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Indonesia

# REPORT ON FAMILY PLANNING MANAGEMENT TRAINING PROJECT

BKKBN – USAID – MSH

**Topic :** Workshop on Developing Strategies For Self  
Sufficient in Family Planning Program in  
Indonesia

**Site :** USA, Mexico, Brazil

**Date :** May 31 – June 17, 1988

**Subject :** Village Family Planning Project Bureau For  
Institutional Community Development

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# Chapter I

## INTRODUCTION

The Village Family Planning Program in Indonesia has proven to be generally very successful. Although the achievements of this program are good, the Indonesia family planning program options, including methods for making the family planning program self-sufficient at the village level. For this reason, key appropriate development sector were sent to participate in this special training activity.

The goals of this Family Planning Management Training Program is to provide the participants with the knowledge, skills and attitude required to develop strategies for self-sufficiency of the National Family Planning program. For detailed discussion of the workshop activities to fulfill this goal, see Chapter IV, Outline of Activities.

For detailed reports of the field visits, please see each country field visit section in Chapter V. Each country field visit report is summarized for a quick review.

In Chapter VI contains a detailed evaluation report of all aspects of the workshop.

The end of Chapter VII contains the General Summary of this report and the participant recommendations concerning the workshop. The Plan of Action for Self-sufficiency projects in Jakarta, Yogyakarta, North Sumatera, and North Sulawesi is attached to report.

The workshop and this resulting report are only the beginning of a process of developing a capacity for self-sufficient family planning program activities. This report is open to review, challenge, and inputs to help us reach the best outcome that hopefully can then be implemented.

Jakarta, September 1988

Participants

## Chapter II

### THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT WORKSHOP ON DEVELOPING STRATEGIES FOR SELF SUFFICIENCY IN FAMILY PLANNING PROGRAM IN INDONESIA

May 31 - June 17, 1988

#### COURSE GOAL AND OBJECTIVES

##### Goal :

To provide participants with the knowledge, skills and attitudes required to develop strategies for self-sufficiency.

##### Objectives:

- To analyse and comprehend the concept of self-sufficiency.
- To comprehend and articulate the importance of self-sufficiency of family planning in the Indonesian context.
- To assess the internal and external environmental forces influencing self-sufficiency strategies in Indonesia.
- To observe and evaluate a variety of self-sufficient delivery models.
- To become familiar with and practice business skills, necessary to recognize, implement and evaluate self-sufficiency strategies and programs.
- To develop plans of action for self-sufficient projects appropriate for Indonesia.
- To observe management information systems utilized by various self-sufficient delivery models.

## Chapter III

### THE OUTLINE OF ACTIVITIES

#### The first week:

The participants and the instructor began the training with definition of mission, self-sufficiency and their interrelationship. The group then examined four specific self-sufficiency strategies: fee for service, community financing, pre-paid program and commercial retail sales, in terms of their strengths, weaknesses, opportunities and threats (SWOT) strategy.

#### The second week:

The participants were divided into 4 groups to conduct the fieldtrips: USA, Brazil 1, Brazil 2, and Mexico.

See the full field report from page 5 - 23. And the plan of action in the attachment.

#### The third week:

With the work due in the first week and the field observations of tour, participants developed broad guidelines for a pilot project in self-sufficiency. The pilot project has two components, rural and sub-urban, and each is directed towards 10 districts in each of three provinces for a total of 60 districts. Participant developed the parameters of the project, sales and service targets and guidelines for an implementation plan and budget.

## Chapter IV

### THE FAMILY PLANNING MANAGEMENT TRAINING PROJECT WORKSHOP ON DEVELOPING STRATEGIES FOR SELF SUFFICIENCY IN FAMILY PLANNING PROGRAM IN INDONESIA

May 31 - June 17, 1988

#### OBJECTIVES OF STUDY TOUR

- To provide general overview of the issues, parameters and constraints of self-sufficiency projects in family planning
- To meet with members of top management, to discuss their mission and approach to self-sufficiency in family planning
- To observe various self-sufficient delivery models.
- To observe and determine key factors for success of various delivery models
- To interchange problems and solutions with front line managers responsible for the daily operation of self-sufficient projects.
- From June 5 - June 11, the country visited and the area of emphasis were as follows:
  1. Brazil
  2. Brazil 1 - Monitoring and Evaluation
  3. Brazil 2 - Services
  4. USA - Logistics

## Chapter V

### FIELD TRIP REPORT

#### 1. MEXICO - IEC GROUP

##### INTRODUCTION

The objective of the field trip to Mexico was to obtain a national perspective of the issue of public and private segmentation of services for population and family planning programs, emphasizing the IEC program component.

