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FAMILY PLANNING INTERNATIONAL ASSISTANCE

REPORT OF PROJECT ACTIVITIES TO DATE

And

WORK PLANS FOR JANUARY-JUNE 1972

Submitted in compliance with Grant AID/csd 3289 by:

*Family Planning International Assistance
Planned Parenthood Federation of America
810 Seventh Avenue, New York, N.Y. 10019*

30 November 1971

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Africa

Kenya, Uganda, Tanzania, Zambia, Nigeria

Asia

Korea, Taiwan, Philippines, Indonesia

Latin America

Peru, Colombia, Ecuador

THE ROLE OF FAMILY PLANNING INTERNATIONAL ASSISTANCE

The purpose of Grant AID/csd 3289 is to enable the Planned Parenthood Federation of America, Inc. (PPFA) to work with Church World Service in increasing the quantity and quality of family planning assistance to church-related hospitals and other church facilities and programs in Africa, Asia, and Latin America. To this end, PPFA has created Family Planning International Assistance (FPIA) as its international division, responsible to PPFA's Chief Executive Officer for the implementation of Grant AID/csd 3289.

During the first five months of activity under this grant, FPIA moved on several fronts which included (1) staffing to carry out the grant's exciting but demanding priorities, (2) developing a program management system which would include procedures for ensuring effective commodity control and accountability and for collecting and analyzing program information, (3) providing technical assistance and project development resources for family planning field activities in order to increase the volume and effectiveness of church-related family planning programs.

The remainder of this report constitutes both a review of activities during the first five months of operations under Grant AID/csd 3289 and an action plan for the last six months of the first year of the grant. Focus of the action plan is on (1) instituting an effective management system for commodities distribution and control, and (2) developing project activity overseas to increase the volume of family planning services in church-related hospitals and other facilities.

FPIA STAFFING

In creating FPIA, its new international division, in order to implement Grant AID/csd 3289, the Planned Parenthood Federation of America, Inc. appointed four of its senior, professional staff members to full-time positions within FPIA. These persons and their titles are as follows:

John Palmer Smith, Director of Family Planning, International Assistance

Caridad G. Lorenzana, Assistant to the Director

George Varky, Management and Program Information Specialist

Fred D. Williams, Fiscal Officer

Subsequently, following an intensive search for qualified personnel, FPIA has employed the following full-time professional staff:

Anthony E. Drexler, Program Consultant

Edward L. Perez, Program Development Assistance Specialist

Yoh Ok Lee, Educational Materials Specialist

John Mathai, Statistician

Julius C. Whitt III, Administrative Assistant

On a regular, part-time basis, FPIA has employed the services of the following professional staff:

Brent Ashabranner (60% time), Senior Program Consultant

Miriam Manisoff (50% time), Director of Professional Education,
Department of Training, PPFA and Program
Consultant to FPIA

On an irregular part-time basis, FPIA has contracted for the professional services of the following persons for specific assignments:

Charles A. Patterson, formerly Manager of Planning and Comptroller
and, previously, Director of the Department
of Training of PPFA

John Wood, Population Crisis Committee, formerly with The Pathfinder Fund

In addition to these staff resources, the FPIA Director has had the advice and guidance of the FPIA Project Steering Committee composed of the following PPFA Senior Staff:

Alan Guttmacher, M.D. , President, PPFA and Chairman, FPIA Project
Steering Committee

Frederick Jaffe, Vice-President, PPFA, Director, Center for Family
Planning Program Development

Robin Elliott, Director, Information and Education Department, PPFA

Jerim Klapper, Director, Field Department, PPFA

In addition, the following PPFA Department Directors have provided invaluable assistance to the FPIA Director on matters pertaining to their respective areas of expertise:

David W. Parker, Director, Department of Training, PPFA

Eleanor Snyder, Director, Research Department, PPFA

George Langmyhr, M.D. , Director, Medical Department, PPFA

FPIA is continuing to recruit qualified candidates for the following full-time professional staff positions:

Director of Project Development*

Program Development Assistance Specialist (Medical Doctor)

Training and Manpower Development Specialist

Program Development Assistance Specialist (Nurse-Midwife)

*Brent Ashabranner, Senior Program Consultant, is serving as Acting Director of Project Development

MANAGEMENT AND PROGRAM INFORMATION

The primary need for information when FPIA began project operations in July, 1971 was to identify the hospitals and clinics around the world where CWS-assisted family planning service was being provided. The Directory of Protestant Church-Related Hospitals Outside Europe and North America, published in 1963 by the Missionary Research Library (New York City) listed a total of 1231 medical Institutions. These hospitals had been the base of the Church World Service medical assistance program worldwide, but there was no clear knowledge of additions to and deletions from this list in the years since its publication, nor is there definite information about which among these hospitals were providing family planning service of any kind.

Our research into a variety of records available at the CWS/PPP office and the information brought back from field visits by FPIA staff members and consultants have now produced the List of Church Related Hospitals Known To Provide Family Planning Services hereinafter referred to as the Active List, (see Attachment I., a summary of which follows on the next two pages). This list of 534 hospitals and clinics located in 56 different countries gives the location and address of the hospitals and the name of the Director or family planning contact in the hospital. It also indicates whether the service provided is contraceptive or just educational.

An updating of the 1963 Directory, mentioned above, has been in progress under the auspices of the World Council of Churches for some time. It does not appear from our study of the situation that it will be completed at any reasonably early time to meet our immediate need for information.

Number of church-related hospitals/clinics
known to provide family planning services by country

<u>Name of Country</u>	<u>No. of hospitals/ clinics</u>	<u>Name of Country</u>	<u>No. of hospitals/ clinics</u>
1. Angola	1	22. Ivory Coast	1
2. Argentina	1	23. Japan	5
3. Bahrain	1	24. Kenya	3
4. Bolivia	1	25. Korea	7
5. Botswana	6	26. Lebanon	1
6. Brazil	2	27. Lesotho	1
7. Burma	1	28. Liberia	1
8. Burundi	3	29. Malawi	5
9. Cameroun	4	30. Malaysia	1
10. Chile	4	31. Mexico	4
11. Colombia	2	32. Morocco	1
12. Congo, Republic of (Leopoldville)	9	33. Mozambique	1
13. Costa Rica	2	34. Nepal	8
14. Dominican Republic	1	35. New Guinea	10
15. Ethiopia	5	36. New Hebrides	3
16. Federation of Rhodesia & Nyasaland	11	37. Nicaragua	1
17. Ghana	20	38. Nigeria	11
18. Hong Keng	5	39. Okinawa	1
19. India	237	40. Oman	1
20. Indonesia	54	41. Pakistan	9
21. Israel	2	42. Paraguay	3
		43. Peru	5

Number of church-related hospitals/clinics
known to provide family planning services by country (continued)

<u>Name of Country</u>	<u>No. of hospitals/ clinics</u>
44. Philippines	25
45. Puerto Rico	3
46. Singapore	1
47. South Africa	11
48. Southern Rhodesia	2
49. Taiwan	8
50. Tanzania	7
51. Thailand	7
52. Trinidad	1
53. Turkey	1
54. Uganda	3
55. Yemen	1
56. Zambia	9
<hr/>	
TOTAL	<u>534</u>

Hence, an FPIA input seems necessary for us to be able to bring this data into our planning for expansion of activity in the second and third project years. Some of the details of this intended input are discussed below.

There are persons and institutions other than those listed in the 1963 Directory suitable for incorporation into this worldwide family planning delivery system. They are, in part, a group of physicians (many of them medical missionaries) not associated with hospitals included in the Active List, but who have at some time or other requested assistance from the CWS/PPP or expressed interest in its work. This we call the Secondary List of Potential Service Providers (see Attachment II.) and consists of 317 private physicians and others in 43 countries. By seeking to include these private physicians in the delivery of family planning services, women who are not likely to visit clinics may thus be reached. In addition to private, church-related physicians, there are an estimated 1000 nutrition centers operated by Church World Service and other international agencies in developing countries which offer a potentially effective point of contact with people characterized by a high degree of need for family planning service.

The Active List (see Attachment I.) has been compiled by FPIA staff using the following sources of information:

1. CWS Planned Parenthood Program

Mr. Charles Ausherman, Director of the CWS/PPP, conducted a post card survey among church-related hospitals in November 1970 with a view to identify among them those hospitals that provide family planning services. About 345 hospitals and clinics returned the post cards with the desired information. Of these 345 cards, 146 were from

India. Examination of these post cards by FPIA has revealed that about 320 of these hospitals provided family planning services in varying measures. These 320 institutions comprise the bulk of this Active List.

2. Field Visits

During the months of September, October, and November of 1971, several field visits were made by FPIA staff and consultants to the countries of Chile, Costa Rica, Peru, Colombia, Ecuador, Indonesia, Philippines, Taiwan, Korea, Kenya, Nigeria, Uganda, Tanzania and Zambia. These visits provided some additional information gathered either at the clinics which were visited or from national or regional program co-ordinators or their staff.

3. National Christian Councils and other Church-Related Sources

Lists of church-related hospitals that provide family planning services in their areas have been received from the Taiwan Christian Service, the CWS Representative in the Dominican Republic, the Hong Kong Christian Service, the Church Hospitals Association of Ghana, the Medial Missionary Association of Botswana, the Council of Churches in Indonesia and the Christian Medical Association of India. All relevant information from these lists have been used to supplement the Active List.

4. CWS Shipping Records

CWS/PPP shipping authorizations for commodities include the address of medical institutions to which the commodities are supplied. All institutions not covered by the previous sources were added to the List.

5. Other CWS Records

The country files maintained by the CWS/PPP provide miscellaneous correspondence, reports, etc. Any hospitals found among these records and unduplicated in from other sources were also included in the List.

The Secondary List of Potential Service Providers (see Attachment II.) was compiled by FPPIA from a list of physicians around the world who have at some time or other expressed interest to CWS/PPP in providing family planning service and whose names were not duplicated on the Active List.

A numerical summary of these potential service providers by country follows on the next page.

NUMBER OF PHYSICIANS IN SECONDARY LISTBY COUNTRY

<u>NAME OF COUNTRY</u>	<u>No. OF PHYSICIANS</u>	<u>NAME OF COUNTRY</u>	<u>No. OF PHYSICIANS</u>
1. ALGERIA	1	22. LEBANON	1
2. ANGOLA	6	23. LIBERIA	3
3. ARAB REPUBLIC OF EGYPT	1	24. MALAGASY	2
4. ARGENTINA	2	25. MALAYSIA	1
5. BOLIVIA	6	26. MALAWI	3
6. BRAZIL	26	27. MEXICO	6
7. CAMEROON	5	28. MOROCCO	1
8. CENTRAL AFRICA REPUBLIC	1	29. MUSCAT	1
9. CHILE	1	30. NIGERIA	10
10. COLOMBIA	10	31. PAKISTAN	1
11. CONGO, REPUBLIC OF (LEOPOLDVILLE)	17	32. PARAGUAY	1
12. ETHIOPIA	9	33. PERU	29
13. GHANA	3	34. PHILIPPINES	123
14. GUATAMALA	3	35. PORTUGAL	1
15. HATTI	3	36. RHODESIA	3
16. HONDURAS	1	37. RWANDA	1
17. INDIA	16	38. TANZANIA	2
18. IRAN	3	39. THAILAND	5
19. IVORY COAST	1	40. TURKEY	2
20. JORDAN/ISRAEL	2	41. UGANDA	1
21. KOREA, SOUTH	1	42. URUGUAY	1
		43. ZAMBIA	1
		TOTAL	317

Because of its importance for program planning, implementation and ✓ evaluation, FPIA will devote special attention to the collection and analysis of information regarding patients served in church-related facilities *needs* worldwide. This information (number of patients served, their age and parity, etc.) is not available at present in many of the medical facilities assisted by the CWS/PPP. During the remainder of the current fiscal year and throughout the life of the project, FPIA will provide assistance to local facilities in implementing and improving patient record-keeping systems.

Much of the information remains to be collected for the more than 500 hospitals where family planning service is currently provided. To this end, FPIA will conduct a mail survey of these institutions during the last six months of the current fiscal year. A high response rate is *? List survey of churches* hoped for through the use of international postal coupons for returning the questionnaire and through the assistance of CWS overseas representatives and other national contacts.

Efforts will continue to identify those medical facilities not now included in the Active List. To this end, FPIA will cooperate with the effort of the World Council of Churches to update the 1963 Directory of Church-Related Hospitals. FPIA staff resources and other assistance will be devoted to this effort during the coming months. As new hospitals are identified and added to the Active List, they will also receive the mail survey described above. ✓

The primary purpose of gathering and analyzing management and program information in this project is to enable FPIA to use rational criteria in

making decisions as to where family planning assistance ought to be provided, and of what kind and magnitude it should be. These decisions will depend upon the need for services, the perception of the need by the local population and leadership, and the ability of the hospitals or clinics to deliver the expected services.

Consequently, FPIA will continue to build its information base during the remainder of the current fiscal year and for the duration of the project. During the coming months, FPIA will be collecting the following types of information regarding both active and potential providers of service in church-related agencies and programs worldwide:

1. Location of the hospital or other facility.
2. Bed capacity and size of medical staff of hospital or other facility.
3. Types of maternal and child health services provided other than family planning.
4. Sources of family planning services in the community other than those provided by church-related facilities and programs.
5. Attitudes of local population and political and social leadership to family planning.
6. Kinds of family planning services currently provided by church-related facilities and programs if any.
7. Number of persons receiving services if currently provided.
8. Age, parity and other information on those persons accepting family planning services.
9. Views of local leadership of family planning programs as to the kinds and amounts of additional family planning service needed.
10. Training and manpower development, if any, for family planning workers.

During the remainder of the current fiscal year, FPIA will begin to computerize the management and program information which has been and will be collected. Computer facilities for this effort will be those of the Planned Parenthood Federation of America scheduled to go into operation in January, 1972. Until regular computer reports are available, FPIA will maintain summaries of hospital/clinic information in its files as per the sample data form on the following page.

Following

FAMILY PLANNING INTERNATIONAL ASSISTANCE
HOSPITAL/CLINIC INFORMATION

Year _____

Institution _____

Country _____

Address _____

Services Provided: MCH _____ Pediatrics _____
Delivery _____ Leprosarium _____
Prenatal _____ Sanatorium _____
Postpartum _____ Other _____

Telephone No. _____

Beds No. _____ No. of M.D.'s: full time _____
part time _____

Director _____

No. of Nurses _____ Nurses Aides _____

Family Planning Contact _____
(if different from Director)

Family Planning Services: Contraceptive _____
Info/Educ _____ Referral _____

Title _____

Family Planning Methods Provided in the Hospital:

	Pill	IUD	Cond	Inject	Diaph	Rhy	Vasec	Tubal	Abor	Other
Check if yes										
No. New Patients										

Training Program Provided:

	M.D.	Nurse	Nurse Aide	Mid-Wife	Counselor	Field Worker	Others
In The Hospital							
Else-where							

Information, Education, Communication Activities:

	Printed Material	Audio Visual	Lectures	Home Visits	Counseling*
Hospital Patient					
Community					

Where Family Planning Services Are Provided: F.P. Clinic _____ Post Partum _____
Well Baby Clinic _____ Mobile Van _____
Field Worker _____ Dispensary _____ Other _____

Attitude of Local Leadership Toward Family Planning Services:
Enthusiastic _____ Will Cooperate _____ Indifferent _____ Opposed _____

Presence of Community Development Activity: Govt. Sponsored: Yes _____ No _____;
Private Body: Yes _____ No _____; Other (specify) _____

Hospital/Clinic Director's Ideas on Expanding (Starting) Family Planning Services:
Expand (Start) _____
(Mention methods, service, etc.)

Start.Date: Year _____ Month _____; No Definite Idea _____; Opposed _____

The Church World Service Planned Parenthood Program: A Review of Activities

Church World Service has among its varied program activities around the world a Planned Parenthood Program for the provision of family planning assistance to church-related medical facilities in developing countries. This assistance consists of supplies of contraceptives and other commodities and cash grants for individual programs. Neither the hospitals nor ✓ the family planning clinics are controlled by CWS and the assistance provided typically finances only a part of the family planning service. The rest of the financing comes from local or other foreign sources. The CWS Planned Parenthood Program can be characterized more as a series of actions to assist local family planning programs than as a program of operating family planning clinics.

In 1969 the total family planning assistance provided by CWS amounted to \$731,000. In 1970, the program decreased to about \$232,000 including \$75,400 in program assistance. In 1971 the level of activity seems to have stayed at or near the 1970 level.*

Because of the CWS emphasis on responding promptly to requests for assistance, leaving evaluation exclusively to the operating agencies, little information is currently available on the number and characteristics of patients served by the programs.

* See attached table for breakdown of these figures by region. The statistics have been abstracted from several CWS/PPP sources. The 1970 commodities figure is an FPIA estimate based on a detailed count and approximate valuation (at 1970 average procurement prices) of all items included in the Overseas Procurement Request Forms for 1970 on record at CWS PPP office.

OVERSEAS AID BY CWS PPP, 1969 AND 1970

	1969	1970		
Region	Total Aid (\$)	Commodities* (\$)	Program Assistance (\$)	Total Aid
1	2	3	4	5
ASIA	668,828	107,976	47,554	155,530
AFRICA	21,817	6,250	10,000	16,250
LATIN AMERICA	38,850	41,666	17,863	59,529
MIDDLE EAST	626	953	-	953
OCEANIA	820	-	-	-
TOTAL	730,941	156,845	75,417	233,262

This appears low

* Estimated at 20% above the value of shipments covered by Overseas Procurement Request Forms, to cover shipments through other channels than the New Windsor Warehouse such as "off-the-shelf", direct-from-supplier and hand carried commodities.

AFRICA

In Africa the primary CWS effort has been in the distribution of contraceptive supplies and educational material. Seventeen African countries have received materials from CWS. In many cases CWS support was directed to individual doctors and missionaries in countries or ✓ areas where the government was not supporting any family planning activity. Thus, during 1970 and 1971 support was provided to the Camerouns, Tanzania, Malawi, Algeria, Angola, and Malagasy to individuals attempting on their own without government support or encouragement to establish family planning services. These doctors and many others contacted previously by CWS have expressed their strong interest in pilot family planning activities to serve the people of their areas. The contribution by CWS of contraceptive supplies and written material can be considered instrumental in developing these pilot efforts in Africa which may serve as the basis for expanded program activities in the future.

CWS has also engaged in a program support operation in Burundi. Working through Pathfinder Fund, CWS has provided contraceptive supplies, literature, medical equipment, and other supplies and equipment plus program support for a nurse midwife sent to Burundi to assist the Minister of Health to set up Burundi's first family planning program through the National Health System. Under this program, the nurse midwife is providing family planning assistance within the context of maternal and child health care. Nurse Tannenbaum is presently training students at the School of Nursing in Katego and rural health workers throughout Burundi in family planning information and services. She is also aiding in the development of pre and post-natal clinics which

will place greater emphasis on family planning. This project involves a total budget of \$14,450 and is scheduled to continue until June 1972.

LATIN AMERICA

In Latin America, most program support has been directed to the Caribbean and Central American regions, although a small amount also has been provided for Brazil and Peru. In Argentina, Bolivia, Brazil, Colombia, Chile, Paraguay, and Peru material support has been provided as well as small amounts of program assistance. In Bolivia, contraceptives and educational materials have been provided, plus small grants to cover local materials printing costs. In Brazil the Church World Service provided \$2500.00 to support the Ambulatorio da Praia do Pinto in Rio in 1966 to expand their clinical facilities. The CWS has supported the Family Orientation Service (SOF) in Sao Paulo since 1965. This support has assisted the SOF in developing a clinic for family guidance services in which clinic courses have been held to teach family orientation. Courses have been given to the community at large as well as many lectures to various groups in the Sao Paulo area. In addition, the clinic provides a wide range of medical family planning services. A satellite organization, the Center for Family Orientation, has been established in Maua with SOF assistance. Direct budgetary support for this project from CWS funds has been limited. Only two to three thousand dollars have been allocated to this project per year since 1965. However, a considerable amount of donations from other church groups has been directed to this clinic and channeled through the Church World Service Planned Parenthood Program.

CWS supported the production and creation of family planning filmstrips in Peru and in 1967 CWS supported the first regional ✓ forum on health and family planning which was attended by 75 rural teachers. At the present time CWS is very active in establishing programs in cooperation with other agencies in Peru. Four staff members are presently working in programs related to family planning, and the CWS is now in a unique position to expand program activities in the family planning field throughout the country. Under the present program CWS has been working in coordination with the Center for Studies in Population Development, the government family planning agency. Activities are also under way in the interior of the country with local contacts and clinics. In all of these projects, CWS distributes contraceptive materials, film strips, educational materials and medical kits to assist doctors and local specialists to increase awareness of family planning and services available to the people of their region.

In Costa Rica, CSW has assisted the Center for Family Orientation (COF) in utilizing radio and TV programs for family planning information and education. The COF also operates the San Jose Counseling Center which provides family planning information and advice for the capital city of San Jose. The COF program has received widespread acclaim and is regarded as a model of effective family planning counseling and communication for the Central American region.

In the Dominican Republic, CWS has worked in cooperation with the Servicio Social de las Iglesias Dominicanas in establishing 57 distribution points for contraceptive supplies. There is also an

attempt under way to integrate family planning into the CWS-sponsored mother/child nutrition centers and the CWS food for work program. A family planning supervisor has been employed to coordinate these programs and the contraceptive distribution program. The present level of support for this effort is \$14,300; however, a larger project request is presently under consideration which will provide community family planning counselors to work in the rural villages to integrate the three elements of the CWS program, raise the general level of awareness of family planning, and increase the level of family planning services available to the rural people of the Dominican Republic.

