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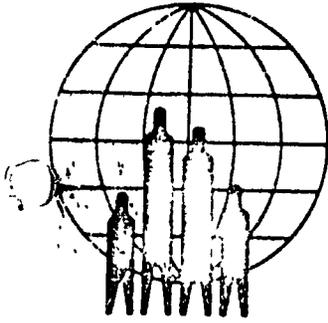
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PN-AAF-368

Family Planning International Assistance

THE INTERNATIONAL DIVISION OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Richard J. Derman, M.D.
Director

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Costa Rica-01
Costa Rica-02
Republic-01
Centro de Familiar
Servicio Social de Iglesias Dominicanas
Supplies (Oral) Social de
Other Commodities

COUNTRY
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TO COUNTRIES OF TH.
AS O.
CONDOM DIAPH. DELFEN FOAM FOAM JELLY
1,008 160 0 72
659,376 816 8,712 10,284
145,728 924 0 0
1,440 0 0 0
0 864 720 0
722,000 168
Catholic/ Protestant
Secular
Coptic Orthodox
Coptic
Secular

Family Planning International Assistance
The First Four Years
(Final Report for Grant No. AID/csd-3289)

\$433,137
\$766,518
186,955
462,854
\$1,416,338
1,849,000
29

Region	FPIA Assisted Projects		Service		Type of Project
	Total	Ongoing	Ongoing	Completed	
Africa	10	6	4	5	1
East Asia	40	11	29	5	12
Latin America	17	11	6	5	3
West Asia	13	10	3	8	0
Other	14	2	12	2	22
Total	94	40	54	27	

128,305
27,912
1,051
2,000
1,000

ning International
DIVISION OF PLANNED PARENTHOOD FEDERATION
WINTER 1974
"Inaccessibility" Barr
Training
Completed

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Introduction

Today, we look out on a world where population exceeds four billion and where each year 74 million people are added to our finite planet. Hunger, poverty and illiteracy serve as constant reminders of problems that must be resolved if we are to live at peace with our fellow man and in balance with the laws of nature.

Family Planning International Assistance, the International Division of the Planned Parenthood Federation of America, Inc., believes that rapid population growth intensifies and multiplies many of the social and economic problems in developing countries. We do not necessarily believe, however, that family planning is the sole answer; it must be viewed in the context of other problems. We do believe that: family planning is a basic human right; that family planning programs are achievable and are worthwhile in of themselves; that these programs can and do result in benefits to individuals, families, communities and countries; and that together with other needed socioeconomic programs, family planning can have a major impact on development.

FPIA believes that: there are still many places in the world where good free standing family planning projects are needed; there are ongoing development projects around the world to which family planning may be added; and there are areas where new development projects, with family planning as one essential component, can be initiated.

FPIA provides leadership in assisting and working with individuals, constituent groups, agencies and institutions in the development of efficient, resource-effective, innovative and self-sustaining family planning programs -- programs that reach and involve people, and help them to meet their own family planning needs.

FPIA, in its brief history, has reached millions of couples through its educational programs and presently supports activities that serve over 600,000 family planning users. The organization has received accolades on the resource effectiveness of its programs. However, the credit in large measure must be given to those local churches, agencies and women's groups which have undertaken the challenge of meeting the needs of their fellow countrymen. If FPIA is said to be successful, it is because it has chosen to work with grassroot organizations whose history among the people is known and whose concern for local needs is truly respected.

With regard to the resource effectiveness of the FPIA-supported program, cost per user is currently calculated at \$4.86. The following table shows the average costs per contraceptive user for FPIA projects, by region, and covers those projects in which at least one objective was the provision of contraceptive services. The 32 projects included in the table have been in operation a year or longer, with minor exceptions. The number of users that went into this calculation reflects our best estimate using various reporting systems, progress reports and personal knowledge. The cost figure used represents the total dollar obligation made by FPIA for the period during which patient estimates were compiled. Insofar as actual expenditures have tended to lag behind obligations for any specific period of time, this would indicate that the cost per user figure is even lower than that indicated in the table.

PROJECT		Cost/User (\$)	
<u>AFRICA Region</u>			
1.	Ghana	01,02	7.71
2.	Kenya	03	12.00
3.	Mauritius	01	5.68
4.	Zaire	01	25.98
Africa Region		7.65	
<u>EAST ASIA Region</u>			
5.	Indonesia	05	2.74
6.	Korea	06	1.50
7.	Philippines	01	3.81
8.	"	03	11.55
9.	"	05	6.54
10.	"	08,12	2.05
11.	"	09	6.69
12.	"	16	17.86
13.	"	17	17.14
14.	Taiwan	03,05,07	14.49
15.	Thailand	04	7.92
East Asia Region		2.58	
<u>WEST ASIA Region</u>			
16.	Bangladesh	01	34.29
17.	"	03	5.37
18.	Jordan	03	5.76
19.	Nepal	01	8.58
20.	Pakistan	01	4.10
West Asia Region		5.99	
<u>LATIN AMERICA Region</u>			
21.	Dom. Republic	01,02	9.42
22.	Ecuador	02	10.15
23.	"	03	3.74
24.	Haiti	01	19.96
25.	Peru	04	12.47
26.	Peru	05	21.70
27.	Peru	06	19.65
Latin America Region		14.14	
ALL PROJECTS		4.86	

It is understood that the cost per acceptor figure is not the sole measure of the success of a given project. However, in the past too little attention has been paid to the appropriate utilization of scarce resources. FPIA has directed its energies and efforts so that even dollars obligated might have measurable field impact. The program dollars are complemented by a major commodity distribution network which has distributed more than 6.1 million cycles of oral contraceptives.

As we complete our first AID Grant and move on to our second, let us hope that in the coming years we can be even more receptive to the totality of needs in the developing world. But, let us also not lose sight of individual couples who are continually reaching out for ways to curb their own fertility. The concept of every child "a planned and wanted child" was never more appropriate than today.



Richard J. Derman, M.D.
Director

Family Planning International Assistance

The First Four Years

(Final Report for Grant No. AID/csd-3289)

Family Planning International Assistance (FPIA) was established on 1 July 1971 as the International Division of the Planned Parenthood Federation of America, Inc. (PPFA). The purpose and objectives of FPIA can be stated as follows.

Purpose:

To provide assistance to church-related and other private service agencies in the developing countries to enable them to promote and expand family planning programs.

Objective 1:

To provide contraceptives, supplies and equipment and financial support for the initiation or expansion of organized family planning services;

Objective 2:

To provide resources to family planning programs to assist in training increased numbers of family planning personnel who will staff expanding service programs. Special emphasis will be given to training nurses and midwives to deliver family planning services because of the acute shortage of physicians in developing countries;

Objective 3:

To provide information, education and communications resources to family planning and education programs to increase the levels of knowledge about and to improve attitudes towards the practice of family planning;

Objective 4:

To plan and implement systems of evaluation of program effectiveness as integral parts of all programs where assistance is provided; and

Objective 5:

To the extent possible select for support those projects which are innovative and will serve as models for regional or national family planning programs.

Funding for FPIA has been provided through grants from the Agency for International Development (AID), Church World Service (CWS), a small number of charitable gifts and general income to the Planned Parenthood Federation of America allocated for use by FPIA. FPIA's work has been carried out in coordination with AID, CWS, the International Planned Parenthood Federation (IPPF), and other national and international agencies engaged in family planning program activities in the developing countries.

Fifty-five months ago, FPIA did not exist except as an unfunded and untried idea. Today, FPIA is one of the principle conduits for financial, material and technical assistance to voluntary family planning programs in the developing countries of Asia, Latin America and Africa. Table 1 shows the growth in FPIA's funding support each year--from the level of \$2.1 million in the first year of operations to \$4.6 million in the fourth year.

Table 1. FPIA Budget, by Program Year, 1 July 1971 Through 30 September 1975.

	Year 1 07/01/71- 06/30/72 <u>Obligations</u>	Year 2 07/01/72- 06/30/73 <u>Obligations</u>	Year 3 1/ 07/01/73- 08/31/74 <u>Obligations</u>	Year 4 2/ 09/01/74- 09/30/75 <u>Obligations</u>	<u>Totals</u>
PPFA Costs:					
Salaries	\$213,926	\$400,957	\$500,790	\$ 582,562	\$ 1,698,235
Fringe Benefits	25,004	37,057	43,061	55,193	160,315
Consultants	62,025	128,301	22,545	3,924	216,795
Travel	19,947	91,236	93,432	140,800	345,415
Other Direct Costs	112,137	279,810	221,530	387,823	1,001,300
Sub-Total PPFA	<u>\$433,039</u>	<u>\$937,361</u>	<u>\$881,358</u>	<u>\$1,170,302</u>	<u>\$ 3,422,060</u>
LDC Projects:					
Subgrants/Subcontracts	\$766,518	\$775,415	\$2,028,549	\$1,949,298	\$ 5,519,780
Commodities					
Contraceptives (Oral)	186,955	290,312	(337,104)	2	140,165
Equipment, Supplies and Other Commodities	462,854	439,980	364,750	588,421	1,856,005
Freight	11	7,308	163,994	128,007	299,320
Sub-Total LDC	<u>\$1,416,338</u>	<u>\$1,513,015</u>	<u>\$2,220,189</u>	<u>\$2,665,728</u>	<u>\$ 7,815,270</u>
Total Direct Costs	1,849,377	2,450,376	3,101,547	3,836,030	11,237,330
Indirect Costs 3/ (25.4%)	<u>298,826</u>	<u>440,906</u>	<u>733,245</u>	<u>789,693</u>	<u>2,262,670</u>
Total Costs	<u>\$2,148,203</u>	<u>\$2,891,282</u>	<u>\$3,834,792</u>	<u>\$4,625,723</u>	<u>\$13,500,000</u>

1/ This represents a 14-month period.

2/ This represents a 13-month period.

3/ Indirect cost at rate of 25.4% has been applied to all budget years and excludes indirect costs for travel payments made by AID/Mission.

Table 2 provides the exact amounts and dates of funds granted to the Planned Parenthood Federation of America, Inc. (PPFA) by AID for FPIA's program operations.

Table 2. Financial Resources Granted to PPFA by AID.

<u>SOURCE</u>	<u>DATE</u>	<u>AMOUNT</u>
Grant AID/csd 3289	30 June 1971	\$ 3,800,000
Amendment No. 1	28 June 1972	4,000,000
4	31 January 1974	2,300,000
5	28 June 1974	650,000
6	8 October 1974	550,000
7	23 December 1974	1,950,000
9	27 June 1975	<u>250,000</u>
	TOTAL	<u>\$13,500,000</u>

All of the above funds have been obligated as of 30 September 1975.

On 27 June 1975, the AID Grant reached a cumulative level of \$13,500,000. This figure does not include the dollar value of 9 million monthly cycles of oral contraceptives and more than 240,000 gross of condoms which have been granted to FPIA "in-kind" for distribution to developing country family planning programs. Nor does it include the \$3.5 million granted by AID for FPIA's fifth year of operations (or the \$2.0 million of "in-kind" commodities for the fifth year).

Measured in such quantitative terms, FPIA has grown in its first year to be the largest PPFA program department. Among its activities have been the funding of almost 100 family planning project grants in more than twenty different developing countries. The total dollar value of these grants is now \$5.5 million. An additional \$2.3 million worth of family planning supplies and equipment, including contraceptives and educational materials, have been shipped to more than 500 family planning program agencies in 82 developing countries.

These statistical indicators chart FPIA's continuous program expansion during its first four years of operations, but they don't tell the story of FPIA's contributions -- sometimes small, other times significant -- to the advancement of family planning in the developing countries. Noteworthy among those contributions has been FPIA's funding and other support, beginning in 1973, to what was then the first organized, voluntary sterilization program in the Philippines. From that first pilot project have now grown several others similar -- some with FPIA assistance, some with assistance from other sources. Voluntary sterilization is now an established, integral component of family planning in the Philippines as a result of FPIA's pioneering efforts. Also in

the Philippines, FPIA provided financial assistance to the first and continuing mobile family planning clinic programs of the Iglesia ni Cristo, an indigenous church organization. This effort now has grown into the largest, single family planning program in the Philippines with more than 130,000 new family planning acceptors recruited during its first two years of operations and with continuation rates documented by independent evaluators as extraordinarily high when compared to other family planning programs in the Philippines and elsewhere.

FPIA has demonstrated the willingness of Catholic lay organizations to accept assistance in mounting highly effective family planning education and service efforts. Two such programs serving some twenty thousand Peruvian women continued in operation with the blessing of the Catholic Church in Peru after the Government acted to close down other family planning programs in that country. In Colombia, with FPIA assistance, a massive family planning education program conducted through the media facilities of a Catholic-related organization has led to significant increases in demand for contraceptive services at the facilities of the IPPF affiliate organization and has stimulated the initiation of new contraceptive service programs in that country. Together with these Catholic-related program activities, FPIA has funded others similar in Mauritius, the Philippines, and Costa Rica. More than \$1.5 million in financial assistance has been awarded to these programs to date.

Also noteworthy is FPIA's effort to initiate or expand family planning services and education through women's organizations. The Philippines Medical Women's Association, the Nurses Association of Thailand, the Ecuador Medical Women's Association, the Young Women's Christian Association of Sri Lanka and other such groups have received financial and other assistance from FPIA for family planning program activities. Ten such projects now total almost \$300,000 plus equipment and supplies.

In Ethiopia, FPIA works closely with the IPPF-affiliated Family Guidance Association in the first major training program in that country for family planning personnel who will work in both government and private agency programs. In Bangladesh, FPIA began a family planning project with the Community Development Foundation which is now being expanded by the Bangladesh Government with World Bank financing. In Haiti, the project FPIA has assisted during the past three years now is being replicated by the government throughout rural Haiti with funding from the United Nations Fund for Population Activities.

Appendix I provides the "Summary of Major Findings, Conclusions and Recommendations" from the "Report of the Evaluation of Family Planning International Assistance" of 28 February 1975. This most recent evaluation of FPIA's work was conducted by a multidisciplinary team of family planning evaluation specialists from the International Institute for the Study of Human Reproduction of Columbia University. This group was selected by the Agency for International Development, FPIA's principle funding organization, to carry out an independent, outside assessment of FPIA's performance. In addition to the three principal and eight collaborating evaluators from Columbia University, six other persons variously representing the University of Michigan (1), the Center for Disease Control (2), and the Agency for International Development (3) participated in various aspects of the evaluation. This group collectively, and on balance, reported favorably on FPIA's performance.

The FPIA staff takes considerable professional satisfaction from the findings of this evaluation report. FPIA has grown. It has made worthwhile -- sometimes significant -- contributions to family planning efforts in the developing countries. FPIA has been successful in getting family planning information, training and services to people who want and need them.

Materials Distribution

To achieve its objectives, FPIA has identified more than 1,000 church-related hospitals, clinics, dispensaries and other private service agencies and individuals who are currently engaged in family planning programs. During its first 51 months of operations, FPIA has become the largest single source of contraceptives and other family planning supplies and equipment to this network of family planning programs which provided contraceptive services in Calendar Year 1974 to an estimated 500,000 users.* Cumulative, through the end of September 1975, FPIA has shipped family planning supplies and equipment worth about \$2,322,000, including 6.1 million cycles of oral contraceptives, to over 500 agencies/institutions in over 80 developing countries. Summaries of the cumulative costs and quantities of family planning supplies and equipment shipped by FPIA through 30 September, 1975 are shown in Tables 3-13. Table 14 provides a report on the stock inventory (FPIA commodities in the New Windsor, Maryland CVS warehouse) for the period ending December 1975 (the latest period for which such data are available).

Financial Assistance

Financial assistance provided by FPIA to selected, innovative family planning projects reached (obligations) \$5.5 million by the end of FPIA's fourth program year of operations, with 94 project grants awarded to support family planning activities in 25 developing countries. Following is a list of all project grants awarded by FPIA. Each project is identified as to name (country and identification number), funding date, region, completion status and type (contraceptive service, IEC, training). A brief narrative as to the project's purpose and accomplishments to date is also provided.

Africa

- 1) Africa-01; Project Development Workshop; June-July 1973; completed; IEC.
Purpose: To bring together representatives from church and private service organizations to help plan for the initiation and/or expansion of family planning programs.

*Source: Columbia University Evaluation Report, 28 February 1975, which estimated 306,000 new acceptors plus revisits in FPIA funded field projects plus an estimated 388,000 women years of contraceptive protection supplied through contraceptives distributed by FPIA.

