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**CONTRACEPTIVE TECHNOLOGY
AND FAMILY PLANNING RESEARCH**

**COOPERATIVE AGREEMENT
DPE-3041-A-00-0043-00**

WORKPLAN 1992

*SUBMITTED TO
OFFICE OF POPULATION, RESEARCH DIVISION
UNITED STATES AGENCY FOR
INTERNATIONAL DEVELOPMENT*

JANUARY 1992

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(1 October 1991 - 31 March 1992)
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I. OVERVIEW

This document constitutes the second annual workplan for Cooperative Agreement No. DPE-3042-A-00-0043-00, entitled "Contraceptive Technology and Family Planning Research," implemented by Family Health International (FHI). FHI is a private, not-for-profit organization dedicated to improving the health of individuals worldwide, with an emphasis on developing countries. During the past two decades, FHI has worked in more than 100 countries, carrying out joint research programs and providing technical assistance to help solve problems identified by governments, clinical researchers, and health care providers in family planning, reproductive health and, for the past four years, in AIDS prevention. FHI works closely with international health and development organizations, including the US Agency for International Development (A.I.D.), its overseas Missions and cooperating agencies; the World Health Organization; the National Institutes of Health; the Centers for Disease Control and a host of other agencies working in related areas.

FHI was founded in 1971 with the specific mandate of providing A.I.D.'s Office of Population with the data needed to make decisions concerning the purchase and provision of contraceptives for USAID programs in developing countries. This entailed designing and implementing clinical trials to evaluate, *in developing country settings*, the safety and efficacy of different contraceptive types and brands.

FHI (formerly the International Fertility Research Program [IFRP]) also conducted clinical trials whose primary purpose was to introduce new contraceptive methods or new technologies to developing countries where they had not previously been used. Examples of contraceptive methods introduced by FHI to less developed country (LDC) programs include laparoscopic sterilization, minilaparotomy sterilization, progestin-only oral contraceptives, postplacental IUD insertion, and NORPLANT^R.

The need to base contraceptive program decisions on sound research was recognized by A.I.D. soon after the Office of Population was founded. While the questions continue to change and evolve, program decisions still need to be based on well-conducted research. A.I.D. has continued to rely on FHI and other cooperating agencies to meet that need.

Because many questions in contraceptive service provision cannot be addressed adequately through clinical research, FHI's role was expanded by A.I.D. to include a "social science" or programmatic research component. Programmatic research at FHI is responsive to the needs of service programs at the country level, and now includes, for example, ways to improve compliance and acceptability of new methods. During the past year we have worked

to establish closer linkages with the Family Planning Services Division and its cooperating agencies. An illustration of this cooperation is a working agreement with the SEATS Project, whereby FHI carries out research to address issues in specific countries to improve the design and implementation of service programs.

Our role continues to evolve to meet A.I.D.'s research needs. As the US pharmaceutical industry has withdrawn from the development of new contraceptives, the US Government (NIH as well as A.I.D.) has played an increasingly important role in sponsoring private, not-for-profit companies to work in contraceptive development and evaluation. FHI, the Population Council and the Contraceptive Research and Development Program (CONRAD) collaborate closely in this important endeavor, which consumes a growing proportion of the funds provided under FHI's Cooperative Agreement with the Office of Population. FHI's work in this area includes providing data for the approval of new methods by the US Food and Drug Administration (FDA), a prerequisite for A.I.D. purchases of commodities for LDC service programs. This year, FHI will complete applications to the FDA to secure approval for the Filshie Clip for female sterilization and for a thermoplastic condom. FHI is also working with CONRAD and Wisconsin Pharmacal to prepare FDA applications for approval of a 'female condom'. Data are also used on a regular basis for product approval by similar regulatory agencies in developing countries.

The AIDS epidemic has focused new attention on condoms. Condoms have not been a major method provided by many family planning programs because their clients are usually women, many men dislike using condoms, and storage can be difficult in some climates. In response to A.I.D.'s request, FHI is carrying out a program of quality surveillance and is evaluating the integrity of latex condoms stored under specified conditions, both in the laboratory and in actual use. Improved quality surveillance has the potential for significantly reducing wastage associated with poor storage conditions.

The safety of contraception includes long-term consequences as well as immediate effects. Although this work accounts for a small part of our budget, FHI is the only cooperating agency researching the long-term risks and benefits associated with the use of family planning methods provided by A.I.D. in developing countries. A major emphasis of this effort involves STDS, including HIV infection. FHI seeks to determine the extent of protection against STDS that is provided by barrier contraception, and whether hormonal contraception increases susceptibility to HIV infection. Other priorities include morbidity and life expectancy associated with hormonal contraceptive use, and appropriate contraception for women with special needs because of concurrent disease or some other contraindication, such as age.

One of FHI's greatest strengths is its network of investigators in developing countries. Some of these researchers have been working with FHI since 1971. The investigators with whom we collaborate are well-trained scientists with a firm commitment to family planning. Many of them receive training under sponsorship from FHI--at FHI-conducted courses, courses provided by other institutions, and project-specific training. Training can be in clinical technique, research methods, statistics, research management or financial planning. Improving the skills of our investigators enhances not only the overall quality of FHI research, but also the ability of these investigators to conduct independent research to meet the needs of their own countries. Furthermore, the principle of "leaving something behind" is important to FHI as well as to A.I.D.

During FY'92, we expect to refocus some of the work FHI has carried out over the past several years into a coordinated strategy to reduce medical barriers to contraceptive provision and use in developing countries. Examples of past work in this area includes research and policy-oriented information dissemination activities that resulted in removal of requirements for extensive laboratory tests prior to prescription of hormonal contraception in many African countries.

Another initiative during FY'92 will be to focus more of our efforts in fewer countries in order to maximize the impact of our programs, in keeping with the BIG Country Strategy of the Office of Population. This will be true particularly for programmatic research. Because the nature of much of our contraceptive evaluation research requires collaboration with skilled, experienced clinical investigators, however, FHI will also continue to work with investigators in non-BIG countries to meet these needs.

II. COOPERATIVE AGREEMENT GOALS, OBJECTIVES, AND EXPECTED OUTCOMES

A. Cooperative Agreement

The broad goal of the Contraceptive Technology and Family Research Cooperative Agreement No. DPE-3041-A-00-0043-00 is to enhance the freedom and abilities of individuals in the developing world to choose voluntarily the number and spacing of their children. The specific purpose of the work to be carried out is to increase the means available to developing country couples to achieve their desired family size by developing and introducing a range of safe, effective, and acceptable methods of family planning and by enhancing the capacity of family planning researchers and programs in developing countries to evaluate and provide these methods.

B. Program Objectives and Expected Outputs for the Next Five Years

During the five-year period covered by the Cooperative Agreement, FHI will build upon the work it has carried out with funding from the Office of Population and will continue to use a broad range of skills and institutional capabilities to focus its efforts in the following program areas to meet the goal and purposes of this Program:

o Contraceptive Technology Development and Clinical Trials

The primary objective of this aspect of FHI's program is to carry out the necessary research and development activities to secure approval for new contraceptive products according to the standards set by the US Food and Drug Administration (FDA). A second objective is to design and conduct clinical trials to provide local data on safety, efficacy, and acceptability of existing and new contraceptives to introduce and legitimize these methods for use in LDC service programs.

Expected outputs during this Cooperative Agreement include FDA approval for a thermoplastic condom and for the Filshie Clip for female sterilization. Research will continue to provide the documentation for submission to the FDA for a new 90-day injectable, a biodegradable 12-18 month implant, and a non-surgical female sterilization product. Work will also continue to evaluate other products for FDA submission, including a new female barrier contraceptive and a new spermicidal product. Pre-introductory clinical trials of NORPLANT^R will be completed in several countries with the aim of securing local regulatory approval of its programmatic use. Clinical trials will also be an important instrument for documenting the safety, efficacy, and acceptability for local program use of a variety of methods during the postpartum period, including progestin-only oral contraceptives, IUDs, and the lactational amenorrhea method (LAM).

o Condom Technology Evaluation

FHI's objective in this area is to assure and improve the quality of latex condoms provided through the A.I.D. commodities assistance program by subjecting latex condoms to a level of scientific scrutiny that has been applied to other contraceptives.

Expected outputs during the next five years include improvements in the standard laboratory quality assurance methods currently available for product testing, validation of laboratory quality testing methods against performance in actual use, a better understanding of the deleterious effects of environmental conditions under which latex condoms are stored in LDCs, and continued service to USAID missions and country programs regarding the quality and appropriate disposal, when indicated, of latex condoms currently in stock.

o Contraceptive Acceptance and Use

The objective of FHI's work in this area is to contribute to the ability of LDC couples to obtain and use contraceptives more effectively and improve their satisfaction with those methods. FHI works closely with country programs, USAID missions and other agencies and uses a variety of research methodologies to address a wide range of questions about whether and how contraceptive methods are appropriately provided and used.

Among the outputs expected during the next five years are improvements in instructions for users of oral contraceptives resulting from our work on compliance problems; better understanding of the costs of providing various methods and of improving efficiency in the use of limited resources without affecting safety; users' ability and willingness to pay for contraceptives; and the identification of issues such as quality of care, provider attitudes, and choice of methods, that may constrain or enhance the adoption of new methods introduced into programs. FHI also uses acceptability research and consumer preference studies to guide directly our contraceptive development program.

o Contraceptive Introduction

FHI's work in contraceptive introduction is intended to assist developing countries integrate new methods into their programs by providing a bridge from research to service delivery. FHI works closely with service delivery agencies in carrying out our programs in this area.

Expected outputs during the period of the Cooperative Agreement include country strategies leading to well-designed programs for introduction of NORPLANT[®], as well as other new technologies that may become available; and the integration into LDC programs of a range of contraceptive methods for use during the postpartum period. FHI is refocusing several of its activities into a

cohesive strategy aimed at reducing or eliminating medical barriers to contraception. A key component of this strategy is FHI's contraceptive technology workshops, which help to introduce new methods, as well as provide updates on and address concerns about contraceptives already being used in programs.

o Reproductive Epidemiology

FHI uses epidemiologic methods to study the non-contraceptive effects of contraception, positive and negative, short-term and long-term, in order to help programs identify and address programmatic concerns about safety, as well as the appropriate qualities of specific methods for users with special needs or risk factors.

Some of the outputs anticipated during this funding period include information on whether methods such as oral contraceptives and spermicides provide protection from, enhance, or have no effect on the transmission of sexually transmitted diseases, including the AIDS virus; a computer model of contraceptive risks and benefits that can be adapted to specific country situations; and information to guide the choices of contraceptives for women over age 40. FHI will continue to provide briefings for A.I.D. staff and will work with FHI's Information Dissemination Program to address concerns of A.I.D., its overseas missions, developing country researchers and program officials, and the general public about specific safety issues, such as oral contraceptives and breast cancer. FHI continues to maintain a state of readiness to provide technical backstopping to A.I.D. in situations of heightened public interest in the interaction of health and contraception.

o Institutional Development

In selected developing countries, FHI is providing funding and a range of technical assistance to strengthen the capacity of local research organizations to design, implement, analyze, disseminate, and manage research on contraception, family planning, and reproductive health to meet local program needs.

During this Cooperative Agreement, FHI expects to continue its relationship with programs in nine countries and will continue its gradual phase-out of core support of these institutions as they become increasingly able to secure and manage research funding from multiple sources. Add-on funds from bilateral programs in countries such as Bangladesh and Egypt will continue to be important in enabling this work to continue. Also during this Cooperative Agreement, greater attention will be paid to the lessons learned in institutional development, not only from FHI's own experience in research capacity building, but from other agencies and other sectors as well.

o **Training**

FHI develops and sponsors a range of short-term research training activities aimed at strengthening developing country capacity for carrying out and utilizing research related to contraception. Workshops help to build research skills in such areas as clinical trials and epidemiology, data analysis, scientific writing, and research management.

During the period covered by this Cooperative Agreement, a number of workshops and training activities will be carried out. Particular emphasis will be placed on sub-Saharan Africa, and on improving the implementation of research to meet local drug regulatory requirements, including the establishment and strengthening of local institutional research review boards, and the monitoring and reporting of adverse events associated with contraceptive trials and introduction.

o **Information Dissemination**

A key component of research is making the results widely known through a variety of media and to a variety of audiences, including other researchers, policymakers, health care providers, and users of contraceptives. During the next five years, FHI will disseminate information from its research through the continued publication of its quarterly newsletter, network. FHI will continue to translate relevant English language research publications into Spanish and French for programs in the LAC and Africa regions and to provide timely responses to the thousands of requests for information we receive from around the world, as resources permit. FHI will also work to improve networks to disseminate accurate, high quality information on contraception and reproductive health within countries and regions.

FHI works closely with other cooperating agencies and with country missions in implementing these programs. Scientific publications in professional journals will continue to report the results of FHI-supported research; summaries and non-technical versions of the publications will continue to be provided to lay journals and submitted to international and national news media.

III. ANNUAL WORKPLAN - FISCAL YEAR 1992

A. Contraceptive Technology Development and Clinical Trials

1. Introduction and Overview

During much of its history, FHI has used a clinical trials methodology to provide local data on the safety and efficacy of existing contraceptive methods in countries or programs where they have not been used previously, or to answer questions about the appropriateness of a specific method for a particular population or delivery system. While continuing to conduct these traditional trials, FHI has focused on activities to develop and secure approval of new contraceptives by the US Food and Drug Administration (FDA), with the long-term goal of increasing and improving the contraceptive choices for developing country programs. In this effort, we work closely with the Contraceptive Research and Development Program (CONRAD) and A.I.D.'s other major cooperating agencies involved in contraceptive development. Generally, the division of labor provides for CONRAD to conduct preclinical, Phase I and early Phase II work and for FHI to conduct late Phase II and Phase III studies of these products. In a few instances, due to special circumstances, FHI is involved in all phases of contraceptive development and evaluation. In addition, several clinical projects which are being conducted in the field by CONRAD are being managed by FHI with respect to regulatory affairs, data management, and statistical analysis.

FHI has developed a strong in-house capacity to manage the research and development activities required to secure FDA approval for new contraceptives. In addition to its clinical trials expertise, staff have requisite skills and experience in clinical data management, biostatistics, quality assurance and regulatory affairs, as well as state-of-the-art computer facilities, all of which are essential to providing the documentation necessary to secure approval of new products. A unique resource in carrying out the clinical trials is FHI's international investigator network numbering more than 260 clinical research centers in 55 countries.

Currently, FHI's activities in this area fall into two main categories:

- o **Development and Evaluation of New Contraceptives**
Activities in this category are designed to meet requirements of the FDA and regulatory agencies in other countries for the development and marketing approval of new products. Included are Phases I, II, and III studies as well as regulatory documents such as the Investigational New Drug Application/New Drug Application (IND/NDA) and Investigational Device

Exemption/Premarketing Approval Application (IDE/PMA). Products currently falling in this category include norethindrone (NET) injectable microspheres, biodegradable NET implants, thermoplastic male condoms, the Filshie Clip for female sterilization, an iodine sclerosing formulation for non-surgical female sterilization, female plastic condoms, and the Lea's Shield, a new female barrier contraceptive.

o **Clinical Trials to Provide Information to Family Planning Programs on Available Contraceptives**

The main purpose of these trials is to produce data for local family planning programs on the safety and efficacy of contraceptives already approved for use, to enable health providers to become familiar with these products, and provide data for policy decisions on the appropriate mix of methods to be offered in a country program. Trials include oral contraceptives, intrauterine devices, male and female sterilization techniques, and barrier methods. Special trials are also conducted to address particular questions related to the use of a method. These trials have general application in contraceptive practice, such as the timing of initiation of progestin-only oral contraceptives in breastfeeding women.

2. FY'92 Program, Objectives, and Expected Outputs

Priorities for contraceptive development and clinical trials research under the Cooperative Agreement in the current year continue to emphasize the development of long-acting steroidal contraceptive systems, especially the NET products, and of iodine as a possible method of transcervical female sterilization. Efforts to develop a thermoplastic male condom are another top priority, and submission of a 510(k) application to the FDA for a plastic condom is expected early in calendar year 1992. Development efforts in barrier contraception with the Lea's Shield and in male sterilization continue in close cooperation with CONRAD and the Association of Voluntary Surgical Contraception (AVSC). Work will also continue on the preparation of the PMA for the Filshie Clip which is expected to be submitted to the FDA during FY'92.

During the past year, FHI began to increase its emphasis on postpartum contraception and, as resources allow, will focus on the use of the second category of clinical trials research to evaluate products for use in the postpartum period. Included in this initiative are clinical trials to evaluate the immediate postpartum insertion of IUDs and the timing of postpartum initiation of progestin-only pills.

1) Continuing Projects

a. Long-Acting Steroid Delivery Systems

o **NET 90-Day Injectable Microspheres**

Objective: To develop and secure US regulatory approval for an injectable contraceptive that is expected to be safe and provide efficacy for 90 days with less than half the equivalent steroid of other available injectable contraceptives.

FY'92 Planned Activities: A Phase II-A study, Pharmacokinetic Evaluation of Norethindrone 90-Day Injectable Microspheres, is planned to be initiated in November, 1991 at two sites. It is anticipated that following the successful completion of this study, a Phase II-B safety and efficacy study will be initiated in August, 1992.

Expected Outputs: Analysis of the Phase II-A Pharmacokinetic Evaluation of Norethindrone 90-Day Injectable Microspheres will be accomplished and incorporated into a final study report that will be submitted to the FDA.

Possible Problems/Barriers to Completion: There is a residual amount of chloroform in the microsphere system as a result of the manufacturing process. The level of residual chloroform in the microsphere injection which is acceptable to the FDA will have to be determined and reformulation of the product may be necessary.

o **NET Pellet Implants**

Objective: To develop an inexpensive, biodegradable contraceptive implant that will be effective for 12 to 18 months, but that can be removed at any time.

FY'92 Planned Activities: A Phase II study was initiated in August, 1991 to assess the safety, efficacy, and NET progestin and estradiol levels of a new reformulated set of pellets in forty subjects. Two sets of pellets are being evaluated: one set consists of four pellets, 2.75 mm diameter by 8 mm long; the other consists of five pellets, 3.0 mm diameter by 8 mm long. Subjects enrolled in this study will be followed for up to 24 months after insertion. If the NET serum levels are appropriate, an expanded Phase II study with 160 women will be initiated at four sites in spring 1992. The longest pellets used in this study (5 pellets, 3 mm X 8 mm) are considered the maximum number and size of pellets that are acceptable for this system.

Expected Output: If preliminary analysis show that NET serum levels are adequate to prevent ovulation, the expanded Phase II study will be initiated. Following completion of both studies, a pellet dosage will be selected that will be appropriate for Phase III trials.

Possible Problems/Barriers to Completion: The NET serum levels over time in the early Phase II study may not be sufficient to allow progression to the expanded Phase II study. When scaling up the manufacturing process for the expanded Phase II study, the manufacturer may be unable to produce a formulation with an appropriate release rate in a reproducible manner.

o **NORPLANT^R**

Objective: To use Phase III pre-introductory clinical trials to introduce NORPLANT^R into countries with no previous experience with implantable contraceptives; to provide proper training to physicians in insertion/removal techniques and patient counseling, and to determine overall acceptability of the implants in different populations.

FY'92 Planned Activities: Follow-up will continue of all the subjects enrolled in the pre-introductory trials until five years of use are complete or until the implants are removed. One exception is in Nepal where, at the request of the USAID Mission, studies have been discontinued. The Nepalese centers comprised approximately 1,000 patients who have been incorporated into the centers' ongoing family planning programs. All other trials currently involve 7,166 subjects in 33 centers in 11 countries. The Nigerian centers (5) and the Bangladesh expansion centers (7) are continuing to enroll new patients for NORPLANT^R users. Additional PIO/T funding to continue following up all subjects for five years will be actively pursued in El Salvador, Bangladesh, and Senegal.

Monitoring of follow-up of women enrolled in the Bangladesh trials has raised concerns about access to removal for those women who wish to discontinue NORPLANT^R before the end of five years. FHI is working closely with the Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT), the local organization responsible for managing the NORPLANT^R trials, to correct this problem; close surveillance of these activities remains a high priority. Also, a study on the quality of services offered by the clinical trials investigators continues during this fiscal year in conjunction with FHI's institutional strengthening program.

Plans for analysis of data contained in the NORPLANT^R Worldwide Database are currently under development.

Expected Outputs: FHI's extensive experience with pre-introductory clinical trials of NORPLANT^R serves as a basis for the newly-developed contraceptive introduction program. This strategy will utilize the experience gained from the clinical trials to address programmatic issues relevant to integration of NORPLANT^R into existing family planning programs. Priority countries will include those where NORPLANT^R has received regulatory approval. In addition, it is likely that many of the other countries will grant approval in the next two to three years, especially given recent FDA approval. In some cases, such as Senegal, FHI data will be submitted in support of local regulatory approval.

Interim analyses will provide information for country programs on efficacy, continuation rates, and reasons for discontinuation. Pre-introductory trials help to introduce NORPLANT^R to service providers in participating countries and to identify program issues that providers and policymakers may need to address in incorporating NORPLANT^R into service programs, such as patient weight. These analyses are to be the foundation for several papers intended for publication and/or presentation.

Possible Problems/Barriers to Completion: None.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds
 - o **Expanded NORPLANT^R**
The expansion of NORPLANT^R clinical trials activities will be contingent upon availability of bilateral funding.
- b. **Barrier Contraceptives and Spermicides**
 - 1) Continuing Projects
 - o **Thermoplastic Condoms**
Objective: To develop a cost-competitive plastic condom of one or more designs that meet or exceed the performance of latex condoms for durability, reliability, comfort, and ease of use while providing an extended shelf-life under extreme environmental conditions.

FY'92 Planned Activities: Activities with a roll-on ring condom design will include completion of an extensive human use breakage/slippage study to assess product failure relative to latex condoms. Additional acceptability research also will be conducted on the final design. Other activities will include shelf-life projection studies and viral porosity assessments. A final production scenario will be proposed and packaged product costs will be determined.

The slip-on design is at an earlier stage of development. Activities with a novel slip-on design will include selecting the most appropriate polymer material, conducting broader acceptability studies, and devising a preliminary fabrication process.

Expected Outputs: For the roll-on ring condom, a 510(k) application will be submitted to the FDA in February, 1992. Our goal is that a patented, FDA approved product with superior shelf-life, superior user acceptance, and reasonable costs will emerge from this program.

For the slip-on condom, activities will focus on optimizing the ease of use and user comfort by finalizing the polymer and the design to be used for the product. User acceptability will be confirmed. Pilot scale prototyping equipment will be developed and production feasibility established. Preparations for a 510(k) submission will begin.

Possible Problems/Barriers to Completion:

Identification of a new ring material and development of an automated method of attachment of the ring for the roll-on condom present major challenges to completing this project. It is assumed that the results of the extensive breakage/slippage study referred to above will demonstrate acceptable product performance.

For the slip-on design, successful fabrication of this product requires precise handling of very flexible, elastic films. This may prove difficult. Finding a polymer that is easily handled and acceptable to users will be challenging.

o **Acceptability of Prototype Plastic Condoms**

Objective: To test successive iterations of a prototype condom in order to improve performance, acceptability and functionality of this device.

FY'92 Planned Activities: FHI will complete studies of condom breakage and determine the final design of a prototype roll-on product. Several iterations of a slip-on plastic condom design will also be evaluated.

Expected Outputs: Final reports will be submitted to FHI's Materials Technology Division. Results will be used to guide further development and refinements in the two prototype products.

Possible Problem/Barriers to Completion: None.

o **Female Condom**

Objective: To assess the contraceptive efficacy and safety of the female condom or vaginal pouch (REALITY^R/Wisconsin Pharmacal) necessary for FDA approval of this device. The clinical trials to meet this objective are being conducted in collaboration with CONRAD.

FY'92 Planned Activities: Follow-up of subject enrolled in the clinical trials will be completed and the study will be closed. Data tables will be furnished to Wisconsin Pharmacal for the final study report that will be submitted to the FDA.

Expected Outputs: Data from this study will be used to seek product approval from the FDA under an IDE held by Wisconsin Pharmacal, the developer of the product. Wisconsin Pharmacal will be responsible for the assembly and submission of the PMA to the FDA.

Possible Problems/Barriers to Completion: None.

o **Vaginal Contraceptive Film**

Objective: To test the safety, efficacy, and acceptability of spermicidal vaginal contraceptive film (C-film) as a possible addition to or substitution for vaginal tablets in USAID programs.

FY'92 Planned Activities: A clinical trial plan will be developed for the continued study of the C-film preparation currently under study by CONRAD.

Expected Outputs: The finalized clinical protocol, preliminary site selection, and budget will be completed in FY'92.

Possible Problems/Barriers to Completion: FHI's ability to initiate trials of this product is dependent upon the successful completion of the CONRAD study.

o **Vaginal Contraceptive Tablets**

Objective: To provide technical support to the National Research Institute of Fertility Control (NRIFC) in Pakistan for a clinical trial comparing two vaginal tablets (Neosampoon and Conceptrol).

FY'92 Planned Activities: It is expected that this study will be concluded during FY'92. FHI's responsibilities are limited to processing the data and providing a final report. The NRIFC in Pakistan is responsible for field monitoring.

Expected Outputs: A final report will be submitted to the NRIFC in Pakistan.

Possible Problems/Barriers to Completion: Communication with the site is sometimes slow, but this should not prevent completion of the report. The phase-out of USAID funded program may worsen communications with the NRIFC, and there may be difficulties in receiving final data or answers to data queries.

o **Condoms and Spermicide Use**

Objective: To assess the effect of providing condoms and spermicide with different instructions to Colombian women at high risk of contracting sexually transmitted diseases (STD). The study will test whether the provision of condoms and spermicide to these women will encourage the use of condoms and spermicide together as opposed to encouraging the use of only one of the two methods separately.

FY'92 Planned Activities: Follow-up of study subjects will be completed in spring 1992.

Expected Outputs: A final study report will be prepared and a manuscript will be submitted a refereed journal.

Possible Problems/Barriers to Completion: Communication with the study site in Colombia, particularly the shipment of study materials, is difficult.

o **Lea's Shield**

Objective: To develop a new barrier method, with the potential of being used continuously for 48 hours, preferably without a spermicide. This project is being conducted in collaboration with CONRAD.

FY'92 Planned Activities: Responsibility for the management and monitoring of the project rests with CONRAD. FHI serves as the data manager for this project and will provide statistical analysis of the data as well as regulatory management.

Recruitment will continue and follow-up is expected to be completed near the end of FY'92.

Expected Outputs: FHI will provide CONRAD with data quality reports and final data tables after close-out of the study.

Possible Problems/Barriers to Completion: Resolution of data quality issues identified by FHI must be made through CONRAD which may result in some delays.

o **Reanalysis of Contraceptive Sponge Data**

Objective: To provide for the independent reanalysis of FHI's contraceptive sponge data in comparison to similar studies of the diaphragm and the cervical cap.

FY'92 Planned Activities: FHI has transmitted the contraceptive sponge data to the investigator, Dr. James Trussell, and is providing operating funds for this project. No other activities are planned.

Expected Outputs: This project is intended to uncover the real effect of parity on the risk of failures of these female barrier methods and to demonstrate the efficacy of these methods when used correctly.

Possible Problems/Barriers to Completion: None

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

c. **Oral Contraceptives**

- 1) Continuing Projects

o **Oral Contraceptives (OCs)**

Objectives: To provide the scientific rationale for A.I.D. procurement decisions in reducing the dosage of OCs; to demonstrate the safety, efficacy, and acceptability of progestin-only OCs for lactating women.

FY'92 Planned Activities: Work will focus on analysis, publication, and dissemination of the most relevant clinical and programmatic information of the studies that have been completed, including comparative trials of triphasic versus low-dose combined formulations, comparative trials of different low-dose combined formulations, and progestin-only pills in lactating women.

Expected Outputs: A number of papers will be submitted for publication and presentations made on the completed clinical trials. Data will be provided to country programs supported by A.I.D. regarding the acceptability of switching from a higher dose pill to a low-dose pill, and vice versa.

Possible Problems/Barriers to Completion: None.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

d. Female Sterilization

- 1) Continuing Projects

- o **Iodine Non-surgical Female Sterilization**

Objective: To evaluate the safety and efficacy of the transcervical/intratubal delivery of iodine as a non-surgical method of tubal sterilization, resulting in an alternative for women in the developing world that is inexpensive and less invasive than currently available sterilization procedures.