In Haiti, the CWS has for some time provided supplies and materials through the Christian Service of Haiti (CHS), an organization established with CWS support and directed towards the advancement of family planning within a maternal and child health framework. Beginning in 1967, CSH supported the family planning activities of 14 clinics. CSH convened the first national conference on population and family planning, is playing a catalytic role in creating an awareness among other volunteer agencies, churches, and the local private sector and is undertaking an extensive education and information campaign within the maternal /child welfare framework. CWS provided over \$6,000 worth of contraceptive supplies and information to CHS in 1969 for this project and recently procured audio-visual equipment for this project through the Pathfinder Fund. A further request is presently under consideration for the expansion of this activity in a larger, more comprehensive framework.

CWS program activity in the West Indies began in 1967 when an international team was sent to Saint Lucia, Barbados, Granada, Trinidad, Tobago, and Jamaica. Following the report of that mission, a coordinator/consultant was located in the West Indies, and through his efforts a number of small projects have been developed and supported to increase the churches' commitment to family planning in the West Indies. A writers' workshop was held in which 18 indigenous books, booklets and filmstrips were developed for family planning programs throughout the region. A program of sex education seminars has been held in various locations including Guyana, Barbados, and St. Vincent. A conference on the Churches' responsibility to the family in the Carribean was held in Barbados in which important representatives of the churches of the Carribean area discussed the relationship of the churches' position on family planning to efforts in their countries. The conference endorsed family planning and took action to modify the rigid church position on illegitimacy which has hindered effective church action on family planning in the West Indies. There are presently nine councils of churches actively participating in family planning programs in the Carribean. CWS support for the West Indies during the first half of 1971 amounted to \$17,000 which included funds for the CWS consultant and representative in that region. ✓✓

Projects for the Carribean area already budgeted for 1971 include the production of the film developed at the writers conference and the printing and distributing of literature developed through that conference. In addition, special programs for family planning are being developed for several islands within the Carribean area. These ✓✓

programs are being implemented through the churches and local councils of churches which have proven an effective vehicle for such information.

ASIA AND THE MIDDLE EAST

In the Middle East, support has been provided to Arabia (Bahrain), Morocco, Iran, Jordan, Oman, and Yemen. In these countries, contraceptive supplies and medical kits have been provided.

The largest single country program of the CWS Planned Parenthood Program is in India where funds and supplies are channeled through the Christian Medical Association of India Family Planning Project to some 250 church related hospitals. This program began in 1966 with the CWS/PPP coordinating and channeling funds to this effort. *India*

A major feature of the CMAI program is the training of family planning staff by a mobile team consisting of a social scientist, two nurse-midwives and a driver/projectionist in each of eight regions to which the CMAI hospitals have been divided. Their duties also include resolving management problems including ensuring the smooth flow of supplies, proper maintenance of records, etc. ✓

Indonesia has a rapidly growing family planning program in its Christian hospitals. Working through the Subcommission on Responsible Parenthood of the Council of Churches in Indonesia (DGI), the Church World Service sponsors a full-time medical doctor, a part-time doctor, a minister, and a communications specialist in addition to supporting personnel. The program concentrates on encouraging the 68 church hospitals in Indonesia to upgrade their maternal and child health clinics ✓

and include family planning in their work. During 1969, CWS provided \$66,000 worth of contraceptive supplies and other materials to the DGI for use in this program. As the commodities supply system of the governmental program further develops, major inputs of contraceptive supplies will no longer be required from CWS for the three principal islands of Indonesia (Java, Bali and Madura); however supplies will continue to be needed to meet any shortages in the government supply system and to support programs in the outlying islands not covered by the government program. ✓✓

DGI has for some time emphasized family planning information and education in Indonesia since these activities are recognized by the government and by other donor agencies as of primary importance. DGI innovation and development of communication material has been widely acclaimed. In the past the DGI program included training courses for rural midwives, conferences for ministers, and family planning fairs (indigenous cultural media were used during eight fairs in 1970 to attract thousands of people to the simple but basic message of responsible parenthood). Also during 1970, DGI experimented with a variety of new approaches to family planning information and education. Radio spot announcements were developed; radio dramas of 15 minutes duration were produced for 60 stations throughout the country; an informational filmstrip for urban areas was produced and a traveling family planning exhibit visited many fairs utilizing the traditional technique of the "Ludruk" folk play to raise people's level of awareness of family planning. DGI also produced booklets and posters for the Christian community, a booklet in the local ✓✓

language and a newsletter on family planning. Total CWS budgetary support for the DGI programs amounted to \$30,000 in the 1971 budget.

In the Philippines, the CWS Planned Parenthood Program has consisted primarily of the supply of contraceptives and I E and C material. The total supply of these materials in 1969 amounted to over \$358,000. These were distributed to the National Council of Churches of the Philippines, through the CWS representative, to various church-related facilities. CWS has recently received several project proposals requesting program support to increase the level of CWS operations in the Philippines.

The family planning program of the Taiwan Christian Service (TCS) has been supported by CWS since 1967. The TCS program, which involves a subsidy of Christian hospitals, a mobile clinic, an educational program among church leaders, and distribution of oral contraceptives in Taipei, received \$15,000 from CWS in 1967. The present TCS program includes an urban clinic which serves 10,000 patients in a slum area of Taipei. Support for this program under the 1970 budget amounted to \$10,000 and, under the 1971 budget, \$8,000.

Relatively little CWS/PPP assistance has gone to South Korea to date. In the past, Lutheran World Relief, in cooperation with the CWS/PPP, provided support for two family planning programs, a mobile clinic and a research program in Seoul. The church in South Korea often has an identity and rapport among the poor which is far stronger than that of the government agencies and therefore more effective in delivering

assistance at this level. The Korean National Council of Churches (KNCC) has now organized several family planning seminars coordinated with the government clinical program in order to reach church women country-wide. Project proposals have been submitted to the CWS/PPP to utilize the extensive community level contacts available through the Church in reaching people for family planning. These projects will fill gaps which have developed in the government's family planning program.

In addition to the above mentioned Asian programs, CWS has provided program support to projects in Okinawa (the Ryukyu Islands) and Hong-Kong, and received requests for programs from Thailand, Burma, Nepal, and others.

SUMMARY

This review has described the past and present program support activities through which CWS has encouraged the development of planned parenthood programs in many nations of the world. CWS has provided funds for the initial operations of many family planning programs in countries where they could not otherwise have been established. They have also utilized their funds to develop and maintain family planning operations through which large amounts of contraceptive materials, supplies and educational materials have been channelled.

Potential Expansion of Family Planning Services Through CWS-Assisted
Nutrition Programs

FPIA has begun to explore, with Church World Service, the possibilities for linking family planning services with nutrition programs operated by CWS in many developing countries around the world. Though considerable program development work remains to be done, FPIA believes that there is good potential for expansion of family planning services in this area.

Church World Service is presently utilizing US PL 480 food supplies in its maternal and child nutrition programs. In these programs PL 480 food supplies are utilized, in combination with locally available foods, to provide a nutritionally balanced meal, high in caloric and protein value, for needy mothers and children. These programs are administered at the local level by a full time Supervisor. This Supervisor, assisted by several volunteer women, prepares one hot meal daily for the mothers and pre-school age children of the area. Mothers and children participating in the program come to the nutrition center for their meal each day. In some programs, additional food is provided to take back to their families in order to raise the general nutritional level of other members of the family.

In most programs, educational and other mother craft activities are combined with the nutrition program. Since the centers usually supplement the PL 480 foods with local foods, there is often a garden associated with the food distribution center. The mothers attending the food distribution center are taught how to cultivate a backyard garden to supply sufficient vegetables and legumes to supplement their diet

and increase the nutritional value of the food which they are preparing for their family. In addition to lectures and discussion groups, the mothers are also instructed in food preparation and taught the elements of good hygiene, better child care, basic nutrition and sanitation which they can apply to their daily life. In some countries, particularly in those programs associated with a hospital, the mothers participating in the nutrition program receive medical check-ups and the children also receive medical care. Thus the nutrition centers attempt to combine the provision of nutritional services for needy families with the education and instruction necessary for these families to improve their own condition.

The nutrition centers thus provide a clustering of people for whom a family planning program is extremely relevant. The mothers who participate in this program are unable to provide an adequate diet for their children. Often, the women already have many children with no means to effectively space or limit their family size, even if they would wish to. Thus for many of these women, the prospects of avoiding unwanted pregnancies might prove a welcome one. As noted earlier, some of these nutrition centers operate within a maternal/child health framework. The addition of family planning to this framework would be a valuable health measure, improving the health of the mothers and the well-being of the existing offspring.

Initial steps have been taken in some countries to introduce family planning education and services into the mother/child nutrition programs. The first larger scale effort of such program integration has been proposed for the Dominican Republic.

Both CWS and FPIA are fully cognizant of the fact that the integration of family planning into nutrition programs must be accomplished with great sensitivity. Every precaution must be taken to make absolutely certain that acceptance of family planning services is not and is not thought to be a condition for receiving food. With this in mind, FPIA will continue to explore and develop possibilities for the extension of family planning education and services through the nutrition programs in all countries where this action seems feasible.

A summary of the existing CWS Nutrition Program is offered on the following pages.

CWS NUTRITION PROGRAMS

	Number of RECIPIENTS	FACILITIES	PROGRAM DESCRIPTION
<u>AFRICA</u>			
1. Congo	2,211 Total 979 mothers 1,239 children*	Hospitals, dispensaries and one mobile clinic	Food distribution takes place weekly to children and expectant or nursing mother and is often linked with a comprehensive health check-up. Where possible, mothers are instructed in food preparation methods.
2. Ghana	6,000 Total 2,500 mothers 3,500 children	Clinics, hospitals and distribution centers - 84 in all	Supplemental feeding to combat malnutrition of children, especially in the post-weaning period and to encourage local organizations and government bodies to recognize the need and help sponsor these programs. Attached to the weekly or fortnightly feeding programs are maternal and child health clinics.
3. Madagascar	276 Total 100 mothers 176 children	Distribution through "extension of a school lunch program, kinder- gartens and children's clubs.	limited program as officials not convinced of theory of balanced diet.
4. Malawi	8,300 Total	Private hospitals and clinics, some govern- ment hospitals and 3 mobile teams serving 15 substations	Food to underweight children and to mothers during their stay in hospitals. 1972, Program due to be phased out in 1972 and replaced with a mix of locally grown foods to be used for maternal child welfare program. Number of prenatal clinics. 3 mobile teams provide child welfare services.

*all CWS programs are for children under six

	Number of RECIPIENTS	FACILITIES	PROGRAM DESCRIPTION
5. Granada	6,108	40 centers--34 government centers with government staff and 6 Granada Inter- Church Council centers with volunteer staff	All centers are nutritional and educational. Government centers are also medical. Centers are connected with Day Nurseries, Family Planning Associations, Alcoholics Anonymous, Mental Health. Visiting public health nurse back up by volunteers who instruct mothers in feeding and caring for the children.
6. Haiti	12,000 Total 2,000 mothers 10,000 children	43 centers--15 Nutrition centers fin- anced by Haitian Bureau of Nutrition, 19 centers financed by other govern- ment organizations or private organizations which are attached to clinic or hospital and 1 Service Chretien d'Haiti center. All staffed by variety of doctors, nurses, nutritionists, etc.	Haitian government doctors select most severely malnourished children who come to the centers in groups with their mothers for a 4 month period. Mothers help prepare meals, are instructed in nutrition, the importance of sanitation and proper child care.

	Number of RECIPIENTS	FACILITIES	PROGRAM DESCRIPTION
<u>ASIA</u>			
1. India	71,000 Total 13,000 mothers 40,000 children (CWS)	Clinics and distribution centers	Part of the Economic and Community Development Project. Includes use of local nutritional food in nutritional education supplemental feeding program for children and their mothers. Plan to have strong MCH program which will then be associated with family planning. Already, there are 2,000 participants in the family planning program.
	18,000 Total 4,000 mother 14,000 children (LWR)		
2. Indonesia	17,000	115 distribution centers in hospitals, maternity clinics and polyclinics	Feeding program expanded by 3,000 due to an increase in facilities through officials contact with the Indonesian Department of Health. In hospital distribution centers family planning encouraged
3. Philippines	17,500 Total 1,755 mothers 15,795 children (1972 figures)	161 church-related kindergartens (1970)	Nutrition education program includes lectures, cooking demonstration, using supplementary foods and local nutritious foods. In 1972, centers would include child nutrition and health, food preparation, family planning and prenatal and postnatal care (depends on availability of facilities, equipment and personnel).

	Number of RECIPIENTS	FACILITIES	PROGRAM DESCRIPTION
<u>TIN AMERICA</u>			
Brazil	39,780 Total 7,352 mothers 22,438 children	119 centers through institutions which serve pregnant women and small children	Feeding children in the pre-school age group; motivating and gradually improving nutrition and health education of the mothers. Most centers have a combination of services: nutritional, educational and medical--medical service mostly comes from outside sources i.e., local doctors, hospitals, clinics.
Chile	5,300 Total 1,200 mothers 4,300 children	clinics and distribution centers	Infant maternal feeding helps eliminate malnutrition by providing more protein and more calories. Limited nutrition education program and responsible parent-hood program.
Peru	4,165 Total 813 mothers 3,352 children	42 centers	In addition to food distribution, all centers are educational and 4 provide medical services (gynecology and pediatrics).
Dominican Republic	4,398 Total 1,202 mothers 3,196 children	40 centers (10 more in a few months to serve total of 7,000) staff-supervisor and periodic visits by nutritionist director & family planning specialist	Centers are nuclei of other community development or welfare oriented activities. 3 to 5 volunteer mothers help prepare hot meals and supervise center activities and children. Children vaccinated and some other pre-school education. 5 well baby clinics Mothers exposed to regular program of domestic health, nutrition education and family planning information. Several centers serve as distribution points for contraceptive materials and regularly visited by family planning specialist--soon all centers.

MATERIAL RESOURCES PROCUREMENT AND DISTRIBUTION

As a first step towards designing and implementing procedures for commodities procurement and distribution, FPIA made a survey of the kinds and amounts of commodities which previously had been shipped to overseas facilities by Church World Service. Utilizing CWS shipping records for calendar year 1970 (the last full year for which statistics were available), FPIA tabulated the kinds and amount of commodities distributed by country. The results are presented in the following pages.

It must be noted that the total volume of commodities distributed by CWS in 1970 had fallen off considerably from that reported for the previous calendar year 1969. The approximate dollar value of commodities distributed during 1970 is \$160,000 as compared to \$500,000 for those distributed during 1969*. Explanations offered to account for this decrease in volume, center around the unavailability of commodities for substantial periods of time during 1970 from the Pathfinder Fund, CWS's principal supplier, and in light of this unavailability, in CWS's own directives to its church-related medical facilities overseas to seek alternative sources of supply.

Though final distribution statistics for calendar year 1971 are not yet complete, early indications are that volume remains near the level of 1970 even though the Pathfinder Fund has again made commodities available to CWS for distribution. As information spreads throughout the church-related medical facilities overseas regarding the availability of these commodities and the new commodities to be made available by FPIA, it is anticipated that the volume of distribution will increase during

* The dollar value approximation for commodities shipped during 1969 is based on CWS reports indicating total program support (commodities plus cash grants and administration) at a level of \$730,941. The 1970 approximation is based on actual CWS shipping records.

CWS DISTRIBUTION OF F.P.

Region/ Country	Pills (Cy- cles)	IUD's	Con- doms	Dia- phragms	Creams and Jellies			Contracep- tive Element			IUD Inser- ters	IUD litera- ture Kit	Loop Kits	Med. sup- plies (USS)	Audio- visua. Kits
					Cases	Tubes/ Bot- tles	Foam Tab- lets	Physi- cian's medi- cal instr. Kit	IPPF med. instr. Kit	Pelvic model					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
ASIA															
1. India								223							10
2. Indonesia									50	4					
3. Nepal		50									5				
4. Pakistan E	60000	200				108					20				
5. Philippines		700									70				
6. Ryukyu Islds	500	5000									500				
7. Taiwan	45000		14652			3270									
8. Vietnam (S)		400									15				
TOTAL:	105500	6350	14652	-	-	3378	-	223	50	4	610	-	-	10	-
LATIN AMERICA & THE CARIBBEAN															
1. Brazil		180									12				
2. Costa Rica															
3. Dom. Repb.	500		14400			1800								8208	
4. Ecuador															
5. Guyana										1					
6. Mexico		295									22				
7. Nicaragua						108									
8. Baraguay	500	1000	500			216			1		100				
9. Peru	12000	29125				8000			10		1152				
10. West Indies								1							
TOTAL:	13000	30600	14900	-	-	10124	-	1	11	1	1286	-	1	8208	-
MIDDLE EAST															
1. Bahrain	1000	125									15				
2. Yemen	4000														
TOTAL:	5000	125	-	-	-	-	-	-	-	-	15	-	-	-	-

COMMODITIES (CALENDAR 1970)

Films	Literature					IF&C Equipment				Tape					Remarks	
	Film strips	Books	Pamphlets Cases Pieces	Literature Kits Cartons	Flip charts	Movie Projectors	Film strip Projectors	Screen	AMPEX	Mixer	Video	MYLAR	Camera	Other		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
2			2	500		9										
		14		80				5		5						
					25											
2																
								3								
4		14	2	580	25	9	5	3	5							
											1	1	1	150		\$2500
	3					7		6								
				212												
					1											
			2	30000			1	2								
	3	-	2	30212	1	7	1	8	-	1	1	1	150	-	-	-

	1	2	3	4	5	6	7	8	9	10	11	12	13
AFRICA													
1. Botswana			1000	1000									
2. Burundi		3000	1000							1		100	
3. Cameroons													
4. Congo		1500											
5. Ghana		1000	4500									250	
6. Nigeria			3060									6	
7. South Africa													
8. Rep. of Zambia		500	90									15	
9. W. Africa		1000	475									9	
10. Zambia			90									10	
TOTAL:	7000	10215	1000							1		390	
GRAND TOTAL:	130500	47290	30552				13502		224	62	5	2301	

14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
		1	1															
	60					1	2926											
1																		
1	60	1	1			1	2926											
2	8278	1	5	3	14	5	33718	26	16	6	11	5	1	1	1	150	52500	

calendar year 1972 to the level of 1969 or above.

As of November 22, 1971, the Church World Service Warehouse in New Windsor, Maryland, reports the following book inventory of all CWS Planned Parenthood Program commodities:

<u>Item</u>	<u>Quantity</u>
FMKO	0
OVULEN FE 28 500 units per ctn	607 ctns w/500 units 140 units extra
INSERTERS Only	9,856
PLUNGERS Only	9,777
LIPPES LOOPS Sz. B	1,450
LIPPES LOOPS Sz. C	110,175
LIPPES LOOPS Sz. D	110,280
EL MACHO 500 per ctn	80 ctns
PLASTIC TUBES & PLUNGERS	1,000
LIPPES LOOP BOOKLET	6,600
SAFETY COILS	500
PELVIC MODEL	19
CONDOMS 144 per ctn	53
OVAL - 28 500 units per ctn	985 ctns
LIFE BOOK	266 copies
THE WANTED CHILD	0 copies
POST GRADUATE MEDICINE BOOKLET	1,047 copies
MEDICAL INSTRUMENT KITS	32
POPULATION PROGRAM ASS'T 1970	464 copies
SAF T COLL 33S w/D LOOPS	0
ACCORDIAN FOLD	96,745 copies
FLASH CARDS	455
FLIP CARDS	62
4 pg. FLYER - Spanish	3,038 copies
4 pg. FLYER - English	5,468 copies
FLYER - Plain	5,600 copies
COMIC BOOKS	80,012 copies
SCRIPTS - English	238 copies
POSTERS - Blue	2,100 copies
POSTERS - Yellow	1,200 copies
FLIP BOOKS -- 6pg.	313 copies
FLIP BOOKS - 6pg. - Spanish	242 copies
FLIP BOOKS - 6pg. - English	97 copies
FLYER - 4 pg.	1,750 copies
ENGLISH FLASH CARD for ACCORDIAN FOLD - 2pg.	350 copies
OVERHEAD PROJECTORS	4
16mm MOVIE PROJECTORS	4
SLIDE PROJECTORS	4
DALKON SHIELDS	380

This inventory includes commodities supplied to the CWS Planned Parenthood Program from all sources, including those supplied by the Pathfinder Fund, those donated by pharmaceutical companies, and those purchased with private source funds available to the CWS Planned Parenthood Program. No FPIA - procured commodities are included in this inventory.

The kinds and amounts of commodities which have been placed on procurement order by FPIA to date are listed on following pages.