Table 3. FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED, BY REGION
AS OF SEP 30, 1975
(\$)

REGIONS	CONDOMS	DIAPH- RAGHS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
AFRICA	14,848	2,576	104	18,692	35,386	127,584	138,419	11,815	8,658	25,865	997	384,944
ASIA EAST	44,237	850	32	41,154	65,225	490,657	187,243	8,279	10,380	23,715	1,416	873,188
ASIA WEST	55,661	1,290	30	23,655	20,646	192,373	137,621	6,725	4,827	21,343	1,494	465,665
LATIN AMERICA	85,457	893	26	89,905	17,913	318,150	24,149	10,876	15,639	20,573	5,787	589,368
OTHER	0	0	0	0	1,233	5,352	0	1,047	980	0	0	8,612
TOTAL	200,203	5,609	192	173,406	140,403	1134,116	487,432	38,742	40,484	91,496	9,694	2,321,777

Table 4. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED, BY REGION
AS OF SEP 30, 1975

REGIONS	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
AFRICA	655,092	4,515	10,511	5,232	75,204	694,228	212	144	66	139	56	63	23
ASIA EAST	1,805,040	1,490	5,926	21,847	136,684	2,595,180	131	128	63	86	111	56	13
ASIA WEST	2,007,792	2,263	9,744	11,272	41,000	1,074,950	88	85	102	149	161	98	3
LATIN AMERICA	3,262,764	1,566	55,510	18,202	39,838	1,717,333	80	23	10	11	9	7	5
OTHER	0	0	0	0	3,500	30,600	0	0	0	0	0	0	0
TOTAL	7,730,688	9,834	81,691	56,553	296,226	6,112,291	511	380	241	385	337	224	49

Table 5. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED, BY REGION
AS OF SEP 30, 1975

REGIONS	BOOKS	F.P. PRSPTRS	LIT. PACKS	PHPLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
AFRICA	3,112	221	596	34,166	45	68	8	36	45
ASIA EAST	3,166	211	486	22,561	35	14	54	28	119
ASIA WEST	1,579	203	699	16,214	33	151	0	32	48
LATIN AMERICA	2,152	179	208	127,243	60	62	52	30	102
OTHER	444	140	44	530	4	0	1	0	0
TOTAL	10,453	954	2,033	200,716	177	295	115	126	314

Table 6. FPJA: COST OF MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE AFRICA REGION
AS OF SEP 30, 1975
(\$)

COUNTRY	CONDOMS	DIAPH- RAGHS	FITTING RING SETS	FDAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BOTSWANA	20	27	0	1,064	0	0	4,724	233	326	824	0	7,218
BURUNDI	3	55	2	53	152	174	857	33	5	56	0	1,390
CAPE TOWN	72	0	0	0	3,555	1,261	21,456	101	462	2,298	0	29,205
DAHOMEY	13	55	0	25	0	142	0	9	0	0	0	244
ETHIOPIA	438	217	13	1,036	2,149	4,162	14,764	3,872	1,701	2,852	0	31,204
GHANA	11,556	0	0	4,811	3,264	11,338	7,437	855	524	3,160	598	43,563
IVORY COAST	7	0	0	31	139	210	558	9	0	0	0	953
KENYA	55	72	2	245	1,612	5,796	18,857	608	727	2,291	327	30,592
LESOTHO	13	0	0	31	199	289	2,116	29	0	0	0	2,677
LIBERIA	42	144	8	721	893	3,082	5,069	272	415	1,621	0	12,267
MALAGASY	0	0	0	0	106	0	3,208	11	0	0	0	3,325
MALAWI	0	0	0	231	354	475	2,655	45	0	0	0	3,763
MALI	0	0	0	0	35	0	78	0	0	0	0	113
MAURITIUS	0	0	0	0	0	0	428	117	293	2,085	0	2,923
MOROCCO	0	0	0	0	177	38	0	9	0	0	0	224
MUZAMBIQUE	0	0	0	0	0	0	0	21	0	0	0	21
NIGERIA	384	536	37	7,186	7,008	5,096	18,481	2,050	1,377	3,596	0	45,751
RWANDA	13	0	0	0	236	1,480	1,254	0	0	119	0	3,102
SENEGAL	0	0	0	0	0	0	0	12	0	0	0	12
SIERRA LEONE	10	137	8	0	584	1,954	672	104	60	69	0	3,598
SUDAN	0	0	0	0	0	0	0	51	8	0	0	59
SWAZILAND	0	0	0	0	177	114	0	0	0	0	0	291
TANZANIA	349	192	12	1,144	2,579	23,637	9,547	773	247	3,378	0	41,858
TOGO	0	0	0	0	0	0	0	33	0	0	0	33
TUNISIA	0	0	0	0	0	52,470	561	0	0	0	0	53,031
UGANDA	158	903	10	605	514	5,676	3,661	1,067	544	521	0	13,659
UPPER VOLTA	0	0	0	0	0	0	0	16	0	0	0	16
ZAIRE	1,603	82	4	694	9,538	7,824	16,373	503	1,561	2,763	72	41,017
ZAMBIA	112	156	8	815	2,116	2,366	3,928	743	408	212	0	10,864
OTHER COUNTRIES	0	0	0	0	0	0	1,735	239	0	0	0	1,974
TOTAL	14,849	2,574	103	18,693	35,386	127,585	138,419	11,813	8,655	25,864	996	384,937
PERCENTAGES	3.9	0.7	0.0	4.9	9.2	33.1	36.0	3.1	2.2	6.7	0.3	100.0
REGIONAL SUBTOTALS												
AFRICA	14,848	2,576	104	18,692	35,386	127,584	138,419	11,815	8,658	25,865	997	384,944

Table 7. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED TO COUNTRIES OF THE AFRICA REGION AS OF SEP 30, 1975

COUNTRY	CONDOM	DIAPH.	DOLFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MOL.
BOTSWANA	864	48	720	0	0	0	5	3	5	4	1	4	0
BUPUNDI	144	96	24	36	348	500	0	2	1	1	1	0	0
CAMEROON	3,168	0	0	0	9,691	6,740	5	34	16	22	8	16	0
DAHOMY	576	96	0	24	0	500	0	0	0	0	0	0	0
ETHIOPIA	19,397	380	385	758	3,753	21,358	56	19	3	19	8	3	3
GHANA	511,344	0	1,800	2,340	6,456	66,900	5	10	3	5	2	3	1
IVORY COAST	288	0	24	0	334	1,200	0	2	0	2	1	0	0
KENYA	2,448	126	34	284	3,630	28,500	18	8	2	6	3	2	3
LESOTHO	576	0	24	0	460	1,000	0	2	1	2	2	1	1
LIBERIA	1,872	252	168	492	1,630	15,300	7	4	3	4	1	3	2
MALAGASY	0	0	0	0	300	0	2	2	2	4	2	2	1
MALAWI	0	0	0	220	1,000	2,500	14	0	0	14	0	0	0
MALI	0	0	0	0	100	0	1	0	0	0	0	0	0
MAURITIUS	0	0	0	0	0	0	0	1	0	0	0	0	0
MOROCCO	0	0	0	0	500	200	0	0	0	0	0	0	0
NIGERIA	14,976	940	5,208	406	12,168	27,120	23	17	10	21	5	8	7
RWANDA	576	0	0	0	670	6,300	0	1	1	1	1	0	1
SIERRA LEONE	432	240	0	0	1,496	11,000	2	2	0	1	0	0	0
SWAZILAND	0	0	0	0	500	600	0	0	0	0	0	0	0
TANZANIA	15,459	336	732	222	4,848	119,020	26	12	5	9	7	5	0
TUNISIA	0	0	0	0	0	300,000	0	0	0	0	0	0	0
UGANDA	7,012	1,584	312	252	1,194	37,190	5	2	3	5	2	3	0
ZAIRE	70,992	144	420	138	20,364	36,200	32	18	8	12	7	10	3
ZAMBIA	4,968	273	660	60	5,762	12,100	7	4	2	4	3	2	1
OTHER COUNTRIES	0	0	0	0	0	0	4	1	1	3	2	1	0
TOTAL	655,092	4,515	10,511	5,232	75,204	694,228	212	144	66	139	56	63	23
REGION TOTALS:													
AFRICA	655,092	4,515	10,511	5,232	75,204	694,228	212	144	66	139	56	63	23

Table 7a.FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE AFRICA REGION
AS OF SEP 30,1975

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	MPHLS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BOTSWANA	72	0	10	804	3	12	0	1	2
BURUNDI	3	0	6	5	0	0	0	0	0
CAMEROON	23	0	12	102	3	0	0	4	1
DAHOMEY	0	0	2	0	0	0	0	0	0
ETHIOPIA	1,357	16	79	1,869	9	0	5	4	5
GHANA	134	22	78	3,366	3	8	2	5	2
IVORY COAST	0	0	2	0	0	0	0	0	0
KENYA	231	32	46	879	1	11	0	3	5
LESOTHO	2	0	6	0	0	0	0	0	0
LIBERIA	55	0	7	1,202	2	6	0	3	1
MALAGASY	0	0	2	8	0	0	0	0	0
MALAWI	0	0	10	0	0	0	0	0	0
MAURITIUS	67	8	10	41	1	0	0	1	7
MOZAMBO	0	0	2	0	0	0	0	0	0
MOZAMBIQUE	0	0	4	12	0	0	0	0	0
NIGERIA	452	74	70	8,102	6	9	0	6	2
RWANDA	0	0	0	0	0	0	0	0	1
SENEGAL	5	5	1	1	0	0	0	0	0
SIERRA LEONE	27	2	5	546	0	5	0	0	1
SUDAN	19	14	3	12	0	0	0	0	1
TANZANIA	262	11	25	3,073	1	0	0	5	6
TOGO	10	11	1	7	0	0	0	0	0
UGANDA	39	0	44	12,240	4	0	0	1	0
UPPER VOLTA	5	6	0	1	0	0	0	0	0
ZAIRE	202	20	24	456	9	17	1	3	10
ZAMBIA	146	0	94	1,430	3	0	0	0	2
OTHER COUNTRIES	1	0	53	10	0	0	0	0	0
TOTAL	3,112	221	596	34,166	45	68	8	36	45
REGION TOTALS:									
AFRICA	3,112	221	596	34,166	45	68	8	36	45

Table 8. FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA EAST REGION
AS OF SEP 30, 1975
(\$)

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BRITISH SOLOMON IS.	49	0	0	1,451	270	827	1,391	341	384	100	0	4,813
BURMA	7	0	0	0	212	46	0	9	0	0	0	274
CAMBODIA	0	0	0	0	0	0	0	4	0	0	0	4
FIJI	0	0	0	0	0	0	0	4	0	0	0	4
INDONESIA	0	0	0	1,318	120	0	16,641	2,044	1,616	3,757	345	25,841
KOREA	521	75	0	1,969	19,267	96,913	21,810	505	26	1,731	0	142,817
LAOS	0	0	0	0	0	0	0	13	0	0	0	13
MALAYSIA	0	34	4	138	560	303	1,425	91	0	537	0	3,092
NEW HEBRIDES	7	0	0	103	492	4,135	1,900	241	0	0	0	6,878
PAPUA NEW GUINEA	42	103	4	296	2,113	766	5,620	507	329	1,873	0	11,653
PHILIPPINES	20,852	282	12	33,052	32,190	173,999	120,584	3,449	6,040	12,159	1,071	403,690
TAIWAN	22,704	356	12	1,426	2,619	87,892	6,472	293	311	1,073	0	123,158
THAILAND	55	0	0	1,401	7,099	125,546	9,775	525	1,671	2,485	0	148,557
TONGA	0	0	0	0	0	0	0	4	0	0	0	4
VIETNAM	0	0	0	0	142	115	0	8	0	0	0	265
OTHER COUNTRIES	0	0	0	0	141	115	1,625	241	3	0	0	2,125
TOTAL	44,236	849	31	41,154	65,224	490,657	187,242	8,278	10,379	23,714	1,416	873,180
PERCENTAGES	5.1	0.1	0.0	4.7	7.5	56.2	21.4	0.9	1.2	2.7	0.2	100.0
REGIONAL SUBTOTALS												
EAST ASIA	44,237	850	32	41,154	65,225	490,657	187,243	8,279	10,380	23,715	1,416	873,188

Table 9. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA EAST REGION
AS OF SEP 30, 1975

COUNTRY	CONDOM	DIAPH.	DOLFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	GLD MDL.
BRITISH SOLOMON ISLANDS	2,160	0	288	932	600	4,200	1	1	1	2	2	1	0
BURMA	288	0	0	0	600	240	0	0	0	0	0	0	0
INDONESIA	0	0	504	504	220	0	45	20	10	10	10	10	0
KOREA	23,040	132	24	1,804	20,596	549,900	10	22	17	15	13	14	5
MALAYSIA	0	60	48	72	1,092	1,100	0	0	1	1	0	1	1
NEW HEBRIDES	288	0	60	36	1,400	13,500	1	0	1	3	2	1	1
PAPUA NEW GUINEA	1,872	180	108	161	5,394	3,340	24	9	1	3	2	1	1
PHILIPPINES	1,012,464	494	4,054	16,718	88,100	911,700	43	65	20	37	69	16	3
TAIWAN	762,480	624	48	1,272	6,456	512,900	1	3	5	5	6	5	2
THAILAND	2,448	0	792	348	11,426	597,300	6	8	5	9	6	5	0
VIETNAM	0	0	0	0	400	500	0	0	0	0	0	0	0
OTHER COUNTRIES	0	0	0	0	400	500	0	0	2	1	1	2	0
TOTAL	1,805,040	1,490	5,926	21,847	136,684	2,595,180	131	128	63	86	111	56	13
REGION TOTALS:													
ASIA EAST	1,805,040	1,490	5,926	21,847	136,684	2,595,180	131	128	63	86	111	56	13

Table 9a. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA EAST REGION
AS OF SEP 30, 1975

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BURMA	0	0	2	0	0	0	0	0	0
CAMBODIA	0	0	1	0	0	0	0	0	0
FIJI	0	0	1	0	0	0	0	0	0
INDONESIA	1,129	34	126	2,358	11	7	0	2	46
KOREA	117	11	40	671	0	0	0	3	3
LAOS	6	0	2	1	0	0	0	0	0
MALAYSIA	0	0	6	810	0	0	0	1	0
NEW HEBRIDES	2	0	46	400	0	0	0	0	0
PAPUA NEW GUINEA	70	0	61	903	3	0	0	3	1
PHILIPPINES	1,517	129	112	12,071	14	2	26	14	41
TAIWAN	52	11	26	703	1	0	1	2	0
THAILAND	184	22	22	1,014	3	2	27	3	26
TONGA	0	0	1	0	0	0	0	0	0
VIETNAM	0	0	2	0	0	0	0	0	0
OTHER COUNTRIES	7	4	31	962	0	0	0	0	0
TOTAL	3,166	211	486	22,561	35	14	54	28	119
REGION TOTALS:									
ASIA EAST	3,166	211	486	22,561	35	14	54	28	119

Table 10. FPFA: COST OF MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA WEST REGION
AS OF SEP 30, 1975
(\$)

COUNTRY	CONDOMS	DIAPH- RAGNS	FITTING RING SELS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BAHRAIN	23	91	2	76	568	2,314	2,560	184	0	0	0	5,818
BANGLADESH	16,204	465	4	21,307	5,503	119,018	27,620	1,282	2,119	10,961	1,331	205,814
CYPRUS	0	0	0	0	0	0	0	52	5	0	0	57
EGYPT	4,442	527	18	282	440	31,797	4,476	171	337	782	163	43,435
INDIA	43	0	0	0	9,606	3,043	84,216	3,668	880	0	0	101,456
IPAN	0	0	0	0	2	0	0	0	0	0	0	2
ISRAEL	0	0	0	105	142	1,737	903	80	0	0	0	2,967
JORDAN	25	0	0	1,231	742	6,098	572	137	117	1,301	0	10,223
LEBANON	0	0	0	0	0	0	0	9	0	0	0	9
NEPAL	16	96	4	314	106	438	1,783	241	97	1,192	0	4,287
OMAN	0	0	0	0	601	0	1,426	108	111	0	0	2,246
PAKISTAN	21,248	111	2	38	1,663	8,896	10,577	526	526	4,278	0	47,865
SRI LANKA	11,527	0	0	0	1,132	18,236	986	246	629	2,189	0	34,945
TURKEY	2,133	0	0	126	106	0	1,718	12	6	640	0	4,741
YEMEN	0	0	0	176	35	796	784	9	0	0	0	1,800
TOTAL	55,662	1,290	30	23,655	20,647	192,373	137,620	6,726	4,826	21,343	1,494	465,666
PERCENTAGES	12.0	0.3	0.0	5.1	4.4	41.3	29.6	1.4	1.0	4.6	0.3	100.0
REGIONAL SUBTOTALS												
WEST ASIA	55,661	1,290	30	23,655	20,646	192,373	137,621	6,725	4,827	21,343	1,494	465,665

Table 11. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA WEST REGION
AS OF SEP 30, 1975

COUNTRY	CONDOM	DIAPH.	DELPHEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS					ASP.	OLD MDL.
							I	II	III	IV	V		
BAHRAIN	1,008	160	0	72	1,100	13,200	2	3	1	2	3	1	1
BANGLADESH	659,376	816	8,712	10,284	15,600	665,050	45	21	11	33	57	11	2
EGYPT	145,728	924	96	108	1,200	181,800	9	3	2	6	5	2	0
INDIA	1,440	0	0	0	10,300	17,400	22	38	75	96	83	72	0
ISRAEL	0	0	0	100	400	9,000	1	0	1	1	0	1	0
JORDAN	864	0	504	504	2,100	34,000	0	3	0	1	0	0	0
NEPAL	720	168	288	0	300	1,600	6	0	0	1	7	0	1
OMAN	0	0	0	0	1,700	0	0	0	2	0	0	2	0
PAKISTAN	722,880	195	0	36	4,700	45,900	1	11	8	9	4	8	2
SRI LANKA	403,200	0	0	0	3,200	103,000	0	3	0	0	0	0	1
TURKEY	72,576	0	96	0	300	0	0	2	1	0	0	1	1
YEMEN	0	0	48	168	100	4,000	2	1	1	0	2	0	0
TOTAL	2,007,792	2,263	9,744	11,272	41,000	1,074,950	88	85	102	149	161	98	8
REGION TOTALS:													
ASIA WEST	2,007,792	2,263	9,744	11,272	41,000	1,074,950	88	85	102	149	161	98	8

Table 11a. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE ASIA WEST REGION
AS OF SEP 30, 1975