The group consist of: Mrs. Daricha Yasin, Mr. Zulkifli Ghazali, Mr. Risman Musa and Mr. Rudi Pekerti.

##### BACKGROUND

The Mexico population program is based on the Government Institution and the General Law on Population and the Laws Regulation.

The Family Planning Program in Mexico is under the coordination of CONAPO (The National Council of Population). CONAPO is an inter-institutional organization, chaired by the Minister of Interior. The members of CONAPO consist of the State Ministries as follows:

- Ministry of Education
- Ministry of Health
- Ministry of Treasury and Public Credit
- Ministry Foreign Affairs
- Ministry Labor and Social Welfare
- Ministry Programming and Budgeting, and
- Ministry of Agraria Reform

The Mexican population in 1984 is 80 million, 80% live in urban areas (contrary to the Indonesian population). And 18 million people (22%) live in Mexico City. The fertility rate is 2.7 and the Infant Mortality rate is 51 (Indonesia around 90 and Brazilia 93).

In 1973 the population growth rate is 3.4%, but the official estimation of the growth rate in the year 2000 will be 1%. In term of the economy, the GNP of Mexico is almost US\$ 2,000 in 1984, nevertheless the rate of inflation remains high.

##### ORGANIZATION VISITED

The group visited institutions the work in the areas of population and family planning, as follows:

1. CONAPO (The National Council of Population)
2. IMSS (Mexican Institute of Social Security)
3. FFI MEXICO (Fuentes Y Fomento Intercontinentales SA)
5. FEMAP (Federation Mexicana de Asociaciones Privada de la Planificacion Familiar)

**CONAPO:**

The visitors were received by the Secretary General of CONAPO, Geronimo Martinez, who gave a detail overview of the organization and its role as Chief Coordination Body for Population and Family Planning activities in Mexico. He placed special emphasis on the IEC materials developed for national-wide use. He not just discussed family planning and methods being used but also dealt with more wider broad issues, such as the ramifications of health and population, family planning and population, teenage development and population, manpower and population, and emigration issues. CONAPO is the agency responsible for demographic planning in Mexico. Demographic planning is an integral part of the National Population Policy.

One of the main function of this organization is to formulate demographic plans and programs and their linkages with public sector's economic and social development objectives, in accordance with the needs originated in the demographic phenomena. Primarily, CONAPO program concerns are : Distribution of the population, Health and Family Planning Information Development, and Reporting and Recording (which we had not enough time to scrutinize).

Family Planning services are provided by the Department of Health for the government sector, and through Private Organizations by private doctors for the remaining target audience.

Regarding the IEC Program, CONAPO develops IEC materials for the mass media, mostly on broad topic issues. Television promotion includes 30 second spots and 30 themes shows mostly aired by the government channels.

Most programs for the radio are radio dramas, and for newspaper editorials, and interviews prepared by CONAPO's writers. For promotion activities, CONAPO uses popular actress or actors.

In the government media, CONAPO has available 12.5% of the total media space. For private commercial television channels, CONAPO has to fight for an allocation an prime time for its broadcasting time.

All the themes of the Population and Family Planning messages use the educational approach, in order to increase the awareness of the target audience. Every three months, CONAPO

main difference is that the "promotor" is a volunteer and the "coordinadora" only receives transportation expenses from the organization. The organization's funds come from many sources, mainly from USAID and IPPF. IEC, Mexfam works closely with JOICFP.

In Mexico, there are more than 30,000 requested doctor that are unemployed. Mexfam developed a special program to solve this problem. It places doctors and sets up clinics both in rural and urban areas, in order to serve the surrounding community. For the first and second year the doctor's fee using a scale system, is used by Mexfam. After two years, doctors become self-sufficiency by charging their patients.

