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# **Family Planning International Assistance**

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

ANNUAL REPORT FOR PROGRAM YEAR 4

and

PROPOSAL FOR PROGRAM YEAR 5

edited by

HANS C. GROOT

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## PREFACE

This is the fourth Annual Report describing the program of Family Planning International Assistance (FPIA). Some information from previous years is included; the emphasis is, however, on current activities -- Program Year 4, to date (1 September 1974 - 31 March 1975), and projected activities for the remainder of this year (1 April 1975 - 31 August 1975). The final section of the report is FPIA's proposal for Program Year 5.

Section I of this report presents a brief overview of the FPIA program,

Section II details FPIA's financial status,

Section III describes the program on a functional basis,

Section IV delineates FPIA's regional activities, and

Section V specifies FPIA's plans for Program Year 5.

To avoid any possible confusion about common terms used throughout this report, the following definitions are offered:

Program Year -- The period of time demarcating FPIA's overall program operations during that period of time and used to denote the following calendar periods:

PY-1 -- 1 July 1971 through 30 June 1972 (12 months).

PY-2 -- 1 July 1972 through 30 June 1973 (12 months).

PY-3 -- 1 July 1973 through 31 August 1974 (14 months).

PY-4 -- 1 September 1974 through 31 August 1975 (12 months).

PY-5 -- 1 September 1975 through 31 August 1976 (12 months).

Obligation -- An amount of funds expended or awarded by FPIA to an agency or institution for subsequent expenditure by that agency or institution for the implementation of family planning activities.

Anticipated Obligation -- An amount of funds administratively reserved by FPIA for subsequent "obligation."

NOTE: To indicate more clearly the national, intra-regional or inter-regional nature of projects, the identification numbers of some earlier FPIA projects were changed as follows:

<u>New Number</u>	<u>Old Number or Description</u>
Africa-01	IEC Project Development Workshop for Africa
East Asia-01	IEC Project Development Workshop for Asia
East Asia-02	FPIA-09
Latin America-01	Costa Rica -03
Latin America-02	FPIA-10
FPIA-04	Human Life Foundation
FPIA-05	Nigeria-01
FPIA-08	Philippines-13

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## Section I: Overview of the FPIA Program

This section presents an overview of Family Planning International Assistance -- its history, purpose and program activities. Included are highlights of the materials distribution program, financial assistance to family planning programs in developing countries, technical assistance, and FPIA's work with such groups as Catholics, women and Protestants.

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## OVERVIEW OF THE FPIA PROGRAM

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

### Purpose:

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

### Objective 1:

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

### Objective 2:

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

### Objective 3:

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

### Objective 4:

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

### Objective 5:

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

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

and other national and international agencies engaged in family planning program activities in the developing countries.

### Materials Distribution

To achieve its objectives, FPIA has identified more than 1,000 church-related hospitals, clinics, dispensaries and other private service agencies and individuals who are currently engaged in family planning programs. During its first three years of operations, FPIA has become the largest single source of contraceptives and other family planning supplies and equipment to this network of family planning programs which provided contraceptive services in Calendar Year 1974 to an estimated 500,000 users.\* Cumulative, through the end of March 1975, FPIA has shipped family planning supplies and equipment worth just under \$2,000,000, including 5.2 million cycles of oral contraceptives, to 525 program agencies in 75 developing countries. These cumulative figures, when compared to similar categories reported one year ago, indicate that the dollar value of materials shipped has almost doubled in one year (from \$1,006,000 to \$1,920,000) and the number of cycles of oral contraceptives shipped has more than doubled (from 2.2 million to 5.3 million). Summaries of both the cumulative costs and quantities of family planning supplies and equipment shipped by FPIA through 31 March 1975 by geographical region may be seen in Tables 1, 2, and 3. Some 62 percent of the total went for oral contraceptives and an additional 16 percent for other types of contraceptives.

### Financial Assistance

Financial assistance provided by FPIA to selected, innovative family planning projects will reach approximately \$5,293,000 by the end of FPIA's fourth program year of operations, with 91 project grants awarded to support family planning activities in 23 developing countries. Figure 1 describes FPIA's project grant obligations by program year, with PY-4 showing a 21 percent increase over PY-3 despite the shorter length of PY-4 (12 months) when compared with PY-3 (14 months). Table 4 indicates that the average size of project grants in PY-4 is \$47,080 and that 73 percent of all project grant obligations during PY-4 (up from 48% in PY-3) are being devoted to refunding of projects developed and implemented by FPIA prior to PY-4 with only the remaining 27 percent available for new project starts during this year.

Figure 2 indicates the percentage distribution of FPIA's project grant obligations for PY-4, cumulatively, by geographic region, and by major type or function. It is noteworthy that East Asia received the largest amount of obligations during PY-4 (36% of the total) but Latin America has received the largest amount cumulatively during Program Years 1-4 (34% of the total). Functionally, family planning service projects received 59 percent of the total obligations in PY-4 followed by IEC (26%) and training (15%). Cumulatively, during Program Years 1-4, family planning service projects received more than half (51%) of all dollar obligations (a figure which does not include the sizeable dollar value of contraceptives and other family planning supplies provided to these projects "in kind" by FPIA.

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

TABLE 1

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED, BY REGION  
AS OF MAR 31, 1975  
(\$)

REGIONS	CONDOMS	DIAPH- RAMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
AFRICA	14,770	2,275	98	18,408	34,573	71,758	131,682	7,973	6,307	23,968	598	312,410
ASIA EAST	22,493	522	28	38,409	62,815	411,322	154,600	6,908	9,764	23,023	581	730,465
ASIA WEST	17,629	743	12	22,104	19,423	170,335	137,164	5,969	2,107	12,581	691	389,758
LATIN AMERICA	37,873	445	12	36,273	16,176	331,698	20,056	9,895	12,267	17,718	4,231	486,634
OTHER	0	0	0	0	1,227	0	0	224	272	0	0	1,723
TOTAL	92,765	3,985	150	115,194	134,214	985,113	443,502	30,959	30,717	77,290	6,101	1,919,990

TABLE 2

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED, BY REGION  
AS OF MAR 31, 1975

REGIONS	CONDOM	DIAPH.	DELPHEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
AFRICA	653,652	3,987	10,415	5,124	72,904	375,028	160	141	65	136	55	62	23
ASIA EAST	1,085,040	914	4,798	20,803	129,884	2,141,580	103	125	59	83	108	55	13
ASIA WEST	779,472	1,303	9,144	10,624	37,600	948,950	90	89	103	154	161	97	8
LATIN AMERICA	1,675,884	780	14,590	18,202	35,038	1,793,733	63	19	9	10	8	7	6
OTHER	0	0	0	0	3,500	0	0	0	0	0	0	0	0
TOTAL	4,194,048	6,984	38,947	54,753	278,926	5,259,291	416	374	236	383	332	221	50

TABLE 3

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED, BY REGION  
AS OF MAR 31, 1975