COUNTRY	BOOKS	F.P. PRSPYVS	LIT. PACKS	PHPLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BANGLADESH	526	84	100	1,685	17	76	0	16	28
CYPRUS	21	11	3	26	0	0	0	0	0
EGYPT	83	9	3	85	2	24	0	1	3
INDIA	595	12	507	8,803	5	2	0	0	0
ISRAEL	0	0	16	200	0	0	0	0	0
JORDAN	40	12	5	315	0	14	0	2	2
LEBANON	0	0	2	0	0	0	0	0	0
NEPAL	114	8	19	115	1	0	0	2	1
OMAN	29	11	13	26	1	0	0	0	0
PAKISTAN	94	6	17	2,720	3	10	0	7	5
SRI LANKA	58	50	8	1,128	4	25	0	3	8
TURKEY	2	0	2	0	0	0	0	1	1
YEMEN	0	0	2	0	0	0	0	0	0
TOTAL	1,579	203	699	16,214	33	151	0	32	48
REGION TOTALS:									
ASIA WEST	1,579	203	699	16,214	33	151	0	32	48

Table 12. FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED
TO COUNTRIES OF THE LATIN AMERICA REGION
AS OF SEP 30, 1975
(\$)

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
ARGENTINA	0	0	0	0	0	0	0	28	4	0	0	32
BARBADOS	0	0	0	0	0	0	0	8	0	0	0	8
BOLIVIA	13	137	0	138	5,355	2,233	3,813	530	307	2,843	0	15,369
CHILE	0	0	0	0	110	14,684	0	77	0	0	0	14,871
COLOMBIA	0	0	0	0	0	7,345	825	89	240	2,450	812	11,761
COSTA RICA	0	0	0	0	0	0	0	131	956	2,383	273	3,743
DOMINICA, W.I.	651	0	0	3,150	0	735	155	18	1,180	537	0	6,426
DOMINICAN REPUBLIC	38,309	0	0	63,151	1,164	109,832	431	821	1,755	1,370	273	217,108
ECUADOR	12,788	448	16	5,370	1,237	5,772	2,145	249	1,130	1,282	1,400	31,837
EL SALVADOR	0	0	0	0	0	0	0	4	0	0	0	4
GUADELOUPE	0	0	0	0	0	0	0	323	0	0	0	323
GUATEMALA	0	0	0	0	0	0	0	37	0	0	0	37
HAITI	20,576	109	6	6,431	2,353	28,693	5,489	645	3,137	1,679	72	69,190
HONDURAS	0	0	0	0	35	5,876	0	7	8	0	0	5,926
JAMAICA	0	0	0	0	0	0	155	717	18	448	0	1,338
MEXICO	7	0	0	84	248	420	0	209	106	175	0	1,249
NICARAGUA	33	0	0	2,457	1,592	3,883	696	80	42	786	0	9,569
PARAGUAY	39	144	0	818	920	6,460	1,213	254	1,315	521	0	11,684
PERU	13,041	55	4	8,306	4,897	124,865	6,808	6,474	5,413	6,099	2,957	178,919
ST. KITTS-NEVIS-AN	0	0	0	0	0	0	0	6	7	0	0	13
TRINIDAD	0	0	0	0	0	0	1,507	119	21	0	0	1,647
URUGUAY	0	0	0	0	0	0	912	8	0	0	0	920
VENEZUELA	0	0	0	0	0	7,352	0	4	0	0	0	7,356
OTHER COUNTRIES	0	0	0	0	0	0	0	38	0	0	0	38
TOTAL	85,454	893	26	89,904	17,911	318,148	24,149	10,873	15,640	20,572	5,787	589,357
PERCENTAGES	14.5	0.2	0.0	15.3	3.0	54.0	4.1	1.8	2.7	3.5	1.0	100.0
REGIONAL SUBTOTALS												
LATIN AMERICA	85,457	893	26	89,905	17,913	318,150	24,149	10,876	15,639	20,573	5,787	589,368

Table 13. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED TO COUNTRIES OF THE LATIN AMERICA REGION AS OF SEP 30, 1975

COUNTRY	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL FILMS					AS%	OLD MOL.
							I	II	III	IV	V		
BOLIVIA	576	240	48	72	9,088	12,600	13	4	3	2	2	2	0
CHILE	0	0	0	0	300	77,283	0	0	0	0	0	0	0
COLOMBIA	0	0	0	0	0	50,000	0	0	1	1	0	1	0
DOMINICA, N.I.	28,800	0	0	3,000	0	5,000	2	0	0	0	0	0	0
DOMINICAN REPUBLIC	1,452,960	0	42,240	7,992	1,700	589,400	2	0	0	0	0	0	0
ECUADOR	434,880	786	4,008	0	3,400	33,000	8	0	0	0	0	0	0
HAITI	763,072	192	1,596	4,140	4,800	153,600	10	5	0	3	4	0	3
HONDURAS	0	0	0	0	100	40,000	0	0	0	0	0	0	0
JAMAICA	0	0	0	0	0	0	2	0	0	0	0	0	0
MEXICO	288	0	24	36	700	2,400	0	0	0	0	0	0	0
NICARAGUA	1,440	0	2,340	4,500	4,500	22,200	4	3	0	0	0	0	0
PARAGUAY	1,728	252	48	612	2,104	27,200	5	0	1	1	0	1	0
PERU	577,020	96	7,546	10	12,866	654,600	33	9	3	2	1	1	2
TRINIDAD	0	0	0	0	0	0	1	2	1	1	1	1	0
URUGUAY	0	0	0	0	0	0	0	0	1	1	1	1	0
VENEZUELA	0	0	0	0	0	50,050	0	0	0	0	0	0	0
TOTAL	3,262,764	1,966	55,910	10,202	39,838	1,717,333	80	23	10	11	9	7	5
REGION TOTALS:													
LATIN AMERICA	3,262,764	1,966	55,910	10,202	39,838	1,717,333	80	23	10	11	9	7	5

Table 13a. FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED TO COUNTRIES OF THE LATIN AMERICA REGION AS OF SEP 30, 1975

COUNTRY	BOOKS	F.P. PRSPTVS	LIT. PACKS	PHPLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
ARGENTINA	4	0	9	22	0	0	0	0	0
BARBADOS	5	0	0	9	0	0	0	0	0
BOLIVIA	268	16	8	379	4	0	0	4	7
CHILE	20	0	12	2	0	0	0	0	0
COLOMBIA	32	4	11	36	0	0	0	3	50
COSTA RICA	55	4	13	3,056	0	0	2	4	7
DOMINICA, N.I.	10	0	0	20	4	0	0	1	0
DOMINICAN REPUBLIC	391	4	12	2,616	8	21	9	2	9
ECUADOR	105	32	21	231	6	10	4	3	2
EL SALVADOR	0	0	1	0	0	0	0	0	0
GUATEMALA	153	102	18	170	0	0	0	0	0
HAITI	429	8	9	46	5	19	10	2	1
HONDURAS	1	2	0	26	0	0	0	0	0
JAMAICA	366	0	1	10	0	0	0	1	0
MEXICO	27	1	14	1,568	1	0	0	0	1
NICARAGUA	0	0	3	1,000	0	0	1	1	13
PARAGUAY	2	0	9	4,450	7	2	0	1	0
PERU	234	6	52	113,003	23	11	26	8	16
ST. KITTS-NEVIS-ANGUILLA	5	0	0	0	0	0	0	0	0
TRINIDAD	47	0	2	201	0	0	0	0	0
URUGUAY	0	0	2	0	0	0	0	0	0
VENEZUELA	0	0	1	0	0	0	0	0	0
OTHER COUNTRIES	0	0	10	0	0	0	0	0	0
TOTAL	2,152	179	206	127,243	60	62	52	30	102
REGION TOTALS:									
LATIN AMERICA	2,152	179	206	127,243	60	62	52	30	102

Table 14. STOCK INVENTORY FOR PERIOD ENDING DECEMBER 1975

PRODUCT NAME AND DESCRIPTION	UNIT		ENDING INVENTORY
	PRICE	QUANTITY	
ANESTHESIA MACHINES w/ACCESSORIES	2,300.30	EACH	2
ASPIRATOR UTERINE 50 cycles 220 Volts	440.00	EACH	108
ASPIRATOR UTERINE 60 cycles 220 Volts	460.00	EACH	28
CENTRIFUGE Hand-Manual	95.00	EACH	3
CALCULATOR w/TAPE (reconditioned)	146.00	EACH	2
CONDOMS - Non-colored, Lubr. 52mm	4.50	GROSS	10,200
CONDOMS - Non-colored, Lubr. 52mm	4.13	GROSS	31,450
CONDOMS - Non-colored, Lubr. 52mm	4.02	GROSS	3,147
CONDOMS - Colored, Lubr. 52mm	4.35	GROSS	19,737
CONDOMS - Non-colored, Lubr. 49mm	4.20	GROSS	25,000
CONDOMS - Non-colored, Lubr. 49mm	4.20	GROSS	12,419
CONDOMS - Colored, Lubr. 49mm	4.35	GROSS	56,346
CONTRACEPTIVES - DELFEN FOAM 50 gm (24 per carton)	26.16	CARTON	2,091
CONTRACEPTIVES - DELFEN APPLICATORS (24 per box)	5.22	BOX	1,998
CONTRACEPTIVES - EMKO FOAM 90 gm (36 per carton)	37.80	CARTON	94
CONTRACEPTIVES - RAMSES JELLY APPLICATORS	.10	EACH	456
DFT PROJECTION LAMPS 115 - 120 V. 1,000 Watts	3.53	EACH	77
DKT PROJECTION LAMPS 220 Volt 1,000 Watts	7.31	EACH	80
DIAPHRAGMS 50 mm	6.84	DOZEN	40+10/12
DIAPHRAGMS 55 mm	6.84	DOZEN	48
DIAPHRAGMS 60 mm	6.84	DOZEN	42+ 5/12
DIAPHRAGMS 65 mm	6.84	DOZEN	12+ 8/12
DIAPHRAGMS 85 mm	6.84	DOZEN	16+ 6/12
DIAPHRAGMS 90 mm	6.84	DOZEN	89
DIAPHRAGMS 95 mm	6.84	DOZEN	86+10/12
DIAPHRAGM FITTING RING SETS	2.00	SET	63
GENERATORS 50 cycles 115/200 Volt 2 1/2 Watt	588.00	EACH	3
LIPPES LOOPS SIZE C (100 per package)	35.00	PKG.	937
LIPPES LOOPS SIZE D (100 per package)	35.00	PKG.	1015
LIPPES LOOPS INSERTERS (Package of 10)	1.50	PKG.	3344

Table 14. STOCK INVENTORY FOR PERIOD ENDING DECEMBER 1975 (con't.)

PRODUCT NAME AND DESCRIPTION	UNIT		ENDING INVENTORY
	PRICE	QUANTITY	
LIPPES LOOPS SIZE B (w/10 inserts per 100 loops)	35.95	PKG.	490
LIPPES LOOPS SIZE C (w/10 inserts per 100 loops)	35.95	PKG.	1098
LIPPES LOOPS SIZE D (w/10 inserts per 100 loops)	35.95	PKG.	1097
MAGNETIC TAPE 7" Reels	1.43	EACH	228
MEDICAL KITS #1 (IUD INSERTION)	78.51	EACH	199
MEDICAL KITS #1 (IUD INSERTION)	82.00	EACH	131
MEDICAL KITS #2 (DIA. & CURET.)	128.61	EACH	59
MEDICAL KITS #2 (DIA. & CURET.)	143.32	EACH	41
MEDICAL KITS #2 (DIA. & CURET.)	145.34	EACH	22
MEDICAL KITS #3 (ASPIRATOR)	194.36	EACH	108
MEDICAL KITS #4 (ABDOMINAL)	107.07	EACH	65
MEDICAL KITS #4 (ABDOMINAL)	104.11	EACH	42
MEDICAL KITS #4 (ABDOMINAL)	115.94	EACH	25
MEDICAL KITS #5 (VASECTOMY)	75.17	EACH	32
MEDICAL KITS #5 (VASECTOMY)	83.01	EACH	40
MEDICAL KITS #5 (VASECTOMY)	80.38	EACH	101
MEDICAL KITS #6 (VAG. APPROACH)	186.99	EACH	120
MEDICAL KITS #8 (MINI. LAP.)	252.00	EACH	179
MEDICAL KITS GENERAL	50.00	EACH	12
MICROSCOPES w/4 Objective Lenses	724.00	EACH	4
MODELS - GINNY	230.00	EACH	3
MODELS - PLASTIC PELVIC	27.02	EACH	44
NORINYL, ENGLISH 1 + 80 600 cycles	104.94	CARTON	606
NORINYL, FRENCH 1 + 50 600 cycles	104.94	CARTON	40
NORINYL, SPANISH 1 + 50 600 cycles	104.94	CARTON	496
NORINYL, SPANISH 1 + 80 600 cycles	104.94	CARTON	834
NORINYL, ENGLISH 1 + 50 600 cycles	83.64	CARTON	1447
NORINYL, ENGLISH 1 + 80 600 cycles	83.64	CARTON	317
NORINYL, SPANISH 1 + 50 600 cycles	83.64	CARTON	1092
NORINYL, SPANISH 1 + 80 600 cycles	83.64	CARTON	282
NORINYL, FRENCH 1 + 50 600 cycles	83.64	CARTON	300
PROJECTOR, SINGER/SLIDE SM 400 220 V w/accessories	67.50	EACH	25
PROJECTOR, MINI SHOWOFF w/accessories & Bulbs	95.35	EACH	30

Table 14. STOCK INVENTORY FOR PERIOD ENDING DECEMBER 1975 (con't.)

PRODUCT NAME AND DESCRIPTION	PRICE	UNIT QUANTITY	ENDING INVENTORY
PROJECTION SCREENS	23.50	EACH	10
PROJECTOR, SLIDE w/accessories Manual 110 Volt	96.74	EACH	63
PROJECTOR, SLIDE w/accessories Remote 110 Volt	118.64	EACH	24
PROJECTOR, SOUND 16mm w/accessories (SINGER)	521.42	EACH	1
PROJECTOR, SOUND 16mm KODAK PAGEANT	380.80	EACH	68
RESUSCITATOR REVIVA LIFE, BEDSIDE	292.50	EACH	2
SPHYGMOMANOMETERS	55.00	EACH	11
STETHESCOPIES	20.00	EACH	12
STERILIZERS	227.17	EACH	14
SURGEONS GLOVES, DISPOSABLE Sizes 6 1/2 and 7 1/2	.21	PAIR	44,212
TAPES, BLANK CASSETTE 60 Min.	.60	EACH	379
TAPE RECORDERS, CASSETTE	54.90	EACH	125
TUBAL HOOKS, Ramathibodi	58.64	LOTS/10	322
UTERINE ELEVATOR, Ramathibodi	105.40	LOTS/10	322

Accomplishments: About 30 representatives from interested organizations attended the workshop held in Nairobi, Kenya. The participants, with the assistance of invited resource speakers, developed specific project proposals, a number of which currently are being implemented.

- 2) Ethiopia-01; Family Health and Welfare Training Center; 1 April 1975-31 March 1976; ongoing; training.
Purpose: To train medical and health personnel in MCH/Family Planning so that such services can be extended to couples through government and private health facilities throughout Ethiopia.
Accomplishments: Five training courses have been held with 64 health personnel (health officers and nurses) participating.
- 3) Ghana-01; Expansion of Clinic Services in the Volta Region; 15 September 1973-14 September 1974; completed; service.
Purpose: To establish three family planning clinics (providing services and counseling) in the Volta Region.
Accomplishments: Three clinics were established and services and counseling provided to 3,000 users.
- 4) Ghana-02; Comprehensive Family Planning Service Delivery; 1 January 1974-31 December 1976; ongoing; service.
Purpose: To continue the provision of family planning clinical and counseling services through 12 Christian Council Family Advice Centers operating in the Eastern Ashanti and Volta Regions of Ghana.
Accomplishments: The Centers have enrolled 6,200 new users and have provided family planning services to 10,000 continuing users through December 1975. Other activities include marriage and family planning counseling, family life education sessions for students, sex education for teachers, and family planning radio and TV programs.
- 5) Kenya-01; Family Planning Conferences in Kenya; 1 July 1972 - 31 March 1974; completed; training.
Purpose: To make church leaders aware of family planning services and facilities in Kenya and to encourage their participation in family planning programs. To this end, the National Christian Council of Kenya (NCCCK) planned to conduct a national conference of executive church leaders, and five local conferences for regional church leaders.
Accomplishments: The national conference, attended by 17 national church leaders, was held in April 1973. Participants were informed about the NCCCK's Family Life Education Program and were asked for their views on family planning and the introduction of sex education through churches and schools. Due to initial delays in project implementation, only three of the five scheduled regional conferences were held. Conference participants discussed in detail the recommendations of the national church leaders and added recommendations based on regional/cultural differences found in Kenya. The views of church leaders vis-a-vis family planning were published in "The Churches Speak on Family Life Education." Conference evaluations show that a number of church leaders had some initial reservations about becoming involved in family planning, but that the conferences were successful in convincing these leaders to support such programs. Many of the church leaders now are actively involved in local family planning programs.

The project, as such, terminated 31 March 1974, when all church-related family planning activities were incorporated in the Kenya-02 project.

