and clients should be aware that reversal surgery is complex; that over half of the individuals who request reversal are inappropriate candidates because of age, poor health, or fertility impairments; that the success of reconstructive surgery cannot be guaranteed; and that reversal procedures are expensive and not readily accessible.

CHAPTER 6

FISCAL MANAGEMENT

1986 was the fifth year of AVSC's current cooperative agreement with the Agency for International Development. In general, AID funds enable AVSC to carry out its program of grant and technical assistance, thereby contributing to the increased availability of high-quality voluntary sterilization services in developing countries. In 1986, this agreement was increased by \$11,186,000 to bring the total obligated by AID to AVSC between April 1, 1982, and December 31, 1986, to \$55,763,288. (The maximum amount of funds which can be obligated by AID to AVSC under the terms of this cooperative agreement is \$78,500,000.) In addition, the period of the cooperative agreement was extended from December 31, 1986, to June 30, 1988.

The additional funds obligated by AID to AVSC in 1986 are shown below:

<u>Funding Action</u>	<u>AID Obligation Date</u>	<u>Purpose</u>	<u>Amount</u>
Amendment 13	March 13, 1986	To support and implement the overall purposes of the cooperative agreement (\$500,000 of this amendment is earmarked to support services in the Philippines)	\$ 10,000,000
Amendment 14	August 4, 1986	To support the National Training Center for Reproductive Health in Morocco for services and training	\$ 422,000
		To provide additional equipment for the Indonesian upgrade project	\$ 180,000
		To support services in public and non-government facilities in Kenya	\$ 584,000
		TOTAL:	\$ 11,186,000

AVSC has a separate cooperative agreement (No. 388-0050-A-1012-07) with the USAID mission in Bangladesh, the major purpose of which is to provide technical and financial assistance to the Bangladesh Association for Voluntary Sterilization (BAVS), the largest nongovernmental provider of voluntary sterilization services in the country. During 1986, this agreement was amended to add \$4,000,000 and to extend the termination date of the agreement to September 30, 1989. The total amount for this agreement is now \$10,467,550 for the period March 24, 1981, to September 30, 1989.

Table 6.1 presents the 1986 AID funds expenses (central and bilateral) by expense category. A total of \$13,953,000 in AID funds was expended in fiscal year 1986.

Table 6.1: AID Funds Expended by Budget Category, 1986 (000 Omitted) -- Unaudited				
Category	Fiscal Year 1986			Percent of Total
	Cooperative Agreement DPE 0968	Bilateral Grant USAID Dhaka 3880050	Total	
Salaries	\$ 1,940	75	2,015	14.20%
Fringe	522	19	541	3.83%
Consultants	536	28	564	4.00%
Rent and Utilities	275	7	282	2.00%
Equipment and Furniture	77	2	79	0.56%
Supplies and Services	150	5	155	1.10%
Communications	123	4	127	0.90%
Travel	284	30	314	2.23%
Information and Education	52	13	65	0.46%
Regional Offices	1,447		1,447	10.25%
Technical Assistance and Leadership Activities	525		525	3.72%
Subagreements	8,022	0	8,022	56.75%
TOTAL	\$ 13,953	183	\$ 14,136	100.00%

Amount for subagreements differs from amount given in Table 2.1.
Table 6.1 is based on AVSC's fiscal year (April 1, 1986 to March 31, 1987).

APPENDIX A

AVSC STAFF FUNDED WITH AID DOLLARS

(As of December 31, 1986)

HEADQUARTERS (New York Office)

EXECUTIVE DIVISION

Executive Director Hugo Hoogenboom*
Executive Assistant Deborah Autorino
Secretary Thomasina Grace

FINANCE AND ADMINISTRATION DIVISION

Director of Finance and Administration George Woodring*
Executive Secretary Vacant

Finance Department

Assistant Director, Finance Anil Kumar*
Finance Manager Vacant*
Senior Finance Officer Ramesh Chadha*
Finance Assistant Rupert Falcon*
Finance Assistant Ruth Young
Senior Secretary Patricia Moore-Barrington*

Administration Department

Assistant Director for Administration Sophia LaRusso*
Administrative Assistant Deborah Beauvoir*
Personnel Officer Marilyn Gainfort*
Personnel Assistant Helen Epps*
Secretary Laura Finver-Harman*
Travel Coordinator Lorraine Logan*
Administrative Secretary Sandra Patterson
Receptionist Margaret Sidor*
Mail Specialist Howard Dixon*
Word Processor Secretary Ida LoGuidice*

Data Processing Department

Assistant Director, Data Processing Katherine Kendall
Computer Programmer/Operator Dana Evans
Computer Programmer/Operator Peggy Grosser
Administrative Secretary Shirley Wilson

Library Services

Manager, Library Services William Record*
Translations Typist (Bilingual)/Clerk Maria Canosa*
File Clerk/Typist Esther Sonneborn

APPENDIX A - (continued)

Publications Department

Publications Manager. Pamela Harper*
Production Assistant. Linda Levine
Secretary Thomasina Grace

MEDICAL DIVISION

Medical Director. Douglas Huber, M.D.*
Deputy Director Betty Gonzales Sansoucie*
Medical and Program Advisor Zein El-Abidin Khairullah, M.
Coordinator for Technology and Training Keekee Minor
Assistant Director for Research and Evaluation. Vacant
Research Associate. Evelyn Landry
Executive Secretary Ruth Burns
Administrative Secretary. Meliha Pile
Senior Secretary. Barbara Lockett