#### **FFI (Fuentes Y Intercontinentales SA)**

FFI is a professional marketing and communication company. They were very successful in selling "messages" to 11 countries in Latin America. Their main effort is called "TATIANA an JOHNNY". This activity is a multi-media pop music campaign. The concept was developed by the John Hopkins University/Population Communication Services (JHU/PCS) project and executed by FFI. Selected after discussion with the regional media people, FFI expertises in the music industry was essential to the project.

More than 3000 radios are involved in the campaign. The campaign includes television, not only in Latin America, but also in the USA, and in print media.

This program has received an international award from USAID, because the record has sold more than 250,000 copies.

#### **FEMAP (Federation Mexicana de Asociaciones Privadas de is Planificacion familiar)**

This private organization is located in Juarez. Among their project visited were the following:

- Factory based distribution program using self-sufficient volunteer promoters
- Rural self sufficient voluntary promoters
- Family planning program integrated with health, nutrition and income generating activities.

The source of funds for supporting this organization is from government, individuals and the private sector. 40% of FEMAP program is self sufficiency, with 302,000 users and more than 1400 promoters/volunteers.

The program has very wide coverage and integrates its program

with drug abuse program, water purification, income generating, family planning and health, nutrition and MCH.

The program has been effective because of the dedication of volunteers who work in their neighborhoods, villages, towns, factories and schools to educate and to inform, while also supported by expert teams from FEMAP attach to its special projects. The response and the motivation of the community to participate and to actualize their dignity and identity is high. The Key Factors of Success is the IEC activities and the patience of the volunteers to contact and work with the people.

#### 1a. SUMMARY

The Mexican government's program in Health and Family Planning covers around sixty percent of the population. About 40% are served by NGOs and the private sector.

There appears to be the possibility for expansion of service facilities in the public sector.

The private sector has achieved considerable success with an impressive result and high credibility. The private sector provided good examples of management, planning, coordination and supervision of their programs.

In term of IEC, the private sector has good management and planning in developing and delivering messages to target audiences. The private sector is also working with professional agencies.

The integration of the mass media and interpersonal communication is an effective means of disseminating messages. This has been shown in the social marketing program by selling the message through songs for the young target group.

Another success in the private sector program is community based private sector program/volunteers.

The overall family planning and health services by government and non government are complimentary for the people of Mexico.

## 2. BRAZIL (JUNE 5 - JUNE 11, 1988)

### INTRODUCTION

Brazil is one of the developing country with which the two groups wanted to get and exchange information and experiences in family planning. These groups were particularly interested in obtaining new ideas for achieving self-sufficiency in

family planning program and their mode of implementation in private, and non private organizations.

The first group consist of Eddyono, PN Gorde, Sutedjo Juwono, Tohir Diman, focused on Monitoring System.

The second group consist of Svend Tandayu, Samiati Martosewoyo, M. Warid, Karim from Bangladesh, focused on Family Planning Services and its components.

## GENERAL DESCRIPTION

### A. Socio Economic and Demographic Features

Brazil has 140 million inhabitants that are distributed in five distinct regions. These regions are north, northeast, southeast, south and central west. Each region is characterized by considerable differences in the portion of territories, population, and socio-economic development.

The most populous region is the Southeast, which contains 44 percent of the total population. Although this region has only 11 percent of Brazil's land area, it dominates Brazil's economy in all sectors. The per capita income in this region is higher than average income in this country.

The second most populous region is the northeast with 29 percent of the total population and 18 percent of land area. The percapita income is less than half the national average. This region is the poorest region of the five. A third region, the south, holds 15 percent of the total population and 7 percent of the land area and is comparatively prosperous. The two remaining regions are Central West which holds 22 percent of the land area and 7 percent of the total population; and the north which is the least populated (5 percent of the total).

Despite population growth rate of almost 3 percent a year, percapita income in Brazil grew at about five percent to reach a level of about \$1,800.00 US Dollars by the late seventies. However, this national average is unequally distributed among regions as well as individuals and households. Five percent of the total economically active population earns 33 percent of the total income. In contrast 50 percent of the total economically active population earn 13.6 percent of the total income. These differentials are reflected in other measures of welfare such as infant mortality, life expectancy and access to public services.