- 6) Kenya-02; Family Life Education Program of the NCKC; 1 January 1973-31 March 1976; ongoing; IEC.
Purpose: To continue to provide, through churches and schools, family planning information and sex education to adolescents, young adults and parents.
Accomplishments: Seminars have been held for church leaders, teachers and headmasters. Sex education seminars have been provided to over 6,000 young people. A sex education syllabus has been drawn up and sex education materials have been published.
- 7) Kenya-03; Family Planning Services and Manpower Development in a Rural Hospital and its Satellite Clinics; 1 August 1974-31 July 1976; ongoing; service.
Purpose: To provide family planning services at Chogoria Hospital and its 11 satellite clinics.
Accomplishments: During the first year of operations a total of 1,267 new users were enrolled in the program. This rural, mission hospital's family planning program has now become a model for other Kenyan hospitals. In July 1975, a two-day seminar was held, for administrators of other such facilities, to plan for the initiation of family planning services through their respective institutions.
- 8) Mauritius-01; Comprehensive Assistance to Action Familiale; 15 December 1973-31 December 1975; ongoing; service.
Purpose: To support the ongoing educational and service activities of Action Familiale, including instruction in the rhythm method and a responsible parenthood education program for married couples and students.
Accomplishments: After two years of project operations, a total of 10,000 couples have been enrolled as rhythm users. This Catholic program largely has been responsible for creating an awareness of the island's unique population problem and for educating people as to the necessity of family planning.
- 9) Tanzania-02; Inservice Family Planning Traineeships; 1 April 1972-31 December 1972; completed; training.
Purpose: (1) To assist in meeting the family planning manpower needs of Tanzania; (2) To expand the capability of church-related facilities to provide high quality family planning services; (3) To increase the accessibility of family planning services to the people of Tanzania; and (4) To raise the medical standards and practices of church-related nursing staff in the provision of family planning services.
Accomplishments: Nineteen nurse midwives from 17 mission hospitals were selected by the Tanzania Christian Medical Association to attend a two-week family planning orientation course at the Family Planning Association of Tanzania. Of the 19 nurse/midwives trained, 16 are now utilizing their skills to promote family planning efforts; 15 are slated to receive more in-depth family planning training with financial assistance from the Tanzanian Government. Continued FPIA assistance was not required for family planning training.

- 10) Zaire-01; Bulape Community Health Project-Family Planning Program; January - 31 December 1975; ongoing; service.
Purpose: The goal of the Bulape community health project - family planning program is to make family planning services available to the community. However, since this is an area which heretofore has had virtually no family planning information or services available to the population, much of the preliminary work has to be in education and motivation. The project is part of an overall community health program which offers preventive medicine services to approximately 20,000 persons.
Accomplishments: During the first year, a midwife and ten health workers were trained; 18 village-based volunteers were recruited and motivated to work as field workers throughout the project area. The program has enrolled over 400 new contraceptive users; education and information on family planning has been provided to over 8,000 persons.

East Asia

- 1) Indonesia-01; Traveling Family Planning Exhibit-East Java; 5 May 1972-30 April 1975; completed; IEC.
Purpose: To present a family planning exhibit and folk plays in 115 communities, and to stimulate five percent of the spectators to become family planning acceptors.
Accomplishments: Performances reached over 125 villages and approximately 550,000 persons. No adequate means was found to determine the number of persons who accepted family planning as a result of the exhibit.
- 2) Indonesia-02; Production, Distribution and Evaluation of Printed Material for Patient Recruitment; 24 July 1972-23 July 1973; completed; IEC.
Purpose: To produce a variety of family planning printed materials to recruit acceptors.
Accomplishments: 75,000 copies of six different titles were produced and distributed through the Indonesia Council of Churches' Division of Health and Responsible Parenthood. The publications covered methods of responsible parenthood, maternal and child health and the relationship of family planning to sexual relations between couples.
- 3) Indonesia-03; Development of Three Slide Shows, Division of Health and Responsible Parenthood, Council of Churches in Indonesia; 30 June 1972-29 June 1973; completed; IEC.
Purpose: To produce three slide shows on family planning themes for use as patient recruitment aids.
Accomplishments: Two slide shows were produced and 100 copies of each were distributed and currently are being used throughout Indonesia. The first slide show utilizes 47 cartoons to explain what happens in a family planning clinic. The second slide show utilizes 36 photographs to explain the health benefits of child spacing.
- 4) Indonesia-04; Family Planning Training Courses for Ministers; 1 June 1973-31 August 1975; completed; training.
Purpose: To provide a six-day training course in family planning, sex education, contraceptive methods, communication and motivation to approximately 300 ministers and 120 theological students. The course was designed to prepare both ministers and students to take a positive approach to family planning with their constituencies.

Accomplishments: A total of 300 ministers and 58 students have been trained. Two additional courses for students have not been reported on to FPIA.

- 5) Indonesia-05; Family Planning Outreach Workers, Division of Health and Responsible Parenthood, Council of Churches in Indonesia; 1 August 1972-30 September 1973; completed; service.
Purpose: To train 25 family planning outreach workers to work through Christian hospitals in recruiting family planning acceptors.
Accomplishments: The project trained 33 field workers who recruited 2,186 acceptors.
- 6) Indonesia-06; Printed Materials for Family Planning Patient Recruitment; 1 October 1974-31 December 1975; ongoing; IEC.
Purpose: To assist the Subcommittee on Health and Responsible Parenthood, Council of Churches in Indonesia, to produce a variety of printed materials for use in its family planning program.
Accomplishments: 200,000 copies of a family planning leaflet have been printed and are being distributed through family planning clinics, motivators and the Council's Information Office in Jakarta. Several other family planning leaflets and booklets are being printed or are currently in the design stage.
- 7) Indonesia-07; Family Planning Motivation Conference for Catholic Health Workers; 4 October 1974 - 4 January 1975; completed; IEC.
Purpose: To support a family planning motivation and communication conference for Catholic health workers and lay the groundwork for a family planning training program for these workers.
Accomplishments: Ninety-one participants, including 28 religious sisters, attended the conference which adopted ten resolutions to guide the Association of Voluntary Health Services of Indonesia (Perdhaki) in developing a family planning training program (Indonesia-08).
- 8) Indonesia-08; Integrating Family Planning into the Catholic Health Delivery System of Indonesia; 1 August 1975-31 July 1976; ongoing; training.
Purpose: To establish a Family Planning Division Office of the Association of Voluntary Health Services of Indonesia (Perdhaki), train 30 midwives and distribute family planning materials to Perdhaki health facilities.
Accomplishments: No project reports received to date.
- 9) Korea-01; Inservice Hospital Staff Training, Korean National Council of Churches; 1 September 1972-July 1973; completed; training.
Purpose: To conduct regular staff meetings to examine and improve the quality of family planning programs operating with FPIA support in 16 church-related hospitals in Korea.
Accomplishments: Meetings held in the 16 institutions were well attended. Ten hospitals attributed the improvement in acceptor rates to the meeting program. More than 3,000 pieces of literature on family planning were distributed to the staffs of 19 hospitals.

- 10) Korea-02; A Pilot Project Using Home Visitors for Patient Recruitment; 1 November 1972-30 October 1974; completed; IEC.
Purpose: To integrate family planning information and referral into a home visiting program, conducted by 10,000 volunteers of the Christian Churches of Korea, in their communities. The home visiting system was also designed to conduct a KAP survey in several urban slum areas.
Accomplishments: Home visitors distributed approximately 30,000 pieces of literature and recruited 18,000 acceptors of both temporary and permanent methods of family planning. A field evaluation of the program indicated that the home visitors were better received and slightly more effective than their government counterparts.
- 11) Korea-03; Administration of Family Planning Projects, Korean National Council of Churches (KNCC); 1 November 1972-31 May 1974; completed; service.
Purpose: To support the Family Planning Committee of the Korean National Council of Churches to provide administrative and logistical support to FPIA projects with the KNCC (Korea-01,-02)
Accomplishments: Effective administrative support was provided.
- 12) Korea-06; Family Planning Delivery Systems through Women's Church Organizations and Church Institutions; 1 February 1975-31 January 1976; ongoing; service.
Purpose: To utilize 500 KNCC women volunteers as a distribution network for family planning information and supplies. The project will concentrate on urban areas and use local churches as contraceptive depots.
Accomplishments: 314 volunteers were trained and recruited 16,838 new acceptors as well as supplying 10,765 continuing users. Over 125 local churches are serving as contraceptive supply depots.
- 13) Korea-07; Population and Family Planning for Women Doctors in Korea, Korean Medical Women's Association; 30 August 1975-28 February 1976; ongoing; training.
Purpose: To expand the number of women physicians currently providing and working to expand family planning services through a family planning conference and the provision of technical assistance to physicians.
Accomplishments: A four-day workshop was held in late October 1975; over six hundred participants attended. No detailed report has been filed to date.
- 14) Philippines-01; Lorma Hospital Mobile Family Planning and Medical Clinic Program; 15 July 1972-31 July 1975; completed; service.
Purpose: To support three mobile clinics providing once-a-month family planning services to 120 barrios in the province of La Union, an area where no previous medical or family planning services were available.
Accomplishments: Barrio health assistants were trained at Lorma Hospital and deployed in 400 villages to provide basic medical and family planning care and to be the focus in the village for the visits of the mobile clinic. The mobile clinics provide regular once-a-month family planning services to approximately 155 new acceptors per mobile clinic per month. General medical care was provided to almost 500 patients per mobile clinic per month. The three mobile clinics served a total of 156 barrios, once a month, on a regular basis. The total number of sterilizations averaged 30 per month (16 vasectomies and 14 tubal ligations).

- 15) Philippines-02; A Survey of Potential Family Planning Service Providers; 9 August 1972-24 October 1973; completed; service.
Purpose: To provide a family planning coordinator and other staff assistance to the Inter-Church Commission on Medical Care (ICCMC) for a survey of private hospitals and clinics to design a program for the delivery of family planning services. The ICCMC is responsible for coordination of all project activities and the distribution of family planning supplies and equipment to Christian hospitals and clinics.
Accomplishments: On the basis of the survey, correspondence with the institutions, and field visits to individual facilities, the project identified the family planning program potential and support requirements of the ICCMC member institutions. Contraceptive and commodity support requests were channeled to FPIA through the ICCMC, and program support was provided to specific institutions through the Philippines-05 project. As a result of this project, the ICCMC institutions have greatly increased their provision of family planning services.
- 16) Philippines-03; Maternal and Child Health Family Planning Project; 1 July 1972 - 31 August 1973; completed; service.
Purpose: To select two geographic areas, where there are ongoing education and nutrition programs, for the introduction of family planning services. Maternal/child health (MCH) centers to serve as outlets for the distribution of family planning supplies and as centers from which family planning outreach programs can operate.
Accomplishments: After one year of project operations, almost 3,000 women, over 50 percent of the women attending the MCH centers, adopted family planning. Continuation rates were very high (over 90 percent). The project established that MCH Centers can be effective in the provision of family planning information and services to women participating in these programs.
- 17) Philippines-04; Lorma School of Nursing-Summer Program in Family Planning; completed; training.
Purpose: To train student nurses in the delivery of family planning services so that upon graduation, they would be better prepared to go into family planning work.
Accomplishments: The 24 student nurses who took part in this training course were able to motivate 70 people to become family planning acceptors. As a result, Lorma School of Nursing has integrated family planning training into the curriculum.
- 18) Philippines-05; An Integrated Program on Family Planning among ICCMC-related Medical Institutions; 24 October 1972-30 June 1975; completed; service.
Purpose: To coordinate the provision of program support funds, contraceptive and other medical supplies to institutions related to the Inter-Church Commission on Medical Care (ICCMC). Twenty-eight hospitals and 44 clinics were involved in the project.
Accomplishments: The medical institutions assisted through this project increased their family planning caseload from 14 to 35 acceptors per month. The project demonstrated that a medical coordinating agency can encourage its member institutions to expand family planning activities and, by providing small institutional grants and material resources, can increase family planning services.

- 19) Philippines-06; Population Education Seminars; 1 November 1972-31 January 1973; completed; IEC.
Purpose: To provide two three-day seminars for 48 representatives of schools affiliated with the Association of Christian Schools and Colleges. The purpose of the first seminar was to discuss the relevance of population education and provide a basis upon which participants could build their own programs. The second seminar aimed specifically at schools participating in the Wesleyan Pilot Population Education Program (Philippines-07).
Accomplishments: Participants gave a generally high rating to the seminars and showed a great deal of interest in the population education program developed by Philippine Wesleyan College. As a result of these seminars, more schools participated in the Population Education Pilot Project (Philippines-07).
- 20) Philippines-07; Population Education Pilot Project; 1 May 1973-31 May 1975; completed; IEC.
Purpose: To assist the Population Education Center of Philippine Wesleyan College in the introduction of its population education curricula into five elementary schools, five high schools and seven colleges over a two-year period.
Accomplishments: Based on experience with the curricula in the schools, revisions were made and the new curricula printed. Audiovisual aids also were developed. Copies of all curricula materials were made available to interested organizations in the Philippines and elsewhere. The Philippine Government established a national Population Education Program which incorporated much of the work of this project.
- 21) Philippines-08; Mobile INC Family Planning Clinic; 1 April 1973 - 30 September 1973; completed; service.
Purpose: To sponsor a fully equipped mobile clinic operated by the Gabriel Medical Assistance Group to provide a full range of family planning services for members of the Iglesia Ni Cristo (INC), an indigenous church in the Philippines which heretofore encouraged family planning services but which had not been active in carrying out specific programs. This was the first attempt to offer family planning services to this group.
Accomplishments: During the six months of project operations, 120,000 adults were informed about family planning and received printed family planning educational materials. The mobile clinic provided family planning services to 6,900 acceptors (138% of the target). Of these, 51% chose oral contraceptives, 21.5% IUD's, 22% condoms, 1% sterilization and the remainder selected non-clinical contraceptives. The clinic also provided 3,500 follow-up visits for family planning patients. As a result of this project, the INC developed a comprehensive family planning program to provide services for its members throughout the Philippines (Philippines-12).
- 22) Philippines-09; Pilot Subsidized Sterilization Clinic; 15 May 1973 - 14 May 1976; ongoing; service.
Purpose: To make sterilizations available to men and women who voluntarily request such a service and who could not otherwise afford it. Secondary objectives are : (1) to establish a model for other hospitals that may wish to open sterilization clinics as part of their overall family planning program; and (2) to serve as a training center in sterilization procedures for physicians from all over the Philippines.

Accomplishments: Mary Johnston Hospital Sterilization Clinic, under the leadership of Dr. Virgilio Oblepias, has become the leading center for female sterilization in the Philippines. Though operating at over-capacity for much of this period, the demand for services has not abated and, in fact, the first four months of the third program year has been the most productive. During the first quarter of the third year, 132 health professionals visited the clinic for training and observation. This is ample demonstration that Mary Johnston's excellent reputation for delivering quality health care is shared both by the consuming public and local health professionals.

- 23) Philippines-12; Mobile Family Planning Clinic; 15 October 1973 - 31 August 1976; ongoing; service.
Purpose: To recruit and provide follow-up to large numbers of contraceptive users within a comprehensive health framework.
Accomplishments: Over 125,000 new users have been enrolled in this program. Iglesia Ni Cristo's records indicated, throughout the first year record, high new acceptors per month and record high continuation rates. A team from the Center of Disease Control, in the USA, evaluated INC's records and stated in their report to the CDC directors that "Clearly this program has performed well against each of the three objective criteria which we measured. The number of acceptors exceeds the goal by 14%. The prevalence of active contraceptors is high (87%). The first segment cumulative continuation rates for acceptors of pills, IUD's and condoms are all high at six months. Over half of those discontinuing their first method switched to another method of contraception." The mobile clinic outreach system supported by the church hierarchy and thousands of church volunteers deeply committed to providing family planning services continues to be one of the most successful family planning delivery systems in the world.
- 24) Philippines-14; Jescomea Population Campaign; 1 January 1974-30 June 1976; ongoing; IEC.
Purpose: To promote positive action in family planning among Catholics in East Asia through an educational program run by the National Office of Mass Media (Philippines).
Accomplishments: After nearly two years of operations, a major step has been taken towards legitimizing Catholic involvement in family planning programs. An example that substantiates this claim is the fact that the Catholic Bishops in the Philippines, who had walked out of that country's Population Commission some two years ago, are now having reconciliation meetings with the Commission. The project is due much of the credit for this turn about. Radio dramas, spot announcements, pamphlets and a documentary film - all family planning-related - have been produced and broadcast or distributed. The materials also have been made available to Catholic communicators in other East Asian countries.
- 25) Philippines-15; Using the "Agricultural Approach" to explain Family Planning; 1 April 1974 - 31 March 1975; completed; IEC.
Purpose: To support the development of prototype educational materials -- a series of 12 monthly comic books and four flipcharts -- designed specifically to facilitate the adoption of family planning among a rural audience. They were to be based on an innovative "agricultural approach" for communicating key family planning concepts.
Accomplishments: Flipcharts and comic books have been printed. The manual describing the development and pretesting process has been published. This is being made available, worldwide, as a "guide" to family planning program managers.