FY'92 Planned Activities: Stability testing of the reformulated iodine sclerosing compound will be carried out to 12 months. A Phase I study of the reformulated compound will be initiated. A Phase II study will be designed based upon data from the Phase I study and protocol for the Phase II study will be developed.

Expected Outputs: Data will be produced which will determine if further reformulation work is necessary.

Possible Problems/Barriers to Completion: A clinical hold on use of the iodine sclerosing compound in clinical trials was required by FDA pending resolution of questions about the reformulation. Use of the Femcept device and the manufacture of ampoules needed to produce a clinical supply of the iodine compound are delayed pending contractual negotiations with the probable owner (NBR). An IDE for this device must be filed before clinical trial can begin. Product ownership and liability issues must also be resolved. Delays may occur due to difficulties enrolling eligible subjects.

- o **Filshie Clip**

Objective: To obtain FDA approval of an effective and easy to use tubal occlusion device which limits damage to the tube, thus facilitating potential reversal.

FY'92 Planned Activities: The data collection phase of all trials is complete. Completion of data analysis and compilation of a report in compliance with FDA regulations are expected to be completed in December 1991.

Expected Outputs: A PMA on the Filshie Clip will be submitted to the FDA during January 1992. FDA review of the PMA is expected to result in marketing approval in the US.

Possible Problems/Barriers to Completion: The PMA preparation may be delayed if additional preclinical studies are required. The FDA may require additional analysis of submitted studies or they may require additional preclinical and/or clinical studies as a prerequisite to considering the Filshie Clip for marketing approval. Outside review could delay PMA filing.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

e. **Male Sterilization**

1) Continuing Projects

o **No-scalpel *versus* Standard Incision Vasectomy**

Objective: To evaluate the safety and efficacy of different techniques for performing percutaneous vasectomy; to introduce these techniques into programs in a number of countries.

FY'92 Planned Activities: Admission and follow-up of men to assess the puncture technique versus standard incision will continue at four centers in Indonesia. Data collection is complete for similar studies in Sri Lanka, Thailand, and Guatemala and will be completed early in FY'92 for a study in Brazil. Analysis of these studies will continue.

Expected Outputs: Providers in five countries will have acquired significant experience in using a less invasive male sterilization procedure. The results of these studies will enable local program managers to evaluate this technique for wider use in their countries.

Possible Problems/Barriers to Completion: None.

o **No-scalpel Vasectomy - Fulguration *versus* Ligation**

Objective: To evaluate the no-scalpel vasectomy technique using fulguration of the vas versus incision and ligation in terms of safety, efficacy, and acceptability (for both providers and patients).

FY'92 Planned Activities: A protocol for a comparative clinical trial will be finalized; the study will be initiated in Mexico City in December 1991. Completion of recruitment is expected during FY'92.

Expected Outputs: None at this time.

Possible Problems/Barriers to Completion: Changeover in Mexican Social Security Institute (IMSS) personnel in Mexico City may delay final selection and approval of clinical sites.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

f. Other

- 1) Continuing Projects

o Investigator Network Needs

Objective: To strengthen clinical research skills of FHI collaborators in selected developing countries. This activity is accomplished by funding small-scale clinical trials designed to provide experience for new FHI investigators, as well as information of local interest.

FY'92 Planned Activities: Follow-up will continue of all subjects enrolled in a 200-case comparative IUD trial in Burkina Faso. This trial has completed enrollment and is currently in the final stages of subject follow-up.

FHI is funding a study entitled "An analysis of endocrine and coital data and outcome of cycles in women attempting to conceive following discontinuation of contraceptive methods." This study is being conducted in Chile under the auspices of the Instituto Chileno de Medicina Reproductiva. FHI is providing financial and technical assistance for this project.

No new INN activities have been planned for FY'92.

Expected Outputs: The comparative IUD trial in Burkina Faso is expected to provide information for the family planning program about the safety and efficacy of the TCu 380A IUD when used by women in that country. The Chilean study is expected to provide information on the endocrinology of reproduction among women who recently stopped contraceptive use in an effort to become pregnant.

Possible Problems/Barriers to Completion: Completion of the study in Burkina Faso during FY'92 will be contingent upon timely completion of data collection and data cleaning activities.

o Lactational Amenorrhea Method (LAM) Clinical Trials

Objective: To determine the efficacy of the lactational amenorrhea method at two sites (Karachi and Manila).

FY'92 Planned Activities: Recruitment of volunteers and follow-up of study subjects will continue. Adherence to protocol will be monitored regularly.

Expected Outputs: Results of these trials may expand contraceptive choices for women in developing country FP programs.

Possible Problem/Barriers to Completion: Phase-out of USAID assistance to Pakistan could require early termination of the study prior to completion of the follow-up phase.

o **Secondary Analysis: Growth of Breastfed Babies**

Objective: To determine whether the growth rates of normal exclusively breastfed babies are different from those of normal bottlefed infants.

FY'92 Planned Activities: FHI is providing funding to Dr. Soledad Diaz to analyze data and draft results from a Chilean data set.

Expected Outputs: The results may support efforts to create different growth charts for breastfed vs. formula fed babies.

Possible Problem/Barriers to Completion: None.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

B. Condom Technology Evaluation

1. Introduction and Overview

The quality of latex condoms provided to family planning and AIDS prevention programs in the developing world has become an issue of critical importance. The field conditions under which condoms are stored and distributed in many countries can have deleterious effects on the quality and integrity of the product. A.I.D. is the major donor providing condoms for these programs and must be increasingly concerned with assuring that high quality products are available to those who need them. In 1989, A.I.D. asked FHI to undertake a major research effort to apply scientific methods to the study and improvement of latex condoms supplied through its commodities program. We are assessing the adequacy and relevance of standard laboratory quality assurance methods for assuring condom performance in actual use. The Condom Technology Evaluation Program has six components:

- o **Production Surveillance**
FHI personnel make monthly visits to the condom factories in Alabama to draw samples from lots produced for A.I.D. The samples are tested by the FHI laboratory and released for shipment only if they pass all tests.
- o **Field Evaluation**
FHI evaluates the quality of condom stocks currently stored for program use in developing countries. FHI also assesses and advises on adequacy of storage conditions and provides guidance on appropriate disposal of substandard products.
- o **Prospective Aging Studies**
New condoms stored under specific developing country environmental conditions for five years are tested at regular intervals to determine the rate of deterioration.
- o **Contraceptive Quality Surveillance**
A new activity for FY'92 will be the initiation of quality assessments of other contraceptive commodities in addition to condoms.
- o **Research and Test Method Development**
Efforts continue on ways to standardize and improve existing condom test methodologies. In addition, the development of new tests is being explored.
- o **Human Use Studies**
In collaboration with the Program Evaluation Division at FHI, the Materials Technology Division coordinates studies of latex condom breakage. These results are correlated with laboratory findings on the strength and integrity of study condoms.

2. FY'92 Program, Objectives, and Expected Outputs

FHI will continue its work in five components of the Condom Technology Evaluation Program and will add one new area of other contraceptive evaluations during FY'92. Initially, much of the condom laboratory testing was carried out through subcontractors; however, during the past year FHI has fully developed its in-house capacity to test. In-house testing can be accomplished at a lower cost and with greater reliability.

a. Latex Condoms

1) Continuing Projects

o Condom Production Surveillance

Objective: To assure predistribution quality of condoms procured by A.I.D. for developing country programs.

FY'92 Planned Activities: Monthly visits will be made to condom production facilities of Ansell, Inc., and Aladan Corp., to sample approximately 10% of the lots produced. Some shipments to the field will be tracked to insure proper handling and storage upon arrival. Selected lots will be evaluated within the one-year grace period to assure compliance to original production specifications.

Expected Outputs: This program will screen out substandard lots of condoms and will also provide greater assurance that products produced for A.I.D. meet accepted standards of quality.

Possible Problems/Barriers to Completion: Problems may be encountered if test results produced by the manufacturer conflict with those of FHI.

o Field Stock Evaluations/Complaints

Objective: To assess the quality of condom stocks in warehouses in selected LDCs and to evaluate, upon request, condom inventories of questionable quality and recommend to USAID Missions their proper disposition.

FY'92 Planned Activities: A minimum of four additional countries will be investigated for condom quality integrity. Samples from condom lots will be subjected to ASTM and ISO tests. The Materials Technology Division will also take a more proactive role in condom quality by disseminating information to the field relating to condom quality testing, proper storage, and use. Visits to in-country testing laboratories and meetings with governmental, technical, and health care providers will be encouraged during field visits.

Expected Outputs: Laboratory data and information gained from personal interviews and discussions will be provided to help national family planning and STD control programs make informed decisions on the distribution and use of selected condom stocks.

Possible Problems/Barriers to Completion: Efficient retrieval and shipment to the US of properly sampled condoms is sometimes difficult. Laboratory workload and field site visits may increase significantly, making it necessary to increase staff.

o **Prospective Aging Studies**

Objective: To determine the shelf life of latex condoms packaged in various ways and stored under various climatic conditions in LDCs for up to five years.

FY'92 Planned Activities: A second set of study condoms, identical to the first, will be placed in the Mexico storage sites in November. Samples will be retrieved from both lots and evaluated.

Expected Output: Interim analysis will begin to reveal the impact of various climates and packaging/lubrication configurations on the shelf life of latex condoms.

Possible Problems/Barriers to Completion: Timely placement of the product in the Mexican storage sites and preventing theft of product have proved to be difficult in the past.

o **Research and Test Method Development**

Objective: To investigate the utility of new and modified physical test methodologies in the evaluation of latex condom.

FY'92 Planned Activities: Experiments will be conducted to compare and correlate data from water-burst tests with airburst and tensile tests. Work will continue to compare the results of the tear test with those of the standard ring tensile test. In addition, a novel "frontal burst" test will be investigated. Newly produced condoms, field aged condoms, as well as artificially aged samples will be used in these studies.

Expected Outputs: Potentially, a physical test more predictive of condom reliability than airburst or tensile tests may be developed.

Possible Problems/Barriers to Completion: Development of suitable test apparatus at a reasonable cost and the adaptation of the method for routine use may be difficult. The utility of any of the new tests is completely unknown at this time.

o **Human Use Studies**

Objective: To correlate latex condom breakage during human use with various behavioral and physical factors that impact on the integrity and strength of the latex film.

FY'92 Planned Activities: Several activities begun in FY'91 will be completed in FY'92. Results from the completed human use study will be analyzed in an attempt to develop an improved Condom Quality Index (CQI). A study to assess the effects of lubrication on condom breakage also will be completed. New initiatives will focus on in use breakage of condoms that are stored in Mexico as a part of the Prospective Aging Study.

Expected Outputs: New knowledge will be gained on the factors that cause condoms to weaken and break during use.

Possible Problems/Barriers to Completion: The improvement of the CQI is an exploratory activity and the outcome is difficult to predict. The lubrication study should be completed by mid-FY'92. The human use study of condoms will be limited by the ability of FHI to recruit new volunteers and by logistical difficulties in conducting several similar studies simultaneously.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

b. **Contraceptive Evaluations**

- 1) Continuing Projects - None.
- 2) New Projects

o **Quality Surveillance (IUD, OC, NORPLANT^R, Foaming Tablets, etc.)**

Objective: To assure that contraceptive products distributed by A.I.D. comply with the respective product specifications at the time of manufacture. In addition, proper storage and distribution procedures in the field will be assessed to ensure each product's acceptability for use throughout its shelf life expectancy.

FY'92 Planned Activities: During FY'92, audits of contract manufacturers will be conducted to obtain an understanding of each product's composition, manufacturing process, etc. This information will be used to develop individual compliance programs. Production samples will be periodically taken and evaluated by an approved referee laboratory. Field stocks will be monitored and periodically evaluated for acceptability.

Expected Outputs: At the completion of these investigations, comprehensive compliance programs will be established with each contractor. These programs will be implemented in FY'93.

Possible Problems/Barriers to Completion: In many instances, pharmaceutical and device manufacturers are not willing to divulge proprietary information and are unwilling to allow technical scrutiny of their product or manufacturing process. The cost of sub-contracted laboratory evaluations will limit the number of product lots that can be evaluated.

- 3) Projects Pending Availability of Funds - None.

C. Contraceptive Acceptance and Use

1. Introduction and Overview

Many factors influence whether and how effectively contraceptive technologies are used by consumers. In addition to the biomedical issues of safety and efficacy, consumer characteristics and preferences, aspects of service delivery, such as provider attitudes, cost, and quality of services, all influence whether individuals adopt and continue to use contraceptives successfully. FHI's research on programmatic aspects of contraception and family planning seeks to help couples in the developing world control their fertility and increase their satisfaction with family planning methods. While much of the research in this area is specific to a particular contraceptive technology, FHI's programmatic research is also responsive to issues identified by country-level family planning programs and USAID missions.

Currently, FHI is focusing on four priority areas for research in contraceptive acceptance and use:

- **Acceptability Research**
As an integral part of the process of contraceptive development and introduction, acceptability research helps to answer questions about consumer preferences for a method, whether users understand how to use it, and perceptions of safety and efficacy as they relate to whether consumers adopt and continue to use the method.
- **Research on Correct Use of Methods**
Recent research has found that users of temporary methods often lack knowledge about how to use methods correctly. Research leading to improving compliance for widely used methods such as pills and condoms could have a significant impact on continuation and the reduction of unintended pregnancies.
- **Cost Research**
Costs of contraceptive services and the ability of clients to pay for them are issues for consumers, providers and donors. Studies at both the program and user level can provide information to guide decisions to select the most cost-effective mix of contraceptive services.
- **Evaluation of Family Planning Services/Quality of Care Research**
The quality of services provided can have a major impact on the safety and acceptability of contraceptives as well as continued use. Study areas include provider attitudes, obstacles to contraceptive use, adequacy of follow-up, reasons for discontinuation, and informed choice.

2. FY'92 Program, Objectives, and Expected Outputs

During the current program year, FHI's research and technical assistance continues to focus on a range of acceptability issues related to condom development and use, acceptability of NORPLANT^R and NET 90, OC compliance, reasons for contraceptive discontinuation, breastfeeding, and informed choice. New research initiatives include cost studies and in-depth studies of condom use and compliance. If resources permit, research on the programmatic issues of postpartum contraception as well as research on the role of and impact on family planning programs in countries with high HIV prevalence will be developed, and additional studies of OC compliance and NORPLANT^R acceptability will be pursued.

a. Acceptability Research

1) Continuing Projects

o **Small versus Standard Condoms**

Objective: To determine consumer preference for the standard or the smaller condom and to determine breakage rates for the two condom sizes.

FY'92 Planned Activities: FHI will conduct a study with 300 participants in Nepal and Sri Lanka, analyze data, and issue the final report.

Expected Outputs: Data are being collected to assist in the development of A.I.D. condom procurement policy. A paper will be published.

Possible Problem/Barriers to Completion: None.

o **Acceptability of Larger Condoms**

Objective: To determine consumer preference for the standard or the larger condom and to determine breakage rates for the two condom types.

FY'92 Planned Activities: Data will be combined and analyzed from the larger and smaller condom studies for an article on impact of size on condom breakage.

Expected Outputs: Data will inform condom procurement policies for FY'92. A paper will be published.

Possible Problem/Barriers to Completion: None.

o **Stronger versus Standard Condoms**

Objective: To determine consumer preference for the standard or the stronger (i.e., thicker) condom and to determine breakage rates for the two condom types.

FY'92 Planned Activities: FHI will complete data collection at seven international sites, analyze data, and issue the final report.

Expected Outputs: Data will assist in development of procurement policies. A paper will be published.

Possible Problem/Barriers to Completion: None.

o **Acceptability of Female Condoms**

Objective: To determine consumer preferences and evaluate functional aspects of female condom or vaginal liner.

FY'92 Planned Activities: FHI will conduct an acceptability study with a group of high risk women in Nairobi, Kenya, and develop and conduct a comparative study of two types of female condoms in Jamaica. Data will be analyzed from these studies and final reports issued.

Expected Outputs: FHI will publish papers on female condom studies to provide information to product developers in order to improve the product design and increase acceptability to potential users.

Possible Problem/Barriers to Completion: None.

o **Task Force on Acceptability of New Methods**

Objective: To provide a forum for discussion and information sharing on current acceptability research.

FY'92 Planned Activities: FHI will publish quarterly newsletters and distribute a final report on the Acceptability Task Force Meeting held at FHI in July of 1991. The Task Force Meeting was jointly sponsored by A.I.D. and the Mellon Foundation.

Expected Outputs: These activities will contribute to closer coordination and information sharing among researchers doing acceptability research. The final report on the Acceptability Task Force Meeting will be disseminated to colleagues in the US and overseas.

Possible Problem/Barriers to Completion: None.

o **Spermicide Acceptability among STD Clinic Attendees (Zambia)**

Objective: To determine the preferred spermicide products preferred by persons at high risk for acquiring STDs.

FY'92 Planned Activities: Data collection and entry have been completed. Data analysis will proceed in FY'92 and a paper will be prepared for publication. The information will be disseminated to health authorities in Zambia.

Expected Outputs: This study will help STD clinic staff decide whether to offer spermicides to STD patients for the purpose of risk reduction and, if so, which product to offer.

Possible Problem/Barriers to Completion: None.

2) New Projects

o **Foaming Tablets/User Dynamics (Kenya)**

Objective: To assess among providers and consumers possible reasons for the ten-fold increase seen in foaming tablet use in Kenya during the last year. The study will determine who uses foaming tablets and how and why tablets are being used.

FY'92 Planned Activities: Data analysis and a final report on the study results will be completed.

Expected Outputs: The report will provide USAID/Nairobi with information on the need to increase spermicide foaming tablet procurement.

Possible Problem/Barriers to Completion: None.

o **Condom Brand Preference/User Dynamics**

Objective: To assess reasons for consumer preference for different condom brands and to determine who uses condoms and how/why they are used.

FY'92 Planned Activities: FHI will conduct several condom consumer preference studies and issue final reports on information collected.

Expected Outputs: Papers will be published on the effect of product selection (preference) on user compliance.

Possible Problem/Barriers to Completion: None.

o **Contraceptive Use Dynamics among Postpartum Women**

Objective: To follow up women from delivery to 12 months postpartum in order to observe contraceptive use patterns; to place special emphasis on the contraceptive use patterns (switching) of women who accept progestin-only oral contraceptives (POCs) in order to determine when they switch pills, when they switch to

other methods of contraception, or when they discontinue contraceptive use; to determine the breastfeeding patterns of postpartum women and the interaction of breastfeeding with contraceptive use decisions.

FY'92 Planned Activities: FHI will select a site for activities. This will be a site in which POCs are being provided to postpartum women either at six weeks postpartum or at delivery. FHI will prepare the protocol and subagreement and initiate field activities.

Expected Outputs: Information on when women switch from POCs to other pills or methods will be useful in determining whether special efforts are needed to encourage women to adopt other contraceptive use behaviors to reduce the risk of pregnancy. Information for the general population of postpartum women will show how closely adoption of contraceptive use is timed to the onset of menses and the patterns of use following adoption of the first method. These data will be useful in determining what efforts will be necessary to reduce risk of unwanted pregnancy.

Possible Problems/Barriers to Completion: Finding a site in which POCs are widely distributed among postpartum women and one in which follow-up rates can be expected to be high may be difficult.

3) Projects Pending Availability of Funds

o **Knowledge, Attitudes and Practice (KAP) Surveys of Potential Postpartum Contraceptive Users**

Objective: To identify those factors that are important to postpartum women; to determine their perceptions about the natural contraceptive effects of breastfeeding and lactational amenorrhea; and to determine their knowledge, attitudes, practices and behavioral intentions regarding family planning and child spacing.

FY'92 Planned Activities: Pending availability of funds, at least one KAP survey of potential users and providers is planned to be conducted in Ibadan, Nigeria. Ideally, others would be conducted in rural and urban settings in several countries. Surveys of partners may be useful as well.

Expected Outputs: Knowledge will be gained about designing service delivery systems that meet the needs and desires of postpartum women.

Possible Problems/Barriers to Completion: Funding; staff; Mission concurrence.

o **Acceptability of NORPLANT^R**

Objectives: To determine the acceptability of NORPLANT^R to providers and potential users; to estimate the demand; to assess the quality of client screening and counseling; to study access to removal and how to track clients for five year removals.

FY'92 Planned Activities: Contingent on the availability of funds, FHI has proposed a set of programmatic research activities on NORPLANT^R in those countries where FHI plans to be involved in NORPLANT^R introduction. One to two programmatic studies initiated on NORPLANT^R acceptability in FHI priority countries, depending on funding availability.

b. **Research on Correct Use of Methods**

1) Continuing Projects

o **Analysis of Multi-Country Demographic and Health Surveys (DHS) Data on OC Compliance**

Objective: To use DHS data to determine quality of pill use and knowledge about correct use in four countries (Botswana, Egypt, Indonesia, and Zimbabwe).

FY'92 Planned Activities: Multi-country analysis has been completed. The data on OC use in Egypt from the 1988 DHS will be analyzed further since the Egypt DHS has extensive data on OC compliance. A comparative paper presenting data from the four countries will be finalized and submitted for publication.

Expected Outputs: One paper on the multi-country data and two papers on Egypt will provide data for policymakers to improve the training of family planning providers. These studies will serve as an example to other countries of the value of obtaining such data from a national survey like the DHS.

Possible Problem/Barriers to Completion: None.

o **OC Compliance**

Objective: To provide tools for better measurement of OC compliance; to develop strategies for increasing the use-effectiveness of the method, first by increasing correct knowledge among both users and providers; and to better understand the relationship between problems with pill taking, compliance, and continuation of the method.

FY'92 Planned Activities: FHI will: 1) conduct or assist studies of current knowledge and practices of users and providers in several countries; 2) test alternative instructions for OC use for in Mexico and at

least three other countries, possibly using a computerized pill packet for a sub-sample with support from Ortho Pharmaceuticals; 3) provide technical assistance to PSI on ways to measure and increase correct use of OCs in Pakistan; 4) keep policymakers and researchers informed about FDA guidelines for OC use instructions, compliance issues, and recent research through articles and presentations at meetings (including American Public Health Association (APHA), Population Association of America (PAA), Australian Family Planning Association, and the Australian Association the Advancement of Contraception); 5) work with FDA, IPPF and the United Kingdom authorities toward development of international standardized instructions; and 6) explore the possibility of conducting a large scale study of OC compliance in relation to the effectiveness of the method.

Expected Outputs: These activities are aimed at the development of understandable and acceptable OC instructions for use by A.I.D., other pill distributors, and to support other actions which will contribute to improved OC compliance.

Possible Problem/Barriers to Completion: None.

o **In-Depth Study of Condom Use in Bangladesh**

Objective: To explore among rural Bangladeshi the patterns of use and misuse of either purchased or free condoms.

FY'92 Planned Activities: An anthropologist consultant will advise on qualitative field work and oversee construction and administration of a questionnaire to ascertain patterns of usage of condoms in a rural population.

Expected Outputs: Findings will be used by the Social Marketing Company in designing their approach to customers, and evaluating the impact of their program.

Possible Problem/Barriers to Completion: None.

o **OC Compliance among Drug Store Clients in Thailand**

Objective: To gain an understanding of OC compliance among women who purchase their supplies from drugstores.

FY'92 Planned Activities: The English version of the final report will be completed (Thai version was completed in FY'91) and a paper will be prepared for publication. Secondary analysis of the data will be initiated.

Expected Outputs: The data will be used to improve training of drugstore workers in Thailand regarding correct instructions on OC use.

Possible Problem/Barriers to Completion: None.

2) New Projects

- o **Timing Distribution of Progestin-Only Contraceptives**
Objective: To determine whether there is any effect on pill use according to when the woman is given the pills (e.g., in hospital after delivery vs. at her six week postpartum checkup).

FY'92 Planned Activities: FHI will solicit interest from potential investigators and draft a protocol and questionnaires suitable for pre-testing.

Expected Outputs: None at this time.

Possible Problem/Barriers to Completion: None.

- o **Pakistan: Technical Assistance to PSI's OC Social Marketing Program**

Objective: To improve correctness of OC use by new acceptors of Lo-Rondal Fe.

FY'92 Planned Activities: FHI will assist PSI in package design, content of package insert, preparation of various training and counseling curricula for physicians, pharmacists and distributors of the pill, as the social marketing program introduces the pill in Pakistan.

Expected Outputs: Improved OC use instructions, packaging, and training materials will serve PSI's program in Pakistan and will also serve as an example for other countries, manufacturers and distributors.

Possible Problem/Barriers to Completion: Phase out of population assistance to Pakistan in the next few months could interfere with the completion of this project.

- o **Condom Use/Misuse**

Objective: To assess specific behaviors of individuals classified as condom breakers to determine appropriate educational interventions.

FY'92 Planned Activities: An initial study will be conducted in Nairobi, Kenya. Data will be analyzed and a final report issued. Similar studies will also be developed in other countries.

Expected Outputs: The data will help the Kenyans develop a condom educational intervention strategy to improve correct condom use and reduce breakage rates.

Possible Problem/Barriers to Completion: None.

o **Mexico: Study of OC Knowledge and Practices of the IMSS Rural Midwives and Recent OC Acceptors**

Objective: To determine OC discontinuation and pregnancy rates among women who receive OCs from IMSS midwives and find ways to improve training of the rural midwives who serve as OC providers.

FY'92 Planned Activities: The full study, including all interviews with midwives and their recent OC acceptors as well as data analysis, will be conducted in FY'92, except for completion of a final report.

Expected Outputs: This research should provide a better understanding of where gaps lie in the knowledge of users and providers and will serve to improve the training of midwives. IMSS also plans to apply the lessons learned from this project to its other family planning services, serving 50 million clients.

Possible Problem/Barriers to Completion: None.

o **Mexico: Testing of New OC Instructions**

Objective: To test a modified version of the FHI-developed and FDA-approved instructions for OC use prepared for US manufacturers.

FY'92 Planned Activities: The pilot test with literate clients of IMSS clinics will be completed in FY'92. Based on the results of the pilot test, another project will be initiated to test the instructions which will either be further modified and re-tested on a similar sample until they are understandable and acceptable or tested on a small sample of less educated clients of rural midwives.

Expected Outputs: The iterative process of testing and modifying instructions will continue in Mexico and then in an expanded version in other LDCs until A.I.D. is satisfied that it has a set of instructions that can be included in the millions of pill packs it distributes worldwide each year.

Possible Problem/Barriers to Completion: None.

o **DHS Analysis - Contraceptive Use Dynamics**

Objective: To analyze data on quality of care based on the Pakistan Demographic and Health Survey.

FY'92 Planned Activities: FHI will conduct analysis of the data.

Expected Outputs: The results will help determine which survey questions help assess quality issues in family planning service delivery.

Possible Problem/Barriers to Completion: None.

3) Projects Pending Availability of Funds - None.

c. Cost Research

1) Continuing Projects

- o **Cost of NORPLANT^R Delivery by Nurses in Thailand**
Objective: To determine safety, impact on contraceptive use and couple-years of protection (CYP) and cost of provision of NORPLANT^R by nurses.

FY'92 Planned Activities: Data collection will be completed and data analysis begun.

Expected Outputs: Information will be useful for the National Family Planning Program to determine what role NORPLANT^R will play in the method mix of the national program.

Possible Problem/Barriers to Completion: None.

- o **Ecuador: Evaluation of IUD Follow-Up Schedules**
Objective: To determine cost-effectiveness of flexible vs. fixed a re-visit schedules for IUD acceptors.

FY'92 Planned Activities: FHI will carry out a prospective study of IUD re-visits preparatory to conducting the main study. This project will be done in cooperation with Investigacion Operativa en America Latina (INOPAL) project.

Expected Outputs: A decision regarding the feasibility of conducting a re-visit intervention study will be made.

Possible Problem/Barriers to Completion: None.

2) New Projects

- o **Kenya: OC/IUD Service Delivery: Costs versus Health Risks**
Objective: To determine the impact on costs and on health risks of changes in the number and content of visits for both acceptance and revisits for family planning services.

FY'92 Planned Activities: A site visit will be made in order to develop a protocol, subagreement, and data collection plans.

Expected Outputs: The result of this study will assist policymakers in making better family planning resource allocation decisions.

Possible Problem/Barriers to Completion: None.