PROCUREMENT PLAN, FY 1972

PART I - PURCHASE ORDERS PLACED FIRST HALF, FY 1972

CONTRACEPTIVES

<u>Item</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
Condoms, Type II, Reservoir End, CIC, lubricated	5,000 gross	\$3.25 gross	\$16,250.00
Delfen Vaginal Foam, 50 gram vial	5,000 doz	13.08 doz	65,400.00
Applicator, Delfen	5,000 doz	2.61 doz	13,050.00
Diaphragms:			
Size 50 mm	12 doz	6.84 doz	82.08
55 mm	12 doz	6.84 doz	82.08
60 mm	12 doz	6.84 doz	82.08
65 mm	12 doz	6.84 doz	82.08
70 mm	24 doz	6.84 doz	164.16
75 mm	24 doz	6.84 doz	164.16
80 mm	12 doz	6.84 doz	82.08
85 mm	12 doz	6.84 doz	82.08
	<i>120 doz</i>		
Emko Vaginal Foam Kit (90 gm container w/applicator	57,600	1.05	60,480.00
Inserters for Lippes loops	20,000	.038	760.00
Lippes loops:			
Size C	100,000	35.00 per C	35,000.00
D	100,000	35.00 per C	35,000.00
	<u>200,000</u> <i>200,000</i>		

<u>Item</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen & 7 placebo tablets	75,000 MC	.1475 MC	\$11,062.50
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen, & 7 iron tablets	175,000 MC	.1475 MC	25,812.50
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen & 7 placebo tablets (French instructions)	60,000 MC	.1475 MC	8,850.00
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen & 7 iron tablets (French instructions)	90,000 MC	.1475 MC	13,275.00
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg. progestogen & .05 mg estrogen & 7 placebo tablets (Spanish instructions)	40,000 MC	.1475 MC	5,900.00
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen & 7 iron tablets (Spanish instructions)	60,000 MC	.1475 MC	8,850.00

500,000 MC

<u>Item</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
Vaginal Jelly, 125 grams	72	.41	\$ 29.52
Applicator, vaginal jelly, 5 cc	840	.2025	170.10
Vaginal Ring Fitting Sets Size range 55-90 mm in 5 mm gradations	48	1.92	92.16
		SUB-TOTAL	300,802.58
		RESERVED FOR CONTINGENCIES	29,197.42
		TOTAL	\$330,000.00

Procurement orders for the balance of commodities and equipment available to FPIA under the terms of this grant will be made according to the schedule on the following pages.

PART II - PURCHASE ORDERS TO BE PLACED LAST HALF, FY 1972

CONTRACEPTIVES

<u>Item</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
Condoms, Type II, Reservoir End CIC, Lubricated	5,000 gross	\$ 3.25 gross	\$ 16,250.00
Delfen Vaginal Foam, 50 gram vial	5,000 doz	13.08 doz	65,400.00
Applicator, Delfen	5,000 doz	2.61 doz	13,050.00
Diaphragms:			
Size 50 mm	12 doz	6.84 doz	82.08
55 mm	12 doz	6.84 doz	82.08
60 mm	12 doz	6.84 doz	82.08
65 mm	12 doz	6.84 doz	82.08
70 mm	24 doz	6.84 doz	164.16
75 mm	24 doz	6.84 doz	164.16
80 mm	12 doz	6.84 doz	82.08
85 mm	12 doz	6.84 doz	82.08
	<u>120 doz</u>		
Emko Vaginal Foam Kit (90 gm container w/applicator	57,600	1.05	60,480.00
Inserters for Lippes loops	20,000	.038	760.00
Lippes loops:			
Size C	100,000	35.00 per C	35,000.00
D	<u>100,000</u>	35.00 per C	35,000.00
	<u>200,000</u>		
Oral Contraceptive Tablets, 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen & 7 placebo tablets	25,000 MC	.1475 MC	3,687.50

<u>Item</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
Oral Contraceptive Tablets 28 day cycle, 21 tablets with 1.0 mg progestogen & .05 mg estrogen, & 7 iron tablets	125,000 MC	.1475 MC	\$18,437.50
	<u>150,000</u>		
Vaginal Jelly, 125	720	.41	295.20
Vaginal Ring Fitting Sets Size range 55-90 mm in 5 mm gradations	48	1.92	92.16

SUB-TOTAL 249,273.16

RESERVED FOR CONTINGENCIES 25,726.84

TOTAL 275,000.00

TOTAL CONTRACEPTIVES COSTS, PARTS I & II 550,075.74

RESERVED FOR CONTINGENCIES 54,924.26

TOTAL PROGRAMMED COSTS 605,000.00

RESERVED FOR UNPROGRAMMED REQUIREMENTS 32,946.00

FY 1972 BUDGET \$ 637,946.00

As these commodities are delivered to the CWS warehouse, they will be placed under inventory control as described in the Memorandum of Understanding between Church World Material Resources Program and Planned Parenthood Federation of America (see Attachment III). As specified in this memorandum, FPIA-procured commodities will not be co-mingled with any other CWS Planned Parenthood Program commodities.

Additional procurement orders for commodities available under Grant AID/CSD 3289 will be made as needed by FPIA during the remainder of Fiscal Year 1972 to supplement the FPIA stockpiles in the CWS warehouse and to fill requests for relatively large amounts of commodities assistance from overseas facilities. Where feasible, these additional procurement orders will be placed for shipment by GSA directly from the supplier to the country of end-use by-passing the CWS warehouse.

Projected distribution of commodities to overseas facilities during the remainder of FY 1972 is calendarized by total dollar value on the following page.

SCHEDULE OF PLANNED DISTRIBUTION

<u>PROCUREMENT</u>	<u>DISTRIBUTION</u>
Part I Purchase Orders Placed 1st Half of FY 1972, \$330,000.00	Feb - Mar 1972
Part II Purchase Orders to be Placed 2nd Half of FY 1972, \$275,000.00	Apr - June 1972 *

* Particular emphasis will be directed towards arranging direct vendor (supplier) shipment during this period in order to insure earliest delivery to acceptors; effect maximum response to acceptor demand requirements; and fully and effectively utilize available budgeted funds for FY 1972.

\$54,924.26 is reserved for contingencies including transportation.

\$32,946.00 is reserved exclusively for meeting unforeseen customer demand.

Procedures for the approval of overseas requests for assistance (whether of commodities, sub-grant funding, or technical advice and consultations) from FPIA are as follows:

1. Overseas requests for assistance are received by the CWS Planned Parenthood Program (CWS/PPP.)
2. Requests are forwarded to FPIA together with all supporting documentation under cover of a transmittal memorandum reflecting the action recommended by the Director, CWS/PPP.
3. Requests are received and recorded by FPIA and routed as follows:
 - a. If request is for commodities only - or in part, copy to Procurement and Distribution for action, copies to Project Development and to Management and Program Information for information.
 - b. If request is for sub-grant funding or technical advice and consultations - copy to Director of Project Development for action, copies to Procurement and Distribution and to Management and Program Information for information.
4. Procedures for commodities supply actions under 3a above, will be those as specified in the Memorandum of Understanding between Church World Service Material Resources Program and Planned Parenthood Federation of America, Inc. (see Attachment III).

PROJECT DEVELOPMENT

Introduction

Activities under Grant AID/CSD-3289 are directed towards the development and expansion of family planning service programs in church-related and other medical facilities in developing countries worldwide. For administrative purposes, FPIA has divided its staff operations into three sections, to achieve this. The supply of material resources for expansion of services overseas is the primary responsibility of the Procurement and Distribution Section. Information collection and analysis is the responsibility of the Management and Program Information Section. Provision of technical and program development assistance to expand family planning programs overseas is the responsibility of the Project Development Section. The remainder of the report discusses the work of the Project Development Team to date and plans for its work during the remainder of FY 1972 and beyond.

The team which has been assembled to date to undertake project development activities is comprised of a part time Senior Program Consultant acting as Director of Project Development; a full time Program Consultant; a Program Development Assistance Specialist; and an Educational Materials Specialist. Several part time consultants have supplement the work of this group to date. Recruitment is still in progress for the remaining full time members of the Project Development Team: the Nurse-Midwife; the Training and Manpower Development Specialist; and the Program Development Assistance Specialist (Medical Doctor).

The Project Development Team, originally recruited on the basis of functional specialization and experience now, of necessity, is developing regional or area expertise. In addition to carrying world-wide responsibility for his functional specialty, each team member is responsible for development and analysis of programs in a group of countries and is the primary team contact with the church-related family planning programs in those countries.

The Project Development Team has used several means to determine the needs for technical assistance and program support. The CWS country files have been analyzed and program information isolated which might form the basis for further activities. These files included good projects which could not be financed due to limited CWS private source funds, undeveloped program ideas, and opportunities for linking family planning services to other CWS activities. FPIA is using this backlog of actual or potential projects requests as one of the building blocks in project development.

The second type of project development activity has been through the work of FPIA staff and consultants collecting program information and developing projects through field visits. To collect management and program information and to begin project development at an early stage, it was necessary to visit CWS and other church-related facilities in as many countries as possible. During these units FPIA staff and consultant discussed program possibilities at many church related hospitals, clinics and related facilities, identified areas of potential future activity and specific projects for immediate FPIA attention.

By mail, or on-site visits, FPIA has informed all previous recipients of CWS assistance of the new FPIA/CWS program and the possibilities for

increased program activity. A brochure is being developed to further encourage church-related medical facilities and others to take advantage of the opportunities created through this new program (a draft of this brochure follows on the next two pages). Detailed program formats are being elaborated to identify needs and program possibilities for new and on-going family planning activities.

The FPIA Educational Materials Specialist has begun to identify information, education and communication (I E & C) materials which can be provided by FPIA to support family planning activities overseas. Materials lists have been developed, samples of items procured, and plans developed for providing limited technical assistance in IE&C to CWS related facilities. There is a considerable opportunity to provide technical advice and support for a wide range of IE&C activities; much more than present grant conditions will allow.

In order to develop additional proposals for increased church activity in family planning and to assist current efforts, the Program Development Team, of FPIA is planning a series of workshops in CWS assisted countries. These meetings will bring together key hospital and church leaders with a representative of FPIA for an exchange of information regarding the FPIA/CWS program, and discussions of the project possibilities and the special conditions in the country which might affect family planning activity.

In order to identify and help build projects which will lead to greater family planning activity in church related facilities, the FPIA staff will shortly begin a series of visits to key countries which show promise of such expansion. These visits will enable FPIA to carry

Family Planning

International

Assistance

If you would like more information of FPIA
or if you would like to get help from FPIA
in your family planning programs, please
write:

FAMILY PLANNING INTERNATIONAL ASSISTANCE
PLANNED PARENTHOOD-WORLD POPULATION
810 SEVENTH AVENUE
NEW YORK CITY, NEW YORK 10019
UNITED STATE OF AMERICA



THE INTERNATIONAL DIVISION
OF
PLANNED PARENTHOOD-WORLD POPULATION

Family Planning International Assistance (FPIA) is the international division of the Planned Parenthood Federation of America, Inc. Within the United States of America, our agency is the oldest, largest and most active private agency providing family planning and related health services. Our agency is non-sectarian; our function based on the humanitarian concept of responsible parenthood, and the right of all people, regardless of race, creed or economic condition, to plan their families.

OUR Headquarters- in New York is staffed with experts who have extensive family planning experience in a variety of field situations. Specialities include planning and program development, and medical standards and procedures, training and manpower development, and public information, patient education and communications systems. The FPIA, in addition to its own staff of international specialists, can draw upon the wide range of knowledge and experience of the Planned Parenthood Federation of America, Inc. to help in expanding and developing family planning programs throughout the world.

The purpose of this project is to develop and expand family planning programs in developing countries.

We hope to accomplish this by providing the following:

1. Commodity Assistance
2. Technical Assistance

Commodity Assistance: FPIA can provide contraceptive supplies, medical equipment and information, education and communication materials to assisted programs.

We can obtain needed supplies and deliver them to project sites.

We can help a program develop systems for controlling and accounting for supplies.

Technical Assistance: FPIA can help local family planning programs:

plan, manage and evaluate its projects;

establish medical standards and procedures

develop information, education and communication programs;

develop and implement training and manpower development programs.

FPIA can provide program grants to support specific activities in family planning programs.

out country workshops, undertake detailed project formulation work and begin implementation of program plans in some countries. In addition, these visits will provide additional needed information for the Management and Program Information System, supplement plans for commodities procurement and distribution and provide direct technical assistance to family planning programs in CWS related facilities.

IDENTIFICATION, CLASSIFICATION AND PRODUCTION OF EDUCATIONAL MATERIALS

Educational materials are much needed for all levels of family planning programs. National and agency leaders should be aware of the relationships between demographic and other health, social and economic factors and of the feasibility of family planning for the people of their countries. Trainees for family planning staff positions should receive specific technical information on the various aspects of delivering quality services. Finally, users and potential users of family planning services need educational materials to help them understand the advantages of family planning and how to use family planning services correctly.

Many family planning educational materials (pamphlets, manuals and articles in different languages) are currently available. An early task for FPIA has been to begin collecting those which seem relevant to the needs of FPIA/CWS projects and to classify them according to the following types of potential readers:

- (a) Policy makers
- (b) Family planning workers
- (c) Users and potential users of family planning services

To date FPIA has collected 220 separate pieces of literature from those produced by five family planning organizations: Planned Parenthood-World Population United Kingdom Family Planning Association, the Carolina Population Center and the Margaret Sanger Research Bureau.

In addition to classifying these materials by type of reader, the following subject matter classifications are also used: Population Policies, Demographic and Economic Factors, Religious Attitudes, Sex and Cultural Factors, Contraception, Clinical Practice and Procedures, Patient Education, and General.

The findings of the Information, Education and Communications Inventory-Analysis Project of the East West Communication Institute in Hawaii should prove to be of invaluable assistance to FPIA in this area. An FPIA staff member visited the Institute in October and discussed the problems of identifying and developing communications materials for family planning. It was agreed that the Institute would furnish FPIA the results of its Inventory-Analysis Project as soon as they become available.

FPIA is also in the process of contacting family planning and population agencies in countries where there is good project potential. In these countries, it will be necessary to stimulate and assist in the production of materials suitable for local conditions. Local production of materials is potentially an important area of activity for FPIA in view of the general lack of good quality educational materials adapted for local operating conditions. The FPIA recognizes the need for developing educational materials, including audio visual productions, however present staffing limitations under the present grant precludes any extensive efforts in this field. A separate grant proposal has been made to AID/Washington to provide for expanded information, education and communication activities. Until approval of that proposal, FPIA activities in information, education and communications must be confined to the collection and distribution of publications and the technical assistance that can be provided by the Educational Materials Specialist on the FPIA Project Development Team.

Project Development Field Visits

One of the prime requirements during the initial phase of project operations, was for detailed country information relating to FPIA objectives. Information was needed on the type and extent of CWS assisted activity in many countries, contacts were needed with key administrators in CWS assisted hospitals, clinics and other facilities and an indication was needed of world-wide program potential. While some of these could be accomplished by careful culling of CWS/PPP country files and by mailings to CWS assisted hospitals, clinics, etc., FPIA realized that there was no substitute for professional, on-site visits.

Consequently, even while the project development team was being recruited, other members of the FPIA staff, professionals on loan from Planned Parenthood, and family planning experts under contract to FPIA visited key areas of future FPIA operations to gather information, make initial contact and assess program potential. Mr. Charles Ausherman, Director of the CWS/PPP visited Korea, Taiwan, Philippines, Indonesia, Nepal and India to introduce the CWS personnel in those countries to the FPIA/CWS project and to inform them of future program developments. His report has been the starting point for much FPIA program activity. FPIA consultant Miriam Manisoff, a registered nurse and Director of Professional Education of Planned Parenthood traveled with Mr. Ausherman to Taiwan and Korea, and submitted her own assessment of the situation there. George Varky, FPIA Management and Program Information Specialist, formerly with the Planned Parenthood Research Department, accompanied Mr. Ausherman to the Philippines and Indonesia.

Mr. John Wood of the Population Crisis Committee was contracted by FPIA to visit Peru, Ecuador and Colombia. Mr. Charles Patterson, a former Peace Corps Volunteer in Tanzania, the former Manager of Planning and Comptroller at Planned Parenthood and, previously, Director of the Planned Parenthood Department of Training was contracted to undertake exploratory visits to Kenya, Uganda, Tanzania, Zambia and Nigeria.

All of these visits were designed with several purposes in mind. The consultants contacted key personnel at CWS-assisted hospitals and other church-related facilities and informed them of the new program opportunities available through the FPIA/CWS grant. The consultants also carried with them detailed information ledgers on which they recorded basic information on CWS-assisted hospitals, utilization of contraceptives and other supplies and other management information. Copies of these data sheets were left at relevant institutions in order that more information could be supplied than it was possible to gather during the visits. Thus, initial steps in developing the management and program information system were instituted by these consultants. At the same time, the CWS-related facilities were introduced to the commodity flow procedures which would be required under full scale project operations.

In addition to the above, the consultants discussed possible family planning projects with key hospital and CWS people in the countries, determined the potential for future project activities and drew up in detail requests for projects which were ready for immediate implementation.

The work of these consultants will be followed up during the months of January and February through in-depth visits by FPIA program development staff. However, these initial field trips permitted FPIA to move ahead with project development activity at an earlier date than would otherwise have been possible.

One of the principal program development activities to be undertaken during the next six months will be field visits by all members of the FPIA Project Development Team. During these visits, FPIA will conduct country workshops with key hospital and church people in order to exchange information regarding the FPIA/CWS program and project possibilities within the country. In countries where an initial consultant visit has been made, the FPIA staff members will do intensive project development work to prepare programs for implementation. In some countries, actual implementation of program plans can commence during this FPIA visit.

In addition, the staff member will provide on-site assistance to CWS-related facilities and will develop the facilities' requests for future technical assistance from other members of the FPIA staff.

During this visit, the FPIA will explain and set up the procedures for the management and program information system and will also implement the commodity flow procedures developed by FPIA for increased CWS-assisted project activity.

In addition to intensive FPIA activities in countries already covered by preliminary consultant reports, the staff members will visit additional countries to develop future FPIA programs. In these countries, the staff member will visit church-related hospitals, clinics and other church-assisted facilities, discuss with CWS, hospital administrators, etc., the FPIA/CWS program, identify areas of potential future activity and if possible specific projects for immediate FPIA attention. In these countries, the FPIA staff member will collect information for the program management

information system and help develop commodity flow procedures.

During the month of December, FPIA Director, John Palmer Smith and Dr. Alan Guttmacher, President, PPFA will visit Ghana in connection with the African Population Conference and in addition, will undertake an FPIA initial visit to Sierra Leone and follow-up visits to Nigeria, Uganda and Kenya.

During January, FPIA Program Consultant, Anthony E. Drexler, will undertake an intensive project development trip to the Philippines, Indonesia and Thailand. Yo Ok Lee, FPIA Educational Materials Specialist, will visit Taiwan and Korea for intensive project activities. During the same period, FPIA Program Development Assistance Specialist, Edward L. Perez, and FPIA Consultant, Charles Patterson, will visit Africa. The countries to be visited on this trip include Kenya, Uganda, Tanzania, Zambia, Nigeria, Ghana, Sierra Leone and Burundi.

FPIA Director John Palmer Smith will visit Central America and the Carribean region during January. His trip will include the Dominican Republic, Costa Rica, Haiti and the West Indies.

COUNTRY PROGRAMS

Introduction

As a result of the analysis of CWS program information and the work of FPIA staff and consultants during their country visits, projects have been developed to assist and expand family planning activities in church-related institutions throughout the world. Twenty-two specific project proposals have been developed for thirteen countries in Africa, Asia and Latin America. Some of these project proposals are better developed than others. Additional development work by PPIA staff will be required prior to preparation of specific sub-grant agreements between FPIA and recipient agencies overseas. Submission of these agreements to AID/W for review and concurrence under the terms of this grant will take place during the remainder of FY 1972 as they are prepared.

There is a considerable difference in the types of project proposals for different areas of the world. In each region, church-related activities have had different orientations. Special country and regional conditions have dictated the type of church organization which exists in the countries and the type of family planning activity which can be carried out through these facilities.

In Asia, there is a long history of family planning and a broad range of church assisted activities on which to base a program. The principal determinant of the FPIA/CWS program in these countries has been the size and variety of the family planning program undertaken by the government and other donor agencies. The projects suggested for Asia are designed to complement family planning efforts already underway and to fill gaps which

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have developed in the implementation of the countries' family planning programs. Projects have been identified where church supported activities can have an impact on the family planning program in the country.

In Taiwan, the program is aimed at providing family planning services for the aboriginal people not covered by the government family planning program. Support is also provided for field workers in slum areas where government coverage is deficient and an exploratory survey is proposed to determine the contribution which might be made to family planning by private Christian physicians.

In Indonesia, the CWS assisted efforts in communications fill an important gap in the government family planning program. FPIA has developed an experimental project to determine if the "ludruk" folk play can be used for family planning communications at the village level.

In Korea, a project is proposed to use church home visitors to contact potential family planners in urban areas where the government family planning program is inadequate. In-service training is also to be provided for the staff at CWS assisted hospitals in order to increase their participation in the Korean family planning program.

In the Philippines, a mobile clinic is proposed to bring family planning to rural areas and a survey is being undertaken to involve private Christian clinics in family planning.

In Latin America, there is considerably less family planning activity than in Asia and the Christian churches have a smaller role in the society as a whole. Most of the FPIA activities in Latin America are directed at individual clinics or hospitals working in a limited area to introduce

family planning in their communities. These programs are usually pilot operations to demonstrate the receptivity of the people towards family planning and create models on which larger, more comprehensive family planning programs can be built. The only exception to this to date is in Costa Rica where the Center for Family Orientation has developed large information and education program with considerable impact on the entire country.

In Peru, FPIA has developed projects to extend family planning services into the "barriadas" of Lima, to use a series of evening lectures to orient women to family planning, and to expand nursing education and clinic services in family planning.

In Ecuador, a project is proposed to establish the first separate family planning clinic in a hospital.

In Colombia, the FPIA proposes to take over the support of a church-related family planning clinic from ProFamilia, the FPIA affiliate, in order to enable that organization to pursue other activities.

FPIA will support a community field worker pilot project in the Dominican Republic to help integrate mother/child nutrition centers with family planning services.

Family planning in Africa is just beginning and although the church has a strong position in many African countries, it has made little effort thus far in family planning. The primary FPIA effort in Africa is directed towards developing church related facilities as effective vehicles for family planning.

In Kenya, FPIA has developed a program involving five church supported conferences in family planning.