WORLD FEDERATION

Director. Beth Atkins
Assistant Director. John Pile
Program Assistant Anita-Vela Johnson
Executive Secretary Micheline Gaudreau-Re
Administrative Secretary. Urmine Paul

INTERNATIONAL DIVISION

Director, International Division. Terrence Jezowski
Executive Secretary Josephine Osmani

Program Department

Deputy Director Lynn Bakamjian
Administrative Assistant. Mildred Rondon

Program Manager (North Africa/Middle East/Africa) Phyllis Butta
Grants Officer (North Africa/Middle East/Africa). Joan Duvwe
Senior Secretary. Vacant

Program Manager (Africa). Beverly Ben Salem
Senior Grants Officer (Africa). Nancy Kish
Grants Officer (Africa) Jeanne Haws
Senior Secretary. Robert Flora

Program Manager (Asia). P.E. Balakrishnan
Program Manager (Asia). Georgeanne Neamatalla
Grants Officer (Asia) Annemarie Russell
Senior Secretary. Francoise Hurtault

APPENDIX A - (continued)

Program Department (continued)

Program Manager (Caribbean) Sylvia Marks
Program Manager (Latin America/Caribbean) Cynthia Steele Verme
Grants Officer (Central America/Mexico) Beth Nivin
Senior Secretary. Estelle Goldat

Equipment Services Manager. Alison Ellis
Equipment Officer Syed Jafri
Equipment Assistant Lorrie Fritz
Senior Secretary. Diahann Stokes

NORTH AFRICA/MIDDLE EAST REGIONAL OFFICE

Director. Fathi Dimassi
Assistant Director. Bjorn Holmgren
Program Officer Margaret Duggan
Program Officer Charlotte Mrabet
Administrator Mohamed Hafsa
Executive Secretary/Grants Officer. Odile Sassi
Secretary Amal Frini
Chauffeur Nabil Chekir
Housekeeper Mabrouka Arouri
Guard Cherif Saidi

AFRICA REGIONAL OFFICE

Director. Joseph Dwyer
Program Officer Grace Wambwa
Administrative Assistant. Charity Maina
Administrative Secretary. Grace Ndungu

Nigeria In-Country Office

Program Manager A.A. Adetunji
Secretary V.O. Obardare

ASIA REGIONAL OFFICE

Director (acting) Dallas M. Voran
Assistant Director. Konstantin Konturas
Program Manager - Bangladesh. Sadia Afroze Chowdhury
Program Officer Khander Md Rezaul Haque
Program Officer Ahmed Al-Kabir
Chief, Administration & Personnel Anthony Gomes
Finance Officer Nikhil Kumar Datta

APPENDIX A - (continued)

Asia Regional Office (continued)

Executive Secretary	Subash Chandra Saha
Administrative Officer	Abdul Wadud
Executive Secretary	Ruhul Amin
Assistant Program Monitor cum Librarian	Asaduzzaman
Typist	Nazneen Haider
Typist	Anowara Begum
Messenger	Abdul Kader
Messenger	Sirajul Islam
Guard	Abu Taher
Guard	Ali Ashraf
Guard	Akkas Ali
Guard	Moslem Howlader
Guard	Altaf Hossain
Guard	Geasuddin Sarker
Driver	Dulu Miah
Driver	Abdul Jalil

LATIN AMERICA/CARIBBEAN REGIONAL OFFICE

Director	Fernando Gomez
Assistant Director	Alcides Estrada
Program Manager	Luz Helena de Duque
Grants Officer	Gloria de Perdomo
Secretary	Olga de Romero
Messenger	Miguel Hernandez

Mexico In-Country Office

Program Advisor	Filiberto Hernandez
Secretary	Patricia Trejo

*Employee funded through private and AID dollars

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APPENDIX B

MAJOR EQUIPMENT ITEMS SHIPPED IN 1986

<u>Item</u>	<u>Quantity Shipped</u>	<u>Total Cost</u>
Air conditioner	13	\$ 5,987
Anesthesia cylinders	14	6,483
Anesthesia machine	19	64,168
Aspirator, electric	4	2,364
Aspirator, manual	97	14,431
Audiovisual equipment	40	19,218
Falope-Ring applicator	14	6,247
Filshie clip applicator	3	1,783
Lamp, OR, ceiling	5	1,403
Lamp, OR, emergency	6	5,921
Lamp, OR, floor	50	17,526
Laparoscope	6	7,549
Laparoscope system	1	3,598
Laparoscopy console	1	2,400
Laprocator system	3	10,664
Light cable, fiber optic	10	1,559
Light source	17	8,101
Medical kit #1 (minilap)	426	52,497
Medical kit #2 (gyn emergency)	85	13,149
Medical kit #3 (IUD backup)	8	1,149
Medical kit #5 (vasectomy)	53	3,441

APPENDIX B - (continued)

<u>Item</u>	<u>Quantity Shipped</u>	<u>Total Cost</u>
Medical kit #6 (IUD insertion)	30	1,965
Microscope	2	914
Resuscitator, demand	22	6,205
Resuscitator, manual	47	3,384
Scale	28	4,304
Sterilizer, large	12	45,760
Sterilizer, small	7	7,808
Sterilizer, portable	30	3,311
Sterilizer, vertical	2	3,912
Stretcher	17	6,480
Table, exam	19	10,478
Table, instrument	36	3,000
Table, operating, hydraulic	6	14,940
Table, operating, manual	33	39,505
Teaching attachment	8	19,208
Teaching model, anatomical	10	1,689
Training mannequin, CPR	8	<u>5,510</u>
TOTAL		<u>\$428,011</u>