- o **Honduras: Economic Analysis of ASHONPLAFA Programs**
Objective: To use economic criteria to evaluate various aspects of ASHONPLAFA's (the Honduran IPPF affiliate) family planning service delivery. This project will be funded with add-on funds from USAID/Honduras.

FY'92 Planned Activities: A site visit will be made to define the scope of this study.

Expected Outputs: Information on costs and revenue generation will help ASHONPLAFA improve resource allocation and move toward financial sustainability.

Possible Problem/Barriers to Completion: None.

- o **Ecuador: Impact of a Larger Price Increase**
Objective: To examine impacts of a larger price increase on family planning clients, contraceptive purchases, and use.

FY'92 Planned Activities: This is a follow-on to a similar study conducted in FY'91. Work will continue in FY'92 to develop and initiate the new study.

Expected Outputs: Results of this study will be used to help CEMOPLAF (an Ecuadorian PVO) develop a pricing strategy.

Possible Problem/Barriers to Completion: None.

3) Projects Pending Availability of Funds - None.

d. Evaluation of Services/Quality of Care Research

1) Continuing Projects

- o **Assessing Factors Influencing Family Planning in Togo**
Objective: To determine factors affecting method choice in family planning clinics.

FY'92 Planned Activities: FHI will analyze the data from this study and disseminate findings to Togolese service providers. A paper will be prepared for publication.

Expected Outputs: The findings will have impact on future provider training and assure that service provision is demand-driven.

Possible Problem/Barriers to Completion: None.

o **Brazil: Evaluation of Sociedade Civil do Bem-estar Familiar no Brazil (BEMFAM) Reproductive Health Approach to Family Planning**

Objectives: To determine the impact of a risk classification strategy upon contraceptive use and method selection among new clients; to determine the impact of Johns Hopkins Program for International Education in Gynecology and Obstetrics' (JHPIEGO) clinical training on physicians' activities several years later; to assess the cost of physician training and client referral; and to determine knowledge, attitudes and practices of paramedics regarding reproductive health.

FY'92 Planned Activities: BEMFAM/FHI will analyze the data from the four evaluation components and begin report writing.

Expected Outputs: The study findings will contribute to more effective use of family planning resources.

Possible Problem/Barriers to Completion: None.

o **India: Evaluation of Social Marketing Program and Conference**

Objective: To create a database of condom users in Uttar Pradesh in order to help condom-providing agencies, especially social marketing agencies, better serve their customers.

FY'92 Planned Activities: Field work and data analysis will be completed, including preparation of final reports. FHI will organize a workshop/conference and help disseminate the findings. One journal article synthesizing the key findings based on the studies will be prepared.

Expected Outputs: The findings will contribute to improved social marketing strategies for condoms.

Possible Problem/Barriers to Completion: None.

o **Honduras: 1991 Family Health Survey**

Objective: To measure national and regional trends in important health and FP indicators.

FY'92 Planned Activities: The field work and data collection will be completed during the first six months. Data entry will be carried out simultaneously. Most of the survey analysis should be completed in FY'92.

Expected Outputs: National and regional health planners will use these results to identify strengths and weaknesses in their programs.

Possible Problem/Barriers to Completion: None.

o **Service Delivery Cooperating Agencies Field Activities in Quality of Care**

Objective: To document and assess field activities of service delivery cooperating agencies in the area of quality of care; to document field uses of service delivery guidelines (one component of quality of care).

FY'92 Planned Activities: FHI will conduct field visits to projects of cooperating agencies to assess quality of care activities and to collect and assess service delivery guidelines (complementary to information collected in 1991 from service delivery cooperating agencies).

Expected Outputs: A more complete understanding and documentation of quality of care activities will be gained, particularly with respect to service delivery guidelines.

Possible Problem/Barriers to Completion: None.

o **Operations Research on Quality of Care**

Objective: To assess the relative importance of the various dimensions of quality of care in the provision of family planning services from both provider's and user's perspective; to develop and test a methodology to measure quality of care elements in a family planning service delivery system.

FY'92 Planned Activities: FHI will identify four to six countries to participate in the clinic-based comparative study; organize a three-day workshop to discuss the protocol and methodology; implement the study and provide technical assistance as needed to analyze the data and prepare study reports.

Expected Outputs: These activities will contribute to better operational definitions and understanding of the components of the quality of care framework. This information will help service delivery cooperating agencies to measure quality of care and will help them evaluate and assess quality of care activities.

Possible Problem/Barriers to Completion: None.

2) New Projects

o **Service Expansion and Technical Support (SEATS) Project Evaluation**

Objective: To assist SEATS/John Snow, Inc. (JSI) service delivery interventions by providing collaborative research/evaluation technical assistance.

FY'92 Planned Activities: FHI will provide staff technical assistance as required to complement and support the SEATS projects. This will include evaluation of SEATS service delivery intervention in Togo, Burkina Faso and Cameroon in FY'91 (based on activities identified during an FHI site visit to SEATS' Regional Office in October 1991).

Expected Outputs: FHI collaboration will strengthen the SEATS Project.

Possible Problem/Barriers to Completion: None.

o **Togo: Quality of Care**

Objective: To evaluate programmatic strategies for improving quality of care at family planning clinics.

FY'92 Planned Activities: FHI will design quantitative and qualitative data collection instruments, initiate the study, and monitor programmatic research aspects of the pilot intervention project in cooperation with SEATS.

Expected Outputs: Appropriate strategies for improving quality of care in family planning service delivery at a national level will be identified.

Possible Problem/Barriers to Completion: None.

3) Projects Pending Availability of Funds - None.

e. Other

1) Continuing Projects

o **AIDS and Family Planning**

Objective: To understand more about how LDC family planning programs are affected by the AIDS epidemic and enhance their contributions to AIDS prevention.

FY'92 Planned Activities: FHI will work (with its AIDSTECH division) on a model HIV risk assessment evaluation with BEMFAM in Brazil.

Expected Outputs: It is expected that this work will lead to a refinement of an HIV risk screening approach appropriate for LDC family planning programs.

Possible Problem/Barriers to Completion: None.

o **Breastfeeding and Postpartum Contraception**

Objective: To develop and design research projects regarding postpartum contraception during breastfeeding, including projects to evaluate the impact and acceptability of newly introduced postpartum contraceptives or new postpartum programs.

FY'92 Planned Activities: FHI will design an evaluation; draft and pretest data collection tools; and initiate KAP studies of antepartum and postpartum women and their health care providers regarding breastfeeding practices and postpartum contraception.

Expected Outputs: None.

Possible Problem/Barriers to Completion: Further development of this study area is contingent on availability of funds.

2) New Projects - None.

3) Projects Pending Availability of Funds

o **Mali: Adolescent Sexuality Survey**

Objective: To determine sexual activity, pregnancy, and abortion rates among students in Bamako.

FY'92 Planned Activities: Contingent on funding, FHI will implement the study, analyze data, and disseminate findings.

Expected Outputs: The results would support the Ministry of Education's Family Life Education initiative.

D. Contraceptive Introduction

1. Introduction and Overview

The objective of FHI's Contraceptive Introduction Program is to facilitate the integration of new contraceptive methods into existing family planning programs and service delivery systems. To achieve this objective, the program works with host country governments, non-governmental organizations (NGOs), and local and international health and population agencies to develop strategies for program introduction and to assist in the planning and implementation of activities aimed at increasing method use.

2. FY'92 Program, Objectives, and Expected Outputs

During FY'92 FHI's Contraceptive Introduction program will encompass three main areas: 1) NORPLANT^R introduction, 2) postpartum contraception, and 3) contraceptive technology update seminars. In the area of NORPLANT^R introduction, FHI's efforts will focus on continuing to facilitate the transition of NORPLANT^R from a research product to a service delivery method in selected countries. FHI's workplan will complement the A.I.D. NORPLANT^R introduction strategy and will involve collaborative efforts with other cooperating agencies, local governments, NGOs and service providers, USAID Missions and other donors. Pending available bilateral funding from local USAID Missions, FHI anticipates significant involvement during FY'92 in Bangladesh, Egypt, El Salvador, Haiti and Senegal, all of which have been identified as high-priority countries in the A.I.D. strategy. In each country, FHI has been designated the lead agency responsible for developing a country assistance strategy. Specific projects to facilitate NORPLANT^R introduction may be developed depending upon interest and available funding.

FHI's activities in the field of postpartum contraception during FY'92 will continue to build upon the interest generated by the International Conference on Postpartum Contraception held in September 1990 in Mexico City. Follow-on activities to the conference itself include an evaluation of the impact of the conference on changes in local policy or practices regarding postpartum contraception and support for smaller regional meetings and seminars on postpartum contraception.

Two research projects, an evaluation of immediate post-placental IUD (IPPI) insertion in two African sites and a multicenter clinical trial to assess appropriate timing for introducing the POC were developed during FY'91 and will be fully implemented during FY'92. Research topics to be developed during FY'92 include studies designed to examine the issues of when to distribute POC pill packets and the feasibility of providing POCs through community-based distribution (CBD) programs.

Knowledge, attitudes and practice (KAP) surveys will be developed to determine potential users' interests and needs during the postpartum period. Provider surveys may also yield important information about barriers to promoting wider use of postpartum methods. In FY'92 at least one KAP survey will be conducted in Ibadan, Nigeria. Others will be developed as appropriate and as funding levels allow.

Four contraceptive technology update (CTU) seminars are planned for FY'92. One is the "Birth Spacing and Family Health" seminar in Jordan that was originally scheduled for FY'91 but was canceled due to the Gulf War. It is being rescheduled for late 1991. A Niger CTU is scheduled for 1-4 October 1991, and two other CTUs are planned for Cameroon and Togo.

a. **NORPLANT^R Introduction**

1) Continuing Projects

o **NORPLANT^R Introduction in Senegal**

Objective: To provide technical support to ensure the continued smooth introduction of NORPLANT^R as a routine contraceptive choice in Senegal.

FY'92 Planned Activities: FHI will provide: 1) continued overall technical assistance for introduction activities identified in the country assistance strategy developed in January 1991; 2) in-country monitoring to coordinate and evaluate the ongoing introduction process; 3) support to a NORPLANT^R information meeting where information about NORPLANT^R will be presented to local physicians, nurses, and midwives; 4) additional NORPLANT^R related medical supplies as needed at pilot clinics; and 5) support for the completion of a NORPLANT^R users' brochure, flipchart, and posters being developed in collaboration with the Programs for Appropriate Technology and Health (PATH) agency and the Ministry of Health Services.

Expected Outputs: These activities will result in: 1) coordination of ongoing activities financed by USAID/Dakar and implemented by FHI; 2) participation in national NORPLANT^R committee meetings; 3) annual evaluation of introduction process; 4) increased level of knowledge of NORPLANT^R among physicians; and 5) enhanced capability of pilot clinics to provide users with quality care.

Possible Problems/Barriers to Completion: Political disturbances in Senegal could impede implementation of the introduction strategy.

o **Bangladesh: Quality of NORPLANT^R Services**

Objective: To assess the quality of NORPLANT^R services at seven clinical trial sites, with particular emphasis on the issue of access to NORPLANT^R removal; to gather information on the quality of services by administering questionnaires to clients and providers and by observations of clinical services and counseling.

FY'92 Planned Activities: FHI will complete data collection and analysis; draft a report for review by the Bangladesh NORPLANT^R Interorganizational Working Group; finalize the report; and disseminate study results.

Expected Outputs: These findings will identify obstacles to provision of high quality NORPLANT^R services and promote improved access to removal of NORPLANT^R.

Possible Problems/Barriers to Completion: Members of the Working Group could disagree on the interpretation of study results and the final conclusions of the study.

o **Technical Assistance to NORPLANT^R Clinical Trial and Acceptability Studies in Egypt**

Objective: To continue technical assistance to the Egyptian Fertility Care Society (EFCS) NORPLANT^R clinical trials and acceptability studies.

FY'92 Planned Activities: Technical assistance from appropriate FHI research and statistical staff will be provided to EFCS for data analysis and reporting.

Expected Outputs: Study findings and reports are a crucial step toward regulatory approval of NORPLANT^R in Egypt.

Possible Problems/Barriers to Completion: None.

2) New Projects

o **Planning for the Introduction of NORPLANT^R in Egypt**

Objective: To provide information to the Egyptian National Family Planning Program to assist in planning for the introduction of NORPLANT^R.

FY'92 Planned Activities: FHI will undertake work to estimate the costs of providing NORPLANT^R in Egypt's national program; compare the costs of NORPLANT^R with those of IUDs; compare the continuation rates of both methods; use information from the NORPLANT^R acceptability studies to determine the likely impact of introduction of NORPLANT^R on increasing contraceptive use and on substitution of other methods; determine

factors used by service providers in screening women for inclusion in clinical trials and what changes, if any, they would make in screening women for NORPLANT^R in the national family planning program; determine the national training needs for provision of NORPLANT^R and the cost of such training; determine donor interest in supporting provision of NORPLANT^R; and assess the requirements for provision of high quality NORPLANT^R services.

Expected Outputs: This information will assist policymakers and program managers responsible for devising a NORPLANT^R implementation plan.

Possible Problems/Barriers to Completion: Regulatory approval of NORPLANT^R in Egypt as well as bilateral funding and support are prerequisites for implementation of this work.

3) Projects Pending Availability of Funds

- o **Technical Assistance for NORPLANT^R Introduction in Bangladesh, Egypt, El Salvador, and Haiti**
Objective: To provide continued coordination and technical support necessary to ensure the smooth introduction of NORPLANT^R as a routine contraceptive choice in each of these countries.

FY'92 Planned Activities: Contingent on funding, FHI will: develop and finalize country assistance strategies that outline the components necessary for successful integration of NORPLANT^R into existing family planning programs; coordinate with other cooperating agencies and donor organizations in the implementation of the country assistance strategies; provide assistance for in-country monitoring of project activities, training, IEC, commodities procurement, and service delivery components of the introduction process; and design and conduct programmatic or operations research projects to improve NORPLANT^R service delivery.

Expected Outputs: Coordination of NORPLANT^R activities financed by USAID Missions; evaluation of the introduction process (training, IEC materials, registry); and enhanced in-country capability to provide NORPLANT^R.

Possible Problems/Barriers to Completion: Lack of bilateral USAID funding, lack of local regulatory or government support, and unsettled political conditions could affect planned implementation. Further work in Haiti, for example, may not be possible in light of US policy regarding recent changes in government.

o **Evaluation of Improvements to NORPLANT^R Service Delivery in Bangladesh**

Objective: To evaluate improvements made in FY'91 to service delivery systems at existing NORPLANT^R clinical trials centers.

FY'92 Planned Activities: Evaluate improvements made in NORPLANT^R service delivery centers through interviews, observation, and review of "Adverse Experience Report" records.

Expected Outputs: Information about the impact of improvements made to data collection, counseling, and training activities on the quality of services at existing NORPLANT^R centers. This evaluation will help guide further expansion of NORPLANT^R in Bangladesh.

Possible Problems/Barriers to Completion: USAID/Dhaka interest in undertaking this project may have changed with personnel changes in the Mission. Implementation of this project is contingent on bilateral funding.

o **Cost-effectiveness Studies**

Objective: To determine the cost effectiveness of NORPLANT^R relative to that of other methods serving similar socioeconomic and demographic groups; to determine the cost of delivering NORPLANT^R including training, commodity costs, service delivery costs to manage side effects and complications, and removal costs.

FY'92 Planned Activities: Determine appropriate sites for costing studies; design and implement studies accordingly.

Expected Outputs: Cost estimates for providing NORPLANT^R under different expansion and follow-up scenarios; improved financial planning for NORPLANT^R service delivery; comparison of costs of providing NORPLANT^R with that of other contraceptive methods to facilitate decisions concerning how much NORPLANT^R should be provided and who should receive services.

Possible Problems/Barriers to Completion: Availability of funding and the political climate in priority countries may limit work in this area.

o **Tracking Five-year Users**

Objective: To set up a system for tracking NORPLANT^R clients and assuring their return for removal after five years.

FY'92 Planned Activities: Examine mechanisms suitable for tracking NORPLANT^R clients; devise methods to increase the likelihood of their return for removal after five years of use.

Expected Outputs: A replicable system for national programs to assist service providers in identifying and reminding women to return for five-year follow-up and removal.

Possible Problems/Barriers to Completion: Availability of funding.

o **Quality of Client Counseling and Screening**

Objective: To study the quality of client screening and counseling in service delivery of NORPLANT^R.

FY'92 Planned Activities: Initiate study of quality of client screening by interviewing clients and providers, and observing client/provider interaction.

Expected Outputs: Information on improving the quality of counseling and increasing acceptability of NORPLANT^R and NORPLANT^R services.

Possible Problems/Barriers to Completion: Availability of funding; support and cooperation of local providers; favorable political climate.

b. **Postpartum Contraception**

1) Continuing Projects

o **Evaluation of Immediate Post-placental IUD Insertion in Kenya and Mali**

Objective: To promote the use of IUDs as an appropriate postpartum contraceptive method through support of provider training programs, implementation of clinical and programmatic research studies to increase postpartum IUD acceptability, development of informational and educational materials, and assessment of the costs of postpartum IUD programs is the primary objective of this project. This project will assess the clinical and programmatic impact of immediate post-placental IUD insertion (IPPI) introduction on contraceptive use and service delivery costs.

FY'92 Planned Activities: The studies in both Kenya and Mali will be initiated in early FY'92 in collaboration with the Association for Voluntary Surgical Contraception (AVSC). Subject enrollment will begin at both sites, and admission and follow-up data will be collected.

Expected Outputs: Both clinical and programmatic outcomes of IPPI introduction will be assessed in terms of short-term effects, such as expulsion and insertion-related complications, and long-term effects, such as user satisfaction and costs of service delivery.

Possible Problems/Barriers to Completion: Potential obstacles to program implementation include: coordination of program goals of cooperating agencies; slow recruitment of IPPI acceptors delaying timely assessment of program success; high client loss to follow-up.

2) New Projects

- o **Evaluation of Impact of the International Conference on Postpartum Contraception (Mexico City, September 1990)**
Objective: To determine what activities the participants to the International Conference on Postpartum Contraception in Mexico have undertaken to promote acceptance of postpartum contraception.

FY'92 Planned Activities: A questionnaire will be sent to all participants who attended the International Conference on Postpartum Contraception. The questionnaire will seek information concerning changes in policies, services, and IEC activities that participants have initiated concerning postpartum contraception since the conference or changes initiated by others. The questionnaire will be similar to the one sent to participants before the conference so that a comparison of policies and practices can be made.

Expected Outputs: Analysis of the questionnaire will provide information on the changes in postpartum contraception policy and service delivery that have occurred in countries represented at the conference. These changes can indicate what impact the conference had on policies and access to postpartum services.

Possible Problems/Barriers to Completion: The completeness of survey results will depend on the willingness of participants to complete the questionnaire. FHI staff traveling to various countries can follow up on participants who have not returned the questionnaire.

- o **Bangladesh Meeting on Postpartum Contraception**
Objective: To disseminate postpartum contraception information to Bangladeshi government officials and family planning workers.

FY'92 Planned Activities: A one-day meeting on postpartum contraception will be sponsored in conjunction with BIRPERHT's annual scientific meeting.

Expected Outputs: This meeting will promote increased awareness of the possibilities of integrating postpartum contraception into family planning programs and increased acceptance of breastfeeding and family planning in the postpartum period. Several concept proposals for postpartum introduction projects may be developed.

Possible Problems/Barriers to Completion: None.

- o **Postpartum Contraception Seminar in the Philippines**
Objective: To disseminate knowledge among health and social workers about breastfeeding and postpartum contraception, and to strengthen and improve existing breastfeeding and postpartum contraceptive programs in hospitals and the community.

FY'92 Planned Activities: A program agenda and list of participants will be developed; a meeting site in the Philippines will be identified; and the seminar held.

Expected Outputs: This meeting will promote increased acceptance of breastfeeding and family planning in the postpartum period and indirectly improve maternal and child health.

Possible Problems/Barriers to Completion: Philippine participants of the Mexico conference may not be available or willing to take a leading role organizing the seminar.

- o **Introducing POCs into Community-based Distribution (CBD) Programs**

Objective: To determine the feasibility of introducing POCs into CBD programs. This will entail the following specific objectives: determining training needs of CBD distributors and the impact of training on distributors' knowledge of pills (particularly of POCs); determining whether clients of the distributors understand the differences in the types of pills that distributors provide (with emphasis on the POC and the relationship of POCs and breastfeeding); and determining the level of acceptance and use patterns of the POC, especially timing of initiation.

FY'92 Planned Activities: FHI will assess the feasibility of carrying out such a project; determine whether there is a CBD program that is interested in doing the project, and draft a protocol, if warranted.

Expected Outputs: Such a study would provide information on the problems encountered in introducing a new pill into a program and on the benefits (contraceptive use introduced early enough to avoid unwanted pregnancies). This information would then be used to help CBD programs (one of the more important ways of providing pills) make a determination of whether or not to add the POC.

Possible Problems/Barriers to Completion: Lack of interest of CBD programs.

3) Projects Pending Availability of Funds

The following two projects are proposed pending available bilateral funds from USAID/Manila.

- o **Clinical Trial of the POC in the Philippines**
Objective: To provide data for regulatory approval of POCs in the Philippines.

FY'92 Planned Activities: FHI will finalize the protocol, identify study sites, hold an investigators' meeting, initiate the study, and work with industry to file submission for regulatory approval.

Expected Outputs: A report will be provided to the Philippines drug regulatory agencies, MOH, and clinicians, making it possible for POCs to be distributed in the National Family Planning Program.

Possible Problems/Barriers to Completion: Determination of regulatory agency requirements; MOH-determined priorities; industry interest/cooperation for filing; availability of bilateral funds.

- o **Effects of Postpartum IUD Insertion at Different Times**
Objective: To determine the impact on contraceptive coverage and on safety and expulsion rates of inserting postpartum IUDs at various times during the hospital stay for childbirth. Since many women may have no prenatal care, immediate post-placental IUD insertion (IPPI) should not be performed due to lack of counseling. The alternative is that they can be counseled after delivery and have an IUD inserted before discharge from the hospital. Although the IUD may be expelled more frequently, it may still be worthwhile since contraceptive coverage may be improved.

FY'92 Planned Activities: Initiate a tracking system for IUD counseling, prenatal care, and follow-up of women in the Jose Fabella Memorial Hospital in Manila, Philippines.

Expected Outputs: Programmatic and clinical evidence of the value of various times of inserting postpartum IUDs.

Possible Problems/Barriers to Completion: Lack of available staff time. This study is contingent upon an add-on from USAID/Manila.

c. Contraceptive Technology Update (CTU) Seminars

1) Continuing Projects - None.

2) New Projects

o Jordan: Birth Spacing and Family Health Seminar

Objective: To provide technical assistance and support for a two-day contraceptive technology seminar for Jordanian physicians and policymakers; to update participants on current contraceptive methods and to highlight the advantages and approaches to effective birth spacing.

FY'92 Planned Activities: Reschedule this seminar, which had been postponed from January 1991 (currently, sometime in December 1991 is being considered); contract with the Center for Educational Development at the University of Jordan for local coordination in planning and executing the seminar.

Expected Outputs: A two-day seminar for approximately 100 Jordanian participants; FHI staff and medical consultants will serve as international resources for the seminar in addition to local Jordanian experts. The seminar would be a first step in expanding family planning activities in Jordan and for developing other FHI projects in the country.

Possible Problems/Barriers to Completion: Availability and interest of international consultants and contraceptive technology experts to travel to Jordan for the seminar; changing political situation.

o Niger: Contraceptive Technology Update

Objective: To update the knowledge of health professionals and policymakers on risks and benefits of contraceptive methods; to teach the concept of relative risk to doctors, midwives, and social workers; to initiate debate on the subject of prescription criteria; to make recommendations to the Government of Niger to eliminate inefficient and possibly harmful policies.

FY'92 Planned Activities: A four-day seminar will be held 1-4 October 1991, to update health professionals on the risks and benefits of different contraceptive methods. The seminar will also review relative risk and prescription policies for different methods.

Expected Outputs: Elimination of medical barriers to prescription of contraceptives; better knowledge of the risks and benefits of contraceptive methods; better understanding of which methods are appropriate for different target groups.

Possible Problems/Barriers to Completion: None.

o **Cameroon: Contraceptive Technology Update**

Objective: To update the knowledge of health professionals and policymakers on risks and benefits of contraceptive methods.

FY'92 Planned Activities: A three-day seminar to update health professionals on the risks and benefits of different contraceptive methods is planned. The seminar will also review prescription policies for different methods.

Expected Outputs: Better knowledge among health professionals about the risks and benefits of contraceptive methods; better understanding of which methods are appropriate for different target groups; prescribing requirements for the methods; contribution to ongoing efforts to develop a population policy for Cameroon.

Possible Problems/Barriers to Completion:

Political/social instability in Cameroon could interfere with completion of this project.

o **Togo: Contraceptive Technology Update**

Objective: To update the knowledge of health professionals and policymakers on risks and benefits of contraceptive methods.

FY'92 Planned Activities: A three day seminar to update health professionals on the risks and benefits of different contraceptive methods is planned. The seminar will also review prescription policies for different methods. For example, systematic lab tests have been eliminated, but there are still some midwives who ask for them. The necessity for such tests will be discussed. Health professionals who provide family planning services in Lomé and more rural settings will be invited. Two or three selected regional African experts will be invited to make presentations.

Expected Outputs: Better knowledge of the risks and benefits of contraceptive methods; better understanding of which methods are appropriate for different target groups; prescribing requirements for the methods.

Possible Problems/Barriers to Completion: Ministry of Health interest for the seminar is uncertain. The budget assumes shared staff and travel costs for the same type of workshop in Cameroon.

E. Reproductive Epidemiology

1. Introduction and Overview

In addition to pregnancy prevention, family planning methods have a wide range of health consequences for their users. As more years of contraceptive experience are accumulated by ever more users, we learn more about the non-contraceptive effects of family planning, both benefits and risks. In some cases, incomplete or inaccurate information about family planning still abounds, such as the widespread fears about the pill and cancer. In other cases, a more balanced picture has been drawn, as for the benefits of barrier contraceptive use against bacterial STDs.

FHI provides information on the risks and benefits of family planning methods. A major emphasis of this research is STDs, including HIV infection. We are seeking to determine the extent of protection against STDs that is provided by barrier contraception and whether hormonal contraception increases susceptibility to HIV infection. Other areas of interest are reproductive cancers, contraception for women with special needs, and morbidity associated with contraception, pregnancy and childbirth.

o Contraception and STDs

Use of different methods of family planning affects the risk of contracting bacterial STDs. OCs appear to increase the risk of lower genital tract infection with chlamydia, yet they may reduce the likelihood that such infection will ascend into the Fallopian tubes. IUDs may increase the risk that vaginal and cervical infections reach the upper reproductive tract. Mechanical (condoms) and chemical (spermicidal) barrier methods inhibit the organisms responsible for most STDs. We aim to refine measurement of the associations between contraceptive use and STDs, especially viral STDs, including HIV.

o Contraception for Women with Special Needs

Only scanty research has focused on the factors affecting contraceptive safety and efficacy among various sub-groups of women, including HIV-infected women, women with diabetes and other chronic diseases, and fertile women older than 40 years. Although contraindications to certain methods of family planning may be more common in these groups so are the contraindications to pregnancy, making more acute the need for appropriate contraception for them. Analysis proceeds on data collected in a trial examining the hematologic effects of OC use among women with sickle cell disease. Other studies are planned to determine the safety of low-dose OCs among healthy, non-smoking women over the age of 40 and to determine the safety of hormonal contraceptives and the IUD in women infected with HIV.

o **Assessment of Contraceptive Risks/Benefits and Maternal Health Studies**

FHI has developed a life-table model that takes into account the risks and benefits of OC use on specific diseases and estimates the net effect of OC use on life expectancy. Work is in progress to use the program to estimate life expectancy among users and nonusers of OCs and to estimate deaths caused or averted by low-dose OCs for each of nine broad categories of disease. We plan to extend this assessment to include developing countries, allowing us to estimate the number of deaths caused or averted in different countries based on local disease and OC use patterns.