In Nigeria and Tanzania, the program includes a church medical conference and nurse-midwife/health educator traineeships. And in Uganda, FPIA will support a nurse-midwife training program.

These projects are at different stages of readiness for implementation. In some cases, the projects can commence operations as soon as funds are made available by FPIA. Staff visits will be undertaken during which detailed implementation schedules will be drawn up, operational responsibility clarified, and additional information obtained on detailed project operations. It is necessary to move ahead with these projects as rapidly as possible since in many cases, they play a key role in developing or expanding the church related family planning efforts in these countries.

In several of the projects, materials support is specified in the project budget in addition to program support. In these cases, specific materials are required in order to implement the projects as planned. These materials are directed only at the project in question and should not be confused with the overall commodity supply requirements for the country.

In addition to the proposals which have been developed by FPIA thus far, there are many potential projects and ideas for projects which have not yet been elaborated. FPIA has developed preliminary project requests, however these projects have not yet been defined precisely enough to merit submission at this time. These proposals envisage a large amount of program support operations particularly in Asia and Africa. These projects and project ideas will be further developed through FPIA staff field visits.

During the remainder of FY 1972, the activity of the Project Development Team will focus on implementation of the projects herein described refinement and elaboration of project ideas and exploratory country visits in order to initiate new project activities and thereby expand church-related family planning activities in the countries. A project summary follows this introduction.

PROJECT SUMMARY

<u>Country</u>	<u>Project</u>	<u>Commodity*</u> <u>Support</u> <u>(\$)</u>	<u>Program Support</u> <u>(\$)</u>
<u>AFRICA:</u>			
Kenya	Five Regional Conferences		5,500.00
Nigeria	#1 Medical Conference		7,000.00
	#2 Nurse Midwife/Health Educator Traineeships		3,000.00
Tanzania	#1 Medical Conference		5,000.00
	#2 Nurse Midwife Traineeships		1,130.00
Uganda	Nurse Midwife Training		4,925.00
		Africa Total	<u>26,555.00</u>
<u>ASIA:</u>			
Indonesia	The "Ludruk"-- A Family Planning Folk Play		28,500.00
Korea	#1 In-Service Family Planning Training for Hospital Staff		1,743.24
	#2 Motivation and Recruitment Using Home Visitors		44,110.00
Philippines	#1 A Mobile Planned Parenthood Clinic	5,000.00	2,050.00
	#2 A Survey of Potential Family Planning Service Providers		2,200.00

<u>Country</u>	<u>Project</u>	<u>Commodity*</u> <u>Support</u> (\$)	<u>Program Support</u> (\$)
Taiwan	#1 Training and Education for Aboriginal Church Leaders		1,000.00
	#2 Mobile Center for Aboriginal Women		9,750.00
	#3 Field Workers in Slum Areas		5,300.00
	#4 Survey of Private Clinics		875.00
	Administrative		4,400.00
	Asia Total	<u>5,000.00</u>	<u>99,928.24</u>
<u>LATIN AMERICA:</u>			
Columbia	Family Planning Services at Clinica Bautista	452.00	12,172.00
Costa Rica	Center for Family Orientation		27,710.00
Ecuador	Expansion of Family Planning Services At Hospital Vozandes	2,230.50	3,730.00
Peru	#1 Satellite Clinics	8,923.30	12,883.58
	#2 Family Guidance and Family Planning Services At Casa Belen	2,530.81	1,500.00

<u>Country</u>	<u>Project</u>	<u>Commodity*</u> <u>Support</u> (<u>\$</u>)	<u>Program Support</u> (<u>\$</u>)
Peru (cont'd.)	#3 Nursing Education in Family Planning And Expansion of Family Planning Services at the Clinica Anglo Americana	4,605.41	1,650.00
Dominican Republic	Community fieldworker pilot project	3,500.00	11,600.00
	Latin America Total	<u>22,242.02</u>	<u>71,245.58</u>
	Grand Total	27,242.02	197,728.82

*Commodity support for projects is directed at only the project itself and does not refer to the supply of commodities to the country as a whole.

K E N Y A P R O G R A M

PROJECT: Five Regional Conferences

COUNTRY BACKGROUND

Kenya was the first sub-Saharan African country to adopt a national family planning program. The effects of improved health conditions in reducing mortality rate, combined with the breakdown of traditional fertility control patterns, has led to the current annual growth rate of 3.0 - 3.3%, with a concomitant unfavorable age distribution. Forty-six percent of the population is under 15 years of age, with 5% over 65. The economy has been experiencing severe strains due to increased migration from the rural to urban centers where jobs are already quite scarce. Nor is there sufficient arable land available from which to derive even a subsistence living. A recent estimate of the number of unemployed is 250 thousand out of the estimated 18 million people living in urban areas.

A variety of family planning activities and international agency involvement currently exists in Kenya. The government offers services through the network of 800 health care units; the IPPF affiliate, the Family Welfare Association of Kenya (formerly the Family Planning Association of Kenya), provides services to approximately one-third of the total number of active contraceptors through its six clinics and seven mobile units; other national agencies such as the Kenya Red Cross provide some family planning services, and a variety of external groups -- the Pathfinder Fund, Ford Foundation, British Christian Aid, Oxfam, Swedish International Development Authority, the Norwegian Government, and the Royal Dutch Institute of Tropical Hygiene provide either family planning services or support for them.

CHURCH RELATED ACTIVITIES IN FAMILY PLANNING

Church World Services has until now provided limited amounts of family planning supplies to church-related medical facilities in Kenya.

PROJECT TITLE: Five Regional Conferences in Kenya

GRANTEE: National Christian Council of Kenya
Family Life Education Project
P.O. Box 5009
Nairobi, Kenya

RESPONSIBLE PERSON: Mrs. Abigail Indire, Director

PROJECT DESCRIPTION:

The objective of the national family planning program in Kenya is to reduce the hazards to the life and health of mother and child which are associated with the process of reproduction. To achieve this objective family planning is being integrated into maternal and child health services. Program activities to inform men and women of the availability and the utility of these services are proceeding through the efforts of family planning agencies in the country. The project herein described proposes to complement these efforts.

This project proposes to support the National Christian Council of Kenya in holding a series of five regional conferences for selected pastors, youth leaders and laymen from among the churches of Kenya. Having participated in these orientation/training conferences, these persons will return to their respective communities to further disseminate information about family planning services, and to refer those who may be interested to places where they may obtain such services. It is anticipated that this increase in the level of awareness of the availability of family planning services will result in increasing numbers of family planning acceptors among the church-related and other medical facilities in Kenya. Development of the curriculum content and instructional methods of each conference will be carried out by NCCK with the assistance of FPIA.

The National Christian Council of Kenya represents the only means of centralized communications with, and coordination of, the many churches in Kenya. Its activities have involved sending out newsletters, donations of books, clothing, supplies, etc., and the convening of conferences and discussion groups on church matters. NCKK also serves as the mail forwarding point for church personnel in the villages who have no reliable postal address, and as the contact-point in Nairobi for church personnel coming from the countryside. The Family Life Education Project of the NCKK has only recently been started in response to demands from village elders. The Director of the project has attended courses on family planning in Chicago and Ghana, and the project includes three people, all of whom have had experience in conference organization.

The conference will be held in the five major population centers of the country: Mombasa, Eldoret, Nairobi, Meru, and Kisumu -- and will last three days each. They are tentatively scheduled to take place during the months of March, April and May of 1972. There will be approximately 100 participants in each conference.

Evaluation of these conferences will include the administration of questionnaires at the end of the conference to all participants to assess the effectiveness of transmitting family planning information to conference participants. Six months following each conference a sample of conference participants will be interviewed by NCKK to assess the manner in which information obtained in the conference is actually being put to use.

Mrs. Abigail Indire will be the project manager, and will be assisted by her staff assistant, Bramwell Wangusie, in carrying out the planning and implementation of the conferences.

BUDGET

Food and Lodging	
\$3/day X 3 days X 100 participants	\$ 900.00
Travel	
\$2/round trip X 100	<u>200.00</u>
Total per Conference	\$1,100.00
X 5 conferences	<u>5,500.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$5,500.00</u></u>

N I G E R I A P R O G R A M

PROJECT #1 - Medical Conference

PROJECT #2 - Nurse-Midwife Traineeships

COUNTRY BACKGROUND:

Nigeria is the most populous of the African countries, with an estimated population of 55-60,000⁰⁰⁰ (1970), and an annual rate of growth estimated at 2.5-2.7%. There is increasing urbanization and high levels of unemployment. The number of women in their fertile years was estimated in 1969 to be 12,900,000. The population under 15 years of age is 43% of the total population.

The government of Nigeria has implemented a family planning policy within the Second National Development Plan (1970-1974.) This policy calls for the integration of the various family planning activities into the national health and social welfare program under the direction of the newly created National Population Council (NPC). The NPC is responsible for Nigerian population policy, program, and coordination of all external family planning aid and support throughout the country. The national program strongly emphasizes the voluntary nature of family planning and is designed to protect mothers from unwanted pregnancies as well as to enable parents to space their children and provide for them better. It is hoped that through careful planning, Nigeria can succeed in forestalling the pressure of excessive population growth on economic and social development.

The government program relies on the Family Planning Council of Nigeria (FPCN) to run family planning services through 60 government, mission and private health centers, clinics and hospitals. There are 33 family planning clinics in 6 of the 12 Nigerian states: Lagos 12, Western State 13, Mid-western State 3, Kwara 2, North Central State 2, and Southwestern State 1. Some family planning services are provided as well by the state, as in Western

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State where the service is included as part of routine outpatient care.

The government supplies the facilities and FPCN provides the training, information and education, and staff. The FPCN has trained midwives to insert IUDs. Illesha Wesley Guild Hospital has trained fieldworkers to work throughout the country (currently 83 full-time field workers.) At the Lagos University clinic, 60% of all new clients are referred by field workers. Another program, sponsored by the UN Development Program, at the Department of Pediatrics, Lagos University Hospital, trains family health nurses to be medical auxiliaries for maternal/child health and family planning work throughout the country. A vital part of the FPCN service is information and education. "My Brother's Children," a film sponsored by IPPF, has been made in Yoruba (there are 12 million Yorubas) which places family planning/child spacing in a tribal, cultural perspective.

In addition, Nigeria is assisted directly or indirectly by such international organizations as: USAID, IPPF, The Population Council, The Pathfinder Fund, The Ford, The Rockefeller Foundation, The Unitarian Universalist Service Committee, Oxfam, SIDA and the United Nations World Health Organization.

CHURCH RELATED ACTIVITIES IN FAMILY PLANNING

CWS has provided limited contraceptive supplies and medical equipment to church-related medical facilities.

PROJECT TITLE: Mailings/Conferences in Nigeria

GRANTEE: Christian Council of Nigeria
Department of Home and Family Life
P.O. Box 5017
Lagos, Nigeria

RESPONSIBLE PERSON: Mrs. Solarin

PROJECT DISCRIPTION:

FPIA's objective in this proposal is to assist the national government's efforts in family planning by supporting informational mailings and conferences for church pastors and youth leaders to be carried out by the Christian Council of Nigeria. This will increase the awareness and understanding of family planning by Church-related personnel and assist them in informing members of their communities of the availability of voluntary family planning services.

The project will consist of a series of mailings to church pastors and youth leaders of educational materials on family life, sex education, family planning, and responsible parenthood. The initial mailing will discuss the need to be informed on topics such as these and will include CCN's own publications on family planning. The initial mailing will be completed by February 1, 1972. Subsequent mailings will include literature available from FPIA and other sources and will be developed in cooperation with FPIA.

In addition, five conferences will be held during the months of May, June, and July of 1972, the exact dates and sites to be agreed upon by CCN and FPIA. Each conference will be two days in length and will be attended by approximately 100 participants. The Department of Home and Family Life of the CCN will coor-

dinate this conference, arrange facilities, contact speakers etc., and will request participation by pastors from all of the churches in Nigeria.

Each conference will be planned and implemented to adequately inform participants how they may go about counseling and referring people to family planning services in their respective communities.

Questionnaires will be administered at the end of each conference to help ascertain achievement of educational objectives. Six months following each conference a sample of the participants will be interviewed to find out how they are putting their experience into practice.

The general responsibility for this project will be with Mrs. Solarin, the Home and Family Life Advisor for the Christian Council of Nigeria. The Christian Council of Nigeria is one of the major voluntary organizations which provided relief and rehabilitation services to the people of Nigeria during and after the civil war. They have distributed supplies to locations throughout the Mid-west, East-central, South-eastern and River States and have been distributing medical supplies to the Church-related hospitals in those states. As the relief operations are now phasing down, the Council is interested in using a part of its staff and administrative capability for work in family planning.

The Christian Council includes most, but not all, of the Protestant Churches of Nigeria. The Methodist Church, the Baptist Convention, the Anglican dioceses, the Presbyterian Church, and the Salvation Army are members. Significant non-members include the Sudan United Mission (with 14 hospitals) and the Sudan Interior Mission (with 5 hospitals.) Subsequent attempts will be made to provide assistance to these church-related medical facilities as well.

BUDGET

1.	Five Area Conferences travel and per diem for participants and lectures	US \$5,000.00
2.	Mailings Printing, postage, paper, stationery, etc.	US <u>2,000.00</u>
	Total	<u>7,000.00</u>

PROJECT TITLE: Nurse Midwife/Health Educator Traineeships

GRANTEE: Christian Council of Nigeria
Christian Council Medical Group
1 Tafawa Balewa Square, Box 3063
Lagos, Nigeria

RESPONSIBLE PERSON: Dr. Pearson, Chairman

PROJECT DESCRIPTION:

Under the auspices of the Christian Council of Nigeria, this project will provide for a total of 40 traineeships; 20 for nurse midwives of church related hospitals, and 20 for health educator staff of church related hospitals.

There is an extensive network of Christian hospitals in Nigeria coordinated by the Christian Council Medical Group and the Christian Council of Nigeria. These are primarily mission hospitals, though some particularly in the South, have now been "Nigerianized". Many of these hospitals have indicated a desire to provide increased family planning services, but at present they have neither the supplies nor the trained staff to do so. The Christian Council has agreed to provide the administrative support for a program of traineeships and the Christian Council Medical Group has agreed to help select the recipients of these traineeships.

Trainees will receive training offered by the Family Planning Council of Nigeria at the University Teaching Hospital at Ibadan (Dr. Sam Ojo) and Lagos University (Professor Ransom Kuti) which have agreed to accept participants nominated by the Christian Council.

The course offered by Dr. Ojo and Professor Kuti are understood to have excellent content and a good reputation in the teaching community. They offer training programs for nurse midwives and one for health administrators - six and three weeks courses respectively. The tuition charged for the nurse midwife course is L7.10 shillings (\$21.00), and there is no charge for the health educator course.

The nurse-midwife program is divided into two parts: first, three weeks of lectures conducted by doctors specializing in family planning. Members of the hospital staff participate in the teaching program. During the final three weeks, the trainees are assigned to different clinics, both day and evening. The clinic supervisor, the nursing sister in charge of the day clinic, as well as other nursing sisters instruct the trainees in the practical applications of their didactic learning. Upon completion of the course, the trainees undergo examinations, both oral and practical, and are then issued certificates of graduation. These training programs for nurse-midwives now also include training in IUD insertions.

Subjects covered in a typical nurse-midwife training course include family planning philosophy, review and utilization of family planning films, human reproduction, clinic procedures, methods presentations, IUD insertions, education and communications, and practical exercises. Most courses utilize a combination of lectures, films, program instruction and practical exercises to prepare trainees.

Health educators get an abbreviated version of the nurse midwife course, plus an emphasis on communications, medical and social indications for counseling of prospective patients, and making referrals.

BUDGET

Nurse Midwives	
\$100.00/nurse midwife X 20	\$2,000.00
Health Educators	
\$ 50.00/health educator X 20	<u>1,000.00</u>
TOTAL PROGRAM SUPPORT	<u>\$3,000.00</u>

FPIA will subsidize the training of nurse midwives and health educators by providing costs of room and board, plus tuition, when applicable.

TANZANIA PROGRAM

PROJECT #1 - Medical Conference

PROJECT #2 - Nurse-Midwife Traineeships

COUNTRY BACKGROUND:

The population of Tanzania was estimated in 1970 at 13,273,000 and is growing at the rate of 2.7% annually. In 1971 there are an estimated 2.6 million women failing within the fertile age group (15-44 years old). In 1970 46% of the population was under 15 years of age. At the current rate of growth, the population of Tanzania will double to 26.5 million people in just 27 years.

As yet the government of Tanzania has not taken an official position on family planning. However, there is substantial evidence that the government recognizes the need for family planning services. For example, in 1969, the chief Medical Officer of the government announced that regional government medical officers "could establish family planning clinics in government hospitals as part of the Maternal and Child Health Program." In addition, government personnel have received training from the Family Planning Association of Tanzania (FPAT), government hospitals and clinics are used for family planning, and family planning field workers receive supervision from the government area medical officers. TANU, (a national political party), supported a FPAT exhibit and the Ministry of Education asked the FPAT to participate in a seminar to introduce sex education into the training college curriculum. In addition, the municipality of Dar-es-Salaam plans to integrate family planning into its health service.

The major portion of family planning services in Tanzania is currently being provided by the Family Planning Association of Tanzania. FPAT administers and supplies three family planning clinics in Dar-es-Salaam and a mobile unit in the rural regions. The FPAT supports 30 government clinics and 44 hospitals and health services by providing them with contraceptives, other medical

supplies, and literature. As mentioned earlier it also provides the family planning training for government staff.

Such international agencies as USAID, IPPF, Pathfinder Fund, Population Council, Rockefeller Foundation, Oxfam, SIDA and the Nordic Development Board has assisted the government, the FPAT and the Dar-es-Salaam School of Medicine.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING

Church-related activities in family planning have been limited to those activities carried out by the Christian Council of Tanzania and the work of individual medical facilities.

PROJECT TITLE: Medical Conference

GRANTEE: Tanzania Christian Medical Association
c/o Catholic Secretariat
Dar-es-Salaam, Tanzania

RESPONSIBLE PERSON: Dr. Ursula Hay, General Secretary

PROJECT DESCRIPTION:

The objective of this project is to inform administrators and medical staff of the approximately 25 church-related hospitals of the availability of commodities assistance and technical support from CWS and FPIA, and to enable them to expand family planning services in their facilities. To achieve this objective, this project will plan and implement an orientation/training conference for administrator and medical personnel of these institutions to be held in Dar-es-Salaam in April, 1972. These activities will be directed and coordinated by Dr. Ursula Hay, The General Secretary of the Tanzania Christian Medical Association (TCMA).

The TCMA is made up of doctors from all church-related hospitals. It is the principal organ of communication among the doctors of Tanzania, and also coordinates medical donations to church hospitals, and holds medical meetings. TCMA, at their offices in the Tanzania Episcopal Conference Building, has access to conference rooms and all facilities necessary for holding the proposed conference.

This conference will be held during April, 1972 for a period of two days and will include such topics as ways and means of expanding family planning services; new developments in the field of contraception; ordering, securing and accounting for supplies; and development of training opportunities for staff. Since some of the doctors may be unfamiliar with IUD insertion

techniques, practical experience in IUD insertion will be included as a part of the conference agenda.

Evaluation of this conference will include the administration of questionnaires at the end of the conference to all participants to assess the effectiveness of transmitting family planning information to conference participants. Six months following the conference a sample of conference participants will be interviewed by TCMA to assess how far the information obtained in the conference is actually being put to use.

BUDGET

Travel to and from conference \$25	
\$25 X 100	\$2,500.00
Per Diem	
100 X \$10/day X 2	2,000.00
Honoraria for lectures	<u>500.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$5,000.00</u></u>

PROJECT TITLE: Nurse Midwife Traineeship

GRANTEE: Christian Council of Tanzania
P.O. Box 2537
Dar-es-Salaam, Tanzania

RESPONSIBLE PERSON: Stanford Shauri

PROJECT DESCRIPTION:

This project will provide ten traineeships for nurse midwives from church related hospitals to be trained by the Family Planning Association of Tanzania.

The nurses will be selected from the 25 church related hospitals by the Christian Council of Tanzania, with the advice of the Tanzanian Christian Medical Association. After their training, the nurses will return to their respective hospitals to help deliver family planning services. The doctors at these hospitals will have received an orientation towards family planning through the Medical Conference Project. These nurse/midwife traineeships will provide skilled family planning practitioners to implement the hospital programs.

The Family Planning Association of Tanzania had done most of the training of family planning personnel in Tanzania, including government officials.

The Nurse-midwife program is divided into two parts: the first week consists of lectures conducted by doctors whose various specialities relate to family planning. During the final week the trainees are assigned to different clinics for practical experience in applying their didactic learning. Upon completion of the course, the trainees undergo examinations, both oral and practical and are then issued certificates of graduation.

Subjects covered in a typical nurse midwife training course include family planning philosophy, clinic procedures, methods presentations, and IUD insertions. Most courses utilize a combination of lectures, films, programmed instruction and practical exercises.

Upon completion of the practitioners' course, a limited number of the graduates will be selected to attend a three week clinic administrators course.

BUDGETPractitioner Course (2 weeks)

Per Diem \$4/day X 14	\$	56.00
Transportation - average roundtrip	\$	<u>10.00</u>
	Total	\$ 66.00
\$66 X 10 practitioners	\$	660.00

Clinic Administrators Course (3 weeks)

Per Diem \$4/day X 21	\$	84.00
Transportation - average roundtrip		<u>10.00</u>
	Total	\$ 94.00
\$94 X 5 administrators	\$	470.00

TOTAL PROGRAM SUPPORT	\$	<u>1,130.00</u>
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UGANDA PROGRAM

PROJECT: NURSE-MIDWIFE TRAINING

COUNTRY BACKGROUND

Uganda, located in East Africa, has a population of nearly 10 million (9,526,000 as of 1970). Population density in 1967 was 32 per square kilometer, but increases seven fold to 238 per square kilometer in terms of arable land.