- 26) Philippines-16; Training Center for Surgical Sterilization; 1 August 1974 - 31 July 1976; ongoing; training.
Purpose: To establish a training center for surgical sterilization (vasectomy, tubal ligation by laparoscopy, culdoscopy, and culdotomy) at the University of the Philippines General Hospital - the largest and most prestigious of the teaching institutions in the Philippines. Through this training center, the project aims to: (1) institutionalize surgical sterilization in medical schools and family planning organizations; (2) introduce surgical sterilization in the population program on a national scale; and (3) train appropriate physicians from at least 16 hospitals and institutions throughout the country. This program is co-sponsored by the International Association for Voluntary Sterilization.
Accomplishments: The first major center in voluntary sterilization has completed one year of activity. Vasectomy, mini-lap and laparoscopy techniques were the major subjects for trainees from both church and government institutions.
- 27) Philippines-17; Voluntary Sterilization Project; 1 January 1975-31 December 1975; ongoing; service.
Purpose: To provide voluntary sterilization services, to both males and females, throughout the Philippines. The project to involve a clinic-based sterilization center and, for males, an outreach approach.
Accomplishments: This project works closely with the Philippines-12 project and referrals are made by the mobile clinic staff and volunteer motivators. After nine months of project operations, 2,479 vasectomies and 60 female sterilizations had been performed. The IFC component of the project has reached a total of 242,000 eligible couples.
- 28) Philippines - 18; The Expanding Role of Midwives in Family Planning and Nutrition Programs; 4 October 1974-4 January 1975; completed; training.
Purpose: FPIA's goals in funding this conference were: 1) to provide an opportunity for the members of the National Federation of Filipino Midwives to conduct a national meeting to discuss the expanding role of midwives in family planning and nutrition programs; and 2) through the conference to focus public attention on the important role of the midwife in health and development programs.
Accomplishments: Over 500 midwives attended the highly successful conference from all parts of the country. The Secretary of Health authorized the participation of two midwives from each province and city, with the local governments paying for transportation expenses. Other participants were private midwives and delegates from midwifery schools. One very good result of the conference was the merging of the two midwifery associations into one integrated association.
- 29) Taiwan-01; Training Program for Aboriginal Church Leaders; 1 July 1972 - 31 December 1973; completed; training.
Purpose: To acquaint approximately 50 women leaders in outlying aboriginal congregations with family planning so they could act as family planning motivators in their communities.
Accomplishments: The training program (called the Institute on Happy Family Life) was held November 6-9, 1972 with 43 women in attendance from 25 villages. They represented 6 aboriginal tribes and virtually every corner of the province. Primary emphasis was placed on child spacing, methods of contraception, anatomy of the human body, new-born care, the scriptural relationship of each of the above and the Christian home.

- 30) Taiwan-03; Support for Slum Area Field Workers; 18 April 1972 - 17 April 1973; completed; service.
Purpose: To provide salary support for five field workers to conduct family planning activities in slum and coastal areas in Taiwan. The field workers were public health nurses and social workers trained and supervised by the family planning program division of the Taiwan Christian Service (TCS).
Accomplishments: The field workers conducted 6,641 home visits, held 1,583 mothers' club meetings and recruited a total of 789 new family planning acceptors. Following the completion of first year project activities, Taiwan-03, -05, and -07 were combined and refunded under Project No. FPIA/Taiwan-05. This consolidated administrative and financial procedures and provided for the continuation of this project for one additional year.
- 31) Taiwan-04; Private Clinic Survey; 1 June 1972-31 May 1973; completed; service.
Purpose: To conduct a survey among Christian clinics providing family planning services in Taiwan to: (1) determine the feasibility of distributing oral contraceptives through Christian clinics; and (2) establish a system for distributing oral contraceptives through Christian clinics.
Accomplishments: Of 400 Christian clinics surveyed, 66 responded with requests to participate in the TCS contraceptive pill program and 42 clinics continued to participate in the program throughout the year. In 1973, the Taiwan Provincial Physicians Association, under the auspices of the Taiwan National Health Administration, assumed responsibility for distributing oral contraceptives to requesting clinics and the Taiwan Christian Service integrated the OB/GYN clinics it had been supplying with contraceptives into the national program.
- 32) Taiwan-05; Support to Taiwan Christian Service for Administration of Family Planning Projects; 22 May 1972 - 21 May 1974; completed; service.
Purpose: To provide salary support for the family planning program officer of the Taiwan Christian Service (TCS), who was responsible for planning, implementing and evaluating church-related family planning activities in Taiwan. During the second year of project operations, project Taiwan-03, "Support for Slum Area Field Workers," and Taiwan -07, "Support for Field Worker in Coastal Area," were combined with and refunded through this project.
Accomplishments: TCS provided effective administration for FPIA projects in Taiwan. Distribution of oral contraceptives averaged over 2,000 cycles per month. The TCS field workers distributed over 400 cycles of oral contraceptives and 500 condoms per month. They averaged about 38 new pill acceptors and 12 new IUD acceptors per month. The field workers made about 700 home visits per month.
- 33) Taiwan-06; Translation and Printing of Family Planning Teaching Guide for Nurses; 1 August 1972-31 July 1973; completed; IEC.
Purpose: To translate and print copies of Miriam Manisoff's book, "Family Planning - A Teaching Guide for Nurses."
Accomplishments: The book was translated, printed and more than 9,000 copies were distributed throughout Taiwan.

- 34) Taiwan-07; Support for a Field Worker in a Coastal Area; 29 June 1972
28 June 1973; completed; service.
Purpose: To support the family planning field worker at a community development center established by the Taiwan Christian Service in Taitung. The field worker conducted home visits, distributed contraceptive supplies, maintained patient records and referred patients needing clinical services to available hospitals and clinics.
Accomplishments: The field worker, assigned in September, was able to recruit 220 new family planning acceptors of IUD's and pills prior to the end of the project year. As of 22 May 1973, Taiwan-03,-05, and-07 were combined and refunded under project no. FPIA/Taiwan-05. This consolidated administrative and financial procedures and provided for the continuation of this project for one additional year.
- 35) Thailand-01; A Family Planning Project in the Prapradaeng Industrial Area; 1 March 1974- 28 February 1975; completed; service.
Purpose: To provide financial and material assistance to the Urban Industrial Life Division (UILD) of the Church of Christ of Thailand to establish a family planning clinic in the Prapradaeng industrial area. The project was to provide family planning information to about 20,000 men and women workers in 700 factories in the Prapradaeng area; provide family planning contraceptive services to 3,000 women and men in the Prapradaeng area; and train Church members as volunteer outreach workers.
Accomplishments: A series of strikes and general labor unrest during the year prevented the UILD from providing effective services in the factories and living areas of this industrial section. The project did not meet its objectives and, after one year of operations, was not refunded.
- 36) Thailand-03; Coordinating Conference for Directors of Christian Hospitals; 1 February 1974 - 30 April 1974; completed; training.
Purpose: To bring together the medical directors of 18 Christian Hospitals to discuss the Thailand National Family Planning Project and to make plans to start family planning projects in Christian hospitals in coordination with the Thai Government. The goal of the conference was to assist the Thai Government to expand the National Family Planning Program by use of resources available in Christian hospitals.
Accomplishments: The Christian hospitals established a link with the National Family Planning Program and learned about the resources available at the national level to assist their family planning programs. Procedures were established for increasing communication between them, and making the resources of the national program available for the Christian hospitals. Procedures also were established for the provision of increased FPIA assistance to Christian hospitals. Preliminary proposals were discussed for FPIA support to develop and expand family planning programs through Christian hospitals in Thailand.
- 37) Thailand-04; Family Planning Services for the Hill Tribes of Northern Thailand; 1 August 1974- 31 October 1976; ongoing; service.
Purpose: To provide family planning information and contraceptive services to the Hill Tribes of Northern Thailand through McCormick Hospital (in Chiang Mai) which has extended its highly successful family planning program to provide services to the Lahu, Akha, and Lisu hill tribes. An information program is being developed to educate people in the area about family planning in their own language; a tribal family planning center has been set up to provide continuous advice and assistance in practicing family planning; and cassette tapes and local radio broadcasts are used to educate people and announce clinics especially geared for tribal people.

Accomplishments: During the first 14 months of project operations, 6,400 couples in 277 villages had been visited by the family planning program. A total of 478 women were enrolled as new users and 194 couples had received sterilization services. The family planning information programs are still developing and, when in full operation, should result in still higher levels of family planning practice in the project areas.

- 38) Thailand-05; A Workshop for Nurse Instructors/Supervisors on Family Planning Education and Service; 1 May 1975-29 February 1976; ongoing; training.
Purpose: This project was a collaborative effort of the Nurses Association of Thailand and the Department of Nursing Education, Faculty of Education, Chulalongkorn University. It provided 40 nurses from the Nurses Association of Thailand the opportunity to identify and define the objectives, content and teaching methodology relevant to family planning education in schools of Nursing.
Accomplishments: This workshop represented the first official participation of the Nurses Association of Thailand in family planning. Participants represented the nursing leadership of universities, schools of nursing and hospitals located throughout Thailand's nine regions. Post-project activities included technical assistance to the participating workshop members for institutionalizing family planning as a component of nursing education, and the development of a family planning project with the Nurses Association of Thailand.

Latin America

- 1) Colombia-02; Education of the Colombian Campesino for Responsible Parenthood; 1 July 1973 - 30 June 1976; ongoing; IEC.
Purpose: To increase awareness in the rural areas of Colombia about the need to practice responsible procreation.
Accomplishments: Accion Cultural Popular has established an effective network of communications with campesinos (using radio, newspaper and other printed materials) in its Responsible Parenthood training.
- 2) Colombia-04; Commercial Distribution of Contraceptives in the Rural Areas of Colombia; 1 September 1975-31 August 1976; ongoing; service.
Purpose: To implement a commercial distribution system for oral contraceptives and condoms in Cauca and Valle, with a goal of serving 30,000 women and 12,000 men in the first year of operations.
Accomplishments: As of this date, the program has not been implemented. Once the project receives duty free clearance to import pills and condoms, the starting date will be renegotiated.
- 3) Costa Rica-01; Family Planning and Responsible Parenthood; 5 May 1972 - 30 June 1976; ongoing; IEC.
Purpose: 1) To provide engaged couples, adolescents and parents with an integral approach to family planning, responsible parenthood and sex education; 2) to train professors, teachers and multipliers (who work with the Ministry of Education and the community) in this integral approach.
Accomplishments: The project is coordinated with the National Family Planning Program. The integral approach to family planning, responsible parenthood and sex education has been used successfully in short courses for the general public, radio programs, correspondence courses, pamphlets, newspapers, textbooks and courses with the University and Ministry of Education.

- 4) Costa Rica-02; Educational Courses for Responsible Parenthood; 15 December 1973 - 31 March 1976; ongoing; IEC.
Purpose: To provide nationwide educational courses for Responsible Parenthood through a Catholic organization.
Accomplishments: These courses are obligatory for couples who wish to marry within the Catholic Church and, thus, all parishes within the country publicize the C.I.F. courses. The Bishops have been very supportive and constantly urge their clergy to cooperate with the C.I.F. program. Over 8,000 couples have participated in these courses; 300 multipliers have been trained and a yearly "Family Integration Week" has been held throughout Costa Rica.
- 5) Dominican Republic-01; Family Planning in Nutrition Centers; 20 June 1972-19 June 1974; completed; service.
Purpose: To provide family planning services in the rural areas of the Dominican Republic.
Accomplishments: Contraceptives were made available to the rural population through local distributors. Women who selected the IUD or pills as their method of choice were referred to private physicians or government clinics for the insertion or initial pill prescription. Originally the project was designed to provide non-clinical family planning services in two zones where nutrition areas existed. A third zone was later added in an area where a nutrition program did not exist to test the effectiveness of providing family planning services using a non-nutrition base.
- 6) Dominican Republic-02; Family Planning distribution of contraceptives; 1 July 1974 - 30 June 1976; ongoing services.
Purpose: To provide a low cost commercial distribution system of contraceptives in the rural areas of the Dominican Republic.
Accomplishments: As of 31 October 1975, 10,000 active users of contraceptives were registered in the program.
- 7) Dominican Republic-03; Education in Responsible Parenthood; 1 December 1974 - 1 March 1976; ongoing; IEC.
Purpose: To provide teachers, professors and other professionals with courses on sex education, family planning and responsible parenthood. They, in turn, will instruct their students to develop and publish training guides and pamphlets on sex education and responsible parenthood. In addition, 1000 radio programs on the same subjects were to be aired.
Accomplishments: Family Planning courses have been given to parents, teachers, students and professionals. Training guides have been produced and are being distributed to schools, universities and church centers.
- 8) Ecuador-02; Family Planning with the Society of Women Physicians of Ecuador; 1 December 1973-31 December 1974; completed; service.
Purpose: To provide family planning education and clinic services in Ecuador through the auspices of the Society of Women Physicians of Ecuador.
Accomplishments: Family planning information and education was given to 11,461 participants at group meetings. The number of users served by the program was 6,000.
- 9) Ecuador-03; Family Planning Program; 1 January 1975-31 December 1976; ongoing; service.
Purpose: To provide family planning education and clinical services

through four clinics of the Centro Medico de Orientacion y Planificaci6n Familiar (CEMOPLAF).

Accomplishments: CEMOPLAF has enrolled 5,000 new users and has provided services to 5,000 continuing users. Educational presentations have been given to 6,000 persons. Two family planning seminars have been held: one for 39 community leaders and one for 20 women physicians.

10) Haiti-01; Interdisciplinary Family Planning and Rural Health Permanent Field Laboratory; 16 May 1972-31 May 1975; completed; service.

Purpose: To provide family planning services and education to the communities of the "Cul-de-Sac" plain, using three main clinics and eleven satellite clinics.

Accomplishments: The single most important accomplishment has been the integration of the program into the national family planning program of the Haitian Government. The three main clinics provided the models upon which much of the planning for the program was based.

11) Haiti-02; Information, Education and Communication Materials Development and Production; 1 June 1975-31 May 1976; ongoing; IEC.

Purpose: To develop, pretest, produce and evaluate family planning IEC materials, for use in rural and urban situations, prior to their use in the national program. Materials for use in the formal educational system will also be developed and evaluated.

Accomplishment: Pamphlets and text books have been developed and are being pretested in the "Cul-de-Sac" plain. A film which was produced in the Haiti-01 project was pretested in November.

12) Latin America-01; Family Planning Information, Education and Communications Workshop; 15 May 1973-14 August 1973; completed; training.

Purpose: To undertake a workshop with representatives of nongovernmental agencies or institutions that are interested in initiating and expanding programs in sex and family planning information and education.

Accomplishments: From May 28-June 8, 1973, some 48 participants from 18 Latin American Countries met in San Jose, Costa Rica, and discussed the various program alternatives in sex education and family planning information and education so as to select the program alternative most suitable to particular situations; analyzed the various program steps necessary to develop a viable project before submission for funding and for future implementation; and developed their own projects. Eighteen project proposals were developed during the workshop and distributed and discussed among the participants. The approximate value of these projects is \$500,000. The Costa Rica-02 project was a direct result of this workshop.

13) Latin America-02; UNDA-WACC-Latin America World Population Year Workshop; 5 May 1974-5 August 1974; completed; training.

Purpose: To follow up the FPIA-06 project with the International Catholic Broadcasters (UNDA) and the World Association for Christian Communication (WACC) in London. This represents the second in a series of workshops to implement the conclusions of the conference.

Accomplishments: The workshop was held on the outskirts of Lima, Peru from May 6-10, 1974. Approximately 40 Protestant and Catholic broadcasters and communication experts met together to assess the needs and opportunities for Church sponsored family planning communication activities and made

detailed plans for the broadcasting of family planning information in 18 Latin American countries.

- 14) Peru-04; Lay Apostolate Responsible Parenthood Program (PALF); 1 July 1972- 31 December 1975; ongoing; service.
Purpose: To promote responsible parenthood in six dioceses of Peru through an educational and clinical services program.
Accomplishments: The program is supported by the Roman Catholic hierarchy. Women are allowed to take oral contraceptives for two years after the birth of a child. The PALF clinics are located in the needy barrios of various cities. A total of 14,000 new users have enrolled in the program since its inception and, by the end of the third year, continuing services were being provided to 5,500 users.
- 15) Peru-05; Responsible Parenthood in the Marginal Areas of Lima (ADIFAM); 1 July 1972-31 December 1975; ongoing; service.
Purpose: To promote responsible parenthood in the Pueblos Jovenes (needy barrios) of Lima through an educational and clinical services program. This program is authorized by the Roman Catholic hierarchy in Lima. Women are allowed to take oral contraceptives for two years after the birth of a child.
Accomplishments: Since the inception of the program, 11,500 new users have been enrolled. By the end of the third year, continuing services were being provided to 4,000 users.
- 16) Peru-06; Studies in Human Fertility; 1 November 1973-31 January 1976; ongoing; training.
Purpose: To provide training to physicians and other health personnel in the clinical aspects of family planning. A secondary goal is the provision of family planning services.
Accomplishments: This project is the only one in Peru which is training physicians in family planning techniques. Services also are being provided. By the end of the second year, over 2,000 continuing users were enrolled in the program.
- 17) Peru-07; Advances in Contraception - Post Graduate Course; 16 October 1974- 16 February 1975; completed; training.
Purpose: To provide a two-day post-graduate course in family planning in the Fifth Peruvian Congress of Obstetrics and Gynecology.
Accomplishments: The highly successful course was held in Lima in October 1974. Approximately 200 physicians from all provinces in Peru attended. A special family planning session for midwives was also given.

West Asia

- 1) Bangladesh-01; Family Planning through Village Leadership; 22 March 1974- 21 March 1976; ongoing; service.
Purpose: To demonstrate the use of community development techniques in a family planning program. Village development committees have been educated about the need for family planning in their villages and have accepted the responsibility for providing services to the people.
Accomplishments: After 18 months of project activity, almost 60 percent of the villagers accepted a method of family planning; 33 percent of the villagers had been practicing family planning six months or longer. The village leadership is administering the project and directing the activities of fieldworkers in the villages. The Government of Bangladesh has encouraged the expansion of the project and has offered to help support its expanded replication.