The alternative to contraceptive use is pregnancy, which is especially risky in the developing world. FHI's earlier Reproductive Age Mortality Studies (RAMOS) determined the proportion of deaths to women of reproductive age that are due to pregnancy, childbirth, abortion, and contraception. Maternal mortality was the leading cause of death to women of reproductive age in Bali, Indonesia and the second leading cause in Menoufia, Egypt. The burden of maternal morbidity is also great; it has been estimated that there are 15 serious morbidities for each death. A study will be initiated to measure the prevalence of maternal morbidity in selected countries, determine the causes, and identify solutions that are feasible, effective, and culturally acceptable.

o **Contraception and Cancer**

Use of OCs affects the incidence of several reproductive cancers; it is well established that OCs reduce the risk of endometrial and ovarian cancer, yet the pill may be associated with a slight increase in the risk of cervical cancer. The effect on breast cancer remains controversial. Studies in both the USAID and developing countries have shown that cancer is what women and providers fear most about the pill.

FHI has conducted case-control studies of cancer and contraception. The first looked at breast and cervical cancers and hormonal contraception. A similar study done in Jamaica examines the association between the use of two hormonal contraceptives (injectables and OCs) and the risk of cervical cancer. Additionally, we have initiated a case-control study looking at the relationship between breastfeeding and breast cancer.

2. FY'92 Program, Objectives, and Expected Outputs

In this fiscal year, the bulk of the resources for this area of research are devoted to studies on the relationship between contraceptive use and risk of STDs. The program to develop innovative software that will allow for sophisticated analyses of the impact of OC use on specific populations will be continued. Several additional studies will be pursued only if support can be attracted from other funding sources.

a. Contraception and STDs

1) Continuing Projects

o Spermicide Use and STDs (Thailand)

Objective: To compare the incidence of gonorrhea and chlamydia among women using a spermicide plus condoms versus women using a vaginal placebo plus condoms.

FY'92 Planned Activities: Data analysis will be completed and a paper prepared for publication; a presentation will be made at the International Society for STD Research meeting.

Expected Outputs: Estimates will be provided of spermicide prophylaxis independent of physical barrier effect and of spermicide irritation among women with multiple partners.

Possible Problems/Barriers to Completion: None.

o Spermicide Use and HIV (Zambia)

Objective: To measure the protection against HIV infection conferred by condoms and spermicides used by couples discordant on HIV infection.

FY'92 Planned Activities: Follow-up of currently enrolled couples will continue, and additional couples will be enrolled. Data analysis and preparation of an article for publication will also occur this year.

Expected Outputs: This study will result in one of the first epidemiologic estimates of the anti-HIV efficacy of barrier contraceptives.

Possible Problems/Barriers to Completion: The departure of the Principal Investigator from Zambia and the need to identify and begin analysis with a new Principal Investigator could result in disruption of the study process.

o **Effects of Frequent Use of Nonoxynol-9 (Dominican Republic)**

Objective: To assess the local toxicity (mucosal effects) of varying frequencies of use of spermicidal suppositories.

FY'92 Planned Activities: Data collection will be completed, data analyzed, and results published and disseminated.

Expected Outputs: This study will provide a basis for recommendations for safe use of spermicidal products for STD prophylaxis.

Possible Problems/Barriers to Completion: None.

o **Reversible Contraception and Risk of HIV Infection in Women (Kenya)**

Objective: To evaluate the relationship between various reversible contraceptive methods, particularly OCs, and HIV infection in women.

FY'92 Planned Activities: A pilot study, begun in August 1990, demonstrated the feasibility of conducting a full-scale nested case-control study. Follow-up of the pilot study cohort will continue through February 1992. The full-scale study will be initiated in early 1992. A cohort of 10,000 seronegative women will be recruited and followed for 12 months. It is expected that funding for the full-scale study will be provided by NIH through an add-on to the Cooperative Agreement.

Expected Outputs: Results from this study will provide information necessary for recommending guidelines on the use of contraceptive methods in light of the AIDS epidemic.

Possible Problems/Barriers to Completion: Potential problems include obtaining adequate follow-up and a seroconversion rate that may be too low to provide sufficient cases for analysis.

2) **New Projects**

o **Spermicide Use and STDs in Men**

Objective: To assess the prophylactic effect of spermicide use on STDs among men, using gonorrhea, chlamydia and genital ulcers as the outcomes.

FY'92 Planned Activities: A suitable study site will be located and the study protocol developed.

Expected Outputs: This study would provide the first data available on the prophylactic effect of spermicides among men.

Possible Problems/Barriers to Completion: Location of a suitable site might be difficult; securing funding for this study may also be a problem.

o **Condom Use and Vaginal Irritation**

Objective: To assess the local irritation effects of frequent sexual intercourse using latex condoms.

FY'92 Planned Activities: The study protocol will be developed, a suitable study site identified, and funding sources, including private industry, investigated. A condom manufacturer may be interested in funding the study.

Expected Outputs: This study can provide important information on the effects of frequent condom exposures among commercial sex workers.

Possible Problems/Barriers to Completion: Locating a suitable site and securing funding may be problematic.

3) Projects Pending Availability of Funds

o **Consequences of Non-removal of NORPLANT^R Implants (Indonesia)**

Objective: To determine whether there are adverse health sequelae of not removing NORPLANT^R after five years.

FY'92 Planned Activities: We will ascertain the design of an ongoing NORPLANT^R study in Indonesia funded by the World Health Organization. We will continue to consider the outcomes of interest and their estimated incidence.

Expected Outputs: Determine if non-removal of NORPLANT^R must be included in plans for and costs of the method.

Possible Problems/Barriers to Completion: Low incidence of the outcomes of interest may render the study unfeasible at this time.

o **Effects of Contraception on Immune Function in HIV-Infected Women**

Objective: To determine prospectively the effects of contraception, especially hormonal contraceptives and the IUD, on disease progression/immune function in a cohort of HIV-infected women, as indicated by CD4 counts, CD4/CD8 ratios, and clinical indicators.

FY'92 Planned Activities: Design study; identify an appropriate study site; assess feasibility of study by conducting preliminary studies to better understand contraceptive decision making among HIV-positive women and identify barriers to follow-up; secure funding.

Expected Outputs: Much needed information would be provided on the effects of contraception in HIV-infected women to clinicians and family planning providers who manage HIV-positive women.

Possible Problems/Barriers to Completion: Adequate information regarding the natural history of AIDS in women is absent. Finding an existing cohort of seropositive women who are being followed regularly with limited losses will be difficult. This study had been discussed with USAID/Haiti for add-on funding. That possibility now appears unlikely. Alternative sites and funding will need to be developed.

b. Contraception for Women with Special Needs

1) Continuing Projects

o **Sickle Cell Disease and OCs (Jamaica)**

Objective: To evaluate the effects of a low-dose OC on hematologic parameters and sickling crises in women with sickle cell disease.

FY'92 Planned Activities: Data analysis will be completed, and the results prepared for publication and dissemination.

Expected Outputs: Information will contribute to the literature on the the safety of OCs for women with sickle cell disease. Study results may support removal of sickle cell disease from the list of contraindications to OC use.

Possible Problems/Barriers to Completion: Analyses are complicated by the noncompliance of most study participants with the treatment regimen (both active and placebo) because of sickle cell complications. With guidance from biostatisticians, we will determine how to make optimum use of the data.

2) New Projects

o **Vasectomy and Prostate Cancer**

Objective: To evaluate the putative association between vasectomy and subsequent prostate cancer.

FY'92 Planned Activities: Although the vasectomy prevalence is high, the number of prostate cancer cases identified in Seoul hospitals is not sufficient to conduct the study there at this time. FHI staff will attend a planning meeting at the WHO to help locate a suitable study site.

Expected Outputs: Confirm or refute the alleged association between vasectomy and prostate cancer.

Possible Problems/Barriers to Completion: Availability of funding and identification of a feasible study site are problematic.

3) Projects Pending Availability of Funds - None.

c. Assessment of Risks/Benefits and Maternal Health Studies

1) Continuing Projects

o **Risk and Benefits of OCs**

Objective: To evaluate the impact of known risks and benefits of OC use on life expectancy in various countries.

FY'92 Planned Activities: The model will be used to estimate the impact of the risks and benefits of OC use on life expectancy and number of deaths caused and averted in selected countries including the United States, Egypt, Mexico, Brazil, and Kenya.

Expected Outputs: Information will be provided to family planning program planners, USAID missions, and clinicians about the impact of OC use on mortality in their countries.

Possible Problems/Barriers to Completion: None.

o **Maternal Morbidity Surveys (Bangladesh, Egypt, India, Indonesia)**

Objective: To determine the prevalence of chronic or serious morbidity associated with pregnancy and childbirth.

FY'92 Planned Activities: The final draft of the questionnaire will be checked for technical errors and distributed to each country for translations. Pretesting of the questionnaire will be carried out by the Indian investigators with funding from USAID/Delhi. It is anticipated that field work will begin in Indonesia during the first quarter of the fiscal year

and it is hoped that field work will begin in all of the other sites during the course of the year. This project is partially supported by an add-on from USAID/Delhi. Other funding is provided by the Ford Foundation.

Expected Outputs: A pretested questionnaire will be available in five languages; all data collection and preliminary data analysis will be completed in Indonesia; data collection will be initiated in other sites.

Possible Problems/Barriers to Completion: Failure to get timely government clearances is a potential problem in each country although all countries appear to be in the final stages of approval. Having a final version of the questionnaire may facilitate clearance in some cases.

o **Bone Mineral Density and Use of OCs in Perimenopausal Women (US)**

Objective: To evaluate the association between history of OC use and bone mineral density.

FY'92 Planned Activities: Two papers will be revised and resubmitted for publication. Comments on two additional papers will be responded to and the papers submitted.

Expected Outputs: An important benefit of OC use to family planning providers and consumers may be demonstrated.

Possible Problems/Barriers to Completion: None.

2) New Projects - None.

3) Projects Pending Availability of Funding - None.

d. **Contraception and Cancer**

1) Continuing Projects

o **Case-Control Study of Cervical Cancer (Jamaica)**

Objective: To determine the relationship between use of Depomedroxyprogesterone acetate (DMPA) and cervical cancer.

FY'92 Planned Activities: Data analysis will be completed and a report of study results prepared. A meeting is planned in late FY'92 to present and discuss the study results with family planning providers and decision makers in Jamaica.

Expected Outputs: This study will contribute to the limited literature on the subject and provide information to family planning program managers in Jamaica and in other countries about the long-term safety of DMPA.

Possible Problems/Barriers to Completion: None.

- o **Breastfeeding and Breast Disease (Hong Kong)**
Objective: To evaluate the effect of breastfeeding on breast cancer and benign breast disease.

FY'92 Planned Activities: A pilot study was completed in FY'91 with A.I.D./Population funding. A proposal for support of the full-scale study will be submitted to funding agencies (NIH, WHO, foundations).

Expected Outputs: Secure funding; initiate the study.

Possible Problems/Barriers to Completion: Securing funding for the full-scale study may be a problem. We may not be able to identify a sufficient number of breast cancer cases in the clinics that participated in the pilot study.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

F. Institutional Development

1. Introduction and Overview

FHI's Institutional Development program focuses on institutions in selected countries that share a common interest in family planning research, training, and information dissemination. FHI staff work in close collaboration with staff of these developing country institutions to identify short and long-term needs for training and technical assistance, and to develop plans for providing necessary inputs.

FHI has focused on a limited number of organizations (currently nine) called Family Health Research Centers (FHRCs). These institutions receive the bulk of FHI's resources for Institutional Development, i.e., technical assistance, training opportunities, and core support. The directors of the English-speaking FHRCs meet approximately every 18 months to share experiences and engage in group problem-solving. In addition to the FHRCs, institutions in other countries are strengthened through less intensive activities, such as support for their national and international meetings and training opportunities for staff. FHI staff are alert to new countries and institutions which might be interested in and appropriate for strengthening.

Training for the FHRCs can be in the areas of clinical trials and operations research methodology, data analysis, clinical trials monitoring, research management, information dissemination, computer operations, financial management, and organizational development. Training may be provided through country-specific or regional workshops, technical assistance from FHI staff and consultants, or south-to-south exchanges.

FHI views institution strengthening as a long-term process, but not one in which core support grant funding should continue indefinitely. When institutions have received the necessary support, training, and technical assistance needed to establish a self-sustained program and demonstrate the capacity to be self-reliant, they are "graduated" to a status in which they are still eligible for technical assistance, training, and specific project support but no longer receive core support from FHI. The BKS PENFIN in Indonesia is an example of an institution which is no longer receiving core support but is collaborating with FHI and other organizations on a contract basis to conduct specific training and research projects.

2. FY'92 Program, Objectives, and Expected Outputs

During the coming year, FHI will devote considerable energy to developing the program area for institutional development. This includes formulation of a long-term strategic plan and a set of policies relating to the support of institutions.

Staff who develop and monitor FHRCs, as well as technical assistance staff from other FHI divisions, will receive training in the history of institutional development and the conceptual framework underlying its execution. An evaluation framework will be developed so that FHI's work in institutional development can be assessed on an objective basis.

FHI will continue to provide training, technical assistance, and, in some cases, core financial support to nine FHRCs and to the Egyptian National Population Council (NPC) to strengthen and support clinical and programmatic research. In addition to directly or indirectly supporting specific research activities by these organizations, FHI's technical assistance in FY'92 will focus on strengthening clinical and programmatic research skills, diversifying sources of funding, and improving organizational management.

a. Family Health Research Centers (FHRCs)

1) Continuing Projects

o Bangladesh Institute for Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT)

Objective: To strengthen and support the BIRPERHT to help meet the research needs of the Bangladeshi family planning program. (This project is partially supported through USAID Mission bilateral funding.)

FY'92 Planned Activities: Training of staff in research and accounting skills; indirect support for separately funded studies through the provision of core support; NORPLANT^R introduction activities, including evaluation of improvements in services delivered at NORPLANT^R centers, development of clinical patient management and care protocols, clinic record-keeping, orientation of local level political leaders and health outreach workers.

Expected Outputs: Activities during this year will result in increased program management and research skills. At least one new programmatic research study proposal suitable for outside funding will be developed.

Possible Problems/Barriers to Completion: USAID Mission concerns about BIRPERHT's expansion of NORPLANT^R in Bangladesh could place a continued strain on relations with BIRPERHT.

o Coordinating Board of Indonesian Fertility Research (BKS PENFIN)

Objective: To provide continuing guidance to this FHRC to help meet the research needs of the Indonesian family planning program.

FY'92 Planned Activities: FHI's program officer will review FHI's assistance in the FHRC's decentralization strategy; partial financial support will be provided for the BKS PENFIN annual meeting.

Expected Outputs: Consistent with Government of Indonesia decentralization policies, BKS PENFIN research and training activities will become more focused geographically.

Possible Problems/Barriers to Completion: Inability to secure needed matching funds for some proposed activities may result in their postponement or cancellation. FHI activity in Indonesia may be curtailed altogether under the USAID Mission's new program strategy.

- o **Technical Assistance to the Family Planning Association of Mali (AMPPF) Research and Evaluation Unit**
Objective: To strengthen the institutional capabilities of the AMPPF to carry out research to improve service provision.

FY'92 Planned Activities: A five-year strategic plan for AMPPF activities will be developed, as will a monitoring system for evaluation of clinic records. The AMPPF's IEC programs will be evaluated; financial reporting will be computerized; library facilities will be improved; support for publishing the AMPPF's bulletin of activities and for computer training of AMPPF staff will continue.

Expected Outputs: These activities will improve functioning of support systems for research implementation and evaluation of AMPPF service projects.

Possible Problems/Barriers to Completion: Staff and time commitment to work on the development of the systems and activities may not be sufficient.

- o **Mexican Interuniversity Group for Epidemiologic Research in Reproductive Health (GIMIESAR)**
Objective: To provide support to the Mexican Interuniversity Group for Training and Research in the Epidemiology of Human Reproduction (GIMIESAR); to enable GIMIESAR to continue developing the institutional resources necessary to become a self-sufficient research and training center for Mexico and the Americas.

FY'92 Planned Activities: Continued core support will be provided through June 30, 1992, and technical assistance will be provided to conduct a scientific writing workshop for GIMIESAR researchers.

Expected Outputs: Increased in-country capacity to develop, conduct, and disseminate scientific research in the field of reproductive health; establishment of a Board of Directors; GIMIESAR members meeting (with potential donors invited to discuss opportunities for diversification of funding).

Possible Problems/Barriers to Completion: Absence of full-time leadership of the organization, lack of additional outside donor support to carry out GIMIESAR activities, and lack of an established Board of Directors to set policy and oversee management issues are current obstacles to development of this institution. Planned phase-out of FHI core support this year may limit GIMIESAR's ability to overcome these obstacles.

o **Technical Assistance to the National Family Health Center (CNSF) of Niger**

Objective: To strengthen the research capabilities of Niger's CNSF.

FY'92 Planned Activities: In-depth computer training will be provided for the staff sociologist; the statistician and assistant will be trained in EPI INFO; adequate computer supplies will be maintained, and the computer maintenance contract renewed; the family planning library will be upgraded; a Contraceptive Technology Update Workshop will be supported.

Expected Outputs: Capability of the sociologist and other staff will be increased to conduct research independently and in conjunction with FHI. A well-stocked research library will be ready for arrival of the trained librarian (expected 1992).

Possible Problems/Barriers to Completion: None.

o **Kenya Reproductive Health Research/Institutional Development Project (IDP)**

Objective: To strengthen the capacity of the University of Nairobi Ob/Gyn Department to manage a broad-based contraceptive and reproductive health research program; to plan, design, implement, and evaluate contraceptive and reproductive health research in support of the Kenyan family planning program; to develop a network of trained investigators throughout Kenya interested in all phases of family planning research.

FY'92 Planned Activities: Results of ongoing research projects will be finalized and disseminated; randomized clinical trials methodology workshop will help to establish a network of investigators that the Department can call on to carry out relevant clinical trials research; a research development workshop will be held to plan for the next phase of the project.

Expected Outputs: Intervention strategies will be developed based on findings of FHI-sponsored and other relevant research; relevant activities will be planned for the follow-up project; a network of Kenyan investigators will be developed to carry out reproductive health research.

Possible Problems/Barriers to Completion: Time constraints of Department staff and the University calendar may slow implementation.

o **Egyptian Fertility Care Society (EFCS)**

Objective: To strengthen and support the EFCS to help meet the research needs of the Egyptian family planning program.

FY'92 Planned Activities: FHI will work with the EFCS to provide assistance for the NORPLANT^R project and an ongoing clinical trial.

Expected Outputs: EFCS will become a WHO Collaborating Center of Excellence in January 1992.

Possible Problems/Barriers to Completion: The Secretary General of the National Population Council (NPC) has ordered the USAID Mission to cease funding the EFCS, both through add-ons and central funds provided to FHI or other cooperating agencies. Previously, EFCS was considered the biomedical research arm of the NPC; now the NPC has plans to coordinate and implement such research directly.

o **National Population Council of Egypt (NPC)**

Objective: To strengthen the institutional capacity of the NPC to plan and coordinate family planning activities in Egypt, including research.

FY'92 Planned Activities: Technical assistance will be provided at the Governorate and technical secretariat levels in program planning, management, and evaluation; training and technical assistance will be given to research and evaluation units of service delivery

programs to develop and implement programmatic research studies; technical assistance at the Secretariat level will help to develop the capacity to coordinate family planning related biomedical and programmatic research in Egypt.

Expected Outputs: The activities are expected to provide increased policy development and program management capacity in the NPC, especially at the Governorate level; establishment of NPC coordination procedures to review, prioritize, award, and oversee biomedical and programmatic research studies in Egypt.

Possible Problems/Barriers to Completion: Decision-making in the NPC has been erratic and highly personalized, making long-term commitments and plans sometimes untenable. There is likely to be a hiatus in USAID-funded biomedical research while the NPC establishes its capacity to coordinate such research.

2) New Projects

- o **BKS PENFIN 1992 Annual Meeting**
Objective: To provide partial financial support for the BKS PENFIN 1992 Annual Meeting.

FY'92 Planned Activities: Conduct meeting with participants from the 15 collaborating centers.

Expected Outputs: Activities of the past year will be reviewed and a research training and information dissemination plan will be developed for the year ahead.

Possible Problems/Barriers to Completion: BKS PENFIN may be unable to secure additional funding necessary to hold the meeting.

- o **FHRC Directors Conference**
Objective: To bring together the directors of the FHRCs and relevant FHI staff to share research findings and experiences, identify priority needs for research and related training or research utilization activities, and discuss administrative issues related to FHI support. Held every 18-24 months since 1984, the fifth such meeting is planned for early 1992. Tentatively, the meeting is planned to take place in Sri Lanka, assuming continued political calm there.

FY'92 Planned Activities: Common institution strengthening, research, training, and administrative issues and needs will be discussed. The meeting provides a forum for presentation of papers on research recently completed by FHRCs and FHI.

Expected Outputs: Direction for future research projects and training with the FHRCs; input from FHRC leaders on FHI strategy to assess institutional development process; enhanced collaboration between FHI and the FHRCs and the promotion of direct cooperation between FHRCs as well; cross-fertilization and stimulation of research and other project ideas.

Possible Problems/Barriers to Completion: FPA/SL has invited the group to meet in Sri Lanka since the beginning of this conference series several years ago, but we have been prevented from meeting there because of political and civil upheaval. This could once again become an obstacle to holding the meeting in Sri Lanka.

3) **Projects Pending Availability of Funds**

o **FHRC Workshop on Clinical Trials Monitoring**

Objective: To train representatives of FHRCs in the skills involved in monitoring clinical trials studies.

FY'92 Planned Activities: A week-long workshop will be held to train one or two representatives from each English-speaking FHRC in the skills of clinical trials monitoring. The workshop will be led by FHI staff, using a curriculum developed for a training workshop held in 1991 in Bangladesh.

Expected Outputs: FHRC staff will be knowledgeable in the conceptual framework and the skills necessary to properly monitor clinical trials in their country. This will enable the FHRCs to monitor clinical trials within their country on behalf of FHI.

Possible Problems/Barriers to Completion: FHRC staff chosen to participate in this training (generally junior staff) vary in their command of the English language - the medium for instruction - so comprehension could be adversely affected.

b. **Microcomputer Development**

1) **Continuing Projects**

o **EPI INFO-based Maternal Care Monitoring Software ("PC-MCM")**

Objective: To produce and make available to CDC clinicians an elementary, PC-based, Obstetric care management system.

FY'92 Planned Activities: Programming of standard MCM analysis tables modules will be completed; a user manual will be prepared; the package will be field tested in an appropriate setting; a dissemination plan for the final package will be developed.

Expected Outputs: The PC-MCM program will be available to appropriate centers to enable them to monitor pregnancy outcomes and related care in order to improve training and clinical performance.

Possible Problems/Barriers to Completion: Lack of availability of staff time and/or consultants to work on this project. FHI may not be able to support this program in the future if there is a demand for further modifications.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

G. Training

1. Introduction and Overview

FHI fosters the strengthening of research skills of collaborating investigators, research staff, and program managers through formal and informal training, including workshops, seminars, individual training, technical assistance, and fellowships. FHI has supported the development of various training curricula for use with FHRC staff, as well as non-FHRC personnel, in the area of clinical trials research methodology and data analysis, for example. Training will continue to be an important part of FHI's capacity building effort, both in conjunction with institution-strengthening efforts and for individual investigators and scientists with research interests compatible with the mandate of FHI. Many training activities are listed under other program areas, (e.g. institutional development, contraceptive introduction, and information dissemination) this section include only those training activities which do not fall into the three above areas.

2. FY'92 Program, Objectives, and Expected Outputs

The program for this year includes support of selected FHI collaborators' attendance at international meetings and, if additional funds become available, a research management workshop in Francophone Africa. We anticipate that these activities will increase the knowledge base of the participants about reproductive health and family planning topics, as well as enhancing skills in conducting research.

a. General support

1) Continuing Projects

o Non-FHI Staff Conference Travel

Objective: To enhance collaboration with our international network of investigators and consultants by providing assistance for attendance at meetings and workshops.

FY'92 Planned Activities: Approximately five regional conference sponsorships are planned for FY'92. Additional sponsorships will be made available if funding permits.

Expected Outputs: Development of a stronger network of investigators; knowledge of investigators will be broadened; research results will be disseminated internationally.

Possible Problems/Barriers to Completion: Lack of funds.

- 2) New Projects - None.
- 3) Projects Pending Availability of Funds - None.

b. Workshops

- 1) Continuing Projects - None.
- 2) New Projects - None.
- 3) Project Pending Availability of Funds

- o **Regional Francophone Africa Research Management Workshop**
Objective: To increase African research program managers' skills in order to maximize the use of limited human, material, and financial resources and the impact of research results.

FY'92 Planned Activities: Contingent on availability of funds, FHI will conduct a one-week regional Francophone workshop for program managers with whom FHI works. Fifteen individuals who attended the first management workshop (in Bamako, February 1989) will be invited to this follow-up workshop to assess the effectiveness of the first training and to expand knowledge of research management. A questionnaire will be sent out to determine how the participants used the skills acquired from the first workshop and what continuing needs they have. The Center for Advanced Studies in Management (CESAG) will facilitate the workshop at their center in Dakar.

Expected Outputs: Greater knowledge of managerial techniques and how to use them; increased proficiency in managing research programs and institutions.

Possible Problems/Barriers to Completion: Funding and timing of this activity need to be identified.

H. Information Dissemination

1. Introduction and Overview

FHI publishes scientific articles and disseminates information on key research findings to collaborating researchers, organizations, and health personnel in more than 80 countries. The Information Dissemination Program targets health providers, policymakers, and the media through technical and non-technical publications, technical assistance in information dissemination, and communication skills training in reproductive health issues for journalists.

Each year, FHI staff and collaborating researchers publish findings in national and international scientific journals. The most important findings are selected by FHI for broader dissemination to appropriate health personnel through publications, workshops, and meetings.. FHI reaches more than 12,000 people working in health and development with its international health bulletin, network, and many others through its Scientific Article Translation Series. It is able to mobilize quickly to disseminate timely information to USAID Missions, investigators, other organizations and the media on new and urgent issues, such as associations between specific contraceptives and cancer.

2. FY'92 Program, Objectives, and Expected Outputs

FHI's information program priority is ensuring that reproductive health research results reach developing country audiences to improve knowledge of reproductive health, support improvements in health policy, and answer programmatic questions related to family planning service delivery.

In FY 1992, FHI plans to increase its emphasis on reaching physicians with information to help remove medical barriers which limit contraceptive use in developing countries. It plans to significantly broaden the circulation of its regular publications, and to increase the amount of technical assistance given to health personnel in information dissemination. The contraceptive topics that will be given greatest priority in these dissemination efforts are IUDs, condoms, and medical barriers to effective use.

a. Regular Publications

1) Continuing Projects

o FHI's International Health Bulletin (network)

Objective: To disseminate comprehensive and timely information on contraception and reproductive health, in particular on FHI research findings, in an in-depth but non-technical fashion, to family planning and health personnel.

FY'92 Planned Activities: Three issues will be published; two containing a mix of articles on contraception and reproductive health topics; the third on a single theme, "Men and Family Planning -- Methods and Attitudes." (A fourth issue focusing entirely on AIDS will be funded under FHI's AIDSTECH Cooperative Agreement.) Related activities of note will be: continuing the recently expanded 24-32 page format; and expanding English network printing/circulation from its current 6,500 per issue to 15,000; using a more systematic and thorough approach to information dissemination of network material to policymakers, health professionals, the media, women's groups, collegial organizations, donors, and the public.

Expected Outputs: Expansion of network's readership will result in better informed family planning program personnel and policymakers around the world. Through the more focused information dissemination efforts, the bulletin will also reach many more people in a position to influence programs and policies, including the media, women's groups, collegial organizations, and donors.

Possible Problems/Barriers to Completion: Sufficient permanent staff and coordinated FHI commitment to enhanced information dissemination efforts are essential to the planned expansion of this activity.

o network en espanol

Objective: To produce two issues of FHI's Spanish-language bulletin on reproductive health and family planning to provide current and comprehensive information to health personnel, policymakers, and journalists in Latin America.

FY'92 Planned Activities: Translate, edit, produce, and mail two issues of network en espanol, Volume 7. Double the circulation in Latin America, with assistance of PAHO, IPPF affiliates and other health organizations.

Expected Outputs: Two 24- to 32-page issues of network en espanol will be disseminated, reaching 4,000 readers. A third issue will be funded by FHI's AIDSTECH Division.