The population of Uganda is increasing at a rate of 3.1 per cent yearly, with 1970 estimates of 1.6 million women falling within the fertile age group of 15-44 years. In 1967, more than 2/5 of the entire population of the country (41.4%) was under 15 years of age. At this unchecked rate of growth, the population of the country will double to 20 million in 25 years.

There is no official family planning program in Uganda. However, recent changes in the thinking of the present administration has lead to a cautious approval of family planning on the basis of its recognized value in improving maternal and child health, though not, as yet, as a means of limiting population.

An example of this shift in government attitudes became manifest in January, 1970 when the Family Planning Association of Uganda held a weekend seminar to discuss different aspects of family planning and a number of government officials attended, representing their several Ministries. Thus an opportunity for a significant expansion of services now seems to exist in Uganda.

Most of the family planning services in the country are provided by the Family Planning Association of Uganda, the IPPF affiliate. In 1970 the FPAU

operated a total of 50 family planning clinics in Kampala with branches throughout the country serving a total of 29,210 patients. In addition, services exist at Mengo Hospital and several other church-related hospitals, as well as at Mulago Hospital, the teaching hospital of Makerere University.

Makerere University has conducted several IPPF funded training courses in family planning for Maternal and Child Health, and is now undertaking a demonstration project in maternal and child health and family planning with the assistance of the University of California, at Berkeley.

In addition, such international agencies as USAID, the Pathfinder Fund, the Population Council, Rockefeller Foundation, Oxfam, Danish Aid, and Church World Services provide commodity or financial support for population/family planning activities.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING

Church World Services has provided small amounts of family planning supplies and equipment to the Church of Uganda and the Uganda Protestant Medical Bureau to assist their efforts to expand family planning in the 25 church-related hospitals and their satellite clinics and dispensaries.

PROJECT TITLE: Nurse-Midwife Training Program

GRANTEE: Church of Uganda
P.O. Box 30030
Kampala, Uganda

RESPONSIBLE PERSON: Dr. W. Roy Billington

PROJECT DESCRIPTION

The goal of this project is to support the expansion of family planning services in the country as a whole and to provide specific support to the Church of Uganda and the Uganda Protestant Medical Bureau (UPMB) in their efforts to expand family planning services in the 25 church-related hospitals and their satellite clinics and dispensaries through the training of nurse-midwives for family planning work in these facilities. This training will take place in Kampala at the facilities of the Uganda Protestant Medical Bureau, the Church of Uganda, and the Family Planning Association of Uganda (FPAU).

The FPAU has an ongoing training course and experience in conducting appropriate programs for nurse-midwives. Dr. W. Roy Bellington, Advisor to the Church of Uganda, will advertise this program among the church-related hospitals and will select the participants with the advice of the UPMB and FPIA.

The FPIA objectives, in addition to providing family planning supplies as needed to the church-related hospitals and other medical facilities in Uganda, will be to train 25-30 Ugandan nurse-midwives to work in family planning service programs in those hospitals and clinics. On completing

their training successfully these nurse-midwives will perform under the general supervision of a physician, all the medical functions necessary for the provision of family planning services.

The training course will require from four to six weeks and will include both classroom and practical clinical training in reproductive physiology, family planning philosophy, contraceptive technology, medical contra-indications, pelvic examinations, diaphragm fittings, pill prescriptions, IUD insertions, etc.

The training program will be conducted and jointly sponsored by Dr. Billington of the Church of Uganda, Dr. Sam Wills of the Protestant Medical Bureau and Mengo Hospital, Professor R. R. Trussel of Makerere University, and the Family Planning Association of Uganda. The evaluations of each trainee's work will include written, oral, and practical examinations.

BUDGET

Per Diem	
\$4.50 X 7 days X 5 weeks = 157.50/trainee	
157.50 X 30 trainees	\$4,725.00
Honoraria for lectures	<u>200.00</u>
TOTAL PROGRAM SUPPORT	<u>\$4,925.00</u>

INDONESIA PROGRAM

PROJECT: THE "LUDRUK"--A FAMILY PLANNING FOLK PLAY

COUNTRY BACKGROUND

Indonesia, a country comprised of more than 3000 islands, with a combined population of 118 million in 1970, is the sixth most populous country in the world. A decline in per capita income during the period 1958-1968 indicates that the Indonesian economy is having difficulty sustaining the burgeoning population. Expanding at a rate of 2.5 to 2.6 per cent annually, Indonesia's population will double in 27 years, threatening to negate many of its social and economic advances.

The number of females in the age group of 15-44 years in 1970 was estimated at 27 million. Of this, about 20 million women were estimated to be in need of family planning assistance. The cumulative number of women accepting family planning services, offered through the national program through 1970, has been estimated at 147,000, or less than one percent of the woman in need of family planning services. In other words, the results of total family planning program efforts to date has left 99% of potential patients needs unmet. This large gap is further abridged only to the extent that additional small numbers of women may be receiving services from private family planning institutions or private physicians not reporting to the national statistical system. Further expansion of family planning services is clearly needed.

The government initiated a family planning program to slow

down population growth in 1968. This national family planning program has been incorporated in the country's five-year economic development plan for 1969-1974 and has a target of 3 million acceptors over the five-year period. The National Coordinating Body (BKKBN) , which was set up by the government to oversee all family planning activities, is planning to propose to the government an increase in the target number to a level of 6 million new acceptors during the Five-Year National Family Planning Program. This recommendation is based on the report of a Mission to Indonesia organized by the United Nations, World Health Organization and the World Bank.

Currently there are 1300 government health facilities providing family planning services through the government health network. There are 1,040 doctors, 1930 nurses and midwives and 1,925 other family planning personnel available to maintain these facilities.

Plans are already underway to recruit, train, and employ from 15,000 to 20,000 family planning field workers over the next five years. Training of family planning workers is carried out in the National Family Planning Training Center in Djakarta and in six Provincial Training Centers. All centers are operated by the Indonesian Planned Parenthood Association (IPPA), the IPPF affiliate. The IPPA reports that these seven institutions presently have the capacity to train a total of 2,100 workers a year.

As of 1969, the Indonesian Ministry of Health has taken over the responsibility from voluntary organizations for

supplying contraceptives and other family planning materials to the areas of Java, Bali, and Madura. The provision of supplies and other assistance to the outer islands is not currently the responsibility of any organization, including IPPA, which operates a network of local branches staffed by volunteers and making use of clinical facilities and staff of government health and maternal and child health services.

Projected activities in Indonesia call for a comprehensive informational program that will incorporate both the mass media (radio, newspapers, television) and the face to face approach (personal contact, small group discussions) and utilize a multifaceted mixture of teaching aids. Projected plans call for a marked intensification of all informational activities through the several ministries and voluntary agencies under the guidance of the National Coordinating Body.

The Indonesian family planning effort has received extensive staff and financial support from such groups as the Agency for International Development, IPPF, the Population Council, the Pathfinder Fund, the Ford Foundation, Swedish International Development Authority, and governments of Holland and Japan, and Church World Service.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING:

Church World Service has been active in a variety of family planning and related information, education, and communications activities in Indonesia. These efforts are generally very well thought of in the country and fit well into the over-

all Indonesian family planning program. CWS was one of the first organizations in the country to provide family planning advice and assistance and has cooperated actively with the government in the development of the present national family planning program.

The CWS program for Calendar Year 1971, has included the following IE&C activities:

1. Production of family planning newsletter to keep the Christian community and the public at large aware of developments in the field of family planning.
2. Production of posters and booklets for the Christian community.
3. Production of seventeen radio spot announcements recorded on cassettes for distribution and use by 23 Christian and other private radio stations throughout Indonesia. Additional spot announcements are now being produced to provide more variety.
4. Five radio soap operas, each of 15 minute length, have been produced and serialized, in cooperation with Father F.J. Daniels' Sanga Prathivi Studio. Father Daniels has a very well equipped studio in Djakarta and many years of broadcasting experience in Indonesia. These programs will reach 60 stations which have established contacts with Sangar Prathivi.
5. Mrs. Nancy Piet, who works full time as a volunteer with CWS and gives her full attention to family planning IE&C, has developed an educational film strip, with sound, for use in urban areas.

6. Posters dealing with questions and misunderstandings about family planning services and clinic procedures have been developed and distributed to church-related clinics.

7. A mobile family planning exhibit has been designed and produced during 1970 and 1971 for use at village fairs in East Java. The presentation of this exhibit has been accompanied by the performance of the "Ludruk", a traditional Indonesian folk play using two or three live actors in a variety of short skits which include family planning and related themes. The traveling exhibit and the production and direction of the "Ludruk" have been the responsibility of Mr. Otto Iskandar, a social worker, in charge of the Family Welfare Institute (LKK) located in Surabaya.

This traveling exhibit and the "Ludrak" performances have proven very popular with the villagers and form the basis on which the following project is proposed.

PROJECT TITLE: The "Ludruk"--A Family Planning Folk Play.

GRANTEE: Council of Churches in Indonesia
Subcommission on Responsible Parenthood
DjL. Dempo No. 3 (Matraman)
Djakarta, Indonesia

RESPONSIBLE PERSON: Dr. Lucas Hendrata, Director

PROJECT DESCRIPTION:

Under the current national family planning program, the Indonesian government focuses its operations on the islands of Java, Madura and Bali. These three islands which comprise 1/14 of the total land area of Indonesia, contain two thirds of the Indonesian population, or about 80 million people. The government program emphasizes the provision of services and the supply of contraceptives. The government has also established a National Family Planning Training Center (in cooperation with the IPPA) and, in addition to the government effort, other voluntary agencies such as the Population Council and the IPPA are working in post partum programs and in the training of indigenous workers, such as the "DUKUN" or traditional midwife. Government operations utilize trained field personnel who work in conjunction with local hospitals and clinics. However, there are still relatively few informational and educational materials available and the effectiveness of these materials at the village level is minimal. There is a great need to complement the government and other family planning activities by publicizing the

family planning program, communicating its content to villagers, and encouraging them to utilize the services available.

The objectives of the project as herein proposed are:

(a) to utilize the traditional folk art form known as the "Ludruk" to increase the level of awareness of family planning in rural villages located in 5 different areas of Java and Madura, (b) to provide information about family planning possibilities, and (c) to direct villagers to a neighboring family planning clinic where their family planning needs can be met. A secondary objective of the project will be to evaluate the effectiveness of utilizing traditional folk art forms, such as the "Ludruk" in increasing the utilization of family planning programs throughout Indonesia. This will be considered after incorporating the variations necessary for the different cultural areas within Indonesia. Other possibilities under consideration for the use of this folk art form as a medium for family planning information and education are the filming of the "Ludruk" performance for wider distribution within Indonesia, and the adaptation of the "Ludruk" script for radio drama presentations on local stations.

The Council of Churches in Indonesia (DGI) has requested general support of its proposed family planning program budget for calendar year 1972. The project as herein described proposes funding support to DGI, by FPIA, for certain program activities to be specified in the sub-grant agreement between the principal parties and concurred in by AID/W. These program activities are principally those which will permit DGI to expand

the use of the family planning folk play and related exhibits in selected rural villages in Indonesia.

The project will be carried out in three major phases of activity. Phase I will be devoted primarily to organizational activities such as recruitment and selection of additional staff (including the folk play actors) who will be needed, selection of the five geographical areas in which the "Ludruk" teams will operate, and establishing procedures to permit referral of potential acceptors of family planning services to clinics in those areas. Attention also will be given during this initial organizational phase to the preparation of all the printed and other visual materials to be used in connection with the presentation of the Ludruk. Phase I is expected to require from three to four months time.

Phase II is to consist of the actual presentations of the folk plays and exhibits, and the referral of potential family planning acceptors to obtain clinic services. In addition, the "Ludruk" teams will establish liason with community leaders and encourage their cooperation and participation in the activities of the program, as well as with the family planning service personnel working in those areas. Phase II of the project will last for a period of from eight to nine months.

Phase III will commence approximately two months before the end of Phase II and will consist largely of activities to assess the effectiveness of the folk plays and exhibits in

both informing and educating the villagers in family planning, and in successfully encouraging them to obtain family planning services. If feasible, project evaluation will include a baseline KAP study conducted by the University of Indonesia prior to implementation of the "Ludruk" activities, and a follow-up KAP study during Phase III to measure any changes which might have occurred.

The project will be funded by FPIA for the calendar year 1972, subject to the terms and conditions of the sub-grant agreement to be executed by the principal parties and concurred in by AID/W. Funding after the end of 1972 will be made available by FPIA pending the review and approval of the project activities of calendar year 1972 and the projected work plans for the succeeding year.

BUDGET

Salary of 1 "Ludruk" Project Coordinator	\$ 1,500.00
Salary of 5 "Ludruk" Team Leaders.	5,000.00
Salary of 10 "Ludruk" Folk Play Performers	7,500.00
Folk play supplies and equipment	5,000.00
Travel expenses.	3,000.00
Project evaluation (including KAP study)	5,000.00
Office supplies and equipment	<u>1,500.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$28,500.00</u></u>

K O R E A

PROPOSED PROGRAM FOR FISCAL YEAR 1972

PROJECT #1. In-service Hospital Staff Training

PROJECT #2. Motivation and Recruitment Using Home Visitors

COUNTRY BACKGROUND

Korea has a population estimated in 1970 at 32.2 million. At the current rate of increase of 2.0% per year, this population will double in 35 years. Population density in March 1969 was 832 per square mile.

In 1962, the government adopted a national family planning program as an integral part of the First Five Year Economic Development Plan (1962-1966). The objective of the national family planning program at that time was to reduce the annual rate of population increase from 3.0% to 2.5% by the end of the fifth year. In 1963 the Ministry of Health and Social Affairs extended the plan for family planning programs to ten years and added the objective of achieving an annual growth rate of 2.0% by the tenth year (1971). Having achieved this objective, the Ministry of Health, in a recent decision, has now established a new target for the period from 1972-1976 - that of lowering the annual rate of increase to 1.5% by 1976.

The national family planning program operates through the Family Planning Section of the Bureau of Public Health in the Ministry of Health and Social Affairs. Family planning services were provided through the existing national and provincial health network, which consisted of 192 health centers, located one per county (140) in rural areas, and one per city ward (52) in urban areas. In 1964, the government expanded this service network into 1,473 township level offices, recruiting and attaching one family planning field assistant

to each township office. These workers recruit eligible couples through door-to-door visits and group meetings. They distribute condoms free of charge and sell oral contraceptives for approximately 10¢ per cycle. They also refer IUD and vasectomy acceptors to private physicians trained and authorized by the government to provide these services. These physicians provide services in their own facilities and are reimbursed by the government for each unit of service provided. In 1970 the National Family Planning Center (now called the Korean Institute of Family Planning) was established with the assistance of the Swedish International Development Authority, the U.S. Agency for International Development, and the Population Council to carry out a national family planning training and evaluation program.

The government, after 10 years of family planning programs, still has far to go to reach its target. Due to great increase in the high fertility 25-35 year age group in the latter part of this decade, the goal will be impossible to attain without increased efforts by the government, and an increasing sense of responsibility towards meeting these goals on the part of all citizens and institutions of the society. There is a high turnover rate in family planning workers due to the emigration of nurses (about 40% a year), yet it is clear that the family planning program will demand increased numbers, and more highly qualified service workers as the program continues. This shortage of workers is most serious in the urban areas.

In order to achieve the current objective of reducing the rate of population increase to 1.5% by the end of 1976, the government has set a target of having 48% of eligible couples practicing family planning by that date. The government plans call for reaching 33% of

the couples through the national program, and the remaining 15% through voluntary programs.

The principal voluntary program in Korea is the Planned Parenthood Federation of Korea, the IPPF affiliate. PPFK was organized in 1961, a year before the national government program was established. The federation has been mainly responsible for training family planning workers and for disseminating information and education to various groups. The government welcomes additional assistance in family planning through voluntary programs, hospitals, and other institutions as long as they are given reports of what is being done.

CHURCH RELATED ACTIVITIES IN FAMILY PLANNING

To date there have been only limited church-related family planning activities in Korea. There are 18 church related hospitals throughout the country, most of them located in small cities where the government family planning programs are weak due to the lack of field workers. Two of these church-related hospitals offered family planning services for about 6 years. All of these hospitals have expressed interest in family planning. Starting in 1967, Korean Church World Service (KCWS) carried out a number of family planning seminars for church leaders. In 1970, the National Council of Churches in Korea (KNCC) took over the responsibility for implementing family planning activities and a proposal was submitted by KNCC to the CWS Planned Parenthood Program to fund a series of family planning seminars for a total of 40 church denominational leaders. This year, a committee called "AEYUK", (to raise with love), has been organized within KNCC in order to carry out the family planning program. This committee consists of 8 members representing various areas such as medicine, religion and social work. Most of the members have extensive experience in family planning work in Korea.

This committee has now submitted to FPIA a proposal requesting support of the committee's work in carrying out all the church-related family planning activities including the supplying of contraceptives to church related hospitals and welfare agencies, conducting programs in information, education and training, organizing pilot studies, and training hospital staff. The KNCC feels that the church's long term contribution to the government family planning program will be through:

- 1) Educating their 2,000,000 members (particularly younger couples) about the ethical and Biblical issues so that they will be more responsible participants in meeting the national goals and will have social support for their decisions to limit their family size. Special emphasis will be made on the Christian values opposed to the present social demands for a male heir.
- 2) Training at least half of the churches' 10,000 home visitors to discuss family planning with couples and make referrals to government and private sources for contraceptive services.
- 3) Supplementing the present services and supplies offered through government public health centers by expanding the services and recruitment in the church related hospitals, church related welfare institutions, other private clinics, and mobile teams visiting urban slums.

PROJECT TITLE: Inservice Family Planning Hospital Staff Training

GRANTEE: Family Planning Coordinating Committee

Korean National Christian Council

136-46 Yon Chi Dong

Chong Ro, Seoul, Korea

Kwang Wha Moon

P.O. Box 134

RESPONSIBLE PERSON: Reverend Hang Rok Cho

PROJECT DESCRIPTION:

The objective of the inservice training program is to provide short term training in family planning for 450 doctors and nurses in church related hospitals in Korea.

The KNCC will contract a doctor and a nurse who have had extensive experience in family planning and in training staff in family planning to undertake this program. The doctor and nurse team will visit all of the 16 church related hospitals and carry out a one day training program in each hospital. The training will be done through group meetings on general subjects and demonstrations and discussions of technical matters.

Some of the hospitals to gain assistance from this training are active in family planning but wish to expand their program. Others are anxious to do work in this field for their doctors and nurses in order to offer family planning services. The program calculates 20 training trips for the 16 hospitals to allow for additional training

at those hospitals where there is need for more people to take advantage of the opportunities to acquire family planning knowledge. The Family Planning Committee of the KNCC will be responsible for planning and coordinating the program. This committee is described in detail under "Church Activities in Family Planning".

The duration of this project will be 20 days during the one year period following receipt of funds.

BUDGET

Travel for lecturers (in a team)	\$ 162.16
Per diem for lecturers	162.16
Lecture fees	810.80
Meals for hospital staff attending lectures	<u>608.12</u>
TOTAL PROGRAM SUPPORT	<u>\$1,743.24</u>

PROJECT TITLE: Motivation and Recruitment Using Home Visitors

GRANTEE: Family Planning Coordinating Committee

Korean National Christian Council

136-46 Yon Chi Dong

Chong Ro, Seoul, Korea

Kuang Wha Moon

P.O. Box 134

RESPONSIBLE PERSON: Reverend Hang Rok Cho

In the cities, the government network of fieldworkers is weak in comparison to the population. Each one must cover areas with populations from 30,000 to 50,000. Home visiting under these circumstances is very brief and allows no time for follow-ups. A recent survey by the Korean Institute of Family Planning showed that only 14% of the urban women had had a home visit by a family planning fieldworker in the last two years. This was in contrast to 26% of rural women who had been visited. The need for strengthening contact with the people is recognized by the government.

The Churches of Korea have women home visitors that go with the pastor to make calls and also make calls on their own. Among the protestant groups there are over 10,000 of these women.

The NCC Family Planning Committee proposes to experiment with ways these church visitors may be used to strengthen the urban motivation program.

Two urban slum areas have been selected for this experiment near existing clinics offering family planning services. Approximately 20 visitors from churches in each of these areas will be recruited for

this part time work. One area is the new suburb of Kwangju near the city of Seoul. This is a new town being developed by the government for recent migrants from rural areas; current population is 160,000. A family planning clinic has been recently opened by PPFK. The other area is in an industrial section of the city of Pusan which is located adjacent to Il Sin Hospital. The population is about 120,000 persons.

The Korean Institute of Family Planning has been contacted in connection with this project and will, at the Committee's request, give these women one week of training. The women home visitors will also meet once a month for refresher lectures, trading of experiences, and contact with a supervisor.

A full time supervisor with previous experience in family planning field work will be employed for each of these pilot areas. She will do field supervision and provide liaison with the Committee and the clinics providing services.

The home visitors will be given no salary, but will be given expense money for their recruiting work and a bonus for low parity acceptors of sterilization. They will also be provided with literature for home distribution.

Brief KAP surveys as a base line will be made of each pilot area by the Center for Population and Family Planning of Yonsei University. This will be compared with similar studies undertaken at the end of two years for evaluation. The evaluation will also involve comparisons with national program, KAP, and cost information.