- 2) Bangladesh-02; Project Development Workshop for Voluntary Agencies in Bangladesh; 1 August 1974-28 February 1975; completed; training.
Purpose: The goal of this project was to expand family planning services in Bangladesh by assisting those voluntary agencies who wished to initiate or expand family planning services to determine how they could best do so and what resources would be required. This workshop brought together people from voluntary organizations in Bangladesh to discuss, plan, and develop proposals for the "next reasonable step for their organizations to take in family planning."
Accomplishments: The workshop assisted 14 voluntary agencies to develop 18 projects to expand the delivery of family planning services. Of the projects developed, four were implemented using the participating agencies' own resources and seven were funded by different donor organizations. Several other projects are being considered for funding and should be implemented during 1976.
- 3) Bangladesh-03: Christian Health Care Project; 17 December 1974-28 February 1976; ongoing; service.
Purpose: To involve, for the first time in Bangladesh, all of the Christian hospitals and clinics in a family planning program. All patient contact points available in the medical institutions are being utilized to educate people about family planning and make services available to them.
Accomplishments: After ten months of project operations, family planning services, information and outreach programs were established at 17 Christian Health Care Project hospitals and clinics. A total of 12,500 new contraceptors were provided with services (of which 10,500 chose oral contraceptives). Of the total, 8,700 were continuing for six months or longer. Over 800 tubal ligations also were performed.
- 4) Egypt-01; Population and Family Welfare Program for Coptic Christians; 1 October 1975- 31 October 1976; ongoing; IEC.
Purpose: To assist the Social and Ecumenical Bishopric of the Coptic Church of Egypt to develop a five part population and family welfare curriculum for use with all levels of church and lay leadership. This curriculum will be introduced into theological course work, Sunday schools, marital counseling programs and eight regional workshops.
Accomplishments: The first two parts of the curriculum have been written; the remaining three are outlined and assigned. Regional workshops are scheduled for February 1976.
- 5) Egypt-02; Planning Motherhood in an Arab Village; 1 September 1975-30 November 1976; ongoing; service.
Purpose: To assist the Coptic Evangelical Organization for Social Services (CEOSS) to introduce family planning services in six to eight villages in Middle Egypt through information, town meetings on family planning, resident educators and community level availability of contraceptive services and supplies. The project seeks to provide family planning services to between 25-30 percent of all eligible couples in each village.
Accomplishments: The family planning program is in operation in four villages and will begin in another four in early 1976. Response to the program has been favorable. Additionally, CEOSS has developed plans to train village women family planning acceptors as local sources of information, referral and supply.
- 6) Jordan-02; Family Planning Information and Education in Jordan; 1 October 1974-31 December 1976; ongoing; IEC.

Purpose: To assist Jordanian family planning and education professionals to review family planning information and education materials, and select appropriate pieces for translation and distribution.

Accomplishments: Four pieces of literature have been edited, translated and printed. Between 2,000-5,000 copies of each piece have been distributed.

- 7) Jordan-03; Maternal Health and Welfare; 1 May 1975-15 July 1976; ongoing; service.

Purpose: To integrate family planning services into a maternal and child health and family service program conducted by the Near East Council of Churches Committee for Palestine Refugees. The project seeks to serve 500 new and 1,500 continuing users over 14 and one-half months.

Accomplishments: Two half-day family planning clinics are in operation. A flexible payment system permits all patients to be served and receive the maximum quantities of contraceptive supplies permitted regardless of their ability to pay.

- 8) Middle East-01; Christian and Muslim Population Communication Workshop; 1 June 1975 - 31 December 1975; completed; IEC.

Purpose: To convene an interfaith workshop drawing participants from ten Middle Eastern states (and all major regional religious groups) to discuss the religious factors which influence the "population challenge." Following the workshop, participants will return to their respective countries (and churches) to lay the groundwork for communication programs in population and family planning.

Accomplishments: Fifty religious leaders and ten experts in population and family planning communication met for eight days in Alexandria, Egypt (June 1975). The proceedings, which listed areas of religious concern and influence in population matters, have been produced in Arabic and distributed to participants and correspondents of the Middle East Council of Churches.

- 9) Nepal-01; Womens Family Planning Project; 15 July 1974 - 16 September 1976; ongoing; service.

Purpose: To assist the Nepal Women's Organization (NWO) to make use of its district and village organizational structure to train women in family planning and provide family planning services. Family planning training seminars are held in rural districts. One NWO member from each village unit in the district learns about family planning and is provided with contraceptives to distribute to other women in her village.

Accomplishments: During the first year of the project, three seminars were held in rural districts, 98 NWO village unit members were trained in family planning, and over 1,950 villagers were provided with contraceptives. The NWO family planning agents have each provided contraceptives to 20 villagers and the demand for services indicates there will be an increase in services in 1976. This project is, for the first time in Nepal, making family planning services available in rural villages.

- 10) Oman-01; Post Partum Family Planning and Education; 1 May 1974-30 July 1974; deobligated; IEC.

Purpose: To provide family planning counseling to postpartum patients being served by the Assada Hospital.

Accomplishments: Reorganization of the hospital and its program required the grantee to suspend activities. Funds were deobligated.

- 11) Pakistan-01; Pakistan Medico International Family Planning Program; 1 May 1975-30 April 1976; ongoing; service.
Purpose: To assist Pakistan Medico International to implement a family planning information, contraceptive distribution and referral program organized for the Orangi Refugee Settlement Area. A hospital-based family planning program will be organized at PMI's Sughrabal Milwala Hospital and a clinic-based program will be organized in the PMI Clinic located in the Pakistani Chowk in the center of Karachi. In each of these areas, PMI will utilize motivator couples to: inform people about family planning and the availability of contraceptive services; distribute contraceptives; and refer people desiring IUD's or sterilizations.
Accomplishments: During the first six months of project operations, 17,000 eligible couples were informed about family planning and registered with the project motivators; 4,000 family planning users were recruited.

- 12) Sri Lanka-01; Family Planning Education and Service Centers; 1 January 1975- 30 September 1976; ongoing; service.
Purpose: To assist the YWCA of Sri Lanka to expand its family life education center in Moratumulla and to open family planning education and service centers in Galle, Ratnapura, Colombo, Panadura and Jaffna. Programs at these centers include film presentations, educational materials distribution, family planning outreach and counselling and the distribution of oral contraceptives. The goal of the project is to use the facilities of the YWCA's local associations and their family life education activities to educate people about family planning, to provide family planning clinic services and to distribute oral contraceptives.
Accomplishments: The family planning clinic at the family life education center in Moratumulla has been expanded, and the five local YWCA Associations have initiated the provision of family planning education and services. The local YWCA Associations participating in this project are actively working in family planning and other local YWCAs have expressed interest in the program.

- 13) Turkey-01; Commercial Distribution of Condoms in Turkey; 1 October 1975-31 March 1977; ongoing; service.
Purpose: The Development Foundation of Turkey, through its marketing project, will import and supply condoms to pharmaceutical wholesalers, whose normal commodity lines have not routinely included condoms. Wholesalers will distribute to retailers through their established channels in rural areas.

Other

- 1) FPIA-01; Survey of Catholic Church-Related Family Planning Activities; 10 April-10 July 1972; completed; IEC.
Purpose: To assess the kinds and levels of involvement of Catholic Church-related groups in family planning information, education and/or services. Activities were also designed to identify the types of assistance required from CWS and FPIA.

Accomplishments: The project was satisfactorily concluded. From the evidence gathered during the brief survey conducted by the IED team, it was abundantly clear that Catholic leaders were anxious to enter into a discussion on the complexities of the population problem and how they could assist in presenting viable solutions to their people. Up to now the official Church position, as established by Humane Vitae, has tended to set up barriers to official contact with Planned Parenthood groups. But the Catholics contacted admitted that the gulf of separation should be bridged.

- 2) FPIA-02; Family Planning Training for Physicians Who Will Work Overseas; 1 July 1972-30 June 1973; completed; training.
Purpose: To enable the University of Colorado Medical Center to present short-term courses in family planning for American missionary physicians and physicians from developing nations. The program provides for a basic one week course in family planning for about 300 physicians. This training period will be extended to a second week for about 75 specially qualified physicians for intensive practical training in insertion of IUDs, vasectomy and all methods of female sterilization.
Accomplishments: The project trained 151 participants from over 30 developing countries.
- 3) FPIA-03; Support for Family Planning activities within Catholic organizations; 22 September 1972- 21 September 1973; completed; IEC.
Purpose: To provide support funds for a three-man team of Catholic specialists and consultants who will be employed by International Educational Development Inc. to enlist Catholic involvement in family planning activities. The approach will be two-fold: (1) educational efforts will concentrate on enlisting the interest and support of influential Catholic leaders; and (2) a service component will be directed to Catholic medical facilities. The I.E.D. will work as an intermediary between Catholic agencies and GMS-supported medical facilities in developing countries.
Accomplishments: Although there was satisfactory completion of the basic objectives, poor project development resulted. The project was not refunded.
- 4) FPIA-04; International Conference on National Family Planning Services; 1 June-30 June 1973; completed; IEC.
Purpose: The Human Life Foundation will hold a meeting to make possible the first completely international exchange of expertise on the delivery of Natural Family Planning Services. The meeting will be held in Washington from June 1 to 3, 1973. Fourteen countries (Australia, Austria, Camerouns, Canada, Colombia, France, Italy, India, Mauritius, Morocco, Philippines, Taiwan, United Kingdom and U.S.A.) will be represented at the meeting.
Accomplishments: The International Symposium on National Family Planning was convened as scheduled. The proceedings of the Conference have been published by the Human Life Foundation as a book titled Natural Family Planning.

- 5) FPIA-05; International Interdisciplinary Students' Seminar on Population Dynamics and Family Planning; 24 June-23 October 1974; completed; IEC.
Purpose: To involve and educate students from different countries in population matters and to encourage them to initiate action programs.
Accomplishments: In retrospect, the seminar must be viewed as a great success, with lively and active participation by the students who barraged the resource personnel with pertinent questions at every opportunity. One very good result of this seminar was the planning of the formation of one Nigerian medical students association. Up to this time, there had been two associations, one based in Lagos - the other, in what was Biafra.
- 6) FPIA-06; Christian Broadcasters Population Communications Planning Conference; 25 July - 24 October 1974; completed; IEC.
Purpose: To provide funds to conduct a four-day planning conference in August 1973 in London. Protestant and Catholic communications officials from Latin America, Africa and Asia will assemble to explore family planning communications requirements and techniques in conjunction with representatives from FPIA, the UNFPA and IPPF.
Accomplishments: The project was completed according to the work plan and schedule. The planning conference was held August 14-16, 1973 in London and a comprehensive report is available.
- 7) FPIA-07; Family Planning Training for Physicians Who Will Work Overseas; 1 July 1973-31 March 1976; training.
Purpose: To provide physicians who will work in developing countries an opportunity to discuss and explore basic issues relevant to the medical, socioeconomic and demographic aspects of family planning. Practical training in IUD insertions and laparoscopic sterilizations is also to be included.
Accomplishments: Combining the results of the project with FPIA-02, nearly 600 foreign physicians have been trained to date. Evaluations of the curriculum have been favorable. A total of 128 physicians have received practical training.
- 8) FPIA-08; Regional Family Planning Conference, Medical Women's International Association; 1 July 1973- 30 June 1974; completed; IEC.
Purpose: This project will provide for a regional conference on family planning for Asian women physicians to be held in Manila for five days from December 2 to 7, 1973. The conference will discuss various aspects of family planning such as the methods that are currently available and recent developments in this field, the strategic role that women doctors can play and other topics like clinic administration, incentives and infertility. Arrangements will also be made for the delegates to attend medical clinical demonstrations and small group workshops at the conference.
Accomplishments: The dates of the conference were January 6-11, 1974 with representatives from most of the Asian nations being present. There also were representatives present from Europe, the United States and Latin America. The only deficiency was the non-inclusion of the Africa participants who failed to appear prior to conference time. Participants had an opportunity to view clinic operations in and around the greater Manila area, including the FPIA-sponsored programs at the Iglesia Ni Cristo and Mary Johnston hospital.

- 9) FPIA-11: International Federation of Medical Students Association, International Organizing Committee Meeting; 12 April - 19 April 1974; completed; IEC.
Purpose: Provide for part of the financial support that is needed for holding the preliminary planning session of the conference on Population Dynamics and Family Planning to be held in Lagos from July 25 to 31, 1974. This preliminary planning session is slated to be held in Chicago in April 1974.
Accomplishments: The conference was held and was successful. Twelve representatives from five countries of the International Federation of Medical Students attended.

- 10) FPIA-12: Family Planning Folk Media; 1 August-21 September 1974; completed, IEC.
Purpose: To support the travel and per diem expenses of six (6) third world participants from Asia, Africa, and Latin America for a folkforms and communications seminar-workshop and crafts exhibit to be held August 21-26, 1974 as an associated activity to the World Population Conference in Bucharest, Romania. This workshop will be organized by International Educational Development, Inc. in cooperation with the United Nations Office for the World Population Conference, The International Society of Ethnology and Folklore, the International Theatre Institute and the Third World Institute of Theatre Arts Studies.
Accomplishments: One delegate each from Chile, Colombia, Ghana, Mexico, Peru and the Philippines attended the conference. This significant gathering of theater artists, folklorists and population specialists was aimed at discussing and experimenting on the dynamic possibilities of folk arts for population information and population programs. The participants formed an international association, Folk Arts for Communication and Education (FACE), to continue cooperative regional programs, develop in-country programs and maintain international liaison.

- 11) FPIA-13: International Family Planning Digest; 1 September 1974 - 30 June 1976; ongoing; IEC.
Purpose: To support publication of a new journal in international family planning. It will cover topics such as new contraceptive developments, factors vital to program success, contraceptive effectiveness, etc.
Accomplishments: Four issues of the journal have been produced to date and distributed to some 20,000 family planning professionals and other interested persons throughout the world.

- 12) FPIA-14: XIV World Congress of MWIA-Family Planning Component; 7 October 1974 - 7 February 1975; completed; IEC.
Purpose: This project will provide for incorporating a family planning component into the XIV World Congress of the Medical Women's International Association, to be held in Rio De Janeiro, Brazil, October 13-18, 1974 so as to provide the participants with the latest knowledge in contraceptive technology. It is expected that as a result of their participation in the congress, many physicians might become actively involved in family planning when they return to their countries.

- Accomplishments: A total of 379 women physicians from 33 countries attended the conference. The reports and discussions covered a wide range of topics such as the crucial role of family planning in development, paramedical and nonmedical personnel, the importance of sex education, etc.
- 13) FPIA-15: Village Women in Egypt; 1 February - 13 March 1975; completed; IEC.
Purpose: To assist Martha Stuart Communications to produce a thirty minute videotape of village women in Egypt discussing the role child-bearing and family planning play in their lives.
Accomplishments: The videotape (in Arabic with English overvoice) was produced and shown at the Mexico City International Women's Year Conference (June 1975). Additionally, the tape has been transferred to 16mm film to permit distribution and use in Egypt and other Arabic speaking countries.
- 14) FPIA-17: Asian Student Training Workshop on Population and Development; 1 April - 1 July 1975; completed; IEC.
Purpose: This project will provide support for the travel of selected participants of a training workshop on population and development being arranged for front-line workers of student community development programs. The workshop will be sponsored by the Asian Student's Association and hosted by the National Council of University Students of India in conjunction with the Youth and Family Planning Program Council of India.
Accomplishments: Participants at the conference, held in Bombay (10-20 June, 1975), resolved to engage the membership in population education and family planning programs in their home countries. National affiliates would prepare plans for such involvement, and refer them to the Asian Students Association.
Note: Two projects inadvertently were omitted from the East Asia section. They follow:
- 39) East Asia-01: IEC Project Development Workshop; 1 March 1973 - 1 June 1973; completed; IEC.
Purpose: To fund a workshop for representatives from charitable or service organizations interested in initiating or expanding family planning IEC programs.
Accomplishments: Some 35 representatives from 30 organizations attended the conference. The participants, with the help of resource persons, met for an intensive one-week session and developed specific project proposals designed to meet the needs of their own organizations. A number of these project proposals have since been funded.
- 40) East Asia-02: UNDA-WACC Asia/Oceanic World Population Year Workshop; 29 November 1973-28 February 1974; completed; IEC.
Purpose: This workshop was a follow-up to an earlier UNDA-WACC conference held in London, England. The purpose was to promote detailed discussions on how the Catholic and Protestant communication networks in developing countries could become more actively involved in family planning and population issues.
Accomplishments: A total of 118 delegates from 26 countries attended the conference. A number of national organizations represented at the conference have since initiated their own family planning/population programs.

Table 15 provides a listing of all projects and indicates the grantee, the grantee's religious affiliation and the location of the project (rural, urban). Of ninety-four projects, 40 were undertaken in urban settings, 20 in rural settings and 34 in combined (rural and urban) settings.

Table 16 presents FPIA-supported projects, by region, type and completion status. Fifty-four projects have been completed; 40 still are ongoing. Of the latter, 22 are service projects, 11 are IEC and 7 are training. East Asia and Latin America each have 11 ongoing projects with West Asia a close second (10). Twenty-nine of the 54 completed projects were undertaken in the East Asia region.

Table 17 summarizes grantee fiscal reporting in Program Years 1-4. For each project, it presents the cumulative obligation made by FPIA, the total amount of funds disbursed to the grantee, grantee expenditures and unliquidated obligations.