Possible Problems/Barriers to Completion: Insufficient staff availability.

o network en francais

Objective: To produce two issues of the reproductive health and family planning bulletin in French to provide current and comprehensive information to health personnel, policymakers, and journalists in Francophone Africa and Haiti.

FY'92 Planned Activities: Translate, edit, produce and mail two 24- to 32-page issues of network en francais, Volume 7. A third issue on STDs and AIDS will be funded by FHI's AIDSTECH Division. Circulation of the French bulletin will be doubled.

Expected Outputs: Two 24- to 32-page issues will be disseminated, reaching 5,000 Francophone readers.

Possible Problems/Barriers to Completion: Inadequate staff availability.

o **Article Translation Series**

Objective: To translate and publish scientific articles to provide current reproductive health and contraceptive technology information to investigators in Francophone Africa and Latin America.

FY'92 Planned Activities: Translate, edit, and produce 6-8 articles in both French and Spanish.

Expected Outputs: Up to 16 translated articles (6-8 French, 6-8 Spanish) will be available to readers in LDCs who otherwise would not have access to the technical information contained in the English articles.

Possible Problems/Barriers to Completion: If insufficient staff are available, fewer articles will be translated and disseminated.

2. New Projects - None.

3. Projects Pending Availability of Funding - None.

b. **Information Dissemination**

1) Continuing Projects

o **Information Dissemination Program**

Objective: To disseminate information on reproductive health to the field and to collaborating organizations worldwide, especially on controversial issues (such as IUDs and PID), new technologies, and new research findings on contraceptive safety; and to enhance the ability of health personnel in the field to improve family planning services.

FY'92 Planned Activities: FHI will produce and disseminate appropriate information on selected topics to health providers and policymakers through seminars, special publications, medical society meetings, and the media. Priority topics for FY'92 include IUDs (IUDs and PID, as well as postpartum use of IUDs), condoms, reducing medical barriers to contraceptive use, and

spermicides/STDS. One major thrust of this year's program is the expansion of FHI's mailing list to disseminate FHI research materials more broadly, especially to health personnel. FHI will also develop and disseminate several special policy-oriented publications (including one on IUDs) and will continue ongoing information dissemination efforts (support to research divisions in dissemination efforts, answering requests, responding to media inquiries, editing publications, and arranging media coverage of events and reproductive health news).

Expected Outputs: Several major information dissemination and media activities will be completed; several special publications will be provided, and expanded circulation of information materials will reach physicians, health personnel, and developing country media.

Possible Problems/Barriers to Completion: Limited staff resources may limit outputs in this area.

o **International Journal of Gynecology and Obstetrics (IJGO)**

Objective: To provide up-to-date information appropriate to a developing country context to physicians, health care workers, libraries, and hospitals in the Third World.

FY'92 Planned Activities: Subscriptions will be provided to 300 colleagues in developing countries.

Expected Outputs: Increased knowledge among Ob/Gyns and health care providers about all aspects of reproductive health.

Possible Problems/Barriers to Completion: None.

o **Library**

Objective: To provide information services to FHI staff, consultants, visitors and projects; to support the dissemination of information on contraceptive research.

FY'92 Planned Activities: Maintenance of library and development of technical services and in-house databases will continue as the principal activities. Development of a strategy and selection of a contractor for automation of the library catalog.

Expected Outputs: Information services include literature searches; reference assistance; book and periodical acquisition, processing, and cataloging; periodic mailings, etc.

Possible Problems/Barriers to Completion: None.

o **Publications Catalogue**

Objective: To make available a listing of current FHI scientific publications.

FY'92 Planned Activities: The 1991 catalogue will be compiled and published.

Expected Outputs: A publication, distributed via mailings to colleagues in the field, will disseminate information on FHI publications.

Possible Problems/Barriers to Completion: None.

o **Family Planning Costs and Donor Funding in Bangladesh**

Objective: To publish a monograph on the current costs and level of donor funding of family planning activities in Bangladesh.

FY'92 Planned Activities: Collection and analysis of data and preparation of the manuscript will be completed this year. This activity is funded through an add-on from USAID/Dhaka.

Expected Outputs: A special publication that will help sensitize donors to the need for increased funding to support Bangladeshi family planning activities.

Possible Problems/Barriers to Completion: Delay in Bangladeshi government approval of a subagreement may result in slower than expected start-up of this project.

2) New Projects

o **Removing Medical Barriers to Contraception**

Objective: To reduce the medical barriers and attitudinal barriers among health providers to contraceptive use in developing countries; and to encourage collaborating agencies to include a focus on contraceptive image in family planning efforts.

FY'92 Activities: FHI will develop a strategy to overcome key medical barriers that effectively limit contraceptive use at selected sites in specific countries. Work will include performing on-site analysis and policy review of the determinants of these medical barriers, verifying assumptions about levels of correct information on the part of health providers, and developing a prototype program designed to remove

barriers at selected sites. Depending on the outcome of the problem analysis, program activities might include information dissemination and other contraceptive introduction efforts.

Expected Outputs: A well-articulated strategy to remove medical barriers to contraceptive use among physicians and health personnel. A model program (including problem analysis, intervention design, evaluation and dissemination of results) to remove medical barriers to contraceptive use in developing countries.

Possible Problems/Barriers to Completion: None.

3) Projects Pending Availability of Funding - None.

c. Workshops

1) Continuing Projects - None.

2) New Projects

o **BIRPERHT's Annual Scientific Meeting**

Objective: To provide a forum for dissemination of BIRPERHT research activities and findings relevant to the Bangladeshi family planning project.

FY'92 Planned Activities: BIRPERHT will hold its Annual Scientific Conference in Dhaka over a two-day period. BIRPERHT and other researchers in Bangladesh will read papers on their research findings to an audience of 150 government policymakers, planning physicians, and researchers.

Expected Outputs: Dissemination of reproductive health research findings to BIRPERHT and other Bangladeshi investigators.

Possible Problems/Barriers to Completion: Few researchers outside the BIRPERHT are practiced in scientific paper writing skills. The conference is dependent upon BIRPERHT staff being available to take on much of the responsibility of writing up results for other researchers to read at the conference.

o **Health Journalists Workshop in Nigeria**

Objective: To provide skills and knowledge for journalists and establish channels between journalists and health/family planning personnel to build the capacity to disseminate clear, accurate, and effective health/family planning information through Nigeria's large free press.

FY'92 Activities: An in-country needs assessment of media and health sector reporting needs will be conducted this year as a first step in preparation for the workshop.

Expected Outputs: A plan for and initial steps toward organizing a two-week journalists workshop in Nigeria. This is designed to improve the quality and increase the frequency of health reporting; disseminate health information to the public, policymakers, and the health sector; build long-term capacity for media to report on health and work with the health sector.

Possible Problems/Barriers to Completion: The needs assessment and planning will take place this year, with central funds. Funding for the workshop itself will depend upon the availability of bilateral support.

o **East African Editors Seminar**

Objective: To build editors' awareness of the importance of frequent, in-depth, and timely media coverage of health and family planning. This approach complements FHI's work in training journalists to report clearly, accurately, and effectively on health.

FY'92 Activities: A needs analysis will be conducted and a three-day seminar for 15 editors will be planned and held.

Expected Outputs: Increased frequency and effectiveness of family planning and health reporting by the print media in East and Southern Africa.

Possible Problems/Barriers to Completion: None.

o **Contraceptive Discontinuation Workshop**

Objective: To disseminate information from Gambia's "Study of Contraceptive Continuation and Reasons for Discontinuation" to increase programmatic impact of study findings.

FY'92 Planned Activities: A one or two-day workshop in Banjul, The Gambia will be planned and implemented.

Expected Outputs: Recommendations will be made to increase continuation rates; the importance of research to effective programming will be demonstrated.

Possible Barriers to Completion: None.

3) Projects Pending Availability of Funds - None.

IV. KEY COUNTRIES STRATEGY

FHI is committed to increased concentration of effort in "key countries" where multiple activities can be implemented most efficiently and synergistically in order to achieve A.I.D. and FHI objectives. During the past year, four in-house interdivisional working groups were formed, for Kenya, Egypt, Bangladesh, and Mexico. Additional "country teams" will be created in FY'92, for Nigeria, India, and Brazil. Work has commenced on a country strategy document for Kenya; strategies for other countries will follow as soon as possible.

The key country working groups will provide an effective mechanism for assuring interdivisional cooperation within FHI. They will also serve to direct project development efforts to priority countries and to respond more comprehensively to special requests for information on FHI activities or interests in key countries.

Although FHI initiated this "key countries strategy" prior to the articulation of the R&D/POP BIG Country Strategy, the two are highly compatible and reflect similar concerns. All of the the FHI "key" countries are included on the list of "BIG" countries. During the coming year, FHI will accelerate its efforts to concentrate programs in key countries. FHI currently has bilaterally funded add-ons which support several major projects in BIG countries. These include FHI's Reproductive Health Research/Institutional Development Project with the Obstetrics and Gynecology Department of the University of Nairobi, our Institutional Development Project with the National Population Council of Egypt, and our support for the Nigeria Family Health Services Project.

FHI is in the process of establishing a Regional Office for Population Activities in Nairobi, Kenya, where a Senior Representative will take up residence in January 1992. The purpose of this office is to enable FHI to better support the University of Nairobi and other ongoing projects in Kenya and to enhance FHI's ability to respond to other needs and opportunities in Kenya (and in other BIG countries in the region). If FHI's initial experience with the Kenya office is positive, other program offices in key countries might be proposed later.

A major new initiative for FHI in a BIG country is our bilaterally funded support to the Nigeria Family Health Services (FHS) Project. USAID/Lagos has indicated its intention to provide at least \$1.7 million over three years to fund FHI's involvement, including the provision (under subagreement with ISTI) of the FHS Project Administrator. FHI hopes to build on this involvement to increase and broaden our range of activities in Nigeria, with both central and bilateral or DFA funding.

Another bilaterally-funded initiative in a BIG country where FHI has had only limited recent involvement has been in the evaluation of condom social marketing in India. The Mission has also funded some of FHI's costs for a maternal morbidity study primarily funded by the Ford Foundation. As in Nigeria, FHI hopes that these new initiatives in India will lead to an increased FHI role in this key country.

V. INTERAGENCY COLLABORATION

FHI attaches great importance to collaboration with other organizations, including A.I.D. cooperating agencies, in order to maximize the usefulness and effectiveness of resources. Aside from frequent and valuable routine interaction with other agencies, FHI will participate in several collaborative projects during this fiscal year.

- o **NORPLANT^R Worldwide Database**
FHI manages and maintains the combined data from the Population Council and FHI clinical trials of NORPLANT^R. The database is used to answer safety questions, generate country-specific reports, and summarize worldwide clinical trial experience. Data collection ceased on September 30, 1991, but processing and analysis will continue during FY'92.
- o **NORPLANT^R Introduction**
FHI is an active participant in the A.I.D. NORPLANT^R Core Working Group with AVSC, JHPIEGO and the Population Council. FHI and JHPIEGO (as "co-lead agencies") have collaborated on team visits to Senegal, Haiti, and El Salvador to develop country-specific NORPLANT^R introduction strategies. During the coming year, FHI will also collaborate with JHPIEGO and other CAs and international health organizations to implement specific activities under these NORPLANT^R introduction strategies.
- o **Evaluation of Immediate Post-placental IUD Insertion**
FHI is collaborating with AVSC on a training and research project designed to evaluate the acceptability of immediate post-placental IUD (IPPI) insertion. The project is being carried out in Kenya and Mali. AVSC sponsored the clinical training of physicians and nurse-midwives in the IPPI insertion technique. FHI arranged focus group discussions (FGDs) through a PATH consultant to determine postpartum contraceptive needs and interests. AVSC plans to use the FGD findings to develop IEC materials targeted at postpartum women. The research phase of the project, to be implemented by FHI, is expected to begin in early FY'92; it will assess both clinical and programmatic outcomes, including provider skill, IUD performance, time of insertion, user satisfaction, cost, and impact on contraceptive use.
- o **Quality of Care in Service Delivery**
FHI is working with the Family Planning Service Delivery (FPSD) Division to assess the activities being undertaken by FPSD cooperating agencies (CAs) in the area of quality of care. As part of that process, FHI has cataloged the service delivery guidelines and quality of care activities of FPSD

CAs and other international family planning organizations to determine the differences among field programs. The draft report is being reviewed by FPSD and CAs, and a final catalogue will be disseminated in FY'92, at both the AID/W and local levels.

o **SEATS**

FHI and the JSI/SEATS Program have signed a Joint Memorandum of Understanding to work together in selected low-prevalence countries to increase the acceptance of contraception and provide quality services. Under this collaboration, FHI will develop, implement, analyze and disseminate research related to family planning service delivery in support of SEATS intervention activities. Study recommendations will be utilized to improve service delivery. FHI funds the research technical assistance costs, while SEATS will support the in-country study costs.

- o **Kenya: Study of Reversible Contraception and HIV in Women**
FHI is conducting a pilot study in Kenya of the association between reversible contraceptives and HIV infection in women. The study is jointly funded by A.I.D., the Contraceptive Evaluation Branch of the National Institute of Child Health and Human Development (NICHD), the Human Reproduction Programme of the World Health Organization, and Ortho Pharmaceuticals. The pilot study has served the purpose of refining a suitable methodology to determine whether use of reversible methods of contraception increases, decreases or does not change the risk of acquiring HIV infection. The full scale study, expanded to several sites in Nairobi, Kenya, is expected to be initiated in 1992, with funding to come mainly from NICHD.

o **Nigeria: Family Health Services (FHS) Project**

The FHS Project is a complex program involving five prime contractors and numerous subcontractors, aimed at increasing the acceptability and availability of family planning information and services throughout Nigeria. Following a Management Review of the project in 1991 (coordinated by the Population Technical Assistance Project, with one senior FHI staff member on the review team), FHI was asked by A.I.D. to become involved in the management and support of the project. With an add-on to our Cooperative Agreement, FHI's involvement began in September 1991. Through a subagreement with ISTI, FHI is supporting the FHS Project by providing a long term technical adviser (LTA) to serve as Project Administrator. Other short term technical assistance will be provided as appropriate. The LTA arrived in Lagos in September and, assuming continued incremental funding, will remain for 34 months under the terms of the subagreement with

ISTI. He will work with all parties (i.e., the Nigerian Federal Ministry of Health, USAID/Lagos, and the Project's prime contractors) to strengthen the service delivery orientation of the FHS Project, coordinate efforts, and improve strategic planning for the current Project and beyond. In addition, FHI will develop other complementary projects in consultation with USAID/Lagos to study programmatic issues, strengthen in-country research capacity, and decrease medical barriers to contraception in Nigeria.

o **Brazil: Evaluation of BEMFAM's Reproductive Health Approach to Family Planning**

FHI has worked with JHPIEGO since 1990, to develop and implement an evaluation component within the JHPIEGO/BEMFAM family planning training program. The training program has emphasized the concept of reproductive risk assessment, both by physicians and paramedic health agents, in an effort to achieve the best possible method selection by new family planning clients as well as good technique by providers. All in-country costs of the project are funded by JHPIEGO, with FHI contributing the salary and travel costs of the evaluation research specialist. In FY'92, data analysis will be completed and the results will be disseminated via a final report and local seminar.

o **Honduras: 1991 Family Health Survey**

In designing the questionnaire for the 1991 Honduran Epidemiology and Family Health Survey, FHI cooperated with several organizations, including SOMARC, HealthCom and World Rehabilitation, to include program relevant questions. At the country level, we are working closely with Management Sciences for Health and the Academy for Educational Development. Data collection will be completed and analysis initiated in FY'92.

o **Ecuador: Evaluation of Follow-up Schedules for IUD and OC Users**

FHI is working with the Population Council's INOPAL II Program and with CEMOPLAF, an Ecuadorian PVO, to evaluate the impact of different IUD and oral contraceptive follow-up schedules. The study seeks to determine if costs savings can be achieved by fewer scheduled clinic visits without compromising safety. FHI is providing technical assistance in questionnaire design and data analysis, especially with respect to the cost component. INOPAL is funding all local study costs and is also providing technical assistance in questionnaire design and data analysis.

o **U.S.: Bone Mineral Density and Use of OCs in Perimenopausal Women**

Data analysis and writing of papers on the association between history of oral contraceptive use and bone mineral density will continue during this fiscal year with support from A.I.D. However, the data collection and other study

costs upon which this current work is based was partially funded by the National Institute of Child Health and Human Development (NICHD). So far, one paper is in press, one paper and one letter have been submitted, and two papers are being revised.

o **PATH Condom Technology Evaluation**

FHI is working with PATH to supplement and complement our own condom technology evaluation efforts. FHI is currently funding PATH to provide technical assistance to A.I.D. in this area; and we expect to finalize plans to fund some PATH condom aging studies and experiments in FY'92.

VI. BUDGET FOR FISCAL YEAR 1992

A. Summary Budget

FAMILY HEALTH INTERNATIONAL
FY'92 Budget

27-Nov-91

G&A @ 31%

	Clinical Trials	Reproducti Epidemiolo	Program Evaluation	Field & Training	Devel Affairs	Regulator Technology	Materials Other Pop Ctr	Central Population Coop Agmt	Add-Ons	Total Population Coop Agmt
Salaries	1,871,523	230,592	609,160	707,934	74,297	555,441	126,610	4,175,557	354,839	4,530,396
Fringes	467,886	57,648	152,295	176,984	18,574	138,860	31,653	1,043,900	88,710	1,132,609
Consultants	6,600	13,000	24,700	74,600	1,000	19,500	0	139,400	114,700	254,100
Professional Fees	7,000	0	0	3,800	0	2,200	5,000	18,000	0	18,000
Contracted Labor	5,000	0	5,500	34,700	900	9,000	10,350	65,450	20,600	86,054
Domestic Travel	46,800	20,000	21,900	25,300	10,000	45,000	5,000	174,000	12,089	186,089
Foreign Travel	124,900	49,000	94,200	208,000	3,000	30,900	19,000	529,000	270,297	799,297
Subscriptions				29,000				29,000		29,000
Publications				8,500				8,500		8,500
Office Supplies	1,100	2,000	4,150	12,300	1,600	14,200	6,000	41,350	8,700	50,050
Medical Supplies	14,800	6,000	1,200	0	0	24,300	0	46,300	42,000	88,300
Printing	13,549	3,000	7,800	105,000	300	4,100	0	133,749	6,500	140,249
Reprints	7,375	6,000	1,800	0	0	1,000	0	16,175	0	16,175
Office Equipment	0	0	0	500	0	0	35,000	35,500	7,000	42,500
Medical Equipment	0	0	0	0	0	21,000	0	21,000	0	21,000
Freight	3,550	5,500	6,550	16,000	450	11,650	5,000	48,800	10,650	59,450
Data Purchases	27,000	0	0	0	0	0	0	27,000	0	27,000
Registration Fees	12,100	3,400	2,500	4,700	1,000	1,000	0	24,700	0	24,700
Other Purch Svcs	38,400	5,000	80,600	93,200	500	159,200	45,000	421,900	7,200	429,100
Keypunching	11,250	6,000	0	3,500	0	0	0	20,750	16,700	37,450
Other Expenses	0	0	1,000	0	0	2,900	5,000	8,900	100,000	108,900
Bank Charges	1,875	1,000	100	300	0	0	0	3,275	0	3,275
Office Rent								0	0	0
Subcontracts with G&A	232,011	72,000	216,707	136,800	0	141,000	0	798,518	922,686	1,721,204
Subcontracts w/o G&A	285,000	10,000	0	60,000	0	67,500	0	422,500	684,400	1,106,900
Subtotal	3,177,719	490,140	1,230,262	1,701,118	111,621	1,248,751	293,613	8,253,224	2,667,081	10,920,304
General & Admin	896,743	148,843	381,381	508,590	34,603	359,678	80,170	2,410,008	612,461	3,022,469
Transfer From (To)	(46,856)	6,567	22,475	20,824	0	0	0	3,010	(128,382)	(125,372)
Totals Before Service Centers	4,027,606	645,550	1,634,118	2,230,532	146,224	1,608,429	373,782	10,666,242	3,151,159	13,817,402
Service Centers	445,400	58,950	58,950	32,750		15,720		611,770	13,100	624,870
Totals	4,473,006	704,500	1,693,068	2,263,282	146,224	1,624,149	373,782	11,278,012	3,164,259	14,442,272

B. Program Area Budgets by Region

1. Contraceptive Technology Development and Clinical Trials Activities by Region and Funding Source

AFRICA	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0				0
Regulatory Affairs				0				0
Clinical Trials Papers				0				0
Male Sterilization				0				0
Investigator Network Needs	9,903			9,903	9,908			9,908
Data Management				0				0
Systemics, General				0				0
NET 90 Injectable Microspheres				0				0
NORPLANT	72,890	28,347		101,237	92,482	24,792		117,274
Repeat Progestogen-only OCs vs Nonhormonal Methods				0				0
Systemics, Low-dose OCs				0				0
Systemics, Triphasic OCs				0				0
Norinyl 1/35 vs Norinyl 1/50				0				0
NET Pellet Implants				0				0
Progestogen-only OCs				0				0
NORPLANT Worldwide Database				0				0
IUD, General				0				0
IUD, TCU 380A Studies				0				0
Postpartum IUD Studies				0				0
Female Sterilization, General				0				0
Filshie Clip Trials				0				0
Barrier Methods, General				0				0
Vaginal Methods, Tablets	53,465			53,465	21,714			21,714
Vaginal Methods, Diaphragm				0				0
Vaginal Methods, Film				0				0
Nonsurgical FS, Iodine				0				0
Progestogen-only OCs in BF Women				0				0
Reality Vaginal Pouch				0				0
Use Condoms & Spermicides Women				0				0
US: Efficacy D Sponge & C Cap				0				0
Chile: Breastfeeding Babies				0				0
Prototype Condoms				0				0
LAM Clinical Trial				0				0
Reusable Condom				0				0
Plastic Condom				0				0
Materials R&D				0				0
Process R&D				0				0
Machine Design & Development				0				0
Testing and Evaluation				0				0
Test Method Development				0				0
Condom Safety, Biocompatibility				0				0
Condom Fabrication				0				0
TOTALS	136,258	28,347	0	164,605	124,104	24,792	0	148,896

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0				0
Regulatory Affairs				0				0
Clinical Trials Papers				0	8,481			8,481
Male Sterilization	74,970			74,970	28,887			28,887
Investigator Network Needs	6,700			6,700	6,723			6,723
Data Management				0				0
Systemics, General				0				0
NET 90 Injectable Microspheres				0				0
NORPLANT	224,237	11,794		236,031	231,055	39,385		270,440
Repeat Progestogen-only OCs vs Nonhormonal Methods				0	9,973			9,973
Systemics, Low-dose OCs	16,310			16,310	3,208			3,208
Systemics, Triphasic OCs				0				0
Norinyl 1/35 vs Norinyl 1/50				0				0
NET Pellet Implants				0				0
Progestogen-only OCs				0				0
NORPLANT Worldwide Database				0				0
IUD, General	97,937			97,937	67,030			67,030
IUD, TCu 380A Studies	68,433			68,433	72,876			72,876
Postpartum IUD Studies				0				0
Female Sterilization, General				0				0
Filshie Clip Trials	7,790			7,790	6,068			6,068
Barrier Methods, General				0				0
Vaginal Methods, Tablets				0				0
Vaginal Methods, Diaphragm				0				0
Vaginal Methods, Film				0				0
Nonsurgical FS, Iodine				0				0
Progestogen-only OCs in BF Women				0				0
Reality Vaginal Pouch				0				0
Use Condoms & Spermicides Women				0				0
US: Efficacy D Sponge & C Cap				0				0
Chile: Breastfeeding Babies				0				0
Prototype Condoms				0				0
LAM Clinical Trial	92,274			92,274	89,898			89,898
Reusable Condom				0				0
Plastic Condom				0				0
Materials R&D				0				0
Process R&D				0				0
Machine Design & Development				0				0
Testing and Evaluation				0				0
Test Method Development				0				0
Condom Safety, Biocompatibility				0				0
Condom Fabrication				0				0
TOTALS	588,651	11,794	0	600,445	524,199	39,385	0	563,584

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0	440			440
Regulatory Affairs				0				0
Clinical Trials Papers				0				0
Male Sterilization	99,378			99,378	38,292			38,292
Investigator Network Needs	18,754			18,754	18,754			18,754
Data Management				0				0
Systemics, General				0				0
NET 90 Injectable Microspheres				0				0
NORPLANT	16,365	84,861		101,226		41,388		41,388
Repeat Progestogen-only OCs vs Nonhormonal Methods				0				0
Systemics, Low-dose OCs				0				0
Systemics, Triphasic OCs	6,170			6,170	4,266			4,266
Norinyl 1/35 vs Norinyl 1/50				0				0
NET Pellet Implants				0				0
Progestogen-only OCs				0				0
NORPLANT Worldwide Database				0				0
IUD, General				0				0
IUD, TCU 380A Studies				0				0
Postpartum IUD Studies	61,346			61,346	10,740			10,740
Female Sterilization, General				0				0
Filshie Clip Trials	7,791			7,791	6,068			6,068
Barrier Methods, General				0				0
Vaginal Methods, Tablets				0				0
Vaginal Methods, Diaphragm				0				0
Vaginal Methods, Film				0				0
Nonsurgical FS, Iodine				0				0
Progestogen-only OCs in BF Women				0				0
Reality Vaginal Pouch	23,564			23,564	18,535			18,535
Use Condoms & Spermicides Women				0	17,027			17,027
US: Efficacy D Sponge & C Cap				0				0
Chile: Breastfeeding Babies	5,539			5,539	26,412			26,412
Prototype Condoms				0				0
LAM Clinical Trial				0				0
Reusable Condom				0				0
Plastic Condom				0				0
Materials R&D				0				0
Process R&D				0				0
Machine Design & Development				0				0
Testing and Evaluation				0				0
Test Method Development				0				0
Condom Safety, Biocompatibility				0				0
Condom Fabrication				0				0
TOTALS	238,907	84,861	0	323,768	140,534	41,388	0	181,922

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0	1,886			1,886
Regulatory Affairs				0				0
Clinical Trials Papers	145,261			145,261	81,626			81,626
Male Sterilization				0				0
Investigator Network Needs				0				0
Data Management				0				0
Systemics, General				0				0
NET 90 Injectable Microspheres	30,374			30,374	130,455			130,455
NORPLANT				0		0		0
Repeat Progestogen-only OCs vs Nonhormonal Methods				0				0
Systemics, Low-dose OCs				0				0
Systemics, Triphasic OCs				0				0
Norinyl 1/35 vs Norinyl 1/50				0				0
NET Pellet Implants	720,937			720,937	101,252			101,252
Progestogen-only OCs				0				0
NORPLANT Worldwide Database				0				0
IUD, General				0				0
IUD, TCU 380A Studies				0				0
Postpartum IUD Studies				0				0
Female Sterilization, General	36,946			36,946	21,689			21,689
Filshie Clip Trials	317,371			317,371	496,306			496,306
Barrier Methods, General	114,243			114,243	53,841			53,841
Vaginal Methods, Tablets				0				0
Vaginal Methods, Diaphragm	29,854			29,854	6,348			6,348
Vaginal Methods, Film	5,240			5,240	11,615			11,615
Nonsurgical FS, Iodine	193,032		157,537	350,569	78,393		41,837	120,230
Progestogen-only OCs in BF Women				0				0
Reality Vaginal Pouch	255,960			255,960	229,188			229,188
Use Condoms & Spermicides Women				0				0
US: Efficacy D Sponge & C Cap				0	36,903			36,903
Chile: Breastfeeding Babies				0				0
Prototype Condoms	187,504			187,504	145,013			145,013
LAM Clinical Trial				0				0
Reusable Condom				0				0
Plastic Condom				0			1,044	1,044
Materials R&D	103,665			103,665	102,539			102,539
Process R&D	88,007			88,007	88,620			88,620
Machine Design & Development	64,604			64,604	89,079			89,079
Testing and Evaluation	97,140			97,140	71,798			71,798
Test Method Development	50,587			50,587	15,808			15,808
Condom Safety, Biocompatibility	46,045			46,045	31,552			31,552
Condom Fabrication	114,263			114,263	55,817			55,817
TOTALS	2,601,033	0	157,537	2,758,570	1,849,728	0	42,881	1,892,609