Topics covered by the KAP survey will be:

1. Present family status, including socio-economic factors
2. Pregnancy history, including past contraceptive and abortion history.
3. Number of children desired in the future, ideal family size.
4. Knowledge of contraceptive methods.
5. Desire for contraceptive services.

Duration of this study will be two years.

BUDGETTraining church visitors:

one week - \$20 X \$40 per	\$	800.00
monthly meetings - \$20 X 2 X 24 months		960.00

Incentives:

\$1.5 X 400 acceptors X 24 months (for oral pills only given after 8 months of use)		14,400.00
\$1.5 X 40 steri. X 24 months		1,440.00

Materials:

\$.15 X 10,000 pamphlets		1,500.00
\$.015 X 100,000 leaflets		1,500.00

Supervisors:

\$150.00 X 2 per X 24 months		7,200.00
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KAP and Evaluation:

\$1,700 X 4 KAP.		6,800.00
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<u>Analysis, writing and production of report.</u>		650.00
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Administration*:

Salary and benefits - 1 Director @ \$200 X 12 months		2,400.00
Salary and benefits - 1 Secretary @ \$120 X 12 months		1,440.00
Salary and benefits - 1 Typist @ \$90 X 12 months		1,080.00
Telephone installation		100.00
Office rent - \$100 X 12 months		1,200.00
Transportation (local and field trips) \$120 X 12		1,440.00
Meetings \$50 X 12		600.00
General Office Expense \$50 X 12		600.00

TOTAL PROGRAM SUPPORT		<u>\$44,110.00</u>
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*In order for the above mentioned projects to be implemented on schedule, administrative support must be provided for the Family Planning Coordinating

Committee of the KNCC. This Committee, which is in charge of Policy and Management of these projects, is comprised of 8 members appointed by the Korean National Council of Churches. Four of the present members, including the Chairman, have all had ten years or more of leadership in family planning. One is a vice-president of IPPF. Working to carry out these policies will be a small staff of one director, one male office worker, and one secretary. The will be supplemented by a field supervisor, a Westerner with many years of experience in the Korean family planning program.

Liaison and coordination will be maintained with the government family planning program and PPFK through the close involvement of members of the Committee in these activities. Regular reports on activities will be submitted to the Ministry of Health and Social Affairs.

PHILIPPINES PROGRAM

PROJECT #1 - A Mobile Planned Parenthood Clinic

PROJECT #2 - A Survey of Potential Family
Planning Service Providers

COUNTRY BACKGROUND

The Philippines is the fastest growing nation in Asia. With an annual growth rate of 3.5%, the population now at 39.5 million, is expected to double in twenty years. The average Filipino family includes 6.8 children.

Approximately 80% of the population is nominally Catholic and the subject of birth control was, until quite recently, a taboo subject for all but a small minority of professionals and scholars. Government officials and politicians with rare exceptions, studiously tried to avoid expressing any public opinion in this area. During the last four years, however, some dramatic changes have occurred in Philippine attitudes toward population and family planning. Extensive coverage of birth control issues in both the press and on radio has made family planning a topic of conversation even among otherwise traditional or rural barrio folk. While Roman Catholic opinion still inhibits the overall expansion of family planning services some Catholic agencies, such as the Responsible Parenthood Council, are taking an active part in family planning education and advocate use of the rhythm method to control fertility.

In 1969, the national government officially recognized the need for a Philippine Population policy and established a Commission on Population.

Legislation forbidding the importation of contraceptives was also revoked in 1969. The sale of contraceptives is now permitted, though restricted to pharmacies and requiring a doctor's prescription.

A five-year plan produced by the Commission on Population envisions

the Provision of family planning services to 50% of the target population by 1976, at which time it expects 1,870 family planning clinics to be in operation.

The International Planned Parenthood Federation provides substantial commodity and financial assistance through its affiliate, the Family Planning Organization of the Philippines (FPOP). The FPOP served over 47,000 family planning patients in 73 clinics in 1970.

Several international agencies also provide assistance in family planning. US/AID, Ford Foundation, World Neighbors, the Pathfinder Fund, and the United Nations Fund for Population Activities have supported the Population Commission, the executive board of the PopCom, the University of the Philippines, the Department of Health, Department of Education, the Department of Social Welfare and other private and public organizations in their family planning activities.

A recent study of family planning acceptors in the Philippines indicated that family planning efforts are reaching primarily town and city-dwelling Filipinos while failing to reach those in the outlying areas which make up 89% of the population.

Church Related Activities in Family Planning

The Philippine family planning effort can trace its beginnings to the Protestant Christian Churches. In 1960, representatives of Protestant churches were instrumental in the organization of the first Philippine family planning organization, the Family Relations Center (forerunner of the Planned Parenthood Association of the Philippines). Church related hospitals such as the Mary Johnson Hospital in Manila, the Silliman University Medical Center in Dumaguete City, and the Cebu Community Hospital in Cebu City, were early providers of family planning services. Nor have these Protestant church-related hospitals restricted their services to Protestant church goers. It is pertinent to point out that the Mary Johnson Hospital in Manila reported in 1970 that 90% of their new family planning patients were Catholics.

In addition to the provision of clinical services through the Christian hospitals, Christian church groups have pioneered in introducing family planning services to special groups such as the inmates of the Bilibid prison in Manila, and is establishing a clinic on the campus of Dansalans College in Mindanao. Christian church groups have also provided leadership in the training of both professionals and para-professionals in family planning work through conducting seminars, and providing fellowships and other support for training activities both locally and in other countries.

The Philippines has been one of the largest recipients of assistance from the Church World Service Planned Parenthood Program. In 1969, CWS provided an estimated \$368,000 worth of medical supplies, contraceptives

and information and education material to this country. In most cases, these supplies were sent directly to the Division of Church World Service, within the National Council of Churches of the Philippines, for distribution to the church-related hospitals. As of July 1, 1971, twenty-five church assisted hospitals and clinics were reported to be providing family planning services.

The proposed program for FY '72 for the Philippines is designed with the following objectives:

1. to expand family planning services in church assisted hospitals and clinics.
2. to introduce family planning services to church-assisted hospitals and clinics not currently providing such services.
3. to develop an alternative family planning service delivery system through enlisting private Christian doctors in a network of private clinics offering such services.
4. to develop new and creative approaches in the provision of family planning services to those in need of assistance.

PROJECT TITLE: A mobile family planning clinic attached to an established hospital in order to provide family planning services to women living in rural barrios.

GRANTEE: Lorma Hospital
San Fernando, La Union
Philippines

RESPONSIBLE PERSON: Dr. R. L. Macagba, Director

PROJECT DESCRIPTION:

One of the shortcomings of the present family planning effort in the Philippines is its failure to reach the women living in rural areas, who make up the bulk of the target population. This project proposes to support a mobile family planning clinic attached to a hospital located in a rural area. Six rural towns will be selected where no medical services or very limited services are available. The mobile clinic will visit each town once a week on a "market day" when most people in the barrios congregate to buy and sell their wares.

The mobile clinic will be composed of one physician, one staff nurse, two student nurses and a driver. The student nurses, in addition to assisting the medical staff, will also serve as outreach workers.

The Lorma hospital, which will be responsible for operating the mobile family planning clinic, is presently receiving non-family planning assistance from CWS and has the distinction of winning the First Prize National Award for Community Service in the 100-bed and below hospital category in 1970. It is a fully equipped 100 bed general hospital

located in a barrio about 2 kilometers from San Fernando, La Union. Lorma is the company hospital for a steel plant, a cement factory, several gasoline companies, and many other local organizations. The hospital has charity obstetrics beds and has been offering family planning services, including vaginal foam, IUD's, Pills, diaphragms, and sterilizations. There has not been any separate family planning clinic. However, two female doctors are on staff, and have been responsible for providing the family planning services. The hospital has sufficient trained personnel in family planning to staff the mobile clinic on a daily basis. The hospital opened a school of nursing in 1970 and will assign nursing students to the mobile clinic practical training in family planning. Representatives of the Pathfinder Fund and US/AID visited the hospital last year, and have decided to set up the "La Union Counseling and Family Planning Clinic" in the hospital. This will be an integrated family planning clinic which will draw on the facilities of the hospital, serve as a central storage and distribution point for contraceptives, and a place for referral of patients who cannot be adequately served in the mobile clinic.

BUDGET

Salary of physician	\$ 750.00
Salary of nurse.	600.00
Salary of driver	400.00
Gas and maintenance	<u>300.00</u>
TOTAL PROGRAM SUPPORT	<u>\$2,050.00</u>

Material Resources:

Cost of panel truck	\$3,000.00
Medical equipment	<u>2,000.00</u>
TOTAL MATERIAL RESOURCES SUPPORT	<u>\$5,000.00</u>

PROJECT TITLE: A survey of potential family planning service providers.

GRANTEE: Inter-Church Commission on Medical Care
Manila, Philippines

RESPONSIBLE PERSON: Dr. Eduardo Villegas, Director

PROJECT DESCRIPTION:

The Inter-Church Commission on Medical Care (ICCMC), has reported that there are in the Philippines an estimated 250 private medical clinics operated by Philippine doctors who are church members. Some of these clinics have applied for assistance in providing family planning services.

A survey of these private clinics by the ICCMC will be undertaken to determine interest in participating in the program, the kinds of contraceptive services presently being provided and the amount of contraceptives and other technical assistance needed.

A person with family planning experience, under the supervision of the ICCMC director, will be employed to carry out this survey. He will initiate contacts with clinic directors, collect and analyze needed information, initiate and maintain an efficient distribution of contraceptive supplies, and in general, act as liaison on all family planning activities of the ICCMC.

The ICCMC, the medical arm of the National Council of Churches of the Philippines, has provided the leadership in the Christian Medical Community in promoting family planning. It has also provided coordination of all church-related hospitals in the country, and has been active in family planning not only in the Philippines, but also in the East Asia Christian

Council and in the World Council of Churches Christian Medical Council. Church World Service Planned Parenthood Program activities in the Philippines have been developed in cooperation with the ICCMC, which has been responsible for all commodities distribution, and all CWS population programs development to date.

BUDGET

Salary of coordinator	\$1,000.00
Salary of part-time secretary	300.00
Office supplies/postage	400.00
Travel expenses	<u>500.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$2,200.00</u></u>

TAIWAN PROGRAM

PROJECT #1 - Training Program for Aboriginal
Church Leaders

PROJECT #2 - Support for Slum Area Field Workers

PROJECT #3 - Mobile Unit Clinic for Aboriginal Women

PROJECT #4 - Private Clinic Survey

COUNTRY BACKGROUND

Taiwan's family planning program is regarded as one of the most successful among developing countries worldwide. Its birth rate fell from 42 in 1958 to 28 in 1968; in the same period the net reproduction rate fell from 2.6 to 2.0.

The pressure of population on Taiwan's economic and social resources was officially recognized by the government in 1968, although concern about population growth was expressed as early as 1920 by Dr. Sun Yat-sen. In 1954, the China Family Planning Association was formed, initially to provide information on infertility and to impart the health value of child spacing during first aid courses given to military dependents. Ten years later, the Ministry of Interior formed a Population Policy Study Committee which in 1967 prepared a set of regulations governing the implementation of family planning in Taiwan and an outline of population policy for the Republic of China. This received official government approval in 1968. The following year, the Institute of Family Planning was created to administer and evaluate the Taiwan family planning program, under the Taiwan Provincial Health Department.

The main personnel involved in the Taiwan Family Planning Program are 700 private physicians contracted by the government to provide clinical services. Patients are referred to these doctors by field workers attached to health stations, but not officially part of the staff.

Orientation courses and training programs are provided for all levels of family planning workers, professionals as well as paraprofessionals at the China Center for International Training in Family Planning. This center

was established in 1968 and receives considerable international support.

Mass communication media are used extensively to promote family planning -- radio, television, newspapers, car cards, etc.

Several international agencies provide support to the Taiwan family planning program. Among them are the Population Council, U.S. Agency for International Development, Pathfinder, Family Planning Federation of Japan, Brush Foundation, Lutheran World Relief, and the Asia Foundation.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING:

Taiwan, unlike some other countries, has had little help in family planning from its hospitals. Few babies are delivered in government hospitals. Currently, eight of the ten Christian hospitals in Taiwan are providing family planning services; however, the role of Christian hospitals in the total family planning effort has been considered "unimportant" and these hospitals "relatively inactive" by Dr. Hsu, Chief of the Rural Health Division, Joint Commission on Rural Reconstruction. Dr. McClure of OXFAM, England, who conducted a survey of family planning in Taiwan earlier this year, observed that the Christian hospitals in Taiwan were surprisingly lacking in their coordination in either effort or planning. He added that the field is wide open for church efforts.

Liaison and service to Christian hospitals and other church-related health delivery agencies are currently provided by the Taiwan Christian Service (TCS), which is phasing out all its program activities in Taiwan

after 1972. Current plans are that the Taiwan Christian Service will be succeeded by the Ecumenical Christian Council which is expected to assume TCS's program activities.

The proposed program for FY '72 as described in the following pages is a result of conferences held with family planning officials of the Taiwan Christian Service, administrators of several Christian hospitals, and some government representatives. Christian hospitals can play a much more significant role in the total family planning effort if their resources for providing contraceptive services are developed to their full potential. In addition, provision of contraceptive supplies, specifically oral contraceptives, to private clinics run by Christian physicians, of which there are an estimated 100 at present, will result in an expansion of services to the women not adequately served through the government effort.

Particular emphasis will be given to the distribution of oral contraceptives for two primary reasons: 1) According to the FPIA Consultant and contrary to government claims, many hospitals do not receive oral contraceptives from the government; 2) As of September, 1971, it was reported that Taiwan Christian service had on hand some 32,000 cycles of oral contraceptives for use in an expanded delivery system.

The primary goals of the proposed program for FY '72 are:

1. To fill gaps in family planning services, especially in regions of the country not currently served by the government.
2. To provide the target population, the women in need of subsidized family planning service, a choice of birth control method by the provision of oral contraceptives.
3. To develop new distribution outlets for contraceptive services and supplies.

PROJECT TITLE: An educational and training program for aboriginal church leaders.

GRANTEE: Taiwan Christian Service
6 Jen Ai Road, Section 4
Taipei, Taiwan

RESPONSIBLE PERSON: Mr. David Ko, Family Planning Program Officer

PROJECT DESCRIPTION:

The aboriginal inhabitants of the mountainous areas along the East Central portions of Taiwan have been ignored by the government family planning program. Very few services are provided by the government in health, education or social services to assist these people. The aboriginals number at least 250,000, scattered in communities with little contact or communication with the "outside world." TCS has been the primary organization providing health and social services for these people.

In 1968 and in 1969, family planning training sessions for aboriginal church leaders were held. These were in conjunction with the initial TCS efforts to reach the remote areas of the country where the aborigines reside through the use of a mobile family planning clinic. During the three years since the last session, new leaders have emerged, and it is necessary to reinforce existing motivations and to encourage more active participation from these church leaders. The educational training sessions will inform the women of the need and availability of family planning services and the Mobile Clinic will follow the training sessions into the villages to meet the demand for services aroused by these sessions. This project is designed to relate to the Mobile Family Planning Center project.

These institutes on "Happy Family Life" will cover maternal and child health, contraceptive methods, the relationship of family planning to the Christian ethic, the concept of responsible parenthood, and the responsibility of the aboriginal leaders to inform their people about family planning and about the family planning services which are available to them. After the sessions the leaders will return to their villages to communicate family planning information to their people and recruit patients for the mobile service unit.

The expenditures for the five one-day sessions will include in addition to lodging, meals, travel expenses and honorarium, the costs of preparing printed and audio-visual materials for use during the training.

BUDGET:

Audio-Visual Materials.....	\$ 200.00
Lodging and Meals.....	150.00
Travel Expenses.....	150.00
Honorarium.....	300.00
Vehicle Maintenance.....	<u>200.00</u>
TOTAL PROGRAM SUPPORT	<u>\$1000.00</u>

PROJECT TITLE: Support for field workers working in slum areas for patient recruitment and follow-up and contraceptive supply distribution.

GRANTEE: Taiwan Christian Service
6 Jen Ai Road, Section 4
Taipei, Taiwan

RESPONSIBLE PERSON: Mr. David Ko, Family Planning Program Officer

PROJECT DESCRIPTION:

The entry of large numbers of women into the reproductive years, the products of the 50's baby boom, will require increased effort by the government to maintain even its current birth rate reduction. Because of low pay rates and a high turnover, there are not enough field workers available to serve high density areas such as slums.

This project proposes to continue support for five field workers who conduct home visits for patient recruitment and follow-up. The activity of TCS has been supported since 1968 by the CWS/PPP. Following the expansion of project activities under the CWS/FPIA grant, CWS support will be devoted to other TCS activities, and FPIA will undertake support for the continued operation of this important program.

The family planning field workers operate from five locations which are donated by either the government or by the churches. These workers conduct home visits, distribute contraceptive supplies (except IUD's), and maintain patient records. Where a patient prefers the IUD, she is referred to a nearby hospital or clinic. The field workers also provide assistance for other health and welfare related problems and are under the direction of a public health nurse or a family planning social worker.

In the Taipei urban slums, the project was implemented under the direction of a public health nurse. A clinic has now been established which provides free loop service, oral pills, Depo-provera and other services. In Taiwan urban slums, the project is also under the direction of a public health nurse, with primary emphasis on small scale meetings to introduce women to family planning and small scale "Li" or "Lin" meetings. In the coastal areas of Chiaya and Putai a family planning social worker assumes responsibility for the activities which revolve around a series of group discussion sessions among the local housewives. During the past year 347 coupons for loop insertions were issued in these communities. In Hualien County, Chiulin, the project was organized by two family planning social workers, and involves, in addition to group discussions in the Pingtung I-liao Settlement, considerable outreach work among the neighboring aboriginal communities.

These five field workers are provided with overall supervision by the Family Planning Department of the TCS.

BEDGET:

Salaries of 5 field workers for one year....	\$5,000.00
Travel expenses for one year.....	<u>300.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$5,300.00</u></u>

PROJECT TITLE: A mobile center to provide family planning services to
aboriginal women in mountain areas.

GRANTEE: Taiwan Christian Service
6 Jen Ai Road, Section 4
Taipei, Taiwan

RESPONSIBLE PERSON: Mr. David Ko, Family Planning Program Officer

PROJECT DESCRIPTION:

According to TCS estimates, 60,000 - 80,000 aboriginal women living in mountain areas are in immediate need of family planning services. Government field workers do not at the present time reach these women.

This project proposes the use of a mobile center, a Toyota station wagon procured several years ago for an earlier project, staffed by two nurses and a driver, to provide contraceptive services to these women. Traveling from village to village, the center will act as a distribution center for contraceptive supplies. In areas inaccessible by vehicle, the mobile unit will go as close as possible and the nurses will then walk into the community. Individual and group conferences on family planning will be held with the village women. Where an IUD insertion is indicated, referral will be made to the nearest hospital or clinic. In these cases, the mobile unit may also be used to transport the village women. Regular trips to the village will be scheduled in order to provide follow-up and continuing care and supplies. Patient records and other pertinent data will be maintained by the staff nurses.

This project was originally introduced in November, 1967. A total of 29 villages were visited by the Taiwan Christian Service Mobile Family

Planning Team. The village meetings were attended by 5595 married women, resulting in 1102 loop insertions and 61 sterilizations, from the period November 1967 to November 1968. The project was terminated after one year's operation due to lack of funds. TCS, through the Christian Hospital of Taiwan, has a large pool of Family Planning nurses who are available to undertake this project. The Family Planning Department of TCS has 12 trained family planning workers under the direction of an experienced Population Program Officer, and a technical board comprised of 5 doctors with extensive family planning experience. The Family Planning Department of TCS will be responsible for the direction and control of this project.

BUDGET:

Salaries and expenditures for one year:

Two nurses.....	\$3,250.00
Driver.....	1,625.00
Hotel accommodations.....	1,500.00
Meals	1,500.00
Maintenance and other expenses of mobile unit.....	<u>1,875.00</u>
TOTAL PROGRAM SUPPORT	<u>\$9,750.00</u>

PROJECT TITLE: A survey of 100 private clinics as possible distribution centers for oral contraceptives.

GRANTEE: Taiwan Christian Service
6 Jen Ai Road, Section 4
Taipei, Taiwan

RESPONSIBLE PERSON: Mr. David Ko, Family Planning Program Officer

PROJECT DESCRIPTION:

It is estimated that there are about 100 private Christian clinics in Taiwan in addition to the 10 Christian hospitals. Some of these clinics are contracted by the government for IUD insertions. While the government provides IUD's and other contraceptives, oral contraceptives are reportedly not provided to either the hospitals or the clinics. The hospitals have fairly regular access to the TCS and can be supplied with "orals" on a regular basis by the TCS program officer following receipt of their detailed requirements. The clinics, on the other hand, have never been approached by the TCS. During the period 1964 to 1969 there were over 600,000 loop acceptors compared to 95,000 pill acceptors. Between 1968 and 1969 the monthly average of new pill acceptors dropped from 3,000 to 2,700. This may be a result of the lack of supply of oral contraceptives, but it may also reflect a decreasing demand for this kind of contraceptive service.

This project proposes to contact private clinics to determine the need for oral contraceptives and once the need has been established, to set up and implement the necessary supply network to provide the oral contraceptive requirements of the private clinics. Clinic directors will be contacted for participation in the program and to enlarge the TCS network of hospitals and clinics. Working full time for an estimated period of three months, a qualified person with family planning experience will visit each of these

clinics and forward all necessary information about the clinic and its patients to the program officer, Mr. David Ko. Supplies will then be provided periodically with a request to submit the number of women patients served during the prior period and instructions on gathering future information required.