REGIONS	BOOKS	F.P. PRSPTVS	LIT. PACKS	MPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
AFRICA	1,502	18	550	33,575	32	12	6	33	42
ASIA EAST	2,581	4	431	21,596	33	5	53	27	118
ASIA WEST	1,263	69	667	15,749	16	20	0	19	23
LATIN AMERICA	1,688	1	144	126,532	46	8	44	24	98
OTHER	81	0	4	23	1	0	1	0	0
TOTAL	7,295	92	1,796	197,475	128	45	104	103	281

FIGURE 1

Total FPIA Project Obligations by Program Year

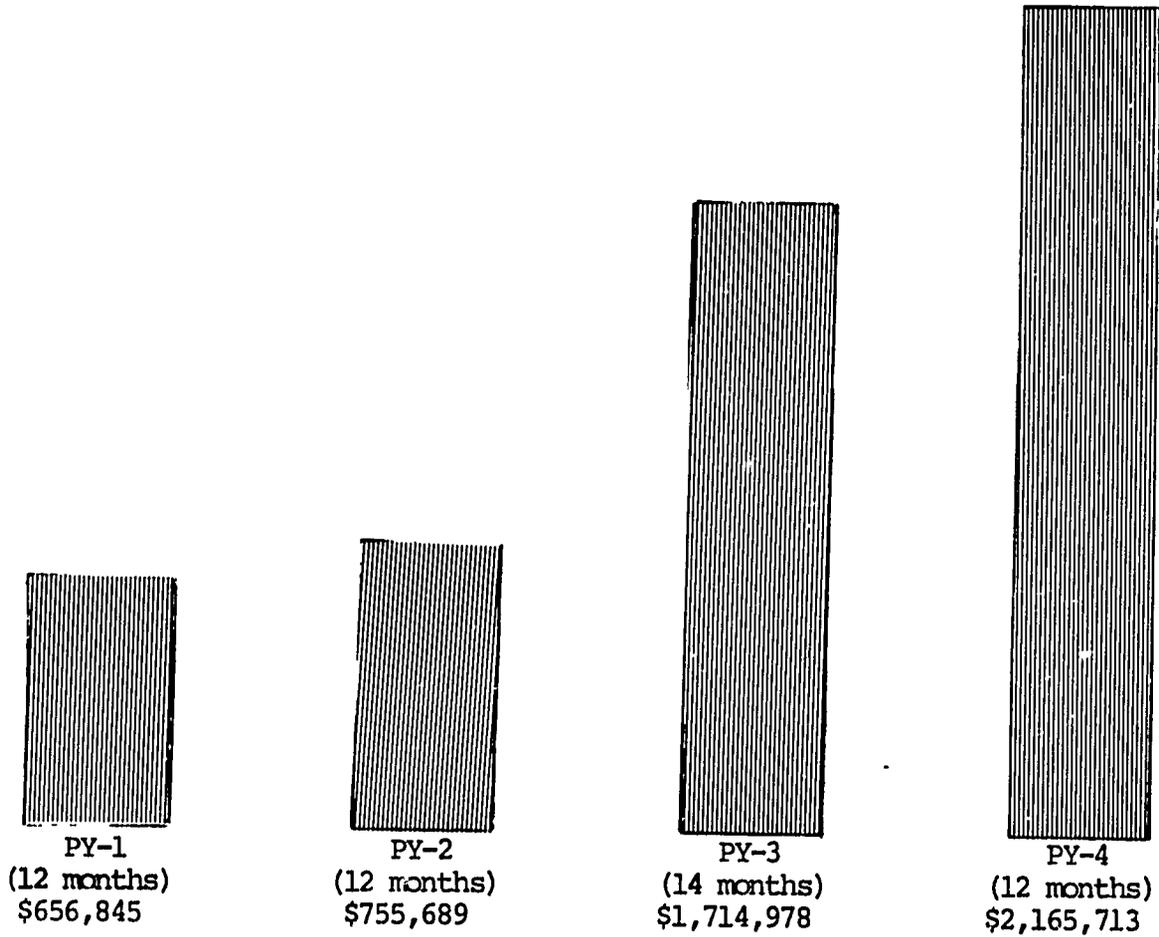


TABLE 4

Summary: Project Activity Program Years 1-4 (OVERVIEW)

	PY 1	PY 2	PY 3	PY 4	PY 1-4*
No. of projects	27	18	44	46	91
Total value of projects	\$656,845	\$755,689	\$1,714,978	\$2,165,713	\$5,293,225
Average value of projects	\$24,321	\$41,982	\$38,796	\$47,080	\$58,167
% earmarked for refunding	---	1%	48%	73%	---

NOTE: Projects funded for more than one year are counted as one project.