INTERREGIONAL

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management	792,856			792,856	668,912			668,912
Regulatory Affairs	146,224			146,224	186,592			186,592
Clinical Trials Papers				0				0
Male Sterilization				0				0
Investigator Network Needs				0				0
Data Management	287,524			287,524	218,683			218,683
Systemics, General	17,836			17,836	29,097			29,097
NET 90 Injectable Microspheres				0				0
NORPLANT				0				0
Repeat Progestogen-only OCs vs Nonhormonal Methods				0				0
Systemics, Low-dose OCs				0				0
Systemics, Triphasic OCs				0				0
Norinyl 1/35 vs Norinyl 1/50	22,989			22,989	18,240			18,240
NET Pellet Implants				0				0
Progestogen-only OCs	7,210			7,210	48,822			48,822
NORPLANT Worldwide Database	43,797			43,797	19,576			19,576
IUD, General				0				0
IUD, TCU 380A Studies				0				0
Postpartum IUD Studies				0				0
Female Sterilization, General				0				0
Filshie Clip Trials				0				0
Barrier Methods, General				0				0
Vaginal Methods, Tablets				0				0
Vaginal Methods, Diaphragm				0				0
Vaginal Methods, Film				0				0
Nonsurgical FS, Iodine	4,102			4,102	1,150			1,150
Progestogen-only OCs in BF Women	214,002			214,002	69,899			69,899
Reality Vaginal Pouch				0				0
Use Condoms & Spermicides Women	142,468			142,468				0
US: Efficacy D Sponge & C Cap				0				0
Chile: Breastfeeding Babies				0				0
Prototype Condoms				0				0
LAM Clinical Trial				0				0
Reusable Condom	32,564			32,564	621			621
Plastic Condom	130,235			130,235	138,136			138,136
Materials R&D				0				0
Process R&D				0				0
Machine Design & Development				0				0
Testing and Evaluation				0				0
Test Method Development				0				0
Condom Safety, Biocompatibility				0				0
Condom Fabrication				0				0
TOTALS	1,841,807	0	0	1,841,807	1,399,728	0	0	1,399,728

TOTALS	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management	792,856	0	0	792,856	671,238	0	0	671,238
Regulatory Affairs	146,224	0	0	146,224	186,592	0	0	186,592
Clinical Trials Papers	145,261	0	0	145,261	90,107	0	0	90,107
Male Sterilization	174,348	0	0	174,348	67,179	0	0	67,179
Investigator Network Needs	35,357	0	0	35,357	35,385	0	0	35,385
Data Management	287,524	0	0	287,524	218,683	0	0	218,683
Systemics, General	17,836	0	0	17,836	29,097	0	0	29,097
NET 90 Injectable Microspheres	30,374	0	0	30,374	130,455	0	0	130,455
NORPLANT	313,492	125,002	0	438,494	323,537	105,565	0	429,102
Repeat Progestogen-only OCs vs Nonhormonal Methods	0	0	0	0	9,973	0	0	9,973
Systemics, Low-dose OCs	16,310	0	0	16,310	3,208	0	0	3,208
Systemics, Triphasic OCs	6,170	0	0	6,170	4,266	0	0	4,266
Norinyl 1/35 vs Norinyl 1/50	22,989	0	0	22,989	18,240	0	0	18,240
NET Pellet Implants	720,937	0	0	720,937	101,252	0	0	101,252
Progestogen-only OCs	7,210	0	0	7,210	48,822	0	0	48,822
NORPLANT Worldwide Database	43,797	0	0	43,797	19,576	0	0	19,576
IUD, General	97,937	0	0	97,937	67,030	0	0	67,030
IUD, TCU 380A Studies	68,433	0	0	68,433	72,876	0	0	72,876
Postpartum IUD Studies	61,346	0	0	61,346	10,740	0	0	10,740
Female Sterilization, General	36,946	0	0	36,946	21,689	0	0	21,689
Filshie Clip Trials	332,952	0	0	332,952	508,442	0	0	508,442
Barrier Methods, General	114,243	0	0	114,243	53,841	0	0	53,841
Vaginal Methods, Tablets	53,465	0	0	53,465	21,714	0	0	21,714
Vaginal Methods, Diaphragm	29,854	0	0	29,854	6,348	0	0	6,348
Vaginal Methods, Film	5,240	0	0	5,240	11,615	0	0	11,615
Nonsurgical FS, Iodine	197,134	0	157,537	354,671	79,543	0	41,837	121,380
Progestogen-only OCs in BF Women	214,002	0	0	214,002	69,899	0	0	69,899
Reality Vaginal Pouch	279,524	0	0	279,524	247,723	0	0	247,723
Use Condoms & Spermicides Women	142,468	0	0	142,468	17,027	0	0	17,027
US: Efficacy D Sponge & C Cap	0	0	0	0	36,903	0	0	36,903
Chile: Breastfeeding Babies	5,539	0	0	5,539	26,412	0	0	26,412
Prototype Condoms	187,504	0	0	187,504	145,013	0	0	145,013
LAM Clinical Trial	92,274	0	0	92,274	89,898	0	0	89,898
Reusable Condom	32,564	0	0	32,564	621	0	0	621
Plastic Condom	130,235	0	0	130,235	138,136	0	1,044	139,180
Materials R&D	103,665	0	0	103,665	102,539	0	0	102,539
Process R&D	88,007	0	0	88,007	88,620	0	0	88,620
Machine Design & Development	64,604	0	0	64,604	89,079	0	0	89,079
Testing and Evaluation	97,140	0	0	97,140	71,798	0	0	71,798
Test Method Development	50,587	0	0	50,587	15,808	0	0	15,808
Condom Safety, Biocompatibility	46,045	0	0	46,045	31,552	0	0	31,552
Condom Fabrication	114,263	0	0	114,263	55,817	0	0	55,817
TOTALS	5,406,656	125,002	157,537	5,689,195	4,038,293	105,565	42,881	4,186,739

2. Condom Technology Evaluation Program Activities by Region and Funding Source

AFRICA	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0				0
Condom Quality Testing				0				0
Condom Field Evaluations				0				0
Condom Research and Test Development				0				0
Condom Functionality Trials				0				0
Condom Prospective Aging				0				0
Condom Product Surveillance				0				0
PATH Project				0				0
New Product Surveillance				0				0
Totals	0	0	0	0	0	0	0	0

ASIA/NEAR EAST	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0				0
Condom Quality Testing				0				0
Condom Field Evaluations				0				0
Condom Research and Test Development				0				0
Condom Functionality Trials				0				0
Condom Prospective Aging				0				0
Condom Product Surveillance				0				0
PATH Project				0				0
New Product Surveillance				0				0
Totals	0	0	0	0	0	0	0	0

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0				0
Condom Quality Testing				0				0
Condom Field Evaluations				0				0
Condom Research and Test Development				0				0
Condom Functionality Trials				0				0
Condom Prospective Aging				0				0
Condom Product Surveillance				0				0
PATH Project				0				0
New Product Surveillance				0				0
Totals	0	0	0	0	0	0	0	0

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0				0
Condom Quality Testing				0				0
Condom Field Evaluations				0				0
Condom Research and Test Development	63,296			63,296	33,387			33,387
Condom Functionality Trials				0				0
Condom Prospective Aging				0				0
Condom Product Surveillance				0				0
PATH Project	100,250			100,250				0
New Product Surveillance				0				0
Totals	163,546	0	0	163,546	33,387	0	0	33,387

INTERREGIONAL	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management	122,187			122,187	171,388			171,388
Condom Quality Testing	80,095			80,095	54,842			54,842
Condom Field Evaluations	113,679			113,679	96,144			96,144
Condom Research and Test Development				0				0
Condom Functionality Trials	137,941			137,941	176,262			176,262
Condom Prospective Aging	59,078			59,078	48,170			48,170
Condom Product Surveillance	197,428			197,428	286,279			286,279
PATH Project				0				0
New Product Surveillance	57,966			57,966				0
Totals	768,374	0	0	768,374	833,085	0	0	833,085

TOTAL	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management	122,187	0	0	122,187	171,388	0	0	171,388
Condom Quality Testing	80,095	0	0	80,095	54,842	0	0	54,842
Condom Field Evaluations	113,679	0	0	113,679	96,144	0	0	96,144
Condom Research and Test Development	63,296	0	0	63,296	33,387	0	0	33,387
Condom Functionality Trials	137,941	0	0	137,941	176,262	0	0	176,262
Condom Prospective Aging	59,078	0	0	59,078	48,170	0	0	48,170
Condom Product Surveillance	197,428	0	0	197,428	286,279	0	0	286,279
PATH Project	100,250	0	0	100,250	0	0	0	0
New Product Surveillance	57,966	0	0	57,966	0	0	0	0
Totals	931,920	0	0	931,920	866,472	0	0	866,472

3. Contraceptive Acceptance and Use Program Activities by Region and Funding Source

AFRICA	BUDGET - FY'92			ACTUAL - FY'91		
	CENTRAL MISSIONS	OTHER	TOTAL	CENTRAL MISSIONS	OTHER	TOTAL
Development and Management			0	6,432		6,432
Kenya:Latex Condom Preference			0			0
Multi-Site Condom Use/Misuse			0			0
Acceptability Paper Writing			0			0
Mexico Study OC Knowledge & Practices IMSS Rural Midwives			0			0
Mexico Test New OC Instructions			0			0
Kenya Improve Delivery & Cost	12,148		12,148			0
Mexico Impact PP Contraception			0			0
Timing Distribution of POCs			0			0
Thailand Norplant Delivery			0			0
Mali Adolescent Survey			0	1,540		1,540
FDA Meeting on OC Labelling			0			0
Ecuador Price Elasticity			0			0
Seats Project Development	81,337		81,337	17,441		17,441
Quality Service Delivery			0			0
Brazil Evaluation of BENFAM			0			0
Bangladesh Condom Study			0			0
Consumer Pref. Smaller Condom			0			0
US:OC Compliance Modules			0			0
Repro Health Paper Writing			0			0
Senegal Les Inactives			0	2,459		2,459
Bangladesh Repro Health Survey			0			0
Acceptability Task Force			0			0
Larger Condom Acceptability			0	4,849		4,849
OC Compliance			0			0
BF & Postpartum Contraception			0			0
Female Condom Acceptability	27,528		27,528	55,363		55,363
AIDS & FP			0			0
DHS OC Compliance			0			0
Togo Influencing Factors			0	30,352		30,352
Thai OC Compliance-Drug Store			0			0
Strong vs Standard Condom			0	27,210		27,210
Fieldtesting of OC Instruction			0			0
IUD Follow-up Visit Schedules			0			0
NFP/BF Paper Preparation			0			0
Pakistan TA to PSIs SMP for OC			0			0
DHS Analysis			0			0
Cost Unit Paper Writing			0			0
AID/Pop Operations Research			0			0
Honduras 1991 Health Survey			0			0
OR Informed Choice			0			0
India Social Marketing			0			0
Nepal Technical Assistance			0			0
Spermicide Accept - STD clinic	18,155		18,155	15,601		15,601
TOTALS	139,168	0	139,168	161,247	0	161,247

ASIA/NEAR EAST

BUDGET - FY'92

ACTUAL - FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0	2,856	316		3,172
Kenya:Latex Condom Preference				0				0
Multi-Site Condom Use/Misuse				0				0
Acceptability Paper Writing				0				0
Mexico Study OC Knowledge & Practices INSS Rural Midwives				0				0
Mexico Test New OC Instructions				0				0
Kenya Improve Delivery & Cost				0				0
Mexico Impact PP Contraception				0				0
Timing Distribution of POCs				0				0
Thailand Norplant Delivery	89,194			89,194	64,722			64,722
Mali Adolescent Survey				0				0
FDA Meeting on OC Labelling				0				0
Ecuador Price Elasticity				0				0
Seats Project Development				0				0
Quality Service Delivery				0				0
Brazil Evaluation of BENFAM				0				0
Bangladesh Condom Study	40,872			40,872	24,486			24,486
Consumer Pref. Smaller Condom				0	16,195			16,195
US:OC Compliance Modules				0				0
Repro Health Paper Writing				0				0
Senegal Les Inactives				0				0
Bangladesh Repro Health Survey				0	14,369			14,369
Acceptability Task Force				0				0
Larger Condom Acceptability				0				0
OC Compliance				0				0
BF & Postpartum Contraception	14,435			14,435	19,146			19,146
Female Condom Acceptability				0				0
AIDS & FP				0				0
DHS OC Compliance				0				0
Togo Influencing Factors				0				0
Thai OC Compliance-Drug Store				0	23,064		10,108	33,172
Strong vs Standard Condom				0	3,110			3,110
Fieldtesting of OC Instruction				0				0
IUD Follow-up Visit Schedules				0				0
NFP/BF Paper Preparation				0				0
Pakistan TA to PSIs SMP for OC	20,964			20,964	13,746			13,746
DHS Analysis				0				0
Cost Unit Paper Writing				0				0
AID/Pop Operations Research				0				0
Honduras 1991 Health Survey				0				0
OR Informed Choice	79,352			79,352	56,256			56,256
India Social Marketing		133,373		133,373		122,849		122,849
Nepal Technical Assistance		12,063		12,063				0
Spermicide Accept - STD clinic				0				0
TOTALS	244,817	145,436	0	390,253	237,950	123,165	10,108	371,223

LATIN AMERICA

BUDGET - FY'92

ACTUAL - FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0	5,597			5,597
Kenya:Latex Condom Preference				0				0
Multi-Site Condom Use/Misuse				0				0
Acceptability Paper Writing				0				0
Mexico Study OC Knowledge & Practices INSS Rural Midwives	84,981			84,981	2,259			2,259
Mexico Test New OC Instructions	40,288			40,288	1,902			1,902
Kenya Improve Delivery & Cost				0				0
Mexico Impact PP Contraception	17,608			17,608				0
Timing Distribution of POCs				0				0
Thailand Norplant Delivery				0				0
Mali Adolescent Survey				0				0
FDA Meeting on OC Labelling				0				0
Ecuador Price Elasticity				0	2,106			2,106
Seats Project Development				0				0
Quality Service Delivery				0				0
Brazil Evaluation of BEMFAM	30,347			30,347	30,324			30,324
Bangladesh Condom Study				0				0
Consumer Pref. Smaller Condom				0				0
US:OC Compliance Modules				0				0
Repro Health Paper Writing				0				0
Senegal Les Inactives				0				0
Bangladesh Repro Health Survey				0				0
Acceptability Task Force				0				0
Larger Condom Acceptability				0				0
OC Compliance				0				0
BF & Postpartum Contraception				0				0
Female Condom Acceptability				0				0
AIDS & FP				0				0
DHS OC Compliance				0				0
Togo Influencing Factors				0				0
Thai OC Compliance-Drug Store				0				0
Strong vs Standard Condom				0	47,422			47,422
Fieldtesting of OC Instruction				0				0
IUD Follow-up Visit Schedules				0				0
NFP/BF Paper Preparation				0				0
Pakistan TA to PSIs SMP for OC				0				0
DHS Analysis				0				0
Cost Unit Paper Writing				0				0
AID/Pop Operations Research				0				0
Honduras 1991 Health Survey	22,475	94,950		117,425		59,050		59,050
OR Informed Choice				0				0
India Social Marketing				0				0
Nepal Technical Assistance				0				0
Spermicide Accept - STD clinic				0				0
TOTALS	195,699	94,950	0	290,649	89,610	59,050	0	148,660

US/EUROPE

BUDGET - FY'92

ACTUAL - FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management				0	687			687
Kenya:Latex Condom Preference				0				0
Multi-Site Condom Use/Misuse				0				0
Acceptability Paper Writing				0				0
Mexico Study OC Knowledge & Practices IMSS Rural Midwives				0				0
Mexico Test New OC Instructions				0				0
Kenya Improve Delivery & Cost				0				0
Mexico Impact PP Contraception				0				0
Timing Distribution of POCs				0				0
Thailand Norplant Delivery				0				0
Mali Adolescent Survey				0				0
FDA Meeting on OC Labelling				0	64,903			64,903
Ecuador Price Elasticity				0				0
Seats Project Development				0				0
Quality Service Delivery				0				0
Brazil Evaluation of BENFAM				0				0
Bangladesh Condom Study				0				0
Consumer Pref. Smaller Condom				0				0
US:OC Compliance Modules				0	9,770			9,770
Repro Health Paper Writing				0				0
Senegal Les Inactives				0				0
Bangladesh Repro Health Survey				0				0
Acceptability Task Force				0				0
Larger Condom Acceptability				0				0
OC Compliance				0				0
BF & Postpartum Contraception				0				0
Female Condom Acceptability				0				0
AIDS & FP				0				0
DHS OC Compliance				0				0
Togo Influencing Factors				0				0
Thai OC Compliance-Drug Store				0				0
Strong vs Standard Condom				0				0
Fieldtesting of OC Instruction				0	11,349			11,349
IUD Follow-up Visit Schedules	26,889			26,889	24,123			24,123
NFP/BF Paper Preparation				0				0
Pakistan TA to PSIs SMP for OC				0				0
DHS Analysis				0				0
Cost Unit Paper Writing				0				0
AID/Pop Operations Research				0				0
Honduras 1991 Health Survey				0				0
OR Informed Choice				0				0
India Social Marketing				0				0
Nepal Technical Assistance				0				0
Spermicide Accept - STD clinic				0				0
TOTALS	26,889	0	0	26,889	110,832	0	0	110,832

INTERREGIONAL

BUDGET - FY'92

ACTUAL - FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management	310,754			310,754	226,144			226,144
Kenya:Latex Condom Preference	20,745			20,745				0
Multi-Site Condom Use/Misuse	71,760			71,760				0
Acceptability Paper Writing	44,231			44,231				0
Mexico Study OC Knowledge & Practices INSS Rural Midwives				0				0
Mexico Test New OC Instructions				0				0
Kenya Improve Delivery & Cost				0				0
Mexico Impact PP Contraception				0				0
Timing Distribution of POCs	13,359			13,359				0
Thailand Norplant Delivery				0				0
Mali Adolescent Survey				0				0
FDA Meeting on OC Labelling				0				0
Ecuador Price Elasticity				0				0
Seats Project Development				0				0
Quality Service Delivery	48,004			48,004	22,009			22,009
Brazil Evaluation of BENFAM				0				0
Bangladesh Condom Study				0				0
Consumer Pref. Smaller Condom				0				0
US:OC Compliance Modules				0				0
Repro Health Paper Writing	170,136			170,136	199,843			199,843
Senegal Les Inactives				0				0
Bangladesh Repro Health Survey				0				0
Acceptability Task Force	17,279			17,279	31,109			31,109
Larger Condom Acceptability				0				0
OC Compliance	18,187			18,187	51,370			51,370
BF & Postpartum Contraception				0				0
Female Condom Acceptability				0				0
AIDS & FP	19,459			19,459	9,578			9,578
DHS OC Compliance				0	20,681			20,681
Togo Influencing Factors				0				0
Thai OC Compliance-Drug Store				0				0
Strong vs Standard Condom				0				0
Fieldtesting of OC Instruction				0				0
IUD Follow-up Visit Schedules				0				0
NFP/BF Paper Preparation	79,341			79,341	129,732			129,732
Pakistan TA to PSIs SMP for OC				0				0
DHS Analysis	16,066			16,066				0
Cost Unit Paper Writing	11,997			11,997				0
AID/Pop Operations Research	75,731			75,731	22,359			22,359
Honduras 1991 Health Survey				0				0
OR Informed Choice				0				0
India Social Marketing				0				0
Nepal Technical Assistance				0				0
Spermicide Accept - STD clinic				0				0
TOTALS	917,049	0	0	917,049	712,825	0	0	712,825

TOTALS	BUDGET - FY'92				ACTUAL - FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Development and Management	310,754	0	0	310,754	241,716	316	0	242,032
Kenya:Latex Condom Preference	20,745	0	0	20,745	0	0	0	0
Multi-Site Condom Use/Misuse	71,760	0	0	71,760	0	0	0	0
Acceptability Paper Writing	44,231	0	0	44,231	0	0	0	0
Mexico Study OC Knowledge & Practices IMSS Rural Midwives	84,981	0	0	84,981	2,259	0	0	2,259
Mexico Test New OC Instructions	40,288	0	0	40,288	1,902	0	0	1,902
Kenya Improve Delivery & Cost	12,148	0	0	12,148	0	0	0	0
Mexico Impact PP Contraception	17,608	0	0	17,608	0	0	0	0
Timing Distribution of POCs	13,359	0	0	13,359	0	0	0	0
Thailand Norplant Delivery	89,194	0	0	89,194	64,722	0	0	64,722
Mali Adolescent Survey	0	0	0	0	1,540	0	0	1,540
FDA Meeting on OC Labelling	0	0	0	0	64,903	0	0	64,903
Ecuador Price Elasticity	0	0	0	0	2,106	0	0	2,106
Seats Project Development	81,337	0	0	81,337	17,441	0	0	17,441
Quality Service Delivery	48,004	0	0	48,004	22,009	0	0	22,009
Brazil Evaluation of BEMFAM	30,347	0	0	30,347	30,324	0	0	30,324
Bangladesh Condom Study	40,872	0	0	40,872	24,486	0	0	24,486
Consumer Pref. Smaller Condom	0	0	0	0	16,195	0	0	16,195
US:OC Compliance Modules	0	0	0	0	9,770	0	0	9,770
Repro Health Paper Writing	170,136	0	0	170,136	199,843	0	0	199,843
Senegal Les Inactives	0	0	0	0	2,459	0	0	2,459
Bangladesh Repro Health Survey	0	0	0	0	14,369	0	0	14,369
Acceptability Task Force	17,279	0	0	17,279	31,109	0	0	31,109
Larger Condom Acceptability	0	0	0	0	4,849	0	0	4,849
OC Compliance	18,187	0	0	18,187	51,370	0	0	51,370
BF & Postpartum Contraception	14,435	0	0	14,435	19,146	0	0	19,146
Female Condom Acceptability	27,528	0	0	27,528	55,363	0	0	55,363
AIDS & FP	19,459	0	0	19,459	9,578	0	0	9,578
DHS OC Compliance	0	0	0	0	20,681	0	0	20,681
Togo Influencing Factors	0	0	0	0	30,352	0	0	30,352
Thai OC Compliance-Drug Score	0	0	0	0	23,064	0	10,108	33,172
Strong vs Standard Condom	0	0	0	0	77,742	0	0	77,742
Fieldtesting of OC Instruction	0	0	0	0	11,349	0	0	11,349
IUD Follow-up Visit Schedules	26,889	0	0	26,889	24,123	0	0	24,123
MFP/BF Paper Preparation	79,341	0	0	79,341	129,732	0	0	129,732
Pakistan TA to PSIs SMP for OC	20,964	0	0	20,964	13,746	0	0	13,746
DHS Analysis	16,066	0	0	16,066	0	0	0	0
Cost Unit Paper Writing	11,997	0	0	11,997	0	0	0	0
AID/Pop Operations Research	75,731	0	0	75,731	22,359	0	0	22,359
Honduras 1991 Health Survey	22,475	94,950	0	117,425	0	59,050	0	59,050
OR Informed Choice	79,352	0	0	79,352	56,256	0	0	56,256
India Social Marketing	0	133,373	0	133,373	0	122,849	0	122,849
Nepal Technical Assistance	0	12,063	0	12,063	0	0	0	0
Spermicide Accept - STD clinic	18,155	0	0	18,155	15,601	0	0	15,601
TOTALS	1,523,622	240,386	0	1,764,008	1,312,464	182,215	10,108	1,504,787

4. Contraceptive Introduction Program Activities by Region and Source

AFRICA	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	87,798			87,798	37,944			37,944
Cameroon Contraceptive Tech WS	18,209			18,209				0
Togo Contraceptive Tech WS	21,091			21,091				0
Introduce POCs to CBD Programs				0				0
Bangladesh PP Contractive Mtg				0				0
Philippines PP Contractive Mtg				0				0
Mali IPPI	61,590			61,590				0
Niger Contraceptive Tech Update	20,762			20,762	2,547			2,547
Postpartum IUD	77,763			77,763	66,149			66,149
Postpartum Conference				0				0
FLASOG Seminar				0				0
IMSS PP Training Center				0				0
Asia PP Seminars				0				0
Pakistan: NRIFC Seminar				0				0
Philippine OB/GYN Seminar				0				0
West Africa PP Seminar				0	16,468			16,468
NORPLANT Planning & Dev				0				0
Bangladesh:Acc NORPLANT Remove				0				0
Turkey: PP IUD Training				0				0
Haiti: PP Seminar				0				0
Egypt: NORPLANT				0				0
Senegal: NORPLANT		56,483		56,483	23,417	21,593		45,010
Haiti: NORPLANT				0				0
El Salvador: PP IUD				0				0
Asia Near East				0				0
TOTALS	287,213	56,483	0	343,696	146,525	21,593	0	168,118

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	62,646			62,646	30,488			30,488
Cameroon Contraceptive Tech WS				0				0
Togo Contraceptive Tech WS				0				0
Introduce POCs to CBD Programs				0				0
Bangladesh PP Contractive Mtg	10,128			10,128				0
Philippines PP Contractive Mtg	18,946			18,946				0
Mali IPPI				0				0
Niger Contraceptive Tech Update				0				0
Postpartum IUD				0				0
Postpartum Conference				0				0
FLASOG Seminar				0				0
IMSS PP Training Center				0				0
Asia PP Seminars				0	23,806			23,806
Pakistan: NRIFC Seminar				0	10,065			10,065
Philippine OB/GYN Seminar				0	18,911			18,911
West Africa PP Seminar				0				0
NORPLANT Planning & Dev				0				0
Bangladesh:Acc NORPLANT Remove	2,066	10,703		12,769		40,166		40,166
Turkey: PP IUD Training				0		22,426		22,426
Haiti: PP Seminar				0				0
Egypt: NORPLANT		105,182		105,182		8,418		8,418
Senegal: NORPLANT				0				0
Haiti: NORPLANT				0				0
El Salvador: PP IUD				0				0
Asia Near East		35,564		35,564		7,129		7,129
TOTALS	93,786	151,449	0	245,235	83,270	78,139	0	161,409

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	6,795			6,795	58,394			58,394
Cameroon Contraceptive Tech WS				0				0
Togo Contraceptive Tech WS				0				0
Introduce POCs to CBD Programs				0				0
Bangladesh PP Contractive Mtg				0				0
Philippines PP Contractive Mtg				0				0
Mali IPPI				0				0
Niger Contraceptive Tech Update				0				0
Postpartum IUD				0				0
Postpartum Conference					73,976			
FLASOG Seminar				0	40,370			40,370
IMSS PP Training Center				0	8,820			8,820
Asia PP Seminars				0				0
Pakistan: NRIFC Seminar				0				0
Philippine OB/GYN Seminar				0				0
West Africa PP Seminar				0				0
NORPLANT Planning & Dev				0				0
Bangladesh:Acc NORPLANT Remove				0				0
Turkey: PP IUD Training				0				0
Haiti: PP Seminar				0		7,718		7,718
Egypt: NORPLANT				0				0
Senegal: NORPLANT				0				0
Haiti: NORPLANT	9,806	10,000		19,806		48,767		48,767
El Salvador: PP IUD				0		7,068		7,068
Asia Near East				0				0
TOTALS	16,601	10,000	0	26,601	181,560	63,553	0	171,137

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	19,577			19,577				0
Cameroon Contraceptive Tech WS				0				0
Togo Contraceptive Tech WS				0				0
Introduce POCs to CBD Programs				0				0
Bangladesh PP Contractive Mtg				0				0
Philippines PP Contractive Mtg				0				0
Mali IPPI				0				0
Niger Contraceptive Tech Update				0				0
Postpartum IUD				0				0
Postpartum Conference								
FLASOG Seminar				0				0
IMSS PP Training Center				0				0
Asia PP Seminars				0				0
Pakistan: NRIFC Seminar				0				0
Philippine OB/GYN Seminar				0				0
West Africa PP Seminar				0				0
NORPLANT Planning & Dev	57,060			57,060				0
Bangladesh:Acc NORPLANT Remove				0				0
Turkey: PP IUD Training				0				0
Haiti: PP Seminar				0				0
Egypt: NORPLANT				0				0
Senegal: NORPLANT				0				0
Haiti: NORPLANT				0				0
El Salvador: PP IUD				0				0
Asia Near East				0				0
TOTALS	76,637	0	0	76,637	0	0	0	0