BUDGET:

Salary of contact person for 3 months	\$375.00
Travel and living expenses	<u>500.00</u>
TOTAL PROGRAM SUPPORT	<u><u>\$875.00</u></u>

TOTAL BUDGET

Administrative \$ 4,400.00

Program Officer \$2,500.00
 Secretary 1,500.00
 Miscellaneous 400.00

Project A - Training Program for Aboriginal Church Leaders . \$ 1,000.00

Project B - Maintenance & Support of 5 Family Planning
 Centers in Slum Areas \$ 5,300.00

Five field workers \$5,000.00
 Travel expenses 300.00

Project C - Mobile Unit Clinic for Aboriginal Women . . . \$ 9,750.00

Two nurses \$3,250.00
 Driver 1,625.00
 Hotel expenses for staff 1,500.00
 Meals for staff 1,500.00
 Maintenance and other expenses
 to run mobile truck. 1,875.00

Project D - 100 Private Clinics \$ 875.00

Contact person for 3 months . . . \$ 375.00
 Living expenses 500.00

TOTAL PROGRAM SUPPORT \$21,325

C O L U M B I A P R O G R A M

PROJECT: Family Planning Services at Clinica Bautista

COUNTRY BACKGROUND

52% of all Colombians live in urban areas. Internal migration to the cities is high and since the urban centers have in addition a high natural growth rate, the cities cannot absorb their expanding population. Social institutions feel strongly the strain of increased population growth. In 1970 the population was 21 million people and was estimated to be growing at the rate of 3.2% per year.

The Colombian government recognizes the importance of family planning in public health, (induced abortion and infant mortality rates are high), but does not see it as a solution to demographic problems. In the aftermath of the Papal Encyclical "Human Vitae", the Government has not participated officially in family planning, but family planning clinic services, as an integrated part of the national health service, continues to increase. This is primarily a result of liaison between the Ministry of Health, and the private sector's Colombian Association of Medical Schools and its Division of Population Studies (ASCOFAME).

ASCOFAME coordinates and formulates all the studies and programs on population and family planning. They provide family planning training for health personnel and operate an expanding number of clinics. ASCOFAME works through public health centers, operates postpartum programs at a number of hospitals, and is working to fully incorporate family planning into the regular public health service network.

The Association for the Welfare of the Colombian Family (PROFAMILIA) is the private family planning association, affiliated with IPPF. Since 1966 PROFAMILIA has been organizing family planning clinic services in town and private hospitals. It now operates 43 clinics and participates

in several joint programs, including provision of vasectomy services. With the Foster Parent's Plan Group, PROFAMILIA has been able to extend its services to 7,000 families and to workers belonging to the Colombian Institute of Social Security (ICSS). PROFAMILIA conducts a comprehensive education and information program employing a combination of mass media techniques including an intensive radio campaign, and employe 21 trained and salaried "motivators".

The Pan American Federation of Medical Schools, Federacion Panamericana de Asociaciones de Facultades de Medicina, is working in Colombia to introduce population studies and family planning techniques into the curriculum of Latin American medical schools.

Colombia's family planning program has received financial support and technical assistance from several Latin American Organizations, and other donor agencies. US/AID, the Population Council (which is using ASCOFAME as a model for other Latin American countries); the Pan American Health Organization, the Pathfinder Fund, World Neighbors, the U.N. Fund for Population Activities and IPPF provide a variety of program assistance. The Ford Foundation, the Rockefeller Foundation, and the Population Reference Bureau fund a variety of research projects, SIDA, the Pathfinder Fund and IPPF provide commodity assistance.

CHURCH RELATED ACTIVITIES IN FAMILY PLANNING

There are two church-related clinics in Colombia. One of them, Protestant, is not interested in beginning family planning services. Support for the other is the goal of this project.

PROJECT TITLE: Family Planning Services at Clinica Bautista

GRANTEE: Clinica Bautista
Barraquilla, Colombia

RESPONSIBLE PERSON: Dr. Fernando Tamayo, President
Profamilia
Calle 34, No. 14-52
Bogota, D.E.1
Colombia
Tel. 45-39-01

PROJECT DESCRIPTION

This project will provide family planning services to an estimated 1,500 new acceptors in 1972, and will provide for 7,000 follow-up visits in the same period at the Clinic Bautista in Barraquilla, Colombia.

Profamilia, the IPPF affiliate in Colombia, has been supporting a family planning program in the Clinica Bautista for several years. Total value of commodities and salaries amount to about \$12,000 which Profamilia has provided from its regular budget. Because of the effectiveness of this project in reaching an increasing number of new acceptors, and because of Profamilia's budget limitations, it is proposed that funding be transferred from the regular Profamilia budget to the Church World Service program. This would enable Profamilia to make an additional investment in clinical services which are urgently needed elsewhere.

Since Church World Service has no resident representative in Colombia, funds and commodities for this project should be directed to Profamilia which will assume full responsibility for performance, in cooperation with Dr. Antonio Garrido, Director of the Clinica Bautista.

Following this year's pattern of operation, family planning services will be offered six hours a day, five days a week, throughout the year. Clinic activity is as follows:

	<u>Actual and Projected</u> 1971	<u>Projected</u> 1972
<u>New Patients (acceptors) Totals</u>	1,350	1,485
Oral Contraceptives	150	165
I.U.D.	1,200	1,320
<u>Follow-up Visits: Totals</u>	5,350	6,990
Oral Contraceptives	200	250
I.U.D.	5,000	6,500
Others	150	240

The number of new patients is expected to increase each year as general acceptance of family planning becomes more widespread throughout Colombia.

The Clinica Bautista is a private hospital supported by the Colombian Baptist Convention and the Southern Baptist Convention of the United States. The hospital staff includes 11 Colombian doctors, 11 nurses and several missionaries. The hospital has 51 beds. Virtually all financial support comes from sources within Colombia.

BUDGET

Salary of 1 medical doctor (6 hours a day, 5 1/2 days a week)	\$ 5,802.00
Salary of 1 social worker (8 hours a day, 5 1/2 days a week)	1,605.00
Nursing and clerical service	1,510.00
Fringe Benefits	
Clinic Administrative Costs (including secretarial and record keeping)	3,121.00
Patient forms	60.00
Utilities (phone, electricity, postage, water)	<u>74.00</u>
TOTAL PROGRAM SUPPORT	<u>\$12,172.00</u>

Material Resources:

Expendable materials (cotton, gauze, gloves, slides, spatulas)	\$252.00
Non-expendable materials:	
-instruments.	100.00
-equipment	<u>100.00</u>
TOTAL MATERIAL RESOURCES SUPPORT	<u>\$452.00</u>

COSTA RICA PROGRAM

PROJECT: CENTER FOR FAMILY ORIENTATION

COUNTRY BACKGROUND

Costa Rica's population grows at an estimated 2.5 percent per year. At this rate the population of this country can be expected to double within 28 years. 48% of Costa Rica's population is under 15. 25% of all public expenditures is allocated for education. Induced abortion is considered a serious health problem. There is widespread need and, in recent years, growing support for family planning in Costa Rica.

In 1966, the government formulated a national population policy and in the following year a population office was established within the Ministry of Public Health under the maternal and child health program. Assistance to this Population office has been provided by the U.S. Agency for International Development, the Pan American Health Organization, and the Ford Foundation, instituted on a pilot project basis. This program has now been extended nationwide.

Family planning services are available in 100 health centers, 7 mobile units, and 6 hospitals with trained personnel. All population activities in the country are coordinated by the national Population Committee composed of representatives of the Ministries of Public Health and Education, the University of Costa Rica, the Demographic Association of Costa Rica, the Center for Family Orientation, and the Social Security Fund of Costa Rica. The Ministry of Public Health runs educational programs within the health centers to inform and educate

the general public. In March 1970, a department for technical assistance and supervision in family planning and sex education was officially established within the Ministry of Education. This department, in collaboration with other educational authorities, is to develop within the public school curricula a program for responsible parenthood and is to organize seminars and courses to train teachers.

The Demographic Association of Costa Rica (ADC) is the IPPF affiliate in Costa Rica. Its aims are to make scientific studies of population dynamics and of family integration and to implement the recommendations which are developed on the basis of these studies. Instead of operating clinics (ADC now has only one) ADC is in charge of an effective commercial distribution system for oral contraceptives, which involves the majority of the pharmacies in Costa Rica (110 in 1970) and supports the clinical activities of government and the Social Security Fund. ADC's work in the field of education has contributed to the establishment of a favorable climate for family planning. The mass media is used extensively to motivate potential acceptors and to reach all social and economic groups in order to promote the family planning program. ADC's publishing program produces a wide variety of material which is distributed nationally. Technical assistance in teaching and preparation of educational materials for training teachers is also provided by ADC as is financial support for the Center of Social Studies and Population of the University of Costa Rica (CESPO), the Center for Family Orientation, and the

Ministry of Public Health.

CESPO, which was established in 1968 within the Medical School of the University of Costa Rica, is sponsored jointly by the University of Costa Rica, the Latin American Demographic Center (CELADE), and ADC. It investigates the social aspects of development and population dynamics and has been instrumental in the organization of the training program for teachers set up within the University. The Center for Family Orientation promotes sex education and responsible parenthood through a program which includes preparation of educational materials, individual and family counseling, referrals for family planning services, and a nationwide information and education effort using the mass media. The center also conducts a large number of training courses for all age groups. With ADC help, the Social Security Fund has recently begun offering family planning services within its health facilities.

Costa Rica's family planning program efforts are assisted by a variety of international agencies, among them, IPPF, and U.S. Agency for International Development through their grantee CLAD, support the CELADE sub-centers. In addition, the Population Council, the Pathfinder Fund, and the Ford Foundation provide assistance in support of Costa Rica's family planning efforts.

Church Related Activities in Family Planning

Church-related activities in family planning have included the "Caravans" under the dynamic leadership of Dr. Arturo Cabezas, a Christian medical doctor from the Evangelical Clinic in San Jose.

These "Caravans" are mobile health services including family planning services which reach remote, rural areas of Costa Rica. In addition, this program which has received financial support from the United States, through the auspices of CWS, has supported the Center for Family Orientation with funds since 1968.

PROJECT TITLE: Center for Family Orientation

GRANTEE: Centro de Orientacion Familiar
Apartado 288
San Jose, Costa Rica

RESPONSIBLE PERSON: Reverend Jose D. Carlo, Director

PROJECT DESCRIPTION:

FPIA objectives include:

1. To expand the family planning information and education work now being carried out successfully by the Center for Family Orientation (COF).
2. To enable COF to extend its radio and television programs to reach all geographical areas of Costa Rica with the inclusion of broadcasting on popular regional and local stations as well as on national transmitters.
3. To enable CPF to continue production of educational pamphlets and other materials and to undertake further explorations as to their adaptability for use in other Central and South American Spanish-speaking countries.

The COF is a family service center staffed by Costa Rican medical doctors, psychologists, priests and social workers. These professionals offer integrated educational courses on human sexuality and responsible parenthood throughout the country, as well as private individual consultations at the headquarters of COF in

San Jose, the capital city, and elsewhere. Since 1968, over 6,400 people have attended COF's free courses. The course runs at night on a weekly basis, from Monday through Friday, offering different subjects every night. In addition to these courses, the Centers develop and presents daily radio programs on topics of family planning, sex education, nutrition, and related health and welfare matters. COF also has produced and distributed Spanish language information and educational materials which have been widely used in Costa Rica and which have received initial interest and use in other Spanish speaking countries of Central and South America.

This project as herein described is expected to continue for a period of at least three years with funding for the first year to be provided to COF by FPIA for Calander Year 1972 immediately upon execution of the sub-grant agreement between the principal parties and concurred in by AID/W. Funding for Calandar Years 1973 and 1974 will be provided prior to the start of each year, pending FPIA review and approval of each preceding years activities and projected plans for the succeeding year.

BUDGET

Production of Media Programs:

1. Television Program

Studio, actors and other contract fees	\$ 4,000.00
Production of television materials in series	1,250.00

2. Radio Program

Recording Studio fees	1,200.00
Salary: Director of Radio Programs @ \$400/month	4,800.00
Program Secretary @ \$180/month	2,160.00
Radio Technician @ \$120/month	1,440.00
Production of radio materials in series	1,250.00
Miscellaneous	<u>1,000.00</u>

Sub Total 17,100.00

Educational Course and Counseling Program:

Lecture fees - \$5 X 120 lectures	600.00
Counselor @ \$100/month	1,200.00
Social Worker (full time) @ \$400/month	<u>4,800.00</u>

Sub Total \$ 6,600.00

Central Office Costs:

Executive Director (25% time) @ \$450/month	1,350.00
Receptionist/Secretary (50% time) @ \$110/month	660.00
Library materials.	1,000.00
Recording equipment	<u>1,000.00</u>

Sub Total \$ 4,010.00

TOTAL PROGRAM SUPPORT \$27,710.00

ECUADOR PROGRAM

PROJECT: EXPANSION OF FAMILY PLANNING SERVICES
AT HOSPITAL VOZANDES

COUNTRY BACKGROUND

Ecuador is an agricultural country with an excessive population growth rate (3.4%). At the present rate of growth its population will double in 21 years from the current 6.3 million. The population is young, 48% are under 15. Despite considerable economic growth, major problems of health, education, housing and unemployment persist on a wide scale. Health facilities are readily available only in Quito and Guayaquil even though expansion of medical services is a government priority. Ecuador is improving its economic and social development but it is hampered by a very rapidly growing population.

The government does not have an official family planning program or a population policy. Family planning is, however being expanded and the Ministry of Health has recently established a Department of Rural Medicine and Population. The Ministry plans to provide family planning services in all its health centers within five years and to establish new clinics in rural areas where none presently exist. In 1968 through an USAID agreement among the Ministry of Health, the Association of Medical Faculties and the University of Ecuador, three population centers were instituted at the University of Quito, Guayaquil and Cuenca.

The Ecuadorian Association for Family Welfare, founded in 1965, currently provides family planning services. The Association, an IPPF affiliate, has clinics of its own, supports and operates clinics on 12 public health premises manned by Association trained personnel, and supports 10 private practitioners who do family planning. The 22 clinics and centers receive contraceptives and other supplies from the Association.

In addition to clinic services, the Association concentrates on motivating government officials to take an interest in extending family planning services. The Association provides training for its own staff, for government personnel, for doctors, nurses, paramedical workers and social workers. It has established a regular course on demography, population problems and policies for third and fourth year medical students and participated in the seminars organized by the Department of Rural Medicine and Population. The Association, through the Centre for Reproductive Studies in Guayaquil, has conducted socio-economic surveys on fertility, abortion and contraceptives.

The other major organization providing family planning services is the Armed Forces. Persuaded by the efforts of the Association, the Armed Forces assisted by USAID offers family planning at 7 military hospitals and 2 mobile clinics to military personnel and their families and to the civilians living in the community. The Ecuadorian Institute of Planning for Social Development studies the effects of population growth on socio-economic development. The Women's Medical Society is expanding its provincial program of education and information to a nationwide program of family planning services within the National Civil Police Force.

USAID, IPPF, the Pathfinder Fund, the Latin American Center for the Study of Population and the Family, the Population Council, the Pan American Health Organization, the Ford Foundation, and World Neighbors provide various kinds of financial and technical assistance to Ecuador's family planning programs, training efforts, and research investigations.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING

Church-related activities in family planning services are limited due to the small number of Protestant medical institutions. However, these organizations and other church-related groups could be quite helpful in providing a pool of volunteers for family planning information and education activities in the future.

PROJECT TITLE: Expansion of Family Planning Services
at Hospital Vozandes

GRANTEE: Hospital Vozandes
Casilla 691
Quito, Ecuador

RESPONSIBLE PERSON: Dr. David Cabezas, Medical Director

PROJECT DESCRIPTION

The objective of this project is to expand the family planning services offered by the Hospital Vozandes through the establishment of a separate family planning clinic to complement the services now provided through an integrated program of health services.

Dr. David Cabezas, Medical Director of the Hospital Vozandes, is very much interested in expanding family planning services which are presently limited to an integrated health service program. In view of the inability of Vozandes to provide anything but the minimum in family planning services within the context of this integrated program, it is proposed that a separate family planning facility be established during the same hours of the afternoon that the present clinic is open. In addition, at least one paramedical staff person specializing in family planning would accompany each health team on its monthly visits to rural areas. Such a family planning program would be the first project of its type in Ecuador. Although other medical facilities offer family planning services, this would be the first cooperative program in which a hospital collaborated with the IPPF affiliate in Ecuador, and also the first hospital program that would not be integrated.

Since there is no resident representative of Church World Service in Ecuador, funds and commodities will be directed to the Asociacion Pro Bienestar de la Familia Ecuatoriana, Guayaquil. Sharing responsibility for project supervision will be Dr. Arturo Pozzi Avalos, Director of the Hospital Vozandes. The hospital will share in the cost of the program by providing a room for consultations, and some clerical and paramedical services. In addition to providing contraceptives on a very limited scale, the hospital currently performs some vasectomies and tubal ligations. For this reason, the budget includes medical kits for these procedures. The budget also provides for the services of a full-time social worker, who will be at the hospital during only the two hours of each day the clinic is in operation. The majority of her time will be spent in the low-income neighborhoods of Quito, informing and educating women in the use of family planning and inviting them to take advantage of the clinic's services. It is estimated that at least 1,500 new acceptors will be processed in the first year of the project.

The women served by the Free Clinical Hospital Vozandes are low-income residents of Quito, and the women who reside in isolated rural areas outside of Quito. They receive medical care from the hospital one day per week.

Hospital Vozandes is a 70-bed hospital, centrally located in Quito and is supported by the World Radio Missionary Fellowship, Inc. of the United States. The hospital presently operates a free clinic from 2:00 pm to 4:00 p.m., serving about 20 patients each day. At least 80% of the patients are women from low-income families. In addition to this service, the hospital provides out-patient services to families in isolated rural areas three or

four day period, often a mission house or headquarters. Information on present family planning services is not readily available, but they are minimal.

BUDGETSalaries

1 medical doctor (part time)	. . . . .	\$ 960.00
1 social worker	. . . . .	1,200.00
1 nurse (part time)	. . . . .	480.00
1 clerk/secretary	. . . . .	720.00
Fringe benefits and taxes	. . . . .	<u>370.00</u>

TOTAL PROGRAM SUPPORT \$3,730.00

Material Resources:

1 vasectomy kit.	. . . . .	\$ 75.00
1 tubectomy kit	. . . . .	100.00
800 Lippes loops	. . . . .	280.00
80 inserters	. . . . .	3.20
10,000 cycles contraceptive pills	. . . . .	1,500.00
50 bottles Emko Foam	. . . . .	52.50
6 gross condoms	. . . . .	19.80
Literature and other motivational materials.	. . . . .	<u>200.00</u>

TOTAL MATERIAL RESOURCES SUPPORT \$2,230.50

PERU PROGRAM

PROJECT # 1 - SATELLITE CLINICS

PROJECT # 2 - FAMILY GUIDANCE AND
FAMILY PLANNING SERVICES

PROJECT # 3 - NURSING EDUCATION

COUNTRY BACKGROUND

In Peru, the rate of population growth is now about 3.0% per annum. The increase in fertility is caused by a variety of factors: better prenatal care, improved nutritional and sanitary conditions, and more pregnancies being carried to full term. The population is unevenly distributed; 5 million live along the coast (the most industrially advanced region), 6 million in the mountain region, and 1 million in the eastern jungle region (the largest geographical region---62% of the land area). Many people migrate to the coast seeking work which is not always available. Unemployment and underemployment are high. Having a high dependency burden, it is difficult for Peru to save an adequate part of its national product, and low savings lead to low investment which in turn means a slower growth rate for the Peruvian economy. In addition, existing social services are fragmented and reach only a small percentage of the total population.

The Peruvian government is quietly taking population into consideration in formulating national development policy. In 1964, the government established the CEPD (Centro de Estudios de Poblacion 'y Desarrollo) which carries out demographic research, information and training.

Actual family planning services are provided by the Peruvian Association for Family Planning Protection (APPF) which was founded by a group of physicians interested in family planning and population dynamics. The APPF now has 9 family planning clinics -- 4 in Lima and 5 in other large towns. Practical training of clinic staff was provided prior to the opening of each clinic service and training of new staff continues (in 1970, 33 were trained). The

APPF conducts a large education and information campaign to gain new users and to enlist the support of Peruvian opinion leaders.

The APPF supports the family planning clinic conducted by the Instituto Marcellino in Lima. In addition to regular clinic services, the Instituto has a pilot project using injectable contraceptives. The Roman Catholic Church in Peru unofficially sanctions family planning and, has a responsible parenthood and family education program with the Christian Family Movement of Lima. The program includes distribution of oral contraceptives in 10 Lima barriadas through parish medical centers.

Family planning services, training and research studies are to a large extent dependent on international organizations. The APPF receives technical, financial and commodity assistance from the IPPF. Since the beginning of 1966, the Population Council has sponsored a variety of biomedical and social research studies. The Ford Foundation and WHO fund a variety of CEPD studies and projects. Other research support and clinic support are provided by the Pathfinder Fund, the Rockefeller Foundation and World Neighbors.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING

CWS has 42 nutritional centers in Peru, 4 provide gynecological services including some family planning. CWS has been providing some contraceptives, free clothing and United States Food for Peace commodities for the child feeding programs. Other Peruvian activities include distribution of food commodities to a number of women's clubs and organizations in the Lima barriadas. CWS is supplying help for family planning activities through church related clinics, one of which performs a small number of vasectomies. The number of

people using a contraceptive method is small because the programs are limited by lack of equipment, space and staff.

PROJECT TITLE: Extension of family planning services through satellite clinics in the barriadas of Lima.