The infant mortality is 93 per 1000. The highest rate is found in the northeas and it is 118; the lowest rate is found in the south. Life expectancy is about 60 years in average. Other indicators which give an idea of the difficult situation in the health area for Brazilian women are:

abandoned children and high rates of abortion. According to FURNABEM survey approximately 32 million at the population (23 percent) did not have access to basic health care. Also, the survey points out that there are 6 million abandoned children. As for abortion, a survey by ALCANTARA shows that there were 3 million abortions per year.

## B. Family Planning Features

Brazil is one of many developing countries that does not have a national policy that supports family planning. It was only in the seventies that the government began to realize that family planning should be a part of preventive medicine, a basic human right, and a social development factor.

Since 1974, the legislative and executive power began to express sympathy for family planning. The following chronology highlights the evolution of family planning in Brazil:

- 1974 FP part of preventive medicine/human right
- 1975 FP a public health social benefit
- 1976 Laws became more flexible to allow contraceptive use
- 1984 Women integral assistance program, including FP
- 1988 Constitution guarantees the right of men and women to family planning

The evolution of FP in Brazil has had many obstacles. There are several groups which disagree with FP execution. On the other hand, there are many non-government organization which have played a major role in strengthening, implementing, and expanding the FP programs. These organizations do not have demographic objectives and have different policies, strategies, and forms of implenting their programs. it is obvious that increasing the availability of contraceptives in Brazil both through commercial channel and voluntary agencies is a significant factor in decreasing fertility rates in Brazil.

## 3. BRAZIL 1 - MONITORING AND EVALUATION GROUP

The organization visited were as follows:

1. ABEFP : The Brazilian Association of Family Planning Entities.
2. CPAIMC : Centro de Pesquisos de Assistencia Integrada a Mulher ea Crianca. (Integrated Maternal and Child Care Research and Development Center).
3. CLAM : Londriana Council For Assistance to Women
4. SAMEAC : Society for the Assistance of the Maternity-School Assis Chateaubriand.
5. BENFAM : Family Well-Being Civil Society

In the following chart you will find a list of these

organisation and certain basic data that will provide the reader with a snapshot of what we observed.

ORGANIZATION	MAJOR ACTIVITY	AGE	PERSONS	NEW IDEAS SS
ABEFP	Provide info/ed services for 130 affiliates	6yrs	8	Govt contracts fee for tng
CPAIMS	Services/TA HRM preparator evaluation	13		Client fees sales actives special unit Citology cpaimc clients pvte agreement Distribution mtls/supplies 50 orgs pvte doctors
CLAM	Health services women/family hospital, diag-nostic center, coord. community programs 256 nucleus (e.g. unions, mayor)	19		Orientation to community via agreements (eg union, mayor) Agreements with pvte doctors Woman's card Promote SS in nucleus (train leaders, edu-cators etc. Works like pvte sector firm
SAMEAC	Foundation primary assistance through trad'l health agents community partici-pation	20	8people clinic	Model promoting midwives Agreement with municipalities (salaries) University/hosp assistance Community assns
BENFAM	Services 2 kinds commu-nity programs govt. assumes give TA BENFAM support training	23		Good relations with donors Covenants with govt. and pvte institutions Donations/taxes Charge acodg to client's income Internal cost control

## Financial Management

Most organizations receive funds from donors, either international or local donor agencies. Local funds are provided by local government, state or municipality which pays some money or any other kinds of facilities. There are committees to support the organizations, because of the services obtained from the organizations through collaboration or agreement.

However, some budgets were generated by themselves. For example, CLAM obtains income from many activities. One of the most interesting so far, is a women card. Women card is like a credit card which entitles the holder to service from health centers with a variety of payment levels. The holders may pay in 30, 60 or 90 days. They also pay in cash with special discount. This program is a pilot project that can produce potential income.