FIGURE 2

Program Year 4 and Cumulative Program Years 1-4 Project Obligations

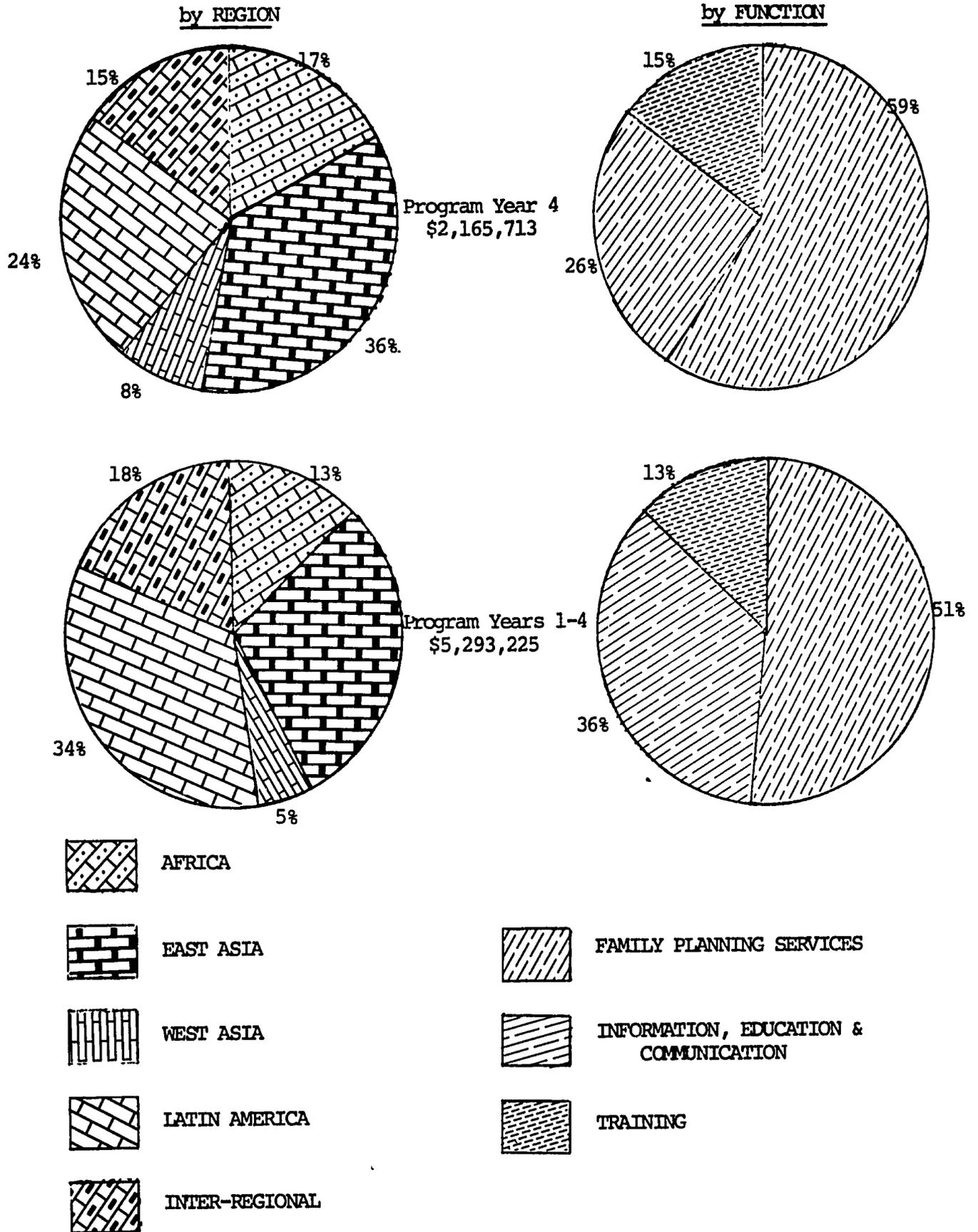


TABLE 5  
Summary: FPIA Project Activity by REGION and FUNCTION

<u>Region</u>	<u>PY 1 Obligations</u>	<u>PY 2 Obligations</u>	<u>PY 3 Obligations</u>	<u>PY 4</u>		<u>Total</u>	<u>Totals</u>
				<u>Obligations</u>	<u>Anticipated Obligations</u>		
AFRICA	2,702	108,997	203,271	310,897	47,000	357,897	672,867
EAST ASIA	167,341	94,477	555,474	323,286	467,600	790,886	1,608,178
WEST ASIA			61,418	131,560	42,780	174,340	235,758
LATIN AMERICA	358,817	173,892	758,121	330,801	181,949	512,750	1,803,580
INTER- REGIONAL	<u>127,985</u>	<u>378,323</u>	<u>136,694</u>	<u>274,840</u>	<u>55,000</u>	<u>329,840</u>	<u>972,842</u>
Totals	\$656,845	\$755,689	\$1,714,978	\$1,371,384	\$794,329	\$2,165,713	\$5,293,225

∞

Function

IEC	105,804	522,564	722,017	256,073	301,549	557,622	1,908,007
F.P. SERVICES	438,187	77,987	893,315	832,748	452,780	1,285,528	2,695,017
TRAINING	<u>112,854</u>	<u>155,138</u>	<u>99,646</u>	<u>282,563</u>	<u>40,000</u>	<u>322,563</u>	<u>690,201</u>
Totals	\$656,845	\$755,689	\$1,714,978	\$1,371,384	\$794,329	\$2,165,713	\$5,293,225

TABLE 6

<u>Summary: Number of Projects by FPIA REGION and FUNCTION</u>			
<u>Region</u>	<u>Current Projects</u>	<u>Completed Projects</u>	<u>Total Number of Projects</u>
AFRICA	6	4	10
EAST ASIA	16	24	40
WEST ASIA	8	2	10
LATIN AMERICA	13	4	17
INTER-REGIONAL	4	10	14
	<hr/>	<hr/>	<hr/>
Totals	47	44	91
<u>Function</u>			
IEC	18	23	41
F.P. SERVICES	24	16	40
TRAINING	5	5	10
	<hr/>	<hr/>	<hr/>
	47	44	91

TABLE 7

## Summary: Functional Responsibilities for FPIA Projects

IEC	F.P. SERVICES	TRAINING
Africa		
Africa <u>/01/</u> Kenya <u>/01/</u> , 02	Ethiopia 02 Ghana <u>/01/</u> , 02 Kenya 03 Mauritius 01	Ethiopia 01 Tanzania <u>/02/</u>
East Asia		
East Asia <u>/01/</u> , <u>/02/</u> Indonesia 01, 02, 03, <u>/06/</u> , 07 Korea-(MWIA) Philippines <u>/06/</u> , 07, 14, 15, <u>/18/</u> Taiwan <u>/06/</u> Thailand <u>/03/</u> , (Nurses)	Indonesia <u>/05/</u> , (Perdhaki) Korea <u>/01/</u> , <u>/02/</u> , <u>/03/</u> , 06 Philippines 01, <u>/02/</u> , <u>/03/</u> 05, <u>/08/</u> , 09, 12, 17 Taiwan <u>/03/</u> , <u>/04/</u> , <u>/05/</u> , <u>/07/</u> Thailand <u>/01/</u> , 04	Indonesia 04 Philippines <u>/04/</u> , 16 Taiwan <u>/01/</u>
West Asia		
Middle East 01 Jordan 02 Oman <u>/01/</u>	Bangladesh 01, <u>/02/</u> , 03 Jordan 03 Nepal 01 Pakistan 01 Sri Lanka 01	
Latin America		
Latin America <u>/01/</u> , <u>/02/</u> Colombia 02 Dominican Republic 03 Haiti (IEC)	Colombia 04 Dominican Republic <u>/01/</u> , 02 Ecuador <u>/02/</u> , 03 Haiti 01 Peru 04, 05	Peru 06, <u>/07/</u>
Inter-regional		
FPIA <u>/01/</u> , <u>/03/</u> , <u>/04/</u> , <u>/05/</u> , <u>/06/</u> <u>/08/</u> , <u>/11/</u> , <u>/12/</u> , 13, <u>/14/</u> , 15, 17		FPIA <u>/02/</u> , 07

## NOTE:

     Terminated or completed projects.