INTERREGIONAL

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	24,819			24,819	19,724			19,724
Cameroon Contraceptive Tech WS				0				0
Togo Contraceptive Tech WS				0				0
Introduce POCs to CBD Programs	30,184			30,184				0
Bangladesh PP Contractive Mtg				0				0
Philippines PP Contractive Mtg				0				0
Mali IPPI				0				0
Niger Contraceptive Tech Update				0				0
Postpartum IUD				0				0
Postpartum Conference								
FLASOG Seminar				0				0
IMSS PP Training Center				0				0
Asia PP Seminars				0				0
Pakistan: NRIFC Seminar				0				0
Philippine OB/GYN Seminar				0				0
West Africa PP Seminar				0				0
NORPLANT Planning & Dev				0	59,388			59,388
Bangladesh:Acc NORPLANT Remove				0				0
Turkey: PP IUD Training				0				0
Haiti: PP Seminar				0				0
Egypt: NORPLANT				0				0
Senegal: NORPLANT				0				0
Haiti: NORPLANT				0				0
El Salvador: PP IUD				0				0
Asia Near East				0				0
TOTALS	55,003	0	0	55,003	79,112	0	0	79,112

TOTALS

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	201,635	0	0	201,635	146,550	0	0	146,550
Cameroon Contraceptive Tech WS	18,209	0	0	18,209	0	0	0	0
Togo Contraceptive Tech WS	21,091	0	0	21,091	0	0	0	0
Introduce POCs to CBD Programs	30,184	0	0	30,184	0	0	0	0
Bangladesh PP Contractive Mtg	10,128	0	0	10,128	0	0	0	0
Philippines PP Contractive Mtg	18,946	0	0	18,946	0	0	0	0
Mali IPPI	61,590	0	0	61,590	0	0	0	0
Niger Contraceptive Tech Update	20,762	0	0	20,762	2,547	0	0	2,547
Postpartum IUD	77,763	0	0	77,763	66,149	0	0	66,149
Postpartum Conference	0	0	0	0	73,976	0	0	73,976
FLASOG Seminar	0	0	0	0	40,370	0	0	40,370
IMSS PP Training Center	0	0	0	0	8,820	0	0	8,820
Asia PP Seminars	0	0	0	0	23,806	0	0	23,806
Pakistan: NRIFC Seminar	0	0	0	0	10,065	0	0	10,065
Philippine OB/GYN Seminar	0	0	0	0	18,911	0	0	18,911
West Africa PP Seminar	0	0	0	0	16,468	0	0	16,468
NORPLANT Planning & Dev	57,060	0	0	57,060	59,388	0	0	59,388
Bangladesh:Acc NORPLANT Remove	2,066	10,703	0	12,769	0	40,166	0	40,166
Turkey: PP IUD Training	0	0	0	0	0	22,426	0	22,426
Haiti: PP Seminar	0	0	0	0	0	7,718	0	7,718
Egypt: NORPLANT	0	105,182	0	105,182	0	8,418	0	8,418
Senegal: NORPLANT	0	56,483	0	56,483	23,417	21,593	0	45,010
Haiti: NORPLANT	9,806	10,000	0	19,806	0	48,767	0	48,767
El Salvador: PP IUD	0	0	0	0	0	7,068	0	7,068
Asia Near East	0	35,564	0	35,564	0	7,129	0	7,129
TOTALS	529,240	217,932	0	747,172	490,467	163,285	0	653,752

5. Reproductive Epidemiology Program Activities by Region and Funding Source

AFRICA	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0				0
Non-Removal of NORPLANT				0				0
Spermicides & STDs				0				0
Condom Use & Vaginal Irritation				0				0
Condom Use Gonorrhoea/Chlamydia				0				0
Reproductive Health Paper Write				0				0
Sickle Cell Anemia and OCs				0				0
Case-control Study of Cervical Cancer				0				0
Risks and Benefits of OCs				0				0
Norplant & Sickle Cell Anemia				0	6,589			6,589
Osteoporosis & Use of OCs In Premenopausal Women				0				0
Spermicide Use and STDs				0				0
Breastfeeding & Breast Disease				0				0
Spermicide Use and HIV	73,704			73,704	60,826			60,826
Syphilis Text				0				0
Frequent Use of Nonoxynol-9				0				0
S Korea Vasectomy & Prostate Cancer				0				0
Reversible Contraception & HIV			352,352	352,352			73,705	73,705
Maternal Morbidity				0				0
TOTALS	73,704	0	352,352	426,056	67,415	0	73,705	141,120

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0	2			2
Non-Removal of NORPLANT	29,727			29,727				0
Spermicides & STDs				0				0
Condom Use & Vaginal Irritation				0				0
Condom Use Gonorrhea/Chlamydia				0				0
Reproductive Health Paper Write				0				0
Sickle Cell Anemia and OCs				0				0
Case-control Study of Cervical Cancer				0				0
Risks and Benefits of OCs				0				0
Norplant & Sickle Cell Anemia				0				0
Osteoporosis & Use of OCs In Premenopausal Women				0				0
Spermicide Use and STDs				0	30,229			30,229
Breastfeeding & Breast Disease	6,735			6,735	24,294			24,294
Spermicide Use and HIV				0				0
Syphilis Text				0				0
Frequent Use of Nonoxynol-9				0				0
S Korea Vasectomy & Prostate Cancer				0				0
Reversible Contraception & HIV				0				0
Maternal Morbidity	6,567		10,332	16,899		37,544		37,544
TOTALS	43,029	0	10,332	53,361	54,525	37,544	0	92,069

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management				0				0
Non-Removal of NORPLANT				0				0
Spermicides & STDs				0				0
Condom Use & Vaginal Irritation				0				0
Condom Use Gonorrhoea/Chlamydia				0				0
Reproductive Health Paper Write				0				0
Sickle Cell Anemia and OCs	12,957			12,967	15,837			15,837
Case-control Study of Cervical Cancer	71,927			71,927	56,121			56,121
Risks and Benefits of OCs				0				0
Norplant & Sickle Cell Anemia				0				0
Osteoporosis & Use of OCs in Premenopausal Women				0				0
Spermicide Use and STDs				0				0
Breastfeeding & Breast Disease				0				0
Spermicide Use and HIV				0				0
Syphilis Text				0				0
Frequent Use of Monoxynol-9				0				0
S Korea Vasectomy & Prostate Cancer				0				0
Reversible Contraception & HIV				0				0
Maternal Morbidity				0				0
TOTALS	84,894	0	0	84,894	71,958	0	0	71,958

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management	13,074			13,074	1,792			1,792
Non-Removal of NORPLANT				0				0
Spermicides & STDs				0				0
Condom Use & Vaginal Irritation				0				0
Condom Use Gonorrhea/Chlamydia				0				0
Reproductive Health Paper Write	16,159			16,159	8,793			8,793
Sickle Cell Anemia and OCs				0				0
Case-control Study of Cervical Cancer				0				0
Risks and Benefits of OCs	33,086			33,086	46,740			46,740
Norplant & Sickle Cell Anemia				0				0
Osteoporosis & Use of OCs in Premenopausal Women				0	25,278			25,278
Spermicide Use and STDs				0				0
Breastfeeding & Breast Disease				0				0
Spermicide Use and HIV				0				0
Syphilis Text				0	7,429			7,429
Frequent Use of Monoxynol-9	46,272			46,272	48,834			48,834
S Korea Vasectomy & Prostate Cancer				0				0
Reversible Contraception & HIV				0				0
Maternal Morbidity				0				0
TOTALS	108,591	0	0	108,591	138,866	0	0	138,866

INTERREGIONAL

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management	202,553			202,553	230,314			230,314
Non-Removal of NORPLANT				0				0
Spermicides & STDs	20,814			20,814				0
Condom Use & Vaginal Irritation	80,892			80,892				0
Condom Use Gonorrhoea/Chlamydia	15,905			15,905				0
Reproductive Health Paper Write				0				0
Sickle Cell Anemia and OCs				0				0
Case-control Study of Cervical Cancer				0				0
Risks and Benefits of OCs				0				0
Norplant & Sickle Cell Anemia				0				0
Osteoporosis & Use of OCs in Premenopausal Women				0				0
Spermicide Use and STDs				0				0
Breastfeeding & Breast Disease				0				0
Spermicide Use and HIV				0				0
Syphilis Text				0				0
Frequent Use of Nonoxynol-9				0				0
S Korea Vasectomy & Prostate Cancer	16,555			16,555				0
Reversible Contraception & HIV				0				0
Maternal Morbidity				0				0
TOTALS	336,719	0	0	336,719	230,314	0	0	230,314

TOTALS	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Development/Management	215,627	0	0	215,627	232,108	0	0	232,108
Non-Removal of NORPLANT	29,727	0	0	29,727	0	0	0	0
Spermicides & STDs	20,814	0	0	20,814	0	0	0	0
Condom Use & Vaginal Irritation	80,892	0	0	80,892	0	0	0	0
Condom Use Gonorrhea/Chlamydia	15,905	0	0	15,905	0	0	0	0
Reproductive Health Paper Write	16,159	0	0	16,159	8,793	0	0	8,793
Sickle Cell Anemia and OCs	12,967	0	0	12,967	15,837	0	0	15,837
Case-control Study of								
Cervical Cancer	71,927	0	0	71,927	56,121	0	0	56,121
Risks and Benefits of OCs	33,086	0	0	33,086	46,740	0	0	46,740
Norplant & Sickle Cell Anemia	0	0	0	0	6,589	0	0	6,589
Osteoporosis & Use of OCs								
in Premenopausal Women	0	0	0	0	25,278	0	0	25,278
Spermicide Use and STDs	0	0	0	0	30,229	0	0	30,229
Breastfeeding & Breast Disease	6,735	0	0	6,735	24,294	0	0	24,294
Spermicide Use and HIV	73,704	0	0	73,704	60,826	0	0	60,826
Syphilis Text	0	0	0	0	7,429	0	0	7,429
Frequent Use of Nonoxynol-9	46,272	0	0	46,272	48,834	0	0	48,834
S Korea Vasectomy & Prostate								
Cancer	16,555	0	0	16,555	0	0	0	0
Reversible Contraception & HIV	0	0	352,352	352,352	0	0	73,705	73,705
Maternal Morbidity	6,567	0	10,332	16,899	0	37,544	0	37,544
TOTALS	646,937	0	362,684	1,009,621	563,078	37,544	73,705	674,327

6. Institutional Development Program Activities by Region and Funding Source

AFRICA	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	192,198			192,198	47,972			47,972
Sri Lanka: FPA/SL RSM Training				0				0
Microcomputer Development				0				0
Indonesia: BKS PENFIN				0				0
FHRC Programmatic Res. Wkshp				0				0
Niger: CNSF	31,608			31,608	29,479			29,479
ALIRH				0				0
Mexico: PLACIRH				0				0
Mgt. Assistance to FHRCs				0				0
Thailand: TFRA				0				0
FHRC Directors Meeting				0				0
Mali: AMPPF	61,737			61,737	54,805			54,805
Sri Lanka: FPA/SL				0				0
Mexico: GIMIESAR				0				0
Kenya: Univ. of Nairobi IDP	28,952	245,395		274,347	42,070	166,411		208,481
Bangladesh: BFRP				0				0
Egypt: EFCS				0				0
Egypt: NPC		1,171,624		1,171,624				0
TOTALS	314,495	1,417,019	0	1,731,514	174,326	166,411	0	340,737

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	13,710			13,710	116,400			116,400
Sri Lanka: FPA/SL RSM Training				0	3,741			3,741
Microcomputer Development				0				0
Indonesia: BKS PENFIN	36,286			36,286	35,717			35,717
FHRC Programmatic Res. Wkshp				0				0
Niger: CNSF				0				0
ALIRH				0				0
Mexico: PLACIRH				0				0
Mgt. Assistance to FHRCs				0				0
Thailand: TFRA				0	67,828			67,828
FHRC Directors Meeting				0				0
Mali: AMPPF				0				0
Sri Lanka: FPA/SL				0	17,872			17,872
Mexico: GIMIESAR				0				0
Kenya: Univ. of Nairobi IDP				0				0
Bangladesh: BFRP	69,493	4,028		73,521	42,094	29,158		71,252
Egypt: EFCS				0		5,994		5,994
Egypt: NPC				0		903,603		903,603
TOTALS	119,489	4,028	0	123,517	283,652	938,755	0	1,222,407

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	7,779			7,779	19,005			19,005
Sri Lanka: FPA/SL RSM Training				0				0
Microcomputer Development				0				0
Indonesia: BKS PENFIN				0				0
FHRC Programmatic Res. Wkshp				0				0
Niger: CNSF				0				0
ALIRH				0	15,126			15,126
Mexico: PLACIRH				0	17,109			17,109
Mgt. Assistance to FHRCs				0				0
Thailand: TFRA				0				0
FHRC Directors Meeting				0				0
Mali: ANPPF				0				0
Sri Lanka: FPA/SL				0				0
Mexico: GIMIESAR	62,300			62,300	70,438			70,438
Kenya: Univ. of Nairobi IDP				0				0
Bangladesh: BFRP				0				0
Egypt: EFCS				0				0
Egypt: NPC				0				0
TOTALS	70,079	0	0	70,079	121,678	0	0	121,678

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development				0				0
Sri Lanka: FPA/SL RSM Training				0				0
Microcomputer Development				0				0
Indonesia: BKS PENFIN				0				0
FHRC Programmatic Res. Wkshp				0				0
Niger: CNSF				0				0
ALIRH				0				0
Mexico: PLACIRH				0				0
Mgt. Assistance to FHRCs				0				0
Thailand: TFRA				0				0
FHRC Directors Meeting				0				0
Mali: ANPPF				0				0
Sri Lanka: FPA/SL				0				0
Mexico: GIMIESAR				0				0
Kenya: Univ. of Nairobi IDP				0				0
Bangladesh: BFRP				0				0
Egypt: EFCS				0				0
Egypt: NPC				0				0
TOTALS	0							

INTERREGIONAL

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	56,676			56,676	27,648			27,648
Sri Lanka: FPA/SL RSN Training				0				0
Microcomputer Development	21,042			21,042	10,971			10,971
Indonesia: BKS PENFIN				0				0
FHRC Programmatic Res. Wkshp				0	51,688			51,688
Niger: CNSF				0				0
ALIRH				0				0
Mexico: PLACIRH				0				0
Mgt. Assistance to FHRCs				0	1,359			1,359
Thailand: TFRA				0				0
FHRC Directors Meeting	105,953			105,953	10,166			10,166
Mali: AMPPF				0				0
Sri Lanka: FPA/SL				0				0
Mexico: GIMIESAR				0				0
Kenya: Univ. of Nairobi IDP				0				0
Bangladesh: BFRP				0				0
Egypt: EFCS				0				0
Egypt: NPC				0				0
TOTALS	183,671	0	0	183,671	101,832	0	0	101,832

TOTALS

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	270,363	0	0	270,363	211,025	0	0	211,025
Sri Lanka: FPA/SL RSM Training	0	0	0	0	3,741	0	0	3,741
Microcomputer Development	21,042	0	0	21,042	10,971	0	0	10,971
Indonesia: BKS PENFIN	36,286	0	0	36,286	35,717	0	0	35,717
FHRC Programmatic Res. Wkshp	0	0	0	0	51,688	0	0	51,688
Niger: CNSF	31,608	0	0	31,608	29,479	0	0	29,479
ALIRH	0	0	0	0	15,126	0	0	15,126
Mexico: PLACIRH	0	0	0	0	17,109	0	0	17,109
Mgt. Assistance to FHRCs	0	0	0	0	1,359	0	0	1,359
Thailand: TFRA	0	0	0	0	67,828	0	0	67,828
FHRC Directors Meeting	105,953	0	0	105,953	10,166	0	0	10,166
Mali: AMPPF	61,737	0	0	61,737	54,805	0	0	54,805
Sri Lanka: FPA/SL	0	0	0	0	17,872	0	0	17,872
Mexico: GIMIESAR	62,300	0	0	62,300	70,438	0	0	70,438
Kenya: Univ. of Nairobi IDP	28,952	245,395	0	274,347	42,070	166,411	0	208,481
Bangladesh: BFRP	69,493	4,028	0	73,521	42,094	29,158	0	71,252
Egypt: EFCS	0	0	0	0	0	5,994	0	5,994
Egypt: NPC	0	1,171,624	0	1,171,624	0	903,603	0	903,603
TOTALS	687,734	1,421,047	0	2,108,781	681,488	1,105,166	0	1,786,654

7. Training Program Activities by Region and Funding Source

AFRICA	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development Francophone Africa Regional Research Management Workshop	2,040			2,040				0
Investigator Travel to Conferences				0				0
Latin America: Epidemiology Training				0				0
Clinical Trials Analysis Curriculum Development				0				0
TOTALS	17,318	0	0	17,318	0	0	0	0

ASIA/NEAR EAST	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development Francophone Africa Regional Research Management Workshop				0				0
Investigator Travel to Conferences				0				0
Latin America: Epidemiology Training				0				0
Clinical Trials Analysis Curriculum Development				0				0
TOTALS	0	0	0	0	0	0	0	0

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development				0	2,413			2,413
Francophone Africa Regional Research Management Workshop				0				0
Investigator Travel to Conferences				0				0
Latin America: Epidemiology Training				0	16,148			16,148
Clinical Trials Analysis Curriculum Development				0				0
TOTALS	0	0	0	0	18,561	0	0	18,561

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development				0				0
Francophone Africa Regional Research Management Workshop				0				0
Investigator Travel to Conferences				0				0
Latin America: Epidemiology Training				0				0
Clinical Trials Analysis Curriculum Development				0				0
TOTALS	0							

INTERREGIONAL	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	3,550			3,550	1,927			1,927
Francophone Africa Regional								
Research Management Workshop				0				0
Investigator Travel								
to Conferences	20,582			20,582	29,265			29,265
Latin America: Epidemiology								
Training				0				0
Clinical Trials Analysis								
Curriculum Development				0	11,939			11,939
TOTALS	24,132	0	0	24,132	43,131	0	0	43,131

TOTALS	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	5,590	0	0	5,590	4,340	0	0	4,340
Francophone Africa Regional								
Research Management Workshop	15,278	0	0	15,278	0	0	0	0
Investigator Travel								
to Conferences	20,582	0	0	20,582	29,265	0	0	29,265
Latin America: Epidemiology								
Training	0	0	0	0	16,148	0	0	16,148
Clinical Trials Analysis								
Curriculum Development	0	0	0	0	11,939	0	0	11,939
TOTALS	41,450	0	0	41,450	61,692	0	0	61,692

8. Information Dissemination Program Activities by Region and Funding Source

AFRICA	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	53,962			53,962	34,998			34,998
Nigeria Journalist Workshop	24,399			24,399				0
East/South African Editors Seminar	55,953			55,953				0
Gambia Contraceptive Discontinuation Workshop	8,892			8,892				0
Bangladesh BFRP Annual Scientific Meeting				0				0
Medical Barriers Contraception [JGO				0				0
Network				0				0
Translations				0				0
Publications Catalogue				0				0
East Africa Journalist Workshop Evaluation/FU				0	12,177			12,177
Spanish Network				0				0
Health Journalist Training Guidebook				0				0
Indonesia: Journalist Workshop Evaluation/FU				0				0
French Network	54,278			54,278	33,518			33,518
Library				0				0
Tanzania: Health Journalists Workshop				0	17,486			17,486
Bangladesh: Costs of Family Planning Presentation				0				0
TOTALS	197,484	0	0	197,484	98,179	0	0	98,179

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92			ACTUAL FY'91				
	CENTRAL	MISSIONS OTHER	TOTAL	CENTRAL	MISSIONS OTHER	TOTAL		
Management and Development	24,178		24,178	23,275		23,275		
Nigeria Journalist Workshop			0			0		
East/South African Editors Seminar			0			0		
Gambia Contraceptive Discontinuation Workshop			0			0		
Bangladesh BFRP Annual Scientific Meeting	16,375		16,375			0		
Medical Barriers Contraception			0			0		
IJGO			0			0		
Network			0			0		
Translations			0			0		
Publications Catalogue			0			0		
East Africa Journalist Workshop Evaluation/FU			0			0		
Spanish Network			0			0		
Health Journalist Training Guidebook			0			0		
Indonesia: Journalist Workshop Evaluation/FU			0	2,551		2,551		
French Network			0			0		
Library			0			0		
Tanzania: Health Journalists Workshop			0			0		
Bangladesh: Costs of Family Planning Presentation		47,931	47,931	44,439		44,439		
TOTALS	40,553	47,931	0	88,484	25,826	44,439	0	70,265

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	22,295			22,295	13,394			13,394
Nigeria Journalist Workshop				0				0
East/South African Editors Seminar				0				0
Gambia Contraceptive Discontinuation Workshop				0				0
Bangladesh BFRP Annual Scientific Meeting				0				0
Medical Barriers Contraception IJGO				0				0
Network				0				0
Translations				0				0
Publications Catalogue				0				0
East Africa Journalist Workshop Evaluation/FU				0				0
Spanish Network	59,299			59,299	23,287			23,287
Health Journalist Training Guidebook				0				0
Indonesia: Journalist Workshop Evaluation/FU				0				0
French Network				0				0
Library				0				0
Tanzania: Health Journalists Workshop				0				0
Bangladesh: Costs of Family Planning Presentation				0				0
TOTALS	81,594	0	0	81,594	36,681	0	0	36,681

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development				0	5,343			5,343
Nigeria Journalist Workshop				0				0
East/South African Editors Seminar				0				0
Gambia Contraceptive Discontinuation Workshop				0				0
Bangladesh BFRP Annual Scientific Meeting				0				0
Medical Barriers Contraception IJGO				0				0
Network				0				0
Translations				0				0
Publications Catalogue				0				0
East Africa Journalist Workshop Evaluation/FU				0				0
Spanish Network				0				0
Health Journalist Training Guidebook				0	11,788			11,788
Indonesia: Journalist Workshop Evaluation/FU				0				0
French Network				0				0
Library				0				0
Tanzania: Health Journalists Workshop				0				0
Bangladesh: Costs of Family Planning Presentation				0				0
TOTALS	0	0	0	0	17,131	0	0	17,131

INTERREGIONAL	BUDGET FY'92			ACTUAL FY'91		
	CENTRAL	MISSIONS OTHER	TOTAL	CENTRAL	MISSIONS OTHER	TOTAL
Management and Development	216,098		216,098	161,213		161,213
Nigeria Journalist Workshop			0			0
East/South African Editors Seminar			0			0
Gambia Contraceptive Discontinuation Workshop			0			0
Bangladesh BFRP Annual Scientific Meeting			0			0
Medical Barriers Contraception	55,351		55,351			0
IJGO	17,470		17,470	21,737		21,737
Network	182,978		182,978	123,407		123,407
Translations	51,909		51,909	10,686		10,686
Publications Catalogue	10,884		10,884	8,281		8,281
East Africa Journalist Workshop Evaluation/FU			0			0
Spanish Network			0			0
Health Journalist Training Guidebook			0			0
Indonesia: Journalist Workshop Evaluation/FU			0			0
French Network			0			0
Library	199,446		199,446	171,182		171,182
Tanzania: Health Journalists Workshop			0			0
Bangladesh: Costs of Family Planning Presentation			0			0
TOTALS	734,136	0	734,136	496,506	0	496,506

TOTALS	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSIONS	OTHER	TOTAL	CENTRAL	MISSIONS	OTHER	TOTAL
Management and Development	316,533	0	0	316,533	238,223	0	0	238,223
Nigeria Journalist Workshop	24,399	0	0	24,399	0	0	0	0
East/South African Editors Seminar	55,953	0	0	55,953	0	0	0	0
Gambia Contraceptive Discontinuation Workshop	8,892	0	0	8,892	0	0	0	0
Bangladesh BFRP Annual Scientific Meeting	16,375	0	0	16,375	0	0	0	0
Medical Barriers Contraception IJGO	55,351	0	0	55,351	0	0	0	0
Network	17,470	0	0	17,470	21,737	0	0	21,737
Translations	182,978	0	0	182,978	123,407	0	0	123,407
Publications Catalogue	51,909	0	0	51,909	10,686	0	0	10,686
East Africa Journalist Workshop Evaluation/FU	10,884	0	0	10,884	8,281	0	0	8,281
Spanish Network	0	0	0	0	12,177	0	0	12,177
Health Journalist Training Guidebook	59,299	0	0	59,299	23,287	0	0	23,287
Indonesia: Journalist Workshop Evaluation/FU	0	0	0	0	11,788	0	0	11,788
French Network	0	0	0	0	2,551	0	0	2,551
Library	54,278	0	0	54,278	33,518	0	0	33,518
Tanzania: Health Journalists Workshop	199,446	0	0	199,446	171,182	0	0	171,182
Bangladesh: Costs of Family Planning Presentation	0	0	0	0	17,486	0	0	17,486
	0	47,931	0	47,931	0	44,439	0	44,439
TOTALS	1,053,767	47,931	0	1,101,698	674,323	44,439	0	718,762

9. Program Summary by Region and Funding Source

AFRICA	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	136,258	28,347	0	164,605	124,104	24,792	0	148,896
Condom Technology Evaluation Program Activities	0	0	0	0	0	0	0	0
Contraceptive Acceptance and Use Program Activities	139,168	0	0	139,168	161,247	0	0	161,247
Contraceptive Introduction Program Activities	287,213	56,483	0	343,696	146,525	21,593	0	168,118
Reproductive Epidemiology Program Activities	73,704	0	352,352	426,056	67,415	0	73,705	141,120
Institutional Development Program Activities	314,495	1,417,019	0	1,731,514	174,326	166,411	0	340,737
Training Program Activities	17,318	0	0	17,318	0	0	0	0
Information Dissemination Program Activities	197,484	0	0	197,484	98,179	0	0	98,179
Nigeria Family Health Services Project		581,095		581,095		37,326		37,326
Non-Budgeted Service Centers				0				0
TOTALS	1,165,640	2,082,944	352,352	3,600,936	771,796	250,122	73,705	1,095,623

ASIA/NEAR EAST

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	588,651	11,794	0	600,445	524,199	39,385	0	563,584
Condom Technology Evaluation Program Activities	0	0	0	0	0	0	0	0
Contraceptive Acceptance and Use Program Activities	244,817	145,436	0	390,253	237,950	123,165	10,108	371,223
Contraceptive Introduction Program Activities	93,786	151,449	0	245,235	83,270	78,139	0	161,409
Reproductive Epidemiology Program Activities	43,029	0	10,332	53,361	54,525	37,544	0	92,069
Institutional Development Program Activities	119,489	4,028	0	123,517	283,652	938,755	0	1,222,407
Training Program Activities	0	0	0	0	0	0	0	0
Information Dissemination Program Activities	40,553	47,931	0	88,484	25,826	44,439	0	70,265
Nigeria Family Health Services Project				0				0
Non-Budgeted Service Centers				0				0
TOTALS	1,130,325	360,638	10,332	1,501,295	1,209,422	1,261,427	10,108	2,480,957

LATIN AMERICA/CARIBBEAN

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	238,907	84,861	0	323,768	140,534	41,388	0	181,922
Condom Technology Evaluation Program Activities	0	0	0	0	0	0	0	0
Contraceptive Acceptance and Use Program Activities	195,699	94,950	0	290,649	89,610	59,050	0	148,660
Contraceptive Introduction Program Activities	16,601	10,000	0	26,601	181,560	63,553	0	245,113
Reproductive Epidemiology Program Activities	84,894	0	0	84,894	71,958	0	0	71,958
Institutional Development Program Activities	70,079	0	0	70,079	121,678	0	0	121,678
Training Program Activities	0	0	0	0	18,561	0	0	18,561
Information Dissemination Program Activities	81,594	0	0	81,594	36,681	0	0	36,681
Nigeria Family Health Services Project				0				0
Non-Budgeted Service Centers				0				0
TOTALS	687,774	189,811	0	877,585	660,582	163,991	0	824,573