Like CLAM, CPAIMC has developed income generating programs in the past, CPAIMC had to provide 25% of total project cost in order to get funds from international donor agencies. The shared budget is increasing to 60% and 40% respectively. To cover the cost CPAIMC has been implementing program such as:

- client fee and distribution of supplies to 13 centers
- client fee and distribution of supplies to special units (fee is higher).
- Citilogy for CPAIMC clients on fee for service basis
- Citilogy for private agreement on fee for service basis
- Distribution of supplies to 50 institutions
- Distribution of supplies to private doctors

SAMEAC financed its operating cost through community participation. Member of the community share the costs money or provide facilities, such as cars or goods to the health center. The University Hospital provides back up, special examinations, or tests for the client.

BENFAM has several resources of funds. It was about 11,7% of its budget coming from local income. There are several strategies to increase local income, such as:

- Extention of the number of covenants with donations among public and private institutions.
- To motivate private entities and people to grant donations to BENFAM, emphasizing the privilege to deduct them from their income tax.
- To charge for services
- To better control the internal costs

## COSTING AND PRICING

Some organizations promote fee for services and or provide contraceptions at a variety of prices. Costs for

contraception (pill, condom) only covers some amount of the total operating costs. The cost comprises of overhead cost (custom cost) and 25% administrative cost, more or less.

#### MARKETING AND PROMOTION

There are not any special efforts for marketing, except for the womens card. The womens card has been promoted and advertised via TV, newspaper and other communications media. In contrast, CPAIMC with simple promotion (from client to client) get many contraceptive requests, either from the center or private doctors. Because of limitation of availability of contraceptives CPAIMC was not able to fullfil the actual demand.

#### MONITORING AND EVALUATIONS

In Brazil, because of the current stage in the life of family planning, and because there is no demographic objective, monitoring and evaluation is of little concern. The unit or health center keeps a record of women who get fp services or take a test at the hospital center, for its own purposes. (CLAM).

CPAIMC is developing a financial monitoring system. The source and use of funds are recorded and documented. The financial report is issues periodically for cost accounting purposes and auditing purposes. A record of use of contraceptives are also kept which is classified by method, branch and by source (donor).

BENFAM has been implementing a monitoring and evaluation systems. It has created some tools, forms and cards and distributed them to CDB programs, BENFAM's clinic, and other clinics that agree to use the system. They fill out the form and send it to the State level for summarization. It also maintained the flow of information from the lower level to the upper level. BENFAM processes all this information and distributes it to other departments within BENFAM and outside BENFAM. I also does analysis, such as effioiency and prevalency analysis. However, the evaluation of the impact of using contraception is done by other surveys.

#### 3a. SUMMARY AND RECOMMENDATION

- o There is no uniform monitoring system in family planning implemented by the various private organizations in Brazil. Consequently, it is impossible to compile the full results of the program in that country. Hopefully, a uniform reporting and recording systems will soon be created for the private organizations.

In relationship to family planning activities, no particular reporting system are available to evaluate the progress of

the program, since it is covered in the integrated health services.

- o Since the family planning activity in Brazil has no demographic objective, evaluating the success or failure of the program is difficult.
- o Regarding self sufficiency, the government of Brazil leaves the monitoring to each private organization independently, so Indonesia has to create a comprehensive monitoring systems for self sufficiency for all private organization.

Based on our observation, the monitoring systems for self sufficiency activities at CPAIMC is relatively adequate.

#### 4. BRAZIL 2 - SERVICES GROUP (JUNE 5 - 11, 1988)

The findings of the trip are as follows:

##### 1. ABEPF Headquarters in Rio de Janeiro

**Mission** : to promote cultural and technical interchange between family planning services providers, regardless of whether they are affiliates or not.

**Objectives:**

- 1). to coordinate private health institutions that coordinate family planning services
- 2). to represent the associated organization nationally and internationally

**Activities:**

- 1). provision of training for manpower for affiliated associations or non-affiliate organization i.e.
  - family planning information and orientation, family planning programme management and administration, technical assistance in planning training courses, training of trainers.
- 2). production of IEC materials and provision of IEC materials to all affiliates provision of low cost family planning supplies to associated associations.

##### **Sources of finances:**

Biggest portion of budget received from donor agencies through cooperating agencies

##### **Strategy for Self Sufficiency:**

ABEPF efforts to become as are through selling expertise for training of manpower and IEC materials to private health institution doing family planning activities. ABEPF respect the

various mission of their affiliates also BENFAM which is the first and largest NGO in Brazil.