**FIGURE 3: An Illustrative Example of the Interrelationship Among FPIA Projects**

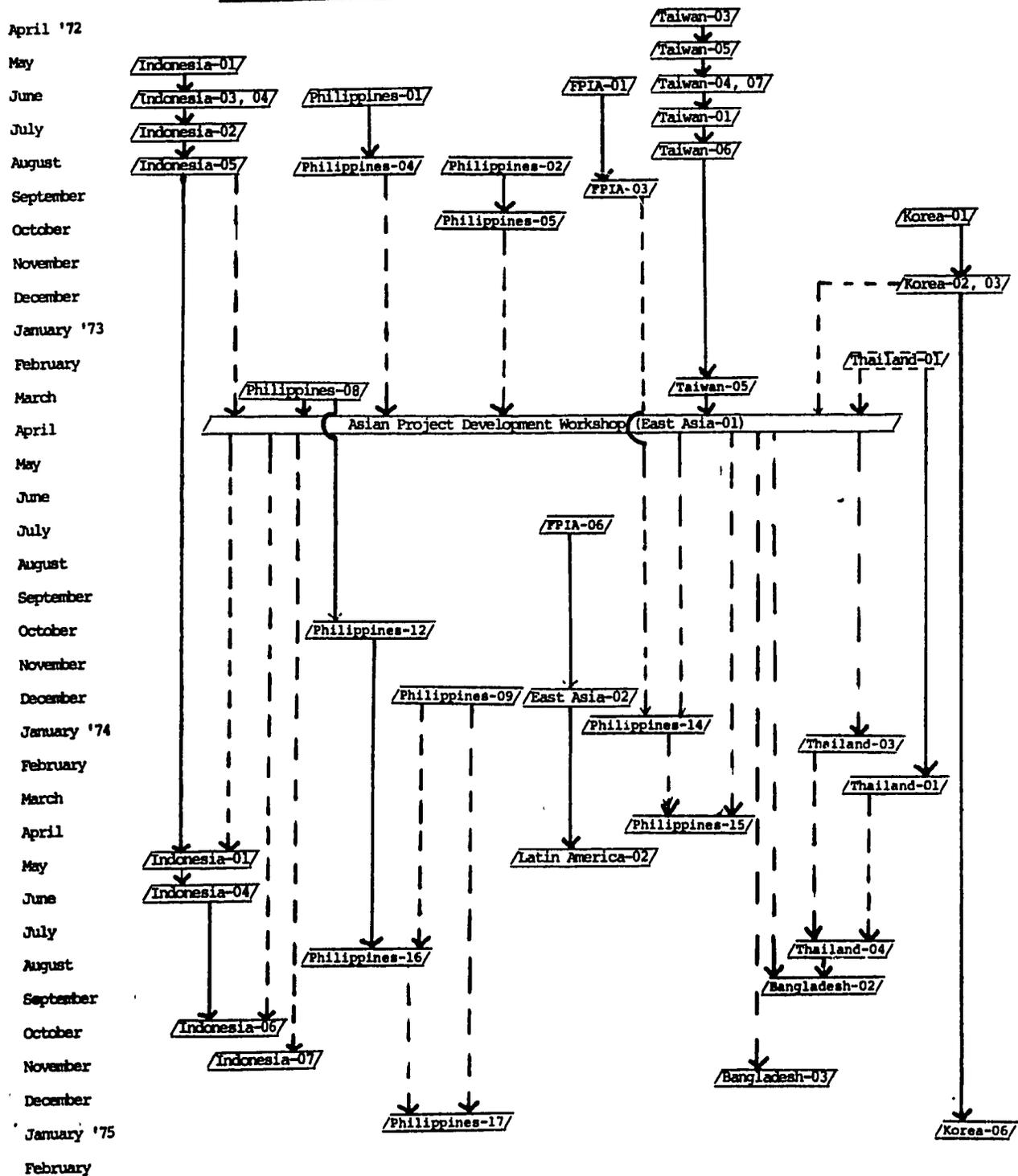


Table 5 reflects geographic and functional distributions in terms of absolute dollars obligated by program year. This table also indicates that of the \$2,166,000 available for project grant obligations during the twelve months of PY-4, \$1,371,000 had been obligated by 31 March 1974; the remaining \$795,000 is scheduled for obligation during the 5 remainder months of PY-4.

Table 6 lists the number of FPIA projects funded by FPIA, by region and by function. It should be noted that slightly more than half of the total number (47 of 91) are now or will be current or active projects at some time during the remainder of this program year. The remaining 44 projects were completed prior to 31 March 1975. Table 7 lists these projects (both current and completed) by region and function.

### Project Innovation and Replication

Figure 3 illustrates what FPIA believes to be an important aspect of its work, namely, the selection and development of innovative projects which lead directly or indirectly to the development of other projects either with the same or different agencies in the same country, or by serving as models for similar projects in different countries and regions. Projects identified in this figure which began between April 1972 and March 1973 led directly to the development and implementation of other projects with the same agencies (solid lines) or indirectly to the initiation of projects with other agencies (broken lines). Noteworthy is the number of projects growing out of the Asian Project Development Workshop (East Asia-01) sponsored by FPIA in April of 1973 which brought together agency directors to learn the techniques of project planning and proposal preparation for new projects or to refine and improve the planning and implementation of projects initiated prior to the workshop. Also noteworthy is the development of two FPIA-funded voluntary sterilization programs in the Philippines (Philippines 16 and 17) as the direct result of FPIA assistance to the first such project in that country (Philippines-09). Not shown in this Figure is the fact that the success of the same project has now encouraged several other agencies in the Philippines to initiate voluntary sterilization activities with other than FPIA assistance. An example of interregional project replication is the regional family planning workshops for Catholic and Protestant radio broadcasters and other communicators (East Asia-02 and Latin America-02) which grew out of a similar workshop held in London in July 1973 (FPIA-06). Two more such workshops (not shown in this Figure) are scheduled for implementation in the Middle East in PY-4 and Africa in PY-5.

To further disseminate information about its project activities, and to encourage replication of successful projects, FPIA began, in PY-4, the publication of the "FPIA Newsletter," a quarterly publication written by FPIA staff and invited contributors, and edited by FPIA's Information, Education and Communications Specialist, Dr. Hans Groot. This newsletter is mailed to all FPIA-assisted projects and to many other national and international family planning agencies.

### Technical Assistance

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

### Program Achievements

FPIA's work will be described in considerably more detail in Sections 3 and 4 of this Annual Report. A proposal for continued funding of this work is presented in Section 5. Following, however, are brief descriptions of a number of FPIA's activities and program achievements which are especially noteworthy.

### Evaluation Of FPIA's Work

During PY-4 a major, independent evaluation of FPIA's work was conducted by the International Institute for the Study of Human Reproduction (IISHR) at Columbia University. IISHR was selected by FPIA's principal funding agency, the Agency for International Development, to plan and carry out this evaluation with the major focus of investigations to be the project grants developed and supported by FPIA since its inception.

This evaluation was conducted during the months of October 1974 through February 1975 and included field investigations of 39 project grants in 14 countries (out of a total of 70 active or completed projects in 21 countries as of the end of August 1974). The 39 projects visited represented about 85% of FPIA's project grant funding as of that date.\* The final "Report of the Evaluation of Family Planning International Assistance" (Volumes One and Two) was issued by IISHR at Columbia University on 28 February 1975 and its Summary of Major Findings Conclusions and Recommendations is reproduced as Appendix 1 to this Annual Report.

This evaluation, on balance, reported quite favorably on FPIA's work and on the achievement of its stated objectives, particularly the objective of selecting and supporting projects which are innovative and will serve as models for regional or national family planning programs.

\* Source: Columbia University Evaluation Report, 28 February 1975

"The innovative and creative nature of many of the FPIA supported projects is a major strength of FPIA. This important objective is clearly being achieved..."\* The evaluators listed 40 recommendations for the continued improvements of FPIA's program operations, many of which require formal amendments to AID's overall grant agreement with FPIA if they are to be implemented.