Technical Assistance

Project development and other technical assistance provided by FPIA staff and consultants have significantly increased the quality and the quantity of FPIA-funded family planning programs in developing countries. To carry out this technical assistance work, FPIA has assembled a small, but highly competent, staff including the following disciplines and areas of expertise: public health, medicine, obstetrics and gynecology, nursing, midwifery, communications, educational materials development, training and manpower development, project planning and management, and project evaluation. These skills are applied directly to, and are an integral part of, the planning, implementation, management and evaluation of FPIA-assisted programs in the developing countries. FPIA's regional representatives provide project development and management assistance and coordinate the provision of technical assistance to field projects in consultation with FPIA headquarters. In addition, FPIA maintains general management and logistical support services, including commodities procurement and distribution, financial management and automated information systems for its overseas projects, its regional offices and its headquarters office in New York.

Table 15. LISTING OF PROJECTS AND GRANTEES BY RELIGIOUS AFFILIATION AND LOCATION

<u>Project</u>	<u>Grantee</u>	<u>Affiliation</u>	<u>Location</u>
Africa-01	FPIA - IEC Workshop	Secular	Urban
Bangladesh-01	Community Development Foundation	Secular	Rural
Bangladesh-02	Planning Assistance, Inc.	Secular	Rural
Bangladesh-03	Nat. Council of Churches	Nat. Council of Churches	Rural & Urban Combined
Colombia-02	Fundacion Promocion de Proyectos Colombianos	Secular	Rural
Colombia-04	Fundacion Promocion de Proyectos Colombianos	Secular	Rural
Costa Rica-01	Centro de Orientacion Familiar	Episcopal	Rural & Urban Combined
Costa Rica-02	Centro de Integracion Familiar	Catholic	Rural & Urban Combined
Dominican Republic-01	Servicio Social de las Iglesias Dominicanas	Church World Service	Rural & Urban Combined
Dominican Republic-02	Servicio Social de las Iglesias Dominicanas	Church World Service	Rural
Dominican Republic-03	Instituto Nacional de Educacion Sexual	Secular	Rural & Urban Combined
East Asia-01	FPIA - IEC Workshop	Secular	Urban
East Asia-02	UNDA-WACC	Catholic/Protestant	Urban
Ecuador-02 (-03)	Centro Medico de Orientacion y Planificacion Familiar	Secular	Rural & Urban Combined
Egypt-01	Coptic Church of Egypt	Coptic Orthodox	Rural
Egypt-02	Coptic Evangelical Organization	Coptic	Rural
Ethiopia-01	Family Guidance Association of Ethiopia	Secular	Urban

Table 15. LISTING OF PROJECTS AND GRANTEES BY RELIGIOUS AFFILIATION AND LOCATION (con't.)

<u>Project</u>	<u>Grantee</u>	<u>Affiliation</u>	<u>Location</u>
Ghana-01 (-02)	Christian Council of Ghana	Christian Council of Ghana	Rural & Urban Combined
Haiti-01	Centre d'Hygiene Familiale	Secular	Rural
Haiti-02	Centre d'Hygiene Familiale	Secular	Rural
Indonesia-01	(Council of Churches in Indonesia) () () () () ()		Rural
Indonesia-02			Rural & Urban Comb.
Indonesia-03			Urban
Indonesia-04			Rural & Urban Comb.
Indonesia-05			Rural
Indonesia-06			Rural & Urban Comb.
Indonesia-07	Association of Voluntary Health Services	Catholic	Urban
Indonesia-08	Association of Voluntary Health Services	Catholic	Rural & Urban Combined
Jordan-02	Near East Ecumenical Committee for Palestine Refugees	Middle East Churches	Urban
Jordan-03	Near East Ecumenical Committee for Palestine Refugees	Middle East Churches	Rural
Kenya-01	Nat. Christian Council of Kenya	Nat. Christian Council of Kenya	Rural & Urban Combined
Kenya-02	Nat. Christian Council of Kenya	Nat. Christian Council of Kenya	Rural & Urban Combined
Kenya-03	Presbyterian Church of E. Africa - Chogoria Hospital	Presbyterian	Rural
Korea-01	Korean National Council of Churches	Korean National Council of Churches	Rural & Urban Combined

Table 15. LISTING OF PROJECTS AND GRANTEES BY RELIGIOUS AFFILIATION AND LOCATION (con't.)

<u>Project</u>	<u>Grantee</u>	<u>Affiliation</u>	<u>Location</u>
Korea-02 Korea-03 Korea-06	{ Korean National Council of Churches }		Urban Urban Urban
Korea-07	Korean Medican Women's Association	Secular	Rural & Urban Combined
Latin America-01	Centro de Orientacion Familiar	Secular	Urban
Latin America-02	UNDA-WACC	Catholic/ Protestant	Rural & Urban Combined
Mauritius-01	Action Familiale	Catholic	Rural & Urban Combined
Middle East-01	Middle East Council of Churches	Islamic & Christian	Urban
Nepal-01	Nepal Women's Organization	Secular	Rural & Urban Combined
Oman-01	Assada Hospital	Secular	Rural & Urban Combined
Pakistan-01	Pakistan Medico International	Muslim	Rural & Urban Combined
Peru-04	Asociacion de Trabajo Laico Familiar	Catholic	Urban
Peru-05	Asociacion de Desarrollo Integral de la Familia	Catholic	Urban
Peru-06	Dept. of Obstetrics & Gynecology of the University Cayetano Heredia	Secular	Urban
Peru-07	V Congreso Peruano de Obstetricia y Ginecologia	Secular	Urban
Philippines-01	Lorma Hospital	Protestant Church of San Fernando	Rural
Philippines-02	Inter-Church Commission on Medical Care	Inter-Church Commission on Medical Care	Urban

Table 15. LISTING OF PROJECTS AND GRANTEES BY RELIGIOUS AFFILIATION AND LOCATION(con't.)

<u>Project</u>	<u>Grantee</u>	<u>Affiliation</u>	<u>Location</u>
Tanzania-02	Tanzania Christian Medical Association	Tanzania Christian Med. Assoc.	Rural & Urban Combined
Thailand-01	Church of Christ in Thailand	Church of Christ in Thailand	Urban
Thailand-03	FPIA	Protestant	Urban
Thailand-04	McCormick Hospital	Church of Christ in Thailand	Rural
Thailand-05	Nurses Association of Thailand	Secular	Urban
Turkey-01	Development Foundation of Turkey	Secular	Rural & Urban Combined
Zaire-01	Institut Medical Chretien Du Kasai	Mennonite	Rural
FPIA-01	International Educational Development, Inc.	Catholic	Urban
FPIA-02	University of Colorado Medical Center	Secular	Urban
FPIA-03	International Educational Development, Inc.	Catholic	Urban
FPIA-04	Human Life Foundation	Secular	Urban
FPIA-05	International Federation of Medical Students	Secular	Urban
FPIA-06	World Association for Christian Communication	WACC	Urban
FPIA-07	University of Colorado Medical Center	Secular	Urban
FPIA-08	Asian Chapter of MWIA	Secular	Urban
FPIA-11	International Federation of Medical Students	Secular	Urban

Table 15. LISTING OF PROJECTS AND GRANTEES BY RELIGIOUS AFFILIATION AND LOCATION (cont.)

<u>Project</u>	<u>Grantee</u>	<u>Affiliation</u>	<u>Location</u>
FPIA-12	International Educational Development, Inc.	Secular	Urban
FPIA-13	Alan Guttmacher Institute	Secular	Urban
FPIA-14	Medical Women's International Association	Secular	Urban
FPIA-15	Martha Stuart Communications, Inc.	Secular	Rural
FPIA-17	Asian Students Association	Secular	Urban

Table 16. FPIA-Supported Projects, by Region, Type and Completion Status.

Region	FPIA Assisted Projects			Type of Project					
	Total	Ongoing	Completed	Service		I.C.		Training	
				Ongoing	Completed	Ongoing	Completed	Ongoing	Completed
Africa	10	6	4	4	1	1	1	1	2
East Asia	40	11	29	5	12	2	11	4	6
Latin America	17	11	6	5	3	5	0	1	3
West Asia	13	10	3	8	0	2	2	0	1
Other	14	2	12	0	0	1	11	1	1
Total	94	40	54	22	16	11	25	7	13

Table 17.

Grantee Fiscal Reporting: Program Years 1-4

<u>Project</u>	<u>Cumulative Obligations</u>	<u>Disbursed By FPIA</u>	<u>Expenditures Reported By Grantee</u>	<u>Unliquidated Obligations</u>
<u>AFRICA</u>				
Ethiopia-01	\$ 53,529	\$ 31,884	\$ 10,472	\$ 21,645
Ghana-01	Merged W/Ghana-02			
Ghana-02	132,572	119,577	89,699	12,995
IEC Workshop	23,752	23,752	23,752	-0-
Kenya-01	1,242	1,242	1,242	-0-
Kenya-02	276,672	167,954	144,885	108,718
Kenya-03	103,921	38,093		65,828
Mauritius-01	69,872	66,155	63,001	3,717
Tanzania-02	1,900	1,900	1,900	-0-
Zaire-01	10,392	5,789	4,072	4,603
<u>EAST ASIA</u>				
East Asia-02	10,000	10,000	8,500	-0-
East Asia-03	47,086	47,086	47,086	-0-
IEC Workshop	20,772	20,772	20,772	-0-
Indonesia-01	35,205	35,205	35,205	-0-
Indonesia-02	7,671	7,671	7,671	-0-
Indonesia-03	3,520	3,520	3,520	-0-
Indonesia-04	16,132	16,132	16,132	-0-
Indonesia-05	5,980	5,980	5,980	-0-
Indonesia-06	59,175	58,167	58,167	1,008
Indonesia-07	18,269	17,904	12,469	365
Indonesia-08	25,914	10,366		15,548
Korea-01	1,125	1,125	1,125	-0-
Korea-02	47,511	44,618	47,511	2,893
Korea-03	Merged W/Korea-02			
Korea-06	41,503	16,600	6,019	24,903
Korea-07	38,422	38,000	38,422	422
Philippines-01	50,991	49,410	45,014	1,581
Philippines-02	2,500	2,500	2,500	-0-
Philippines-03	20,800	20,800	20,800	-0-
Philippines-04	292	292	292	-0-
Philippines-05	56,870	49,057	46,021	7,813
Philippines-06	2,345	2,345	2,345	-0-
Philippines-07	23,654	21,390	19,127	2,264
Philippines-08	8,345	8,345	8,345	-0-
Philippines-09	68,760	54,295	47,188	14,465
Philippines-12	544,092	511,765	401,765	32,327
Philippines-14	137,570	104,039	86,480	33,531
Philippines-15	40,700	40,700	40,700	-0-
Philippines-16	43,962	43,962	31,117	-0-
Philippines-17	43,532	33,083	15,551	10,449
Philippines-18	6,038	5,038	5,038	-0-

Table 17.

Grantee Fiscal Reporting: Program Years 1-4

<u>Project</u>	<u>Cumulative Obligations</u>	<u>Disbursed By FPIA</u>	<u>Expenditures Reported By Grantee</u>	<u>Unliquidated Obligations</u>
<u>EAST ASIA Continued</u>				
Taiwan-01	\$ 860	\$ 860	\$ 860	\$ -0-
Taiwan-02	Merged W/Taiwan-07			
Taiwan-03	Merged W/Taiwan-07			
Taiwan-04	875	875	875	-0-
Taiwan-05	Merged W/Taiwan-07			
Taiwan-06	3,000	3,000	3,000	-0-
Taiwan-07	22,920	22,920	22,920	-0-
Thailand-01	12,858	12,858	12,858	-0-
Thailand-03	2,225	2,225	2,225	-0-
Thailand-04	8,860	8,860	8,860	-0-
Thailand-05	4,685	4,685	3,342	-0-
<u>WEST ASIA</u>				
Bangladesh-01	32,631	21,698	17,751	10,933
Bangladesh-02	30,000	30,000	29,954	-0-
Bangladesh-03	70,888	42,232	25,726	28,656
Egypt-01	17,106			17,106
Egypt-02	18,487			18,487
Jordan-02	3,000	1,750	725	1,250
Jordan-03	7,781			7,781
Middle East-01	20,000	17,000		3,000
Nepal-01	37,382	12,698	12,698	24,684
Oman-01	1,007	1,007	1,007	-0-
Pakistan-01	32,796	13,596	8,443	19,200
Sri Lanka-01	11,332	8,961	4,061	2,371
Turkey-01	98,401			98,401
<u>LATIN AMERICA</u>				
Colombia-02	385,929	287,743	256,855	98,186
Colombia-04	44,862			44,862
Costa Rica-01	211,533	182,913	164,009	28,620
Costa Rica-02	62,144	37,891	25,111	24,253
Dominican Republic-01	46,480	44,727	44,727	1,753
Dominican Republic-02	47,718	40,732	25,042	6,986
Dominican Republic-03	39,500	21,153	11,278	18,347
Ecuador-02	43,746	43,746	43,746	-0-
Ecuador-03	52,327	43,000	41,816	9,327
Haiti-01	141,727	140,726	140,726	1,001
Haiti-02	50,917	20,367	20,367	30,550

Table 17.

Grantee Fiscal Reporting: Program Years 1-4

<u>Project</u>	<u>Cumulative Obligations</u>	<u>Disbursed By FPIA</u>	<u>Expenditures Reported By Grantee</u>	<u>Unliquidated Obligations</u>
<u>LATIN AMERICA Continued</u>				
Latin America-01	\$ 29,417	\$ 29,417	\$ 29,417	\$ -0-
Latin America-02	16,000	16,000	16,000	-0-
Peru-04	243,169	230,637	226,409	12,532
Peru-05	336,361	327,051	317,741	9,310
Peru-06	39,306	36,878	32,018	2,428
Peru-07	9,163	9,163	9,163	-0-
<u>INTER-REGIONAL</u>				
FPIA-01	20,366	20,366	20,366	-0-
FPIA-02	Merged W/FPIA-07			
FPIA-03	160,518	160,518	160,518	-0-
FPIA-04	16,030	16,030	16,030	-0-
FPIA-05	23,040	23,040	23,040	-0-
FPIA-06	13,522	13,522	13,522	-0-
FPIA-07	592,726	481,977	415,319	110,749
FPIA-09	2,931	2,931	2,931	-0-
FPIA-10	9,038	9,038	9,038	-0-
FPIA-11	8,959	8,959	8,959	-0-
FPIA-12	9,493	9,493	9,493	-0-
FPIA-14	11,050	10,857	10,857	193
FPIA-15	50,000	40,737	50,000	9,263
FPIA-16	58,877	52,902	52,902	5,975
FPIA-17	15,000			15,000
Finalization Contingencies	7,500			7,500
TOTALS	\$5,338,031	\$4,304,252	\$3,772,590	\$1,033,779

Table 18 presents the schedule of obligations, expenditures and unliquidated obligations for Grant AID/csd-3289, as amended, 1 July 1971-30 September 1975.

Table 18. Schedule of Obligations, Expenditures and Unliquidated Obligations for Grant AID/csd-3289, as amended, 1 July 1971-30 September 1975

<u>PPFA Costs:</u>	<u>Obligations</u>	<u>Expenditures</u>	<u>Unliquidated Obligations</u>
Salaries	\$ 1,698,235	\$ 1,698,235	\$
Fringe Benefits	160,315	160,315	
Consultants	216,795	216,795	
Travel	345,415	316,965	28,450
Other Direct Costs	1,001,300	908,920	92,380
Sub-Total PPFA	3,422,060	3,301,230	120,830
LDC Projects:			
Sub-grants/Sub-contracts	5,519,780	4,486,000	1,033,780
Commodities:			
Contraceptives (oral)	140,165	140,165	
Equipment, Supplies and other Commodities	1,856,005	1,668,960	187,045
Freight	299,320	299,320	
Sub-Total LDC	7,815,270	6,594,445	1,220,825
Total Direct Costs	11,237,330	9,895,675	1,341,655
Indirect Costs	2,262,670	1,969,400	293,270
Total Costs	\$13,500,000	\$11,865,075	\$1,634,925

REPORT OF THE EVALUATION OF
FAMILY PLANNING INTERNATIONAL ASSISTANCE
(Grant AID/csd 3289)

VOLUME ONE: FINDINGS, CONCLUSIONS & RECOMMENDATIONS

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I. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS
AND RECOMMENDATIONS

I. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of the evaluation was to provide FPIA with (1) evaluation findings which may be channeled into decision-making leading to program improvement, and (2) suggestions for evaluation criteria and methodologies for use in the FPIA program.

The major thrust of this evaluation was to assess the extent to which the subprojects were achieving their objectives and contributing to the achievement of the objectives set forth in grant AID/csd-3289.

The evaluation team had extensive contacts with FPIA headquarters and regional staff and visited thirty-nine field projects in fourteen countries (among the seventy active and completed projects in twenty-one countries as of the end of August 1974). The thirty-nine field projects visited represented about 85% of FPIA's field project funding through August 1974. Further, the thirty-nine field projects visited represented about 90% of FPIA's continuing field project funding in the current program year (September 1974 - August 1975).

A. Findings

Our overall impression based on our extensive site visits to FPIA field projects is that most projects were well-conceived, adequately administered, and were achieving their objectives to a reasonable extent. The detailed evaluation reports on individual projects are contained in Volume Two. Perusal of the individual project site visit reports is necessary in order to obtain a fuller picture of FPIA's work. The field projects contribution to the achievement of the purpose and objectives of Grant AID/csd-3289 is summarized below. The quantitative achievements of the individual field project objectives are outlined in the individual site visit reports in Volume Two. FPIA's current information and evaluation systems do not routinely produce global summary quantitative analyses of new acceptors, continuing clients, number of clinics, number of clinic locations, number of workers trained, and the numbers and types of informational and educational materials distributed, etc., although we recognize the limitations of composite data derived from different sources. This aspect of FPIA's operations is being strengthened and while improvements will take some time to be developed fully, some estimates of quantitative achievement were furnished by FPIA. These achievements are related to specific objectives in the table on page 4.