## 2. CPAIMC in Rio de Janeiro

**Mission** : Promotion primary health care with emphasis on MCH as a key factor for achieving health for all by the year 2000

**Objectives**: Training health professional in PHC  
To develop, adopt, evaluate and disseminate appropriate technology for PHC services.

**Activities**: 1). Education (adolescent, sex education, providing human resources).  
2). Services (FP, gynaecology, obstetrical, pediatric care)  
3). Technical assistant in PHC approach  
4). Evaluation

**Sources of income**:

- 1). Income from international and national resources (94% of total budget from international agencies and decreasing each year and in 1987 remains 82,4%).
- 2). National resources come from client fee, commodities and community participations.

**Strategy for Self Sufficiency**:

CPAIMC since 1986 started the following activities: fee for services, client fee, training, lab test/citology and community participation, donation in kind, in money or labor.

## 3. CMI in Sao Paulo

**Mission** : To improve the quality of life and motivate couples for family planning as an integrated part of MCH

**Objectives**: To improve the quality of life of health, nutrition and environmental sanitation and motivate couples for family planning as an integrated part of MCH

**Activities**: 1). Family planning services integrated with parasite control  
2). Health education (meeting group and individual).  
3). Lab/citology prevention of cancer

The activities of CMI visited in Sao Paulo were the following:

A. COTIA'S AREA-AMBULATORY KM 21

The place where the CMI activities are carried out was built by Cotia's Town Hall, joint effort of CMI and the local government.

Activities: MCH (pre-natal care), gynecological cancer prevention, parasite control, medical care, H.E. (hygiene, FP, nutrition), family planning services.

B. CEPIM-TABOAO DA SERRA

This Cepim "Infant and Motherhood Protection center is a Civil entity, Federal and Municipal Public's utility" responsible for social program to assist the primary necessities for local population: health, nutrition and other related activities i.e: training of under ages (nursery for children 3-6 years old), leisure time and art from 7-14 years old, adult (sex education), community (family meetings, sports etc.), workshop for handicraft.

Financial resources are derived from contribution, rentals of space for parties and State Government for payment of special services offered by CEPIM. CMI units in providing medical service/information on family planning and parasite control with JOICIP funds.

C. MONTE AZUL COMMUNITY ASSOCIATION

Started activities at Monte Azul slum area by Monte Azul community activity with includes the following services to support the community: PHC services, dental care, baker's shop and community meeting to discuss their problem.

Financial support for all this activities come from government, social contribution, fund raising and external resources i.e. Rotary from Germany and other donors.

FP information services are also offered in which CMI is instrumental in promoting community participation in this activity.

Strategy for Self Sufficiency:

To meet the financial requirement for health, family planning and income generating activities in the Sao Paulo FP Program association efforts are made to collect funds through: fee for service, community are requested to pay for special services i.e. pap smear,

dental care to match the fp expenses which are given free or with very low payment, contribution for associated industrial groups, tax and government agreement, selling the result of the workshop under sponsorship of the community and the associated organization CMI/FP and CEPIM

#### 4. HOSPITAL SOFIA FELDMAN IN BELO HORIZONTE

**Mission** : Serving people in the spirit of church as an affiliated institution to private council of Sao Bernaedo of the Sao Vicente De Paulo. (Catholic).

**Objectives** : To offer the primary health center to meet the of population base on religion aspect: Health service clinical and embulatory treatment, impatient, teaching, community based activities.

**activities** : 1). Hospital services, pediatric, vaccination, sterilization, lab/citology, pre/post natal care, impatients.  
2). Milk bank  
3). Services through health center, post nutrition, supplement feeding.

**Sources of income:**

- 1). Government assistant
- 2). Community participation (Labour/material /money)
- 3). Fee for service (depend on source conditional of the client).

**Strategy of Self Sufficiency:**

- 1). Active participation of the community with financial and political support
- 2). Diversification of services that are provided
- 3). Integration with governmental agencies and public institutions.

#### 5. CPARH in Salvador

**Mission** : As a center for research and assistance in human reproduction for social assistance which has the juridical personality without profitable purposes.