The management and staff of FPIA were quite pleased with the results of this evaluation because of the acknowledgement of FPIA's program achievements and the thorough and competent manner in which the evaluation was planned and conducted.

#### Catholics And Family Planning

During PY-4, FPIA has continued to respond to opportunities to assist Catholic Church-related agencies to become active in family planning programs. Working in some instances through previously established ecumenical relationships between Protestant and Catholic agencies and, in others, directly with Catholic lay organizations, FPIA has provided financial and technical assistance to Catholic groups to enable them to implement a variety of family planning information, education and, in some instances, contraceptive service programs. To date, FPIA has awarded project grants to Catholic Church-related agencies amounting to \$1,406,882. Additional grants will be awarded before the end of PY-4 which, together with refunding of several previously initiated projects, will bring the numbers to 16 projects in the amount of \$1,597,831 obligated to Catholic groups out of a total of \$5,293,225 (or approximately 30% of the total dollars) awarded to all agencies. FPIA believes its work with Catholic groups to be both innovative and significant. In countries that have predominantly Catholic populations such as Peru, Colombia, Costa Rica, Mauritius and the Philippines, FPIA-assisted programs with Catholic agencies have served to promote and otherwise legitimize family planning for large numbers of people who traditionally have been resistant to it. This fact continued to be illustrated in PY-4 by the attitude of the Government of Peru in permitting two FPIA-assisted programs with Catholic lay organizations to continue operations while at the same time ordering other non-church affiliated programs to close down their service operations.

#### Women And Family Planning

FPIA is pleased to report an expansion in PY-4 of its previous involvement with women's organizations in the development and delivery of family planning services.

This is consonant with the long history of the Planned Parenthood Federation of America, its founding by the great feminist and family planning pioneer, Margaret Sanger, its contributions to enhancing the status of women through the family planning programs it promotes and, also, in recognition of International Women's Year 1975.

\* Source: Columbia University Evaluation Report, 28 February 1975, Section I. A., p. 5.

By the end of PY-4, FPIA's funding of family planning program activities through women's organizations will reach a cumulative total of \$285,000 in 10 projects. These organizations include the Medical Women's International Association and two of its affiliates, the Nepal Women's Organization, the National Federation of Filipino Midwives, Martha Stewart Communications, Inc., the Young Women's Christian Association of Sri Lanka and the Nurses Association of Thailand.

To coordinate the planning and expansion of these and other FPIA-assisted family planning program activities through women's organizations and FPIA's involvement with women's affairs in general, FPIA added to its staff during PY-4 a program officer for women's affairs, Ms. Judith Bruce. Ms. Bruce will represent FPIA at the International Women's Year Conference in Mexico City and coordinate the participation of the six, FPIA-sponsored delegates to that conference from developing countries.

FPIA believes that many of the projects it has supported with women's organizations may serve as models for replication by other agencies and women's organizations in the developing countries.

#### Protestants And Family Planning

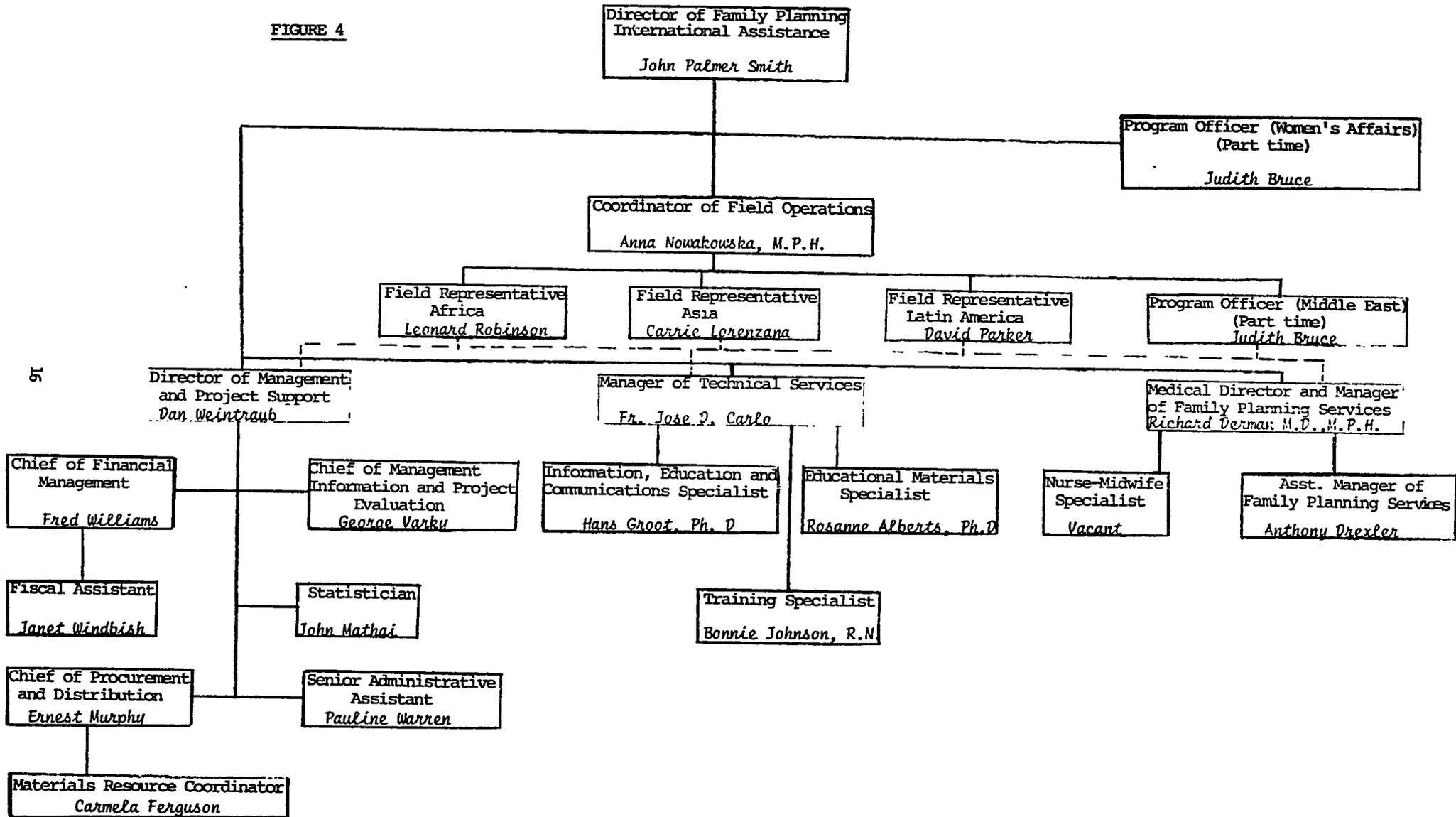
PY-4 saw continued expansion of FPIA's work with Protestant church-related organizations in the developing countries. By the end of PY-4, FPIA will have obligated a cumulative total of \$2,437,000 to 50 Protestant, church-related projects, not including the substantial shipments of contraceptives and other family planning supplies and equipment provided to these projects "in kind" by FPIA. Included among the agencies implementing these projects are Protestant councils of churches in Kenya, Ghana, Indonesia, Korea and the Dominican Republic, and Protestant missionary hospitals in Kenya, Ethiopia, Zaire, the Philippines and Thailand.