GRANTEE: Clinica Good Hope
Malecon Balta 956
Miraflores
Lima, Peru

RESPONSIBLE PERSON: Dr. Carlos Balarezo T, Medical Director

PROJECT DESCRIPTION:

This project will initiate a demonstration project to bring family planning to the barriadas, or slum neighborhoods, which surround Lima. At the present time, organized health services reach only a small portion of the more than one million people who inhabit the barriadas, and no other private hospital has taken a lead in the provision of these services.

According to authoritative estimates, the present population of the barriadas, surrounding Lima, is more than one million. The population, increased largely through migration, is about 100,000 a year (Barriadas or Pueblos Jovenes are defined as urban slums created by migration and unorganized development within cities of 10,000 or more people, lacking basic services such as water, electricity and sewers). These one million people represent one-third of Lima's total population. No organized health services currently cover the barriadas, or offer any kind of service, except to a very small percentage of people. This demonstration project would provide a model program of satellite MCH clinics, with service by bus to other barriadas where it was not feasible to establish small clinics. The Clinica Good Hope will support this project

with its own resources by providing space in its clinics as well as the services of medical doctors.

This project plans for the employment of three, full-time family planning field workers who would be trained by the IPPF affiliate in Peru, the Asociacion Peruana de Proteccion Familiar (APPF). These field workers will be assigned full time to visiting women in the barriadas, informing and educating them in the advantages of family planning, and scheduling transportation by bus to the clinics for those persons interested in obtaining services. Church World Service is currently providing Food for Peace commodities to a number of women's clubs and organizations in these slum neighborhoods. The three family planning field workers will work through these organizations and talk to women as they come to the neighborhood center for food supplies, Clinica Good Hope, or to one of its three satellite dispensaries. If the number of new acceptors is as large as anticipated at the Clinica Good Hope, or the three satellite clinics, additional vehicles may be requested in the second year of the project. Likewise, experience during the first year may point to the need for additional satellite clinics.

The Clinica Good Hope is a 35-bed hospital supported by the Seventh Day Adventist Church. Its annual budget is approximately \$162,000 which is derived entirely from Peruvian sources. The hospital has building plans for a new wing which will provide an additional 80 beds in 1973. Two other Seventh Day Adventist facilities in Peru are affiliated with the Clinica Good Hope. They are the Clinica Stahl in Iquitos with 20 beds, and the Clinica Americana in Juliaca, Puno, with 40 beds. For the past six years, the Clinica Good Hope has operated three small "satellite" dispensaries in low income neighborhoods of Lima. Each is located on church premises and is open one day a week.

Four medical doctors donate their time to maintain these dispensaries. At the main hospital, free clinic services are available to poor families three afternoons each week and 1,500 people were served last year. During the past 12 months, the Clinica Good Hope has provided service to 560 new contraceptive acceptors. Of this total, 450 received pills, and there were 50 IUD insertions, 30 vasectomies and 30 tubectomies. Director of the hospital is Dr. Carlos Balarezo T., who is most anxious to expand the hospital's out-patient family planning services.

BUDGET

3 Field Workers @ \$125/month each	\$ 4,500.00
1 Nurse @ \$160/month	1,920.00
Fringe benefits	762.00
Training for field workers at the APPF	300.00
Rental of a bus (including drivers)	5,000.00
3 battery-operated slide projectors @ 133.86 ea.	<u>401.58</u>

TOTAL PROGRAM SUPPORT \$12,883.58

Material Resources:

1 vasectomy kit	\$ 75.00
1 tubectomy kit	100.00
3,750 Lippes Loops	1,312.50
370 inserters	14.80
45,000 cycles contraceptive pills	6,750.00
100 bottles Emko Foam	105.00
20 gross condoms	66.00
Literature, slides and films,	<u>500.00</u>

TOTAL MATERIAL RESOURCES SUPPORT \$8,923.30

*Based on 150 new acceptors a week, or approximately 7,500 during the initial 12 months. Based on the APPF's own estimates of preference in Peru, this request is almost evenly divided between IUD's and pills.

PROJECT TITLE: Family Guidance and Family Planning Services at
Casa Belen

GRANTEE: Casa Belen
General Orbegoso 698
Brena
Lima, Peru

RESPONSIBLE PERSON: Dr. Frederick J. Wolfe

PROJECT DESCRIPTION:

The objective of this project is to initiate a series of evening conferences on family planning information and education conferences on responsible parenthood to be held in the evenings for the low-income families living near Casa Belen, and to greatly augment the clinic's family planning services.

Casa Belen is a children's day care center and maternity clinic located in Brena, Lima, a neighborhood where the average family income is about \$800 a year. Although Casa Belen had 3,000 out-patient visits last year, mostly women, only 300 of them were new contraceptive acceptors. Of this total, 200 received injectables, 60 were IUD insertions, and 40 were pill acceptors. The large majority were in the 20-29 year age group. The proposed program would greatly increase the percentage of new acceptors among the clinic's present number of outpatients and also significantly increase the number of women in the neighborhood who would seek contraceptives through the children's day care center and the clinic. The Director of the clinic and the medical staff are very interested in cooperating to the fullest extent, and Church World Service representatives rate the facility highly, based on experience with their on-going program at Casa Belen.

The proposed evening seminars in family planning would include topics such as sex education, detection of cervical cancer, responsible parenthood, prevention of induced abortion, contraception and infertility. Facilities at Casa Belen are ideally suited for an evening lecture series. A large meeting room already exists which will seat as many as 75 people. The proposed project would provide the services of an educator-counselor on a full-time basis. She would work during the day to contact women, at the day care center, the clinic, and in the surrounding neighborhood, who would then be invited to attend the evening meetings. She would conduct evening meetings twice a week to which all parents in the Brena neighborhood would be invited. The IPPF affiliate in Peru, Asociacion Peruana de Proteccion Familiar (APPF), has agreed to furnish and train the educator-motivator and to provide her services on a reimbursable basis. It is anticipated that this continuing education program will greatly increase the number of new acceptors, from 300 in the past 12 months to 1,500 in the first full year after the project is initiated.

The women who are served by the Casa Belen Clinic are from low-income families in the 20-29 age group and live in the barriada. Only a very small percentage currently are using family planning methods.

Casa Belen, a children's day care center and maternity clinic, was constructed in 1965, with 30% of the initial costs paid by Peruvian sources and 70% by the Lutheran World Federation. The annual budget is now about \$18,000 of which 90% comes from the Peruvian Lutheran Church. Church World Service has been providing some contraceptives, free clothing and Food for Peace commodities for the child feeding program. Casa Belen has applied to the Ministry of Health for a licence as a hospital, and approval is expected within

six months. Three medical doctors are presently volunteering a total of 24 hours a week to assist in the clinic's maternal-child health program. There are four beds and an operating room where about 150 deliveries are performed each year by the three doctors, and a staff of three midwives who are called in when needed. Over the past 12 months, out-patient visits to the free clinics have totalled 3,000. Services are available four days a week, averaging about four hours a day. The Director of Casa Belen is Dr. Frederick J. Wolfe, a United States citizen, who divides his time between the clinic and the Lutheran congregation he serves as pastor.

BUDGET

Salary of 1 educator-counselor (Full-time) @ \$125/month	\$1,500.00
Fringe benefits.	<u>150.00</u>
TOTAL PROGRAM SUPPORT	\$1,650.00

Material Resources:

Text books for nursing school	400.00
Films, including the Population Council's "Insertion and Removal of the IUD"	300.00
Motivational literature and audio-visual materials for use by motivator.	400.00
1 tubectomy kit	100.00
1 D & C aspiration kit	750.00
1 16 mm. motion picture projector and screen	488.79
1 35 mm. slide projector	111.00
1 35 mm. strip film projector	100.62
Photographic attachments to culdoscope already in use:	
1) Kodak Super-8 Instamatic motion picture camera, #6200*	129.50
2) Pen-FT 35 mm. still picture camera with 70 mm. lens, #6110*.	220.00
3) Lippmann camera adapter, #5050*	200.00
Contraceptive commodities for 1,500 women:	
800 Lippes loops.	280.00
80 inserters	3.04
7,000 cycles contraceptive pills	1,050.00
50 bottles Eniko Foam	52.50
6 gross condoms	<u>19.80</u>
TOTAL MATERIAL RESOURCES SUPPORT	<u>\$4,605.41</u>

PROJECT TITLE: Nursing education in family planning and expansion of family planning services at the Clinica Anglo Americana

GRANTEE: Clinica Anglo Americana
Alfredo Salazar s/n
San Isidro
Lima, Peru

RESPONSIBLE PERSON: Dr. Guillermo-Leca, Director

PROJECT DESCRIPTION:

The project will introduce family planning into the curriculum for training the 105 nursing students currently attending the oldest and largest private nursing school in Peru, which is attached to the Clinica Anglo Americana. Training will include practical experience in the out-patient family planning clinics.

In addition, this project will expand the numbers of users of family planning at the hospital's free clinic as well as the hospital's out-patient facility at San Juan de Dios which serves the people of the barriada south of Lima.

The Clinica Anglo Americana is interested in increasing its family planning capabilities and services, but outside assistance will be required to accomplish this. Dr. Jose Tomas Diaz, Head of the Department of Obstetrics and Gynecology, would like to train interns and residents in family planning at the hospital's out-patient clinic at San Juan de Dios. However, present funding does not permit the employment of a social worker or health educator who could significantly increase the number of women coming to this clinic specifically for family planning services. In the nursing school, Dr. Diaz gives a course in

Ob-Gyn. At present the course does not provide an adequate background in family planning because of the shortage of educational material on the subject. In addition, although the hospital is presently treating some 100 women each year for problems associated with induced abortions, there is no vacuum aspiration apparatus available to the medical staff to facilitate these procedures.

Educational materials and films, as requested in the budget, will provide the hospital with the basis for a much better curriculum on family planning for nursing students. As a parallel and complementary effort, an educator-counselor will be employed and trained by the Asociacion Peruana de Proteccion Familiar (APPF), to motivate larger numbers of women to come to the hospital's two free clinics. To provide more complete medical services, and to furnish demonstration equipment for interns, residents and nursing students, budget requests are also made for a vacuum aspirator and photographic equipment to augment utilization of the Clinica Anglo Americana's culdoscope.

The Clinica Anglo Americana was established 50 years ago, through the efforts of the Anglo-American community in Lima and the Methodist Episcopal Mission in Peru. The clinic now has 100 adult beds, 15 children's beds, and 15 bassinets. The staff is composed of 42 medical doctors, 12 doctors in training as interns or residents, 62 nurses, and 105 nursing students who attend what is now the oldest and largest private nursing school in Peru. A free clinic serves approximately 100 indigent patients a day; most are pediatric cases. Additionally, the Clinica Anglo Americana operates one out-patient clinic in San Juan de Dios, a barriada south of Lima. Between 150 and 200 deliveries are performed each year, and post partum acceptance of family planning is advised routinely. About 500 new pill acceptors are processed annually,

and another 200 IUD insertions are performed. No vasectomies have been performed, but 12 tubectomies were done in 1970. An estimated 100 cases of induced abortion were treated during the past year. Dr. Guillermo Garrido-Lecca is Director of the Clinica Anglo Americana, and Dr. Jose Tomas Diaz is Head of the Department of Obstetrics and Gynecology.

BUDGET

Salary of 1 educator-counselor	\$1,500.00
(Full-time) Cost to be reimbursed to the APPF	
	<hr/>
TOTAL PROGRAM SUPPORT	<u>\$1,500.00</u>

Material Resources:

1 16 mm. motion picture projector and screen . . .	488.79
1 35 mm. slide projector	111.00
1 35 mm. strip film projector	100.62
1 pelvic model.	24.90
Miscellaneous charts, films and printed motivational material	400.00
800 Lippes Loops	280.00
80 inserters	3.20
7,000 cycles contraceptive pills	1,050.00
50 bottles Emko Foam	52.50
6 gross condoms	19.80
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TOTAL MATERIAL RESOURCES SUPPORT	<u>\$2,530.81</u>

DOMINICAN REPUBLIC PROGRAM

PROJECT: FAMILY PLANNING IN NUTRITION CENTERS

COUNTRY BACKGROUND

The Dominican Republic is a relatively poor country (per capita income is approximately \$250 a year), with a population growth rate of between 3.4% and 3.6% per annum. Among the fertile female population (an estimated 850,000 women), the incidence of abortion is widespread. The IPPF estimates that for every 100 live births there are 18.3 induced abortions.

The government of the Dominican Republic is aware of the need for family planning in dealing with the problem of abortion and in working to ease the country's demographic problem. In 1967, President Balaguer signed the "United Nations' Declaration of World Leaders," in favor of Family Planning, and in 1968 established the National Population and Family Council (NPFC). The NPFC, a body composed of representatives of various government departments and a representative of the private Family Planning Association is responsible for determining national population and family planning policies, and is responsible for the implementation and administration of the national program. The NPFC aim is to integrate free family planning services into the government Maternal Child Health Service. The goal of this program was to have 13% of all fertile Dominican women become active clinic patients by 1969 and to expand the program at the rate of 5% per year. At the end of 1969, about 1.5% of the women in the fertile age group had been reached.

In 1970, the government's free family planning service program was being carried out through a network of 20 clinics with a total clinic attendance of 13,000 women. The clinic program restricted for the most part to urban areas, is assisted by the information and education work of the IPPF affiliate in the Dominican Republic Family Welfare Association (FWA).

Although the FWA continues to operate two pilot project clinics in the capital city, Santo Domingo, it now concentrates its efforts on information and education activities. The information and education program is designed to demonstrate the need for responsible parenthood, and to inform people of the family planning services available. Paid field workers and the mass media are used to carry out these activities. Training of family planning personnel is carried out jointly by the FWA and the NPFC. The goal is to train all personnel involved in the FWA, the government clinics, as well as those working in other institutions - the Institute of Social Security, the Armed Forces, etc.

The Dominican National Family Planning Program has relied largely on external assistance. The expansion of the Maternal and Infant care program under the Secretariat of Health was secured through a \$7.1 million development loan from USAID in 1969.

The Population Council has provided support for the NPFC's national family planning and communication program. Other international aid includes participating US Peace Corps volunteers, three mobile clinics provided by the United Kingdom and technical assistance in program planning provided by the UN Fund for Population Activities.

CHURCH-RELATED ACTIVITIES IN FAMILY PLANNING

Church World Service (CWS) has worked in concert with the government NPFC in the development of the national family planning program. Acting in cooperation with the Dominican Churches Social Service (SSID), CWS has established a network of fifty-seven centers throughout the country for distribution of contraceptive foam and condoms. These centers are located mostly in rural areas. Where the CWS/SSID program has operated in an area for a period of time and an interest has been demonstrated, the NPFC has proceeded to set up family planning service clinics in the provincial capital of the area.

There are three basic parts of the present CWS/SSID program:

- (a) Distribution of contraceptives (foam and condoms) and information;
- (b) nutrition and health; and (c) community development. The contraceptive distribution program consists of 57 locations at which foam and condoms are supplied for people in the community. A specialist in family planning education has been employed by CWS/SSID to coordinate the contraceptive shipments and to advise the mother/child nutrition centers on integrating family planning into their activities.

CWS/SSID operates forty mother/child nutrition centers serving a total of 4,500 mothers and children last year. These centers provide meals, food supplements and community development or welfare-oriented activities for mothers and children. CWS/SSID is now attempting to unite the mother/child nutrition program with the family planning program. The Community development program operated by CWS/SSID sponsors food for work projects. Attached to this program are four field workers who devote some of their time to supervising and assisting family planning activities.

PROJECT TITLE: Expansion of Family Planning Services through Church-Related Nutrition Centers and other Programs

GRANTEE: Church World Service/Servicio Social de las Iglesias Dominicanas
Emiliano Tejera No. 6
Apartado 659
Santo Domingo, Dominican Republic

RESPONSIBLE PERSON: Mr. Klaus Klawitter, CWS Representative

PROJECT DESCRIPTION

The objectives of this project are:

1. To expand the availability and utilization of voluntary family planning services in the Dominican Republic by introducing family planning information, and making available contraceptive supplies and education in the forty mother/child nutrition centers operated by CSW/SSID.
2. To expand the family planning information and education activities and increase the availability and distribution of contraceptive supplies through the voluntary family planning distribution points already operating under the direction of CWS/SSID.
3. To help integrate the distribution of contraceptives with the activities of the mother/child nutrition centers and the CWS/SSID Food for Work program.
4. To train existing CWS/SSID personnel and to employ additional family planning specialist personnel to carry out the work required to accomplish these objectives.

There is currently little opportunity to obtain family planning assistance outside the provincial capitals of the Dominican Republic. The voluntary family planning program, as herein proposed, will introduce family planning information and services in forty mother/child nutrition centers, many of which are located in rural areas outside the provincial capitals. The professional staff and volunteer personnel associated with the CWS/SSID Mother/Child Nutrition Program and the Food for Work Program will be trained to support this expanded voluntary family planning program effort.

A team of family planning specialists (one family planning supervisor and two family planning counselors), will work with CWS/SSID field personnel to inform and educate men and women already participating in CWS/SSID programs as to the availability and use of family planning services. The family planning counselors will develop family planning information and education programs for women participating in the CWS/SSID nutrition programs. The nutrition centers will make family planning supplies available on a strictly voluntary basis for those who are interested. Only non-medical (primarily contraceptives foam and condoms) will be provided at the nutrition centers, and counselors will advise on the use of all methods and make referrals for women wanting medical methods to government clinics, or private physicians where such services are available. The family planning supervisor will direct the work of the counselors. She will make frequent field visits to each of the project areas assigned to the counselors and will be responsible for the distribution of family planning supplies to all distribution points as needed.

Of the 1200 Dominican mothers currently enrolled in the 40 CWS/SSID nutrition centers, only a small number use family planning. This project will focus primary attention on informing and educating this group in family planning, and in making family planning supplies available on a voluntary basis to those interested. Others for which family planning information and services will be made available by this expanded project will be those men and women residing in communities in which nutrition centers are located, but who are not currently enrolled in the nutrition program. Similarly, increased information and services will be made available to communities in which there are already located CWS/SSID family planning distribution points, and/or Food for Work projects.

The project as herein described is to be for a period of two years with funding for the first year to be made available to CWS/SSID by FPIA for Calendar Year 1972 immediately upon final approval of the terms and conditions of the sub-grant agreement by the principal parties and concurred in by AID/W. Funding for Calendar Year 1973 will be provided pending FPIA review and approval of project activities carried out during the first project year.

Funding of this project will support the work of two family planning counselors and one family planning supervisor, and provide equipment and supplies necessary for their effective work.

Initially, the two community counselors will focus their attention on two geographical areas of the Dominican Republic.

Since the family planning supervisor for this project has already been recruited and is now working, the project can become fully operational as soon as the funds for project activities are made available. Following the allocation of funds, two to three months will be required for recruiting and preliminary training of the family planning counselors and providing the necessary supplies and equipment. The precise equipment and supply requirements will be formulated subsequent to final project approval.

The staff of all the CWS/SSID operations in the Dominican Republic includes 3 technical people: A family planning supervisor, a nutrition and health expert, and a community development expert. A Program Director coordinates the activities of the 3 technical staff and the Associate Director. The family Planning Supervisor, already employed by CWS/SSID is Mrs. Quisqueya Rivas de Jeréz, a citizen of the Dominican Republic, who has a degree in sociology, and worked previously as a social worker with the government housing authority. She now works to coordinate the family planning program with other CWS/SSID activities presently underway, undertakes field work, and conducts the information and education program at the Mother/Child Nutrition centers.

BUDGETStage 1. (six months)

Assistant supervisor @ \$350.00/month	\$ 2,100.00
Travel and related expenses	500.00
Office facilities and services (rent, clerical).	500.00
Office equipment, stationery, postage, telephone, etc.	750.00
Vehicle maintenance and operating expenses*	400.00
Contingency.	<u>100.00</u>

TOTAL FOR FIRST 6 MONTHS \$ 4,350.00

*Jeep Universal V6 recently received from CWS/PPP

Stage 2. (second six-month period)

1 Supervisor @ \$400.00/month	2,400.00
2 Field workers (counselors) @ \$250.00/month	3,000.00
Travel and related expenses	1,000.00
Office facilities and clerical services	500.00
Supplies, stationery, postage, telephone, etc.	250.00
Operating expenses, 2 vehicles	650.00
Contingency	<u>200.00</u>

TOTAL FOR SECOND 6 MONTHS \$ 8,000.00

TOTAL FOR THE YEAR \$12,350.00

Expected financing from other sources

Protestant Community Church, contribution of beneficiaries	<u>\$ 750.00</u>
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TOTAL PROGRAM SUPPORT FOR YEAR \$11,600.00

Material Resources:

1 Vehicle Jeepster	<u>\$ 3,500.00</u>
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TOTAL MATERIAL RESOURCES SUPPORT \$ 3,500.00

Second Year

1 Supervisor @ \$400.00/month	\$ 4,800.00
2 Field workers (counselors) @ \$250.00/month	6,000.00
Travel and related expenses	2,990.00
Office facilities and clerical services	1,000.00
Equipment, supplies, stationery, postage, telephone, etc.	750.00
Operating expenses, 2 vehicles	1,000.00
Contingency	<u>200.00</u>

TOTAL FOR SECOND YEAR	<u>\$16,740.00</u>
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Expected financing from other sources	<u>\$ 750.00</u>
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TOTAL PROGRAM SUPPORT FOR SECOND YEAR	\$15,990.00
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* Actual salaries could be lower than the course indicated, since the sum indicated is based on 12 monthly pay periods while in actuality, a 13th monthly payment is required as a Christmas gratification at the end of the year. The amounts do not include such requirements as social security and taxes.