**Objectives:** 1). Training: medical/paramedical skill in FP  
2). Service : surgical methodes (high class, sliding the low class).  
3). Counseling  
4). IEC :Community/interprices  
5). Research

6). Employment for poor women

Sources for Self Sufficiency:

- 1). Fee from services (15%)
- 2). Donation (5%)
- 3). Inter exchange (80%)
- 4). Selling service to interprices (20%)

Strategy of Self Sufficiency:

- 1). The credibility DR. Elsimar Coutinho
- 2). Maintain quality of services
- 3). Colaboration with the university

6. BENFAM in Rio De Jeneiro

BENFAM "The family well-being civil society" was f in 1965. It is affiliated with the PPF. It is a non profit institution which provide fp services on a national scale.

Mission : Promotion of fp as a primary health, activity for the well being of the family and as a funds mental human right.

Objectives: To stimulate the setting up of a fp program which is able to offer assistance to the whole population, including access to contraceptives through actual federal government participation.

Source of income:

In the beginning received IPPF funds but currently the trend is in the increasing receipt of local funds through the high quality of services offered by BENFAM's clinic and other activities, see table below:

Estimate value	1986	1987
IPPF	36,7%	30,9%
Value of non financial		
Community colaboration	54,0%	57,4%
Local funds	9,3%	11,7%
T o t a l	100 %	100 %

Strategy of Self Sufficiency:

BENFAM's strategy in operating their program is follows:

- 1). Gain political commitment from goverment
- 2). Organize seminar, educational activities
- 3). Public IEC materials and made available to community govern.
- 4). Offer services through clinic/community program

5). Fee for service (quality of service) and donation

4a. SUMMARY

The field trip to observed the family planning services in Brazil met our expectation. The activities of the various fp organization (ABEPF, CPAIMC, CMI/FP, Hospital Sofia Feldman, CPARH and BENFAM) offered a variety of approaches in promoting fp for the welfare of the community.

Our observation are as follows:

- 1). The NGO's play a vital role in the execution of fp
- 2). FP is integrated in the primary health care. Mental care in an important factor which received full attention
- 3). FP is based on the health and welfare of the community and not on the demographic policy
- 4). External aid is still substantially large for the execution of FP
- 5). Self sufficiency is aiming at its main goal through various efforts such as:
  - a. Quality service should be rendered to be able to get community participation in funding fp fee for service activities.
  - b. Credibility of the organization is being maintained through efficient management and professionalism.
- 6). Currently fp is not a national program but lately the government is showing more interest in this activity and collaboration with NGO's in fp activities is in process.

On the whole, self sufficiency in fp activities is a motto being practiced in Brazil although external/international funds assistant is still critically important for the execution of fp. NGO's as the providers of fp are becoming more independent and the community as consumers is becoming aware of fp as a need in improving their health status.

5. USA - LOGISTIC GROUP

INTRODUCTION

The groups consist of: Mr. Sudarmadi, Mr. Bunyamin, Mr. Sudjono

Location of study

To visit Planned Parenthood North New England and Metropolitan Washington DC. In that two States we visited six clinics, namely:

- 1). Burlington clinic
- 2). Middlebury center/clinic
- 3). Rustland center/clinic

- 4). Sumacher clinic
- 5). Rockwill clinic
- 6). Egypt clinic

**In Vermont State**

Number of population is approximately 1,625,000 with relatively high incidence of teen pregnancies and a number of child abious. It is a relatively homogenous population. There are 19 clinics, which are managed by Plant Parenthood North New England.

**In Metropolitan Washington D.C.**

Number of population is approximately 3,500,000. The number of clinic: 9 clinics, which are managed by Plant Parenthood Metropolitan Washington DC. It is a relatively heterogenous population ( due to different income level, and high number of imigrant).

Both Plant Parenthood in North New England and Washington DC, to meet the self sufficiency activity, conduct the following programs: Medical care, counseling, training/education for the community and family planning services.