FPIA believes that its success in developing programs with such Protestant church groups substantiates the original hypothesis which led to FPIA's establishment - i.e. that church-related service organizations, given proper assistance, can expand significantly the delivery of family planning services in the developing countries.

#### Improved Program Management

During the past year, FPIA has significantly improved its overall program efficiency and substantially expanded both the quality and quantity of assistance provided to its family planning project activities in the developing countries. As can be seen in the chart on the following page, (Figure 4) FPIA has organized its professional staff in such a way as to combine the advantages of both geographical and functional lines of responsibility and authority for the implementation of its assistance efforts. Central to the full implementation of this organization plan has been the placement during PY-4 of capable, experienced professionals to serve as FPIA Field Representatives in Africa and Latin America.

FIGURE 4



These field staff (together with FPIA's Field Representative in East Asia) provide improved communication with and management of field projects and are able to call in FPIA's New York-based technical specialists as needed. Through their expert advice to FPIA project personnel and guidance in the development of new projects, FPIA has greatly improved its assistance to family planning programs in the developing countries. Similarly, FPIA has continued to improve New York headquarters operations with the expansion and refinement of automated data reporting systems for its worldwide commodities distribution and project grant activities as well as for general financial management and control. As evidence of the improvement in FPIA's overall program efficiency, program assistance compared to management costs resulted in a ratio of approximately 3:1 as can be seen in Figure 5.

#### Interagency Cooperation

FPIA cooperates closely with other international family planning organizations in the development and support of field projects. In the Philippines, for example, FPIA's Philippines-16 project, the national voluntary training center, is funded jointly with the International Project of the Association for Voluntary Sterilization; in Bangladesh, the Christian Health Care Project (Bangladesh-03) is supported also by the Swedish International Development Authority; and the Unitarian-Universalist Service committee helps fund the Haiti-01 project.

There are other types of examples -- in Kenya, OXFAM provided vehicles for FPIA's Kenya-02 project; in the Philippines, World Neighbors assists in the distribution of FPIA contraceptives; and in Indonesia, the Asia Foundation started supporting an FPIA-initiated project with the Council of Churches.

#### International Affairs Committee

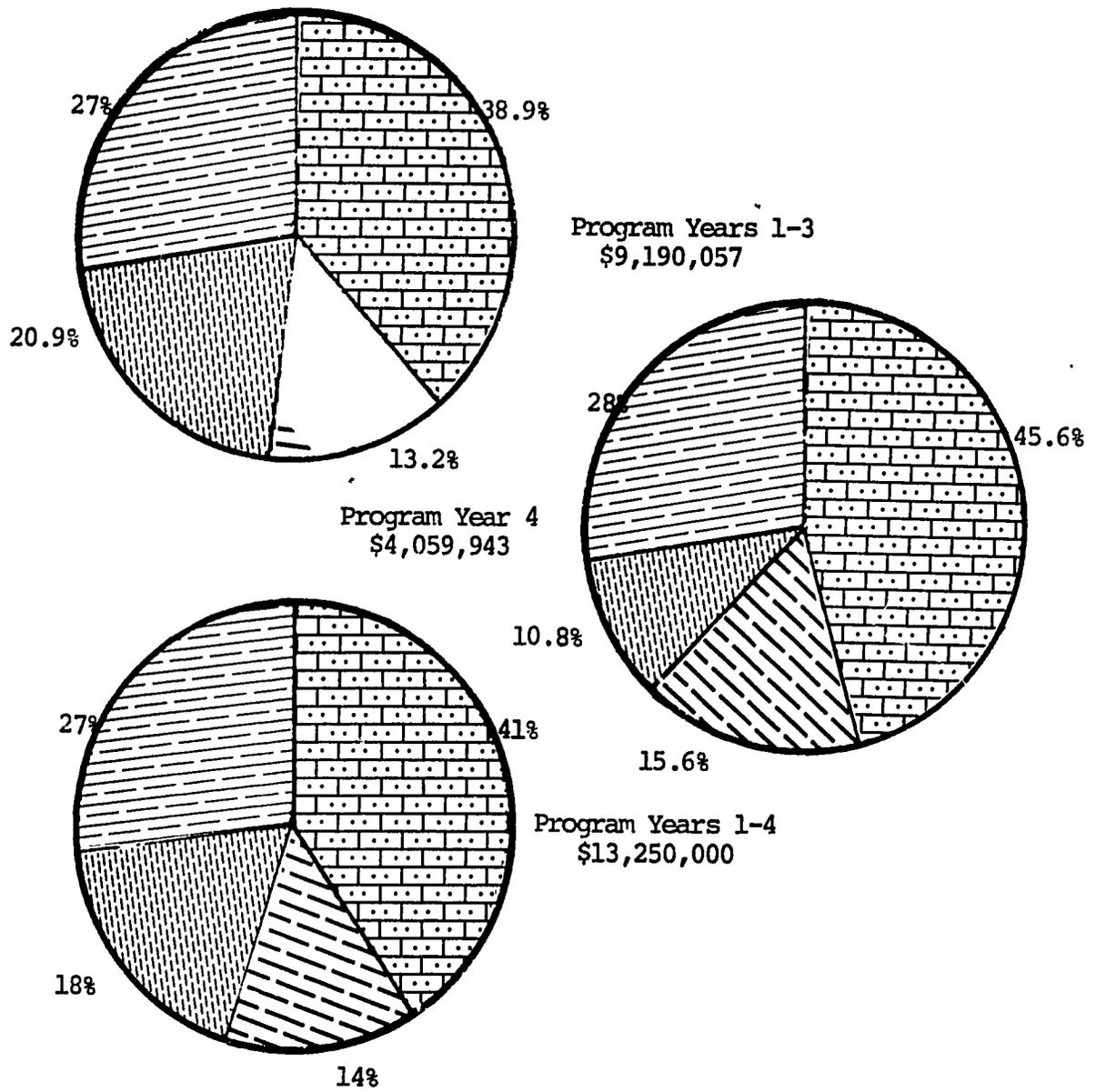
During PY-4, FPIA has benefited greatly from the policy guidance of the International Affairs Committee (IAC) of the Planned Parenthood Federation of America's National Board of Directors. The IAC, under the strong and capable leadership of Mrs. Laurie Zabin, is composed entirely of volunteers -- including members of the PPFA Board and other distinguished individuals with a strong interest and involvement in international development and family planning work.