Objective 1: To provide contraceptives, supplies and equipment and financial support for the initiation or expansion of organized family planning services.

Comment - This objective is clearly being achieved through the subprojects supported by FPIA and other institutions to which FPIA provides only contraceptives, supplies, and equipment, although the major part of contraceptives, supplies, and equipment is provided outside of the subprojects.

Objective 2: To provide resources to family planning programs to assist in training increased numbers of family planning personnel who will staff expanding service programs. Special emphasis will be given to training nurses and midwives to deliver family planning services because of the acute shortage of physicians in developing countries.

Comment - This objective is being achieved through the field projects, often through in-service training. The Colorado Training Program and the Philippines sterilization center are good examples of the types of specialized training programs funded by FPIA. Aside from supporting a conference for nurse-midwives, and one project in Tanzania, and the presence of nurse-midwives and indigenous midwives in many of the service projects, FPIA has not developed any training program that may be said to constitute the special emphasis called for in the objective. Further, we would suggest broadening this objective in the future to include other auxiliary and paraprofessional workers.

Objective 3: To provide information, education, and communications resources to family planning and education programs to increase the levels of knowledge about and to improve attitudes toward the practice of family planning.

Comment - This objective is being achieved in many of the field projects. The evidence for this is varied. Some projects have undertaken relatively sophisticated studies of knowledge and attitude changes. Others have not conducted formal studies but base the achievement of the objectives on audience response to mass communications programs and acceptor response where IEC resources are linked to a service program. Finally, the institutional dimension of knowledge and attitudes must be accorded prominent attention. The very development of projects with existing organizations, particularly those previously neutral or opposed to family planning, is an important indication of favorable knowledge and attitude changes at the institutional level.

Estimates of Quantitative Achievement of FPPIA Supported
Field Projects (Cumulative, through Calendar Year 1974
Unless Otherwise Indicated)

Objective 1

Clinics (including mobile units)	191
Clinic Locations	1,199
New Acceptors (in Calendar 1974)	138,000
Revisits (in Calendar 1974)	168,000
New Acceptors plus Revisits (in Calendar 1974).....	306,000
New Acceptors	213,500
Medical Visits Other Than For Contraception (in Calendar 1974).....	603,300

Note: In addition to the above estimates for Field Projects, it is further estimated that contraceptives shipped under FPPIA's commodity program from its inception through calendar year 1974 are the rough equivalent of 388,000 women years of protection. This estimate is based on quantities shipped with one woman year of protection deriving from 18 cycles of oral contraceptives, 100 condoms, 3 IUD's, or 3 diaphragms.

Objective 2

Number of Paid and Volunteer Workers Trained	7,424
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Objective 3

Individual Pamphlet Titles	175
Copies of Pamphlets	1,622,450
Radio Program Titles	1,670
Programs Aired	3,500
Radio Spot Titles	120
Spots Aired	6,592
TV Program Titles	2
TV Programs Telecast	30
TV Spot Titles	12
TV Spots Telecast	0
Persons Counselling	406,000
Workshops and Seminars	701
Participants in Workshops and Seminars	20,900
Talks and Group Discussions	5,278
Participants at Talks and Group Discussions	713,000
Student Radio Contest Entrants	22,226
Films Produced	2
Posters Distributed	291,000
Books Distributed	260,000

Objective 4: To plan and implement systems of evaluation of program effectiveness as integral parts of all programs where assistance is provided.

Comment - As discussed in detail later in this report, evaluation of program effectiveness as an integral part of FPIA assisted projects is weak. FPIA plans for project evaluation have improved and some specifically contracted-for evaluations have been excellent (e.g., the CDC evaluation of Iglesia Ni Cristo). However, we found the implementation of evaluation plans in most projects to be inadequate.

Objective 5: To the extent possible select for support those projects which are innovative and will serve as models for regional or national family planning programs.

Comment - The innovative and creative nature of many of the FPIA supported projects is a major strength of FPIA. This important objective is clearly being achieved, and is given additional comment in the following sections of this summary.

In a program which helps establish and support many exploratory projects in different parts of the world, it is impossible to set a standard concerning the acceptable "batting average" that is achieved. Some failures are inevitable; some successes are almost automatic. Our opinions about levels of success of individual FPIA projects are rendered with the respective reports on each.

It seems as important and may be more useful for future planning also to consider the overall FPIA concept - the emphasis on innovation. Is it a good idea to invest in small, extra-governmental efforts in the hope that they will catalyze or otherwise eventuate in a broader range of effective activities? On the basis of our observations of FPIA projects, we are convinced that the answer is strongly affirmative.

From among the various possible justifications for charting new directions, we have selected four that have relevance in family planning program development, although they must be considered generic to the assessment of most efforts at exploring new directions. Each objective carries its own appropriate primary criterion of success.

There follow examples of praiseworthy accomplishment in order to make the point that small multiple efforts can complement and often may be essential forerunners of a central major endeavor. That other projects show less clearcut achievement does not lessen the cogency of the general argument, although search for explanation and avoidance of exposed pitfalls are warranted.

1. Objective - Introduction of a service or program where none had existed or involvement of new groups.

Criterion of Accomplishment - Significant attention is gained for the service, program or group.

Project examples:

- a. Family Planning among the Hill Tribes of Northern Thailand. When asked the question, "Why bother with a scattered, atypical population group like the Hill Tribes?", the ATD Mission Program Officer replied, "Because both the Government and our Mission have given that strategic area high priority, because a program lacks comprehensiveness without FP/MCH and because no other mechanism exists for its effective introduction there."

During the reviewer's visit to one of the villages, a tribesman came in from a more remote village to report an outbreak of severe illness with 23 deaths. He did not report this to any governmental agents, but to the FPPIA project director, because of the rapport that had been developed.

- b. Family Planning program by the Catholic service organization in Indonesia. This added another Christian group to the family planning proponents in the Country and permits entree into geographic communities which are predominantly Catholic.
- c. Conference of Christian Hospitals in Thailand. of the 17 institutions represented at the meeting, 14 are now active in or presenting proposals for new or expanded family planning programs. One aspect with tremendous impact potential is the development of hospital-connected surgical sterilization services.

- d. Philippines 14 (Jescomea) involved an important Catholic agency in family planning communications.
 - e. Ecuador 02 (Now 03) involved delivery of services by a group of women physicians which was formed for that specific purpose.
2. Objective - Breakthrough in terms of new approaches previously prohibited or resisted.

Criterion of accomplishment - Objections are removed or tacit acceptance is given.

Project examples:

- a. Traveling exhibits and shows in East Java. Topics and terms that had previously been taboo were openly presented to large mixed audiences, attracted considerable interest, generated questions and discussion and gave opportunity for public education.
- b. Family Planning among the Hill Tribes of Northern Thailand. Auxiliary village workers prescribe and distribute contraceptive pills without a physician, with the tacit consent of local health officials, although statutory government policy has not yet legalized such distribution. The fait accompli in this and some other programs is undoubtedly paving the way to official relaxation of current prescriptions.
- c. Philippines 09 introduced surgical sterilization into the Philippines.
- d. Philippines 16 established an in-country training and certification center for surgical sterilization.
- e. Philippines 15 introduced agricultural parallelisms as vehicles for family planning communication and motivation.
- f. Kenya 02 introduced educational programs in family life education in Kenya working with church, community and educational leaders.
- g. Ghana 02 integrates counselling, infertility services and family planning services. Counselling is becoming an important component in Planned Parenthood Programming as a result.

3. Objective - Strengthening of institutions or organizations that administer or are in position to contribute to family planning program or service.

Criterion of accomplishment - The new activity is consolidated.

Project examples:

- a. Nepal Women's Association training and use of local village members in family planning work. One rural seminar has trained and placed in the field 33 village members of the Association. A second seminar will soon be held and two more will follow in other parts of the country. The family planning is added to literacy and other previously established activities and thereby helps to round out and strengthen the local visibility of the organization. These are important implications in the broader question of the roles and status of women in the Country. The reviewer attended a ceremony sponsored by the Women's Association at which the Queen dedicated 1975 as the Woman's Year.
- b. Projects 04 and 05 in Peru provided for expanded services, first in an urban area and later in outlying areas.
- c. Philippines 06-07 - led to the inclusion of population education in school curricula.
- d. Philippines 01-04 initially a demonstration project involving mobile clinics, local health workers and nurse training, now an ongoing part of a hospital outreach program.
- e. Peru 06 - introduced courses in demography, fertility, infertility, and contraception into the medical school curriculum, as well as expanding the family planning program in terms of patient load and services delivered and providing a vehicle for teaching medical students about contraception.
- f. Kenya 02, working in family life education in a small scale, able to expand nationwide and consolidate gains with FPIA support.
- g. Colombia 02-A well established, respected mass-media education effort now receives support for education and instruction for "responsible parenthood."

4. Objective - Demonstration or controlled introduction of a pattern of service.

Criterion of accomplishment - Documented evidence of achievement.

Project examples:

- a. Haiti - The urban family planning program in Port-au-Prince became the nucleus of the new governmental program. Now, the rural service constitutes the model for national expansion.
- b. Family Planning program by the Catholic service organization in Indonesia. The demonstration value on a world scale of another country Catholic program is obvious. It is too new to offer more specific documentation.
- c. Philippines 08-12 (Iglesia Ni Cristo). This project introduced and implemented a program of mobile family planning clinics. After 18 months some 88,000 acceptors were recruited and continuation rates are high.

B. Conclusions

FPIA's field projects are contributing to the achievement of the purpose and objectives of Grant AID/csd-3289. The innovative and creative nature of projects is a major strength of FPIA. This is particularly noteworthy in view of the extremely complex and delicate position FPIA is asked to fill - between independent and often conflicting forces operating in a constantly changing context.

Other strengths include project development and conceptualization and the improved system for project review and approval. Organizationally, FPIA appears to be evolving improved approaches to the administration of its programs, especially the move to regionalization and some proposed changes in the headquarters alignment. The staff on the whole is good. It is a competent, enthusiastic, and open-minded group. Also, the quality of field project personnel is consistently good.

The principal weaknesses are: lack of an overall integrated system for the various components of FPIA's operations; lack of systematic feedback to field projects; lack of adequate technical assistance to field projects; and lack of operational evaluation as a built-in and functioning aspect of field projects.

In between the strengths and weaknesses lies an area in which FPIA performance has been mixed including: project monitoring, project management, project financing, project commodities; and, the project information system.

We believe that FPIA is consolidating its strengths, improving its uneven aspects, and taking appropriate measures to correct its weaknesses. We believe that the steps undertaken by FPIA prior to the start of this evaluation as well as those taken during the course of this evaluation, together with the implementation of the recommendations in this report will lead to an improved FPIA program.

We recognize the possibility that some of the improvements may require additional staff and/or funding for their implementation.

C. Recommendations

The following material brings together all of our recommendations for the improvement of FPIA's program. The recommendations also appear in the text of the report. (The pages on which the recommendations are discussed in greater detail are indicated in parentheses.)

Recommendations with Policy Implications

1. FPIA, PPFA, and USAID should continue actively to re-think the special unique role that FPIA can play in International Family Planning with the goal of recasting FPIA objectives and policies in support of this role within the next six months. (65)
2. Although the innovative potential of proposed projects should continue to be an important criterion for decisions to fund specific projects, FPIA's major emphasis should be to assist worthwhile projects however defined, both to initiate and to consolidate family planning activities to the point where they become mature on-going programs. Such assistance should continue to take the form of financial support where appropriate, technical assistance where needed, and commodity support both to projects which receive financial assistance and to other organizations which do not receive financial support. (67)
3. FPIA should develop the capacity actively and creatively to assist successful FPIA funded projects to find alternative sources of financial support and, wherever possible, to become entirely independent of outside funding. (68)

4. FPIA should begin aggressively and actively to promote more formalized relationships with other international organizations in the family planning field and to maintain regular and continued liaison with such organizations with the avowed purpose of encouraging these organizations to assume partial or complete support of successful FPIA projects when appropriate. (28)
5. FPIA should seek from USAID written approval for a policy whereby worthwhile successful projects may continue to receive FPIA support for extended periods when inadequate or no alternative sources of funds can be developed. (68)
6. FPIA should actively seek from USAID concurrence to approve more projects for a two year period. (66)
7. FPIA should seek clearance to extend project funding for periods of up to six months without the necessity of having to undergo the cumbersome process of formal USAID approval in each case. (66)
8. FPIA should actively seek supplementary funding from sources other than USAID. (67)
9. FPIA should seek from USAID authorization to approve small inexpensive projects for funding without each being subject to the full-scale USAID approval process. (68)
10. FPIA should seek from USAID written authority to increase project budgets when necessary up to some mutually agreed upon percentage and/or dollar limit. (69)
11. FPIA is urged to negotiate with USAID the development of some mechanism whereby the \$5,000 limit per project on local purchase of goods and commodities can be increased for selected projects where ample justification can be documented. (69)
12. FPIA and USAID should jointly explore the development of an understanding and of mechanisms to minimize the potential for conflict over priorities in the funding of USAID suggested versus FPIA originated project proposals. (23)
13. FPIA and USAID should work together to develop explicit guidelines for relationships and communications between local AID missions, FPIA supported projects, FPIA headquarters and regional offices and AID/Washington. The guidelines developed several years ago for the Pathfinder Fund might serve as a model. (23)

Recommendations with Operational Implications

14. Continue the systematic analysis of all FPIA operations with the eventual goal of developing an integrated system for all aspects of program planning, administration, and evaluation. (18 & 33)
15. Continue to develop and commence using the revised approach to project rating in the FPIA review and approval process, and, based on experience gained, attempt to develop different approaches to reviewing project proposals of varying scope, complexity, and budget. (38)
16. Continue to develop and implement improved financial management practices, especially for assuring prompt payments to field projects. (39)
17. Continue to develop and implement improvements in the procurement and distribution of supplies. (40)
18. Follow-up on FPIA's proposal to reassess its total on-going evaluation requirements and mechanisms including both operational and impact evaluation at project and headquarters levels. (42)
19. Continue the critical appraisal of the current project information system with particular emphasis on its being able better to meet the needs of project management and project monitoring. Initially, strive for integration into the system the data needs of other operational components also receiving first priority attention - financial management, project rating, procurement and distribution, and evaluation. (46)
20. When project grant amendments proliferate consider using some recording system to show cumulative changes made by each amendment. (51)
21. Dated and attributed site visit reports should be added to project files every time a project is visited.(52)
22. When individual operational components are reviewed and revised prepare appropriate manuals for use by Headquarters, Regional, and Field Project Staff. (46)
23. Adapt and install systems for the selective supervision of project activities in projects, as applicable. (48)
24. In consultation with selected project directors and utilizing the capacities of the revised project information system, establish a system of periodic feedback to projects. (47)

25. Institute a follow-up procedure to assess the impacts of FPIA-supported training programs on the program participants. (42)
26. Establish a limited clearing house for disseminating selected ideas, approaches, and materials developed in FPIA projects. (50)
27. Continue to develop the system for routine communication of FPIA policy decisions to the regional representatives. (62)
28. Improve project documentation at both New York and regional offices by: requiring that copies of all substantive communication between projects and New York be sent to regional offices; requiring that copies of all substantive communications between projects and regional offices be sent to New York. (62)
29. FPIA should provide enough lead time for Field Project Directors to review and concur in any changes made in project proposals during review and approval at Headquarters. (62)
30. FPIA Headquarters should routinely make available to regional offices appropriate periodic reports on the status of each project in the region. (62)
31. Delegate to Regional Representatives the authority (see Recommendation #9) to approve projects of limited scope, duration, and funding levels. (63)
32. Seek written approval from USAID for Regional Representatives to travel in their regions on prompt and timely bases. (63)
33. Seek USAID approval to employ consultants under agreed upon circumstances without prior USAID authorization and establish and maintain at headquarters and at each regional office a roster of locally available consultants who may be employed for short term technical assistance to field projects. (63)
34. Consider organizing and conducting regional or local workshops for project directors, covering project management, financing, evaluation, and future project development, as appropriate. (63)

Recommendations with Organizational Implications

35. Strengthen the field coordination function by adding to it the responsibility for defining field project technical assistance needs and developing approaches to providing the required assistance. (56)
36. Add to the current constellation of technical services available at FPIA Headquarters the strengthened capacity to assist projects to develop plans, administrative systems, record keeping and reporting systems, etc., essential to the achievement of specific project objectives. (56)
37. Reorient project site visits by New York staff to emphasize project management and technical assistance and to deemphasize project monitoring and general contacts. (58)
38. Reduce the administrative burden currently imposed on FPIA project managers by transferring as many as possible of the routine matters to the field coordination function thereby freeing project managers for greater involvement in project technical assistance. (58)
39. Strengthen the financial aspect of field projects including initial budget preparation, disbursements, fiscal accounting, and audit by employing a fiscal/accounting person to devote full time to field projects. Logically, this person would work under the direct supervision of the Chief of Financial Management and would have dotted-line relationships with the field coordinator and individual project managers. (58)
40. FPIA, with USAID concurrence, should complete its plans for regionalization by establishing a fourth regional office for West Asia. (63)