In light of those activities, self-sufficiency are managed through :

- 1). Financial management and sources of funds:
  - Individual contribution
  - Government grant
  - Others: thrift shop
  - Investment income
  - Volunteer help
  - Miscellaneous
- 2). Fund raising:
  - Medical services
  - Public affair
  - Educational training
  - Support services
- 3). Personnel management

**5a. SUMMARY**

- 1). The Plant Parenthood in Northern New England and Metropolitan Washington DC provide services not only in family planning but also in sexual disease, teenage pregnancy and counseling, abortion, community health education.
- 2). The measure of success of both institutions are:
  - Financial management
  - Effectiveness of organization

- Community/individual involvement
- Number of patients
- Cost effectiveness
- Fund raising and self sustain ability

3). Key factors of success

- a. National/government commitment to support FP program
- b. High individual/community participation to contribute funds for FP activities conducted by private sectors.
- c. High socio economic level of the community, both in urban and rural area.
- d. The FP program is carried out by professional staffs.
- e. Standardized Medical Equipment and marketable services.
- f. Service location is reachable for the clients
- g. Service price is reasonable for the clients with flexible sliding scale
- h. IEC activities are based on the need assessment of the community
- i. Clients services patern built in complete sequences of services
- j. Small coverage of management of the program activities (few number of clinics).

## Chapter VI

### EVALUATION OF THE WORKSHOP

To make the comments and evaluation of this workshop, we use the final evaluation sheet used by MSH as a guidance with some modifications. The rating scale are as follow:

1. Unacceptable, very bad, useless, not at all
  2. Medium low
  3. Medium fair
  4. Medium high
  5. Excellent, extremely good, extremely useful, completely
- o The overall rating of this workshop is medium high ( 4 ).
  - o The atmosphere and interactions among the participants, instructors, MSH staffs and country host is excellent ( 5 ).
  - o The objectives attending the course are to open to new horizons, to learn about the concept of self sufficiency, have contacts with self sufficiency family planning programs/projects in other countries, and at the end, to develop plans of action for a self sufficiency pilot projects.
  - o The workshop in terms of meeting our objectives is medium high (4).
  - o The use of this workshop in our job is medium, fair ( 3 ) to be partially adaptable to our job.
  - o The best topics were how to define the mission, objective, SWOT strategy, looking for key success factor and the attitudes of self sufficiency concept.
  - o The time for conducting this workshop in the first week is excellent ( 5 ), although we were still hit by the turbulence of jet lag.
  - o The second week rating is medium high ( 4 ). It was very tightly scheduled and jet lag still hit some of the groups.
  - o The third week rating is ( 3 ) medium. It was very tightly scheduled - large amount of materials were needed to be absorbed, while full report of MSH and our activities were needed to be prepared. The preparation of the plans of action, workplan and budgeting was time consuming and background data were not enough.
  - o For preparing this report we had to use the same computers that were also being used by MSH staffs for the MSH final report for this program.

- o The first instructor was very good in dealing with self sufficiency concept, implementation and case studies. He had also executed the training following precisely the time schedule.
- o The second instructor was an expert in the field he is dealing with, but the presentation was not efficiently organized.
- o The time schedule while in Boston was too tight that the participants could not go to bookstores or other shops, which are open until 5:00 p.m.
- o There was an incident at the discussion/conference room - two of participants from Indonesia loss some of their cash money from their wallet during the 10 minutes break. Partial amount of the loss money was refunded by MSH.

## Chapter VII

### GENERAL SUMMARY AND RECOMMENDATION

- o Overall, the workshop is rated medium high or moderately excellent and very beneficial for managers, program planners and others, working in family planning programs, in order to gain wider experience, to get new ideas that reflect on Indonesia family planning programs.

A unique experience extremely beneficial because the participants can actually observe elements of self sufficiency and to some extent testing out the previous lectures on theoretical framework.

- o In relation to this statement, we recommend that this kind of workshop be continued in the near future for program managers, family planning implementors, the service providers, CRS people and family planning field worker and village contraceptive distributor.

Some modifications however should be made

- o Whenever possible, the instructors, should have some family planning program exposure or background materials of Indonesia, in order to speed up the interaction process of the workshop.
- o The time allocation for reaching these stated objectives should be expanded for one week, at least.
- o The outline of the course, namely, theoretical frame work, field visit experience, discussion condensation and report writing was extremely useful. This course outline should be continually used.
- o The schedule should allow the participants to have time to go to bookstores or other shops.
- o Security of the discussion room should be tight.
- o The participants should take care of their cash money and whenever possible, using traveller's cheque.