#### Jack Hood Vaughn, President of PPFA

During PY-4, Jack Hood Vaughn was appointed to serve as President of the Planned Parenthood Federation of America, Inc., FPIA's parent organization, succeeding the late Dr. Alan F. Guttmacher. Mr. Vaughn thus assumes overall management responsibility for FPIA's worldwide program activities and brings to this task a long and distinguished career of international development and diplomacy having served as Director of the United States Peace Corps, an Assistant Secretary of State, and as a U. S. Ambassador.

FPIA anticipates continued growth and improvement under Mr. Vaughn's leadership.

**FIGURE 5**  
**Analysis of FPIA Expenditures**



-  Management
-  Commodities
-  Project Grants
-  Project Development, Technical Assistance and Evaluation

Source: Columbia University Evaluation Report, 28 February, 1975.

Financial Resources And Allocations

The following funds have been granted to the Planned Parenthood Federation of America, Inc. (PPFA) by the Agency for International Development (AID) for FPIA's total program operations:

<u>Source</u>	<u>Date</u>	<u>Amount</u>
Grant AID/csd 3289	30 June 1971	\$3,800,000
Amendment No. 1 to Grant AID/csd 3289	28 June 1971	4,000,000
Amendment No. 4 to Grant AID/csd 3289	31 January 1974	2,300,000
Amendment No. 5 to Grant AID/csd 3289	28 June 1974	650,000
Amendment No. 6 to Grant AID/csd 3289	8 October 1974	550,000
Amendment No. 7 to Grant AID/csd 3289	23 December 1974	1,950,000
	Total	<u>\$13,250,000</u>

Of this \$13,250,000 available for allocation prior to the end of PY-4 (31 August 1975), \$11,261,416 had been expended or obligated under binding agreements for expenditure as of this reporting period (31 March 1975). All of the remaining \$1,988,584 is scheduled for expenditure or obligation under binding agreements for expenditure prior to the end of PY-4. All other non-AID source funds available to FPIA for use prior to the end of PY-4 will also have been expended or obligated under binding agreements for expenditure prior to 1 September 1975.



## Section II: Fiscal Information

This section provides detailed information on the fiscal aspects of Grant AID/csd 3289. Included are data on project obligations (subgrants) and deobligations, expenditures as reported by grantees, and the dollar value of the materials assistance program — the latter organized on a regional basis by program year.

<u>FISCAL INFORMATION</u>	<u>page</u>
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## FISCAL INFORMATION

Table 8 present total Grant AID/csd 3289 fiscal activity, actual, for the period 1 July 1971 through 31 March 1975, and projected through 31 August 1975. As indicated, all \$13,250,000 available for obligation through 31 August 1975 are projected to be obligated by that date.

Table 9 lists all FPIA project grant (subgrant) fiscal activity during Program Years 1 through 3. Table 10 lists all FPIA project grant fiscal activity during PY-4 as of this reporting period (1 September 1974 through 31 March 1975).

Table 11 summarizes project grant fiscal reporting by Program Year and cumulatively, indicating a total of \$4,471,480 in net obligations through 31 March 1975, \$2,571,473 in expenditures reported to FPIA by project grantees and an unliquidated obligations balance of \$1,900,007.

Table 12 details all project grant durations and status.

TABLE 8

Schedule of Budget, Obligations, Anticipated Obligations and Expenditures  
for Grant AID/csd-3289, as amended (1 July 1971 thru 31 August 1975)

	1 Cumulative Budget Through 8/31/75	2 Cumulative Obligations Through 3/31/75	3 Commitments 4/1/-Through 8/31/75	4 Projected Cumulative Obligations 8/31/75 (Column 2+3)	5 Cumulative Expenditures Through 3/31/75	6 Unliquidated Obligations at 8/31/75 (Column 4-5)	7 Obligation Authority at 8/31/75 (Column 1-4)
Salaries	1,666,253	1,366,190	226,000	1,592,190	1,366,190	-0-	74,063
Fringe Benefits	158,592	124,558	22,600	147,158	124,558	-0-	11,434
Consultants	237,871	209,325	-0-	209,325	209,325	-0-	28,546
Travel	329,615	290,576	39,039	329,615	251,576	39,000	-0-
Other Direct Costs	934,877	827,535	112,050	939,585	802,397	25,138	(4,708 )
Sub-grants/Sub-contracts	5,427,482 (a)	4,557,773	969,709	5,527,482	3,432,006	1,125,767	(100,000 )
<b>Commodities:</b>							
Contraceptives	444,496	444,496	-0-	444,496	140,164	304,332	-0-
Equipment and Supplies	1,542,584	1,472,862	72,093	1,544,955	1,344,119	128,743	(2,371 )
Freight	<u>290,411</u>	<u>264,641</u>	<u>35,105</u>	<u>299,746</u>	<u>264,641</u>	<u>-0-</u>	<u>(9,335 )</u>
Total Direct Costs	11,032,181	9,557,956	1,476,596	11,034,552	7,934,976	1,622,980	(2,371 )
Indirect Costs	2,217,819	1,867,621	347,827	2,215,448	1,565,385	302,236	2,371
Total Costs	13,250,000	11,425,577	1,824,423	13,250,000	9,500,361	1,925,216	-0-

(a) Includes \$58,877 for the Columbia University Evaluation of FPIA, an amount not included in other project grant tables elsewhere in this report.

TABLE 9

Grantee Fiscal Reporting: Program Years 1-3

<u>Project</u>	<u>Cumulative Obligations</u>	<u>Total Expenditures Reported by Grantee</u>	<u>Unliquidated Obligations</u>
<u>AFRICA</u>			
IEC Workshop	28,307	28,307	—
Ghana-01	Merged with Ghana-02		
Ghana-02	132,572	67,674	64,898
Kenya-01	3,000	1,242	1,758
Kenya-02	276,673	95,323	181,350
Kenya-03	48,000	—	48,000
Mauritius-01	73,874	19,551	54,323
Nigeria-01	—	—	—
Tanzania-02	1,939	(a) 1,939	(a) 39
<u>EAST ASIA</u>			
IEC Workshop	31,906	31,906	—
East Asia-02	10,000	10,000	—
Indonesia-01	35,579	12,929	22,650
Indonesia-02	7,671	(b) 7,744	(b) —
Indonesia-03	3,520	3,520	—
Indonesia-04	17,543	4,736	12,807
Indonesia-05	5,588	5,588	—
Korea-01	1,750	1,619	131
Korea-02	35,244	21,073	14,171
Korea-03	13,218	8,218	5,000
Philippines-01	50,991	23,055	27,936
Philippines-02	2,500	2,358	142
Philippines-03	20,800	17,330	3,470
Philippines-04	231	186	45
Philippines-05	62,427	32,906	29,521
Philippines-06	2,345	1,914	431
Philippines-07	23,654	10,298	13,356
Philippines-08	8,427	8,427	—
Philippines-09	40,114	22,967	17,147
Philippines-12	384,191	76,633	307,558
Philippines-13	—	—	—
Philippines-14	81,992	7,064	74,928
Philippines-15	40,000	6,742	33,258
Philippines-16	35,722	—	35,722
Taiwan-01	860	787	73
Taiwan-02	Merged with Taiwan-07		
Taiwan-03	Merged with Taiwan-07		
Taiwan-04	875	133	742