U.S./EUROPE

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	2,601,033	0	157,537	2,758,570	1,849,728	0	42,881	1,892,609
Condom Technology Evaluation Program Activities	163,546	0	0	163,546	33,387	0	0	33,387
Contraceptive Acceptance and Use Program Activities	26,889	0	0	26,889	110,832	0	0	110,832
Contraceptive Introduction Program Activities	76,637	0	0	76,637	0	0	0	0
Reproductive Epidemiology Program Activities	108,591	0	0	108,591	138,866	0	0	138,866
Institutional Development Program Activities	0	0	0	0	0	0	0	0
Training Program Activities	0	0	0	0	0	0	0	0
Information Dissemination Program Activities	0	0	0	0	17,131	0	0	17,131
Nigeria Family Health Services Project				0				0
Non-Budgeted Service Centers				0				0
TOTALS	2,976,696	0	157,537	3,134,233	2,149,944	0	42,881	2,192,825

INTERREGIONAL

BUDGET FY'92

ACTUAL FY'91

	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	1,841,807	0	0	1,841,807	1,399,728	0	0	1,399,728
Condom Technology Evaluation Program Activities	768,374	0	0	768,374	833,085	0	0	833,085
Contraceptive Acceptance and Use Program Activities	917,049	0	0	917,049	712,825	0	0	712,825
Contraceptive Introduction Program Activities	55,003	0	0	55,003	79,112	0	0	79,112
Reproductive Epidemiology Program Activities	336,719	0	0	336,719	230,314	0	0	230,314
Institutional Development Program Activities	183,671	0	0	183,671	101,832	0	0	101,832
Training Program Activities	24,132	0	0	24,132	43,131	0	0	43,131
Information Dissemination Program Activities	734,136	0	0	734,136	496,506	0	0	496,506
Nigeria Family Health Services Project				0				0
Non-Budgeted Service Centers	611,770	13,100		0				0
TOTALS	5,472,661	13,100	0	4,860,891	3,896,533	0	0	3,896,533

TOTALS	BUDGET FY'92				ACTUAL FY'91			
	CENTRAL	MISSION	OTHER	TOTAL	CENTRAL	MISSION	OTHER	TOTAL
Contraceptive Technology and Clinical Trials Activities	5,406,656	125,002	157,537	5,689,195	4,038,293	105,565	42,881	4,186,739
Condom Technology Evaluation Program Activities	931,920	0	0	931,920	866,472	0	0	866,472
Contraceptive Acceptance and Use Program Activities	1,523,622	240,386	0	1,764,008	1,312,464	182,215	10,108	1,504,787
Contraceptive Introduction Program Activities	529,240	217,932	0	747,172	490,467	163,285	0	653,752
Reproductive Epidemiology Program Activities	646,937	0	362,684	1,009,621	563,078	37,544	73,705	674,327
Institutional Development Program Activities	687,734	1,421,047	0	2,108,781	681,488	1,105,166	0	1,786,654
Training Program Activities	41,450	0	0	41,450	61,692	0	0	61,692
Information Dissemination Program Activities	1,053,767	47,931	0	1,101,698	674,323	44,439	0	718,762
Nigeria Family Health Services Project	0	581,095	0	581,095	0	37,326	0	37,326
Non-Budgeted Service Centers	611,770	13,100	0	624,870	0	0	0	0
TOTALS	11,433,096	2,646,493	520,221	14,599,810	8,688,277	1,675,540	126,694	10,490,511

APPENDIX I

LIST OF PLANNED FHI STAFF AND CONSULTANT TRAVEL

FAMILY HEALTH INTERNATIONAL

INTERNATIONAL/DOMESTIC TRAVEL PLAN: OCTOBER 1, 1991 - MARCH 31, 1992

SITE	TRAVELER	DATES	FUNDING CODE	
			1) AID/POP	PRIMARY PURPOSE
			2) AIDSTECH	
			3) OTHER	
			(code * only)	
<u>AFRICA</u>				
Cameroon	Adrian	Mar 15-22	1	Plan Contraceptive Technology Update Workshop; project development
Gambia	Steiner	Dec	1	Initiate Condom Use/Misuse Study
Gambia	Murray or Morrison	Mar 7-12	1	Attend Information Dissemination Workshop (discont. study)
Ghana	Murray	Feb	1	Monitor NORPLANT ^R Study
Kenya	Steiner	Oct	1	Develop and initiate Foaming Tablet/User Dynamic Study
Kenya	Barrows	Oct (2-Wks)	1	TA for library and information dissemination
Kenya	Allen	Nov	1	Monitor/analyze pilot OC/HIV Study data
Kenya	Jesencky	Nov 8-28	1	Monitor IDP; initiate IPPI Study; set up Regional Office
Kenya	Nichols	Dec	1	IDP project monitoring visit

Kenya	Connell Grubb	Jan/Feb	1	Initiate POC Study
Kenya	Waszak Hubacher	Jan	1	TA to UN/IDP and IPPI project
Kenya	Steiner	Jan	1	Analyze foaming tab- let data; initiate Condom User Dynamic Study
Kenya	Jesencky	Jan	1	Establish Regional Office
Kenya	McMahan	Feb 24-27	1	Familiarization and development
Kenya	Robbins	Mar	1	Assist with estab- lishment of Regional Office
Kenya	Allen Feldblum	Mar	1	Initiate expanded OC/HIV Study
Mali	Morrison	Mar 13-26	1	Monitor ongoing Studies AMPPF and IPPI
Mali	Katz	Nov	1	Develop CBD OR Study with Save the Child- ren; AMPPF project development
Niger	Stanback	Oct 1-5	1	Coordinate and pre- sent a contraceptive technical update
Niger	Morrison	Mar 27-Apr 7	1	Initiate Compliance Study
Nigeria	N. Williamson and Consultant	Jan	1	Strategic Planning/ FHS Project
Nigeria	J. Stanback (Consultant)	Feb	1	Monitor NORPLANT ^R Study
Nigeria	Carter	Feb.	1	Field surveys

Senegal	Stanback Murray	Oct 30-Nov 9	1	Coordinate Infor- mation Day for NORPLANT ^R ; introduce new PO
Senegal	JoAnn Lewis	Dec 15-19	1,3	Attend Africa AIDS Conference; general program review and development
Senegal	Murray	Feb 16-28	1	Monitor NORPLANT ^R ; plan Research Manage- ment Project Develop- ment
Togo	Nichols	Oct 20-Nov 2	1	SEATS project devel- opment; initiation of Quality of Care Study
Togo	Adrian	Mar 15-22	1	Plan Contraceptive Technology Update Workshop; project development
Zambia	Feldblum	Mar	1	Monitor Discordant Couples Study
Zimbabwe	Connell Grubb	Jan	1	Initiate POC Study
Zimbabwe	Jesencky	Mar 15-25	1	Monitor POC Study; project development

ASIA/NEAR EAST

Bangladesh	McMahan	Oct 21-Nov 1	1	Develop FY'92 Work- plan; monitor studies
Bangladesh	Hardee- Cleaveland	Nov	1	Analysis and report writing on quality of NORPLANT ^R Study
Bangladesh	Janowitz	Dec	1	Initiate collection of data on costs of government FP program

Bangladesh	Folmar (Consultant)	Dec	1	Provide TA to Condom Use/Misuse Study
Bangladesh	Waszak Palmore McMahan	Jan/Feb Feb 8-14 Feb 8-14	1	Monitor NORPLANT ^R Studies; visit BIRPEHRT; NORPLANT ^R
Egypt	Murray Hardee- Cleaveland Palmore	Dec	1	Monitor IDP; develop new SOW; introduce new PO
Egypt	Hardee- Cleaveland Win Brown (Consultant)	Dec/Jan	1	Dissemination Work- shop; report writing for OR Studies
Egypt	Balogh	Jan/Feb	1	Develop NORPLANT ^R (Pending NPC introduction plans invitation)
India	Thapa	Nov	1	Monitoring; TA on social marketing evaluation
India	Tucker	Dec	3	Monitor ODA projects
India	Thapa	Jan	1	Participate in a Regional Conference organized by RTI
India	Carter	Mar	1	Contraceptive Con- ference
Indonesia	Tucker	Jan	1	FHRC site visit; monitor project
Indonesia	Gates	Feb	1	Initiate POC Study
Jordan	Petrick Rivera	Dec 6-13	1	Coordinate Birth Spacing Seminar, project development
Malaysia	Gates	Feb	1	Initiate POC Study
Nepal	Thapa	Nov	1	FP Sector Assessment for A.I.D. Mission

Nepal	Thapa	Jan		FP Sector Assessment for A.I.D. Mission
Pakistan	Potter	Nov 14-22	1	Provide TA to PSI in designing and packaging OC packages; provide training to distributors and providers
Pakistan	Hardee-Cleaveland	Dec	1	Discuss collaboration with NIPPS
Pakistan	Whittaker Tucker	Dec	1	Monitor NORPLANT ^R and close-out Vaginal Tablet Study
Pakistan	Carter	Dec	1	Field surveys
Pakistan (+Philippines)	Visness	Jan 18-24	1	Monitor LAM clinical trial
Philippines (+Thailand)	Roddy	Dec 9-Jan 4	2	TA for STD control in private sector
Philippines (+Pakistan)	Visness	Jan 18-24	1	Monitor LAM clinical trial
Philippines	Gates	Feb	1	Initiate POC and monitor NORPLANT ^R Study
Sri Lanka	King or Rivera/Palmore/ N. Williamson/ Tucker/McMahan/ Jesencky/ 4 Other FHI Staff/ 14 FHRC Directors	Feb 15-23	1	Attend FHRC Directors Meeting
Thailand	Potter	Sept 27-Oct 8	1	Drugstore Study final analysis/report writing
Thailand (+Netherlands)	Terwey	Nov 8-16	3	Plan for the new AIDSTECH Technical Support Project Office

Thailand	Janowitz	Dec	1	Analysis and write up of costing data for NORPLANT ^R Study
Thailand	JoAnn Lewis	Dec 1-14	3	ATSP site visit
Thailand (+Philippines)	Roddy	Dec 9-Jan 4	2	TA for STD control in private sector

CANADA/EUROPE

Banff	Feldblum Fortney Roddy	Oct 4-9	1 3 1	Attend ISSTDR Meeting
Netherlands (+Thailand)	Terwey	Nov 2-7	3	Attend DIA Conference
Switzerland	Carter	Oct	1	Attend ISO Meeting
Switzerland	Zhang	Oct 21-27	1	Attend WHO Meeting on prostate cancer
Toronto	Wade Townsend Raby Burdan	Oct 22-27	3	Attend American Medical Writers Association Annual Conference
Vancouver B.C.	Blevins Menius	Oct. 19-24	1	Attend the Society of Resesarch Administrators 25th Annual Meeting

LATIN AMERICA/CARIBBEAN

LAC countries	FDT Program Officer	Mar 15-31	1	Project development to be determined
Brazil	Bailey	Oct 6-23	1,2	Reproductive Risk data analysis with BEMFAM; initiate project to compare methodologies for assessing HIV risk among clients in FP clinics

Brazil	Ryan	Dec	3	Monitor W-Ayerst Study
Brazil	Bailey	Jan 15-30	1,2	Reproductive Risk data analysis with BEMFAM; initiate project to compare methodologies for assessing HIV risk among clients in FP clinics
Chile	Bailey	Oct 23-26	1	Project development on why women fail to comply with scheduled FP clinic visits
Chile	Ponce Aldrich	Nov	3	Analysis of Quinacrine
Chile	Price McMullen	Nov	3	Monitor Quinacrine
Chile	Kennedy	Nov 22-26	1	Conference on mechanisms of lactational infertility
Colombia	Olguin	Oct	1	Monitor Condom Spermicide Study
Dominican Republic	Ryan	Dec	1	Monitor Reality Study
Dominican Republic	Spruyt	Dec 1-6	1	Initiate Condom Use/Misuse Study; develop future Acceptability Studies; investigate possibility of importing plastic condom
Dominican Republic	Canamar	Jan	1	Follow-up for IPPF training on OC modules
Dominican Republic	Ryan	Mar	1	Monitor Reality Study

Dominican Republic	Spruyt	Mar 23-28	1	Data analysis and processing for Use/Misuse Study; initiate subsequent Acceptability Study; plan future Studies
Ecuador	Bratt	Nov 3-10	1	Monitor IUD Follow-up Study
El Salvador	Ryan	Nov	1	Monitor NORPLANT ^R Study
El Salvador	Balogh FDT Program Officer	Jan 13-17	1	Finalize NORPLANT ^R intro. strategy
Guatemala	Olguin	Jan	1	Initiate POC Study
Honduras	Bratt	Oct 9-14	1	Economic analysis of ASHONPLAFA FP Programs
Honduras	Bailey	Nov 25-Dec 5	1 (add-on)	Monitor EFHS data collection, data entry and editing; creation of computer system files
Honduras	Canamar	Jan	1	Follow-up for IPPF training on OC modules
Honduras	Bailey	Feb/Mar (3-Wks)	1 (add-on)	Create computer files and begin analysis of 1991 EFHS
Jamaica	Joanis	Jan	1	Co-author paper with Peter Figueroa on standard vs stronger condom; develop Female Condom Comparative Study
Mexico	Ruiz Pizzaro (Investigators)	Nov	1	Develop new subagreement; consultation

Mexico	Hubacher	Oct 6-10	3	Finalize protocol, budget and data collection forms
Mexico	Potter	Oct 14-18	1	Training for testing OC Use; instructions/questionnaires for Midwife Study
Mexico	Spruyt	Oct 27-Nov 9	1	Initiate Use/Misuse Study; plan future Condom Acceptability Studies; investigate possibility of importing plastic condom
Mexico	Olguin	Nov	1	Monitor Reality Study
Mexico	Carter Hedgpeth	Nov	1	Monitor Prospective Study
Mexico	Olguin	Jan	1	Initiate POC Study
Mexico	FDT Program Officer	Jan 18-28	1	Program development
Mexico	Hubacher	Feb	3	Monitor project
Mexico	Potter	Feb	1	Final analysis of instructions/field-work for midwives
Mexico	Price Olguin	Feb	1	Attend NSV Invest. Meeting
Mexico	Olguin	Mar	1	Monitor Reality Study
Mexico	Spruyt	Mar 1-14	1	Data analysis and procesing for Use/Misuse Study; initiate subsequent study; plan future studies
Peru	Ryan	Nov	3	Monitor W-Ayerst Study

St. Lucia	Bonhomme	Nov 26-Dec 1	1	Present paper at Regional Symposium on Cervical Cancer
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UNITED STATES OF AMERICA

Alabama	Carter or Brown	Oct Nov Dec Jan Feb Mar	1	Perform sampling for the Product Surveil- lance Project
Alabama	Johnson	Feb	1	Review latex condom manufacture proc- esses
California	Dorflinger or Omohundro	Oct 7-9	3	Regulatory Affairs Management in the Pharmaceutical In- dustry Center for Professional Advance- ment
California	Dominik	Oct 20-23	3	Attend PharmaSug (SAS Pharmaceutical Users) Conference
California	Dorflinger or Omohundro	Nov 7-8	3	Current International and Domestic Regula- tory Issues/Regula- tory Affairs Profes- sional Society
California	Carter	Dec	1	Attend ASTM Meeting
California	McKay	Mar 5-11	3	Attend NSFRE International Con- ference on Fundrais- ing and meet with California Foundation Officers
Connecticut (+ME+MA)	Research Scientist or Johnson	Oct	1	Potential material supplier for plastic condom

Connecticut	Godwin	Nov 3-5	1	Attend NESUG meeting/ present poster
Connecticut (+MA)	Research Scientist or Johnson	Dec	1	Potential material supplier for plastic condom
Connecticut (+MA)	Research Scientist	Mar	1	Review of material formulations
D.C.	Farr Whittaker Monteith	Oct	1	Attend ARHP
D.C.	McKay	Oct	3	Fundraising/net- working
D.C.	Palmore	Oct	1	Visit CEDPA, PRB
D.C.	Thapa	Oct	1	Meet with S&T/POP staff on Nepal FP sector assessment
D.C.	Farr Connell Rivera Miller	Oct	1	Attend Reality Man- agement Meeting
D.C.	Balogh Schellstede or Palmore	Oct 1	1	Attend NORPLANT ^R Donors' Meeting
D.C.	Miller	Oct 4	1	Attend FDA meeting on Iodine
D.C.	Miller	Oct 9	1	Attend NET-90 Manage- ment Committee Meet- ing
D.C.	Schellstede	Oct 30-31	1	Attend a meeting of the Association of Population Centers
D.C.	Dorflinger or Omohundro	Oct 30-31	3	Introduction to De- vice Law/Food and Drug Law Institute

D.C.	Palmore Waszak Morrison	Nov/Dec	1	PATH; introduce new Research Associates to A.I.D. and JSI
D.C.	Schellstede	Nov 4-5	3	Chair Condom Session at AED Mini-Confer- ence
D.C.	McKay	Dec	3	Fundraising/network- ing
D.C.	Dorflinger or Omohunro	Dec 10-11	3	Annual Conference/ Food and Drug Law Institute
D.C.	McKay	Feb	3	Fundraising/network- ing
D.C.	Hunt	Mar 27-30	1	Attend American Society of Andrology Meeting
Florida	Foldesy	Oct	3	Attend 47th Annual Meeting American Fer- tility Society
Florida	Hunt	Oct 21-24	3	Attend 47th Annual Meeting American Fer- tility Society
Florida	McKay	Nov	3	Project Development
Florida	Saylor	Nov 15-20	3	Computer Training Conference
Florida	McKay	Dec 5-8	3	Attend World Congress on Philanthropy
Florida	Palmore	Jan	3	Plan for Psychoso- cial Meeting and PAA Session

Massachusetts (+CT)	Research Scientist	Mar	1	Review of material formulations
Michigan (Grand Rapids)	Research Scientist Hawley	Dec	1	Equipment manufact- urer
(Wyandotte)	Research Scientist	Dec	1	Potential material supplier for plastic condom
New Jersey	Julia Welch	Oct 9-11	1	Attend Seminar on preparing new drug application to FDA
New Jersey	Dorflinger or Omohundro	Oct 9-11	3	Practical Considera- tions in Preparing INDS and NDAs/Center for Professional Ad- vancement
New Jersey	Whittaker	Nov	1	Monitor Reality Study
New Jersey	D Cole Amatya Sharma	Dec 16-18	3	Attend Annual Confer- ence on Applied Sta- tistics
New Jersey	Whittaker	Mar	1	Monitor Reality Study
New York	L Jones	Oct	1	Monitor Net Pellet Study
New York	Palmore	Oct/Nov	1	Visit CARE
New York	McKay	Nov	3	Fundraising/network- ing
New York	Balogh	Nov 20	1	Attend NORPLANT ^R Core Working Group Meeting
New York	Johnson Hawley	Dec	1	Equipment manufact- urer
New York	McKay	Jan	3	Fundraising/network- ing

North Carolina	Piedrahita (Consultant)	Oct	1	Data analysis, report writing on ring 8 and standard vs stronger Condom Study
North Carolina	Rizzo (Consultant)	Oct 15-17	1	Institutional Development Training
North Carolina	Piedrahita (Consultant)	Jan	1	Report writing of larger/smaller and stronger vs standard Condom Studies
North Carolina	Hawley	Mar	1	Equipment manufacturer
Pennsylvania	Carter	Oct	1	Attend ASTM Meeting
Pennsylvania	Dorflinger or Omohundro	Nov 18-20	3	Preparing for an FDA Inspection/Drug Information Association
Pennsylvania	Hawley	Dec	1	Equipment manufacturer
Pennsylvania	Hawley	Feb	1	Equipment manufacturer
Pennsylvania	Carter	Mar	1	Attend ASTM Meeting
Texas	Barrows	Jan	3	Attend APLIC Board of Directors Meeting
Virginia	Korach	Oct	1	Monitor Reality Study
Virginia	L Jones	Oct	1	Monitor Net Pellet Study
Virginia	Hawley/ White	Oct	1	Equipment manufacturer
Virginia	Hawley	Nov	1	Equipment manufacturer
Virginia	Hawley	Dec	1	Equipment manufacturer

Virginia	Petrick	Dec 6	3	Attend FDA Meeting.
Virginia	Whittaker	Feb	1	Monitor Reality Study

APPENDIX II

FHI MANAGEMENT

Family Health International
Technical Advisory Committee

1990 - 1991 Roster

- | Physiology | Reproductive Biology |
|---|--|
| 1992 Linda E. Atkinson, PhD (Chair)
Senior Scientist
Product Registration Manager
Alza Corporation
950 Page Mill Road
Palo Alto, CA 94303-0802

415/494-5689 | 1991 Michael John Kennedy Harper, PhD, ScD
Chief, Division of Reproductive
Research, Department of Ob/Gyn
The University of Texas
Health Science Center
7703 Floyd Curl Drive
San Antonio, Texas 78284

512/567-4940 |
| Obstetrics-Gynecology/
Reproductive Biology | Endocrinology/Reproductive Biology |
| 1993 Deborah J. Anderson, PhD
Associate Professor
Obstetrics, Gynecology &
Reproductive Biology
Harvard Medical School
Director, Fearing Research
Laboratory
250 Longwood Avenue-SGMB 204
Boston, MA 02115

617/432-0841; 617/432-2190
FAX: 617/432-0359 | 1993 Jorge Martinez Manautou, MD
President, Academia Mexicana de Investigación
en Demografía Médica, A.C.
Bajío No. 203-1er,
Piso Col. Roma Sur,
06760 México, DF, México

564/31-77; 564/31-98
FAX:564/54-48 |
| Epidemiology/Internal &
Preventive Medicine | Epidemiology |
| 1992 Willard Cates, Jr., MD, MPH
Director, Division of Training
Centers for Disease Control (C08)
Atlanta, GA 30333

404/639-3878; FAX: 404/639-3950 | 1991 Judith P. Rooks, CNM, MS, MPH
Independent Consultant
2706 SW English Court
Portland, Oregon 97201

503/243-2253 (R) |
| Obstetrics-Gynecology | Social Science |
| 1992 William Droegemueller, MD
Chairman, Department of Ob/Gyn
University of North Carolina
School of Medicine
5007A Old Clinic Bldg., 226H
Chapel Hill, NC 27599

919/966-5281 | 1991 Rochelle N. Shain, PhD
Professor, Department of Ob/Gyn
The University of Texas
Health Science Center
7703 Floyd Curl Drive
San Antonio, Texas 78284

512/567-5051 |

Family Health International

Protection of Human Subjects Committee

1991 Roster

Clergy

1993 Dennis M. Campbell, PhD, BD (*Chair*)
Dean, The Divinity School
Duke University
Durham, NC 27706
919/660-3434(B)

Public Health

1991 Inge B. Corless, RN, PhD
Assistant Professor
School of Nursing
CB# 7460, Carrington Hall
University of North Carolina
Chapel Hill, NC 27599-7460
919/966-5365 (B); 968-1861 (R)

Public Health

1993 Betty H. Dennis, PharmD
Clinical Associate Professor
Pharmacy Practice
School of Pharmacy
University of North Carolina
Chapel Hill, NC 27599
919/962-0030 (B)

Consumer

1992 Susan G. Dull, MA
304 St. David's Lane
Richmond, VA 23221
804/358-5741 (R); 786-6691 (B)

Social Science

1992 John Gulick, PhD
Professor Emeritus of Anthropology &
Fellow, Carolina Population Center
University of North Carolina
CB# 8120, University Square
Chapel Hill, NC 27516-3997
919/966-1726 (B); 942-5289 (R)

Obstetrics/Gynecology

1993 Vanessa P. Haygood, MD (*Vice Chair*)
Medical Director, Maternity &
Family Planning for the Guilford
County Health Department and
Private Practitioner
721 Green Valley Road, Suite 101
Greensboro, NC 27408
919/230-1111 (B); 292-7010 (R)

Internal Medicine

1991 Elizabeth S. Mann, MD
Associate Professor
Department of Anesthesiology &
Associate Dean for Admissions
School of Medicine
University of North Carolina
North Carolina Memorial Hospital, 204-H
Chapel Hill, NC 27599-3355
919/966-5136 (B); 962-8331 (B)

FHI Staff

1992 Susan McIntyre, MSW, MPH
Field Development and Training Division
Family Health International
Durham, NC 27713
919/544-7040 (B)

Legal

1991 Steven M. Shaber, JD
Jordan, Price, Wall, Gray & Jones
PO Box 2021
Raleigh, NC 27602
919/828-2501 (B)

CRI Staff

1993 B. Randall Vestal (*Ex-officio**)
Director, Regulatory Affairs
Clinical Research International
Durham, NC 27713
919/544-3900 (B)

* Nonvoting member

November 19, 1991

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**Family Health International
Board of Directors**

- | | | |
|---|--|---|
| <p>1993 David W. Barry, MD
Vice President of Research,
Development & Medical
The Wellcome Research
Laboratories
Burroughs Wellcome Co.
Post Office Box 13526
Research Triangle Park, NC 27709

919/248-3000 (B)</p> | <p>1993 Luella V. Klein, MD
Professor/Chair
Department of
Gynecology/Obstetrics
Emory University School of
Medicine
Chief of Obstetrical Service
Grady Memorial Hospital
69 Butler Street, SE
Atlanta, GA 30303

404/616-3540 (B)</p> | <p>1993 R. Peyton Woodson, III, MBA
Woodson Associates
Post Office Box 12346
Raleigh, NC 27605

919/833-2882 (B)</p> |
| <p>1992 Torrey C. Brown, MD
Secretary, Department of
Natural Resources
State of Maryland
Tawes State Office Bldg.
Annapolis, MD 21401

301/974-3041 (B)</p> | <p>1992 Viveca L. Odland, MD, PhD
Associate Professor
Department of
Obstetrics/Gynaecology
Family Planning Section
University Hospital
S-751 85 Uppsala, Sweden

46/18-665767 (B)</p> | <p>1992 Xiao Bilian, MD
Director, National Research
Institute for Family Planning
Beijing, People's Republic of China

86/1-8311829 (T & F)</p> |
| <p>1992 Sharon L. Camp, PhD
Senior Vice President
Population Crisis Committee
1120 19th Street, NW, Suite 550
Washington, DC 20036

202/659-1833 (B)</p> | <p>1993 US Ambassador Nancy Ostrander
323 North Audubon Road
Indianapolis, IN 46219

317/359-8319 (R)</p> | <p>Senior Consultant to the Board</p> |
| <p>1994 Arthur C. Christakos, MD
Professor/Obstetrics-Gynecology
Duke University Medical Center
Box 2976
Durham, NC 27710

919/684-4647 (B)</p> | <p>1994 Donald R. Seawell, JD
Chairman of the Board
The Denver Center for the
Performing Arts
1050 Thirteenth Street
Denver, CO 80204

303/893-4200, Ext. 236 (B)</p> | <p>Corporate Officers</p> <p>Dr. Torrey C. Brown
Chairperson</p> <p>Dr. Pramilla Senanayake
Vice Chairperson</p> <p>Dr. Theodore M. King
President/Chief Operating Officer</p> |
| <p>1992 Donald A. Collins, MBA
President
International Services
Assistance Fund
749 Chestnut Street
San Francisco, CA 94133

415/775-2974 (R)</p> | <p>1994 Pramilla Senanayake, MBBS,
DTPH, PhD
Assistant Secretary-General
International Planned Parenthood
Federation
London, United Kingdom
<i>Mailing Address:</i>
7 Mount Drive
Wembley Park
Middlesex HA9 9ED,
United Kingdom

44/71-486-0741 (B)</p> | <p>Mr. William P. Schellstede
Executive Vice President</p> <p>Dr. Howard Miller
Senior Vice President of
Contraceptive Research and
Development</p> <p>Mrs. JoAnn H. Lewis
Senior Vice President of
Population Program Planning,
Research and Support</p> <p>Mr. Robert W. Hughes
Vice President of Administration &
Controller/Assistant Treasurer</p> |
| <p>1994 John L. Ganley
Wedgefield Plantation
17 John Waties Court
Georgetown, SC 29440

803/527-1900 (R)</p> | <p>1994 Roger V. Short, BVSc, MSc, PhD,
ScD
Professor/Department of Physiology
Monash University
Clayton, Victoria 3168, Australia

613/565-2502 (B)</p> | <p>Dr. Arthur C. Christakos
Secretary</p> <p>Mrs. Marie F. Porter
Assistant Secretary</p> |
| <p>1994 Theodore M. King, MD, PhD
President/Chief Operating Officer
Family Health International
Post Office Box 13950
Research Triangle Park Branch
Durham, NC 27709

919/544-7040 (B)</p> | <p>1994 Mr. R. Peyton Woodson, III
Treasurer</p> | <p><i>Note: The year indicates when
each Director rotates off the
Board.</i></p> <p>Effective October 1, 1991</p> |