TABLE 9 (continued)

<u>Project</u>	<u>Cumulative Obligations</u>	<u>Total Expenditures Reported By Grantees</u>	<u>Unliquidated Obligations</u>
Taiwan-05	Merged with Taiwan-07		
Taiwan-06	3,000	3,000	—
Taiwan-07	22,520	22,520	—
Thailand-01	15,988	5,718	10,270
Thailand-03	2,225	2,225	—
Thailand-04	7,032	—	7,032
<u>WEST ASIA</u>			
Bangladesh-01	16,887	7,502	9,385
Bangladesh-02	30,294	—	30,294
Nepal-01	11,030	—	11,030
Oman-01	1,007	—	1,007
<u>LATIN AMERICA</u>			
Colombia-02	254,755	73,898	180,857
Costa Rica-01	164,274	111,303	52,971
Costa Rica-02	30,195	21,711	8,484
Latin America-01	28,900	28,717	183
Latin America-02	19,300	—	19,300
Dominican Republic-01	46,480	44,727	1,753
Dominican Republic-02	37,584	—	37,584
Ecuador-02	43,644	19,131	24,513
Haiti-01	140,227	91,565	48,662
Peru-04	382,591	244,581	138,010
Peru-05	336,361	192,903	143,458
Peru-06	39,307	—	39,307
<u>INTER-REGIONAL</u>			
FPIA-01	20,366	20,366	—
FPIA-02	115,200	115,200	—
FPIA-03	160,518	160,518	—
FPIA/ILF	16,030	16,030	—
FPIA-05	23,040	—	23,040
FPIA-06	13,522	—	13,522
FPIA-08	46,680	—	46,680
FPIA-11	8,347	8,347	—
FPIA-13	53,660	—	53,660

(a) Creates statistical discrepancy of \$39; Grantees reimbursed only 1,900. Unliquidated Obligations over-stated \$39.

(b) Creates statistical discrepancy of \$73; Grantees exceeded authorized budget. Unliquidated Obligations over-stated \$73.

TABLE 10  
GRANTED FISCAL REPORTING: FISCAL YEAR 4

<u>Project</u>	<u>Unliquidated Obligations (As of 8-31-74)</u>	<u>New Net Obligations</u>	<u>Expenditures Reported By Grantees</u>	<u>Unliquidated Obligations</u>
<u>AFRICA</u>				
Ethiopia-01	\$ .	\$ 53,529	--	\$ 53,529
Ghana-02	64,898	--	--	64,898
Kenya-01	1,758	--	--	1,758
Kenya-02	181,350	--	12,789	168,561
Kenya-03	48,000	--	16,062	31,938
Mauritius-01	54,323	--	18,355	35,968
Tanzania-02	39	--	--	39
Zaire-01	--	10,392	--	10,392
<u>EAST ASIA</u>				
Indonesia-01	22,650	--	14,655	7,995
Indonesia-04	12,807	--	9,621	3,186
Indonesia-06	--	59,175	22,663	36,512
Indonesia-07	--	18,269	--	18,269
Korea-01	131	--	--	131
Korea-02	14,171	4,400	--	18,571
Korea-03	5,000	--	--	5,000
Korea-06	--	41,503	--	41,503
Philippines-01	27,936	--	--	27,936
Philippines-02	142	--	--	142
Philippines-03	3,470	--	--	3,470
Philippines-04	45	--	--	45
Philippines-05	29,521	--	--	29,521
Philippines-06	431	--	--	431
Philippines-07	13,356	--	11,093	2,263
Philippines-09	17,147	--	--	17,147
Philippines-12	307,558	--	115,030	192,528
Philippines-14	74,928	--	54,242	20,686
Philippines-15	33,258	--	17,258	16,000
Philippines 16	35,722	--	15,795	19,927
Philippines-17	--	43,532	--	43,532
Philippines-18	--	5,038	--	5,038
Taiwan-01	73	--	--	73
Taiwan-04	742	--	--	742
Thailand-01	10,270	--	--	10,270
Thailand-04	7,032	--	3,398	3,634

TABLE 10 (continued)

<u>Project</u>	<u>Unliquidated Obligations (As of 8-31-74)</u>	<u>New Net Obligations</u>	<u>Expenditures Reported By Grantees</u>	<u>Unliquidated Obligations</u>
<u>WEST ASIA</u>				
Bangladesh-01	9,385	--	2,839	6,546
Bangladesh-02	30,294	--	29,250	1,044
Bangladesh-03	--	70,888	--	70,888
Jordan-02	--	1,750	--	1,750
Nepal-01	11,030	--	4,060	6,970
Oman-01	1,007	--	--	1,007
Pakistan-01	--	32,796	--	32,796
Sri Lanka-01	--	11,332	--	11,332
<u>LATIN AMERICA</u>				
Columbia-02	180,857	--	88,568	92,289
Costa Rica-01	52,971	--	24,051	28,920
Costa Rica-02	8,484	--	--	8,484
Latin America-01	183	--	--	183
Latin America-02	19,300	--	--	19,300
Dominican Republic-01	1,753	--	--	1,753
Dominican Republic-02	37,584	--	14,415	23,169
Dominican Republic-03	--	39,500	6,423	33,077
Ecuador-02	24,513	--	23,458	1,055
Ecuador-03	--	50,000	--	50,000
Haiti-01	48,662	--	45,752	2,910
Peru-04	138,010	--	33,288	104,722
Peru-05	143,010	--	--	143,458
Peru-06	39,307	--	13,586	25,721
Peru-07	--	11,420	--	11,420
<u>INTER-REGIONAL</u>				
FPIA-05	23,040	--	--	23,040
FPIA-06	13,522	--	--	13,522
FPIA-07	--	374,495	216,777	157,718
FPIA-08	46,680	--	--	46,680
FPIA-12	--	9,934	(a) 11,008	(b) 441
FPIA-13	53,660	--	24,906	28,754
FPIA-14	--	11,050	--	11,050
FPIA-15	--	50,000	--	50,000
	<u>1,850,458</u>	<u>899,003</u>	<u>849,342</u>	<u>1,901,634</u>

(a) Cost over-run

(b) Set-off against \$12,512 disallow, FPIA-03

(a) (b) Create statistical discrepancy of \$1,515 (over-statement of Unliquidated Obligations.)

TABLE 11

Grantee Fiscal Reporting: SUMMARY

	<u>Unliquidated Obligations From Previous Year</u>	<u>PY Net Obligations</u>	<u>Total Expenditures Reported By Grantees</u>	<u>Unliquidated Obligations</u>
PY 1		662,696	32,584	630,112
PY 2	630,112	840,163	746,656	723,619
PY 3	723,619	2,069,618	942,891	1,850,346
PY 4	1,850,346	<u>899,003</u>	<u>849,342</u>	1,900,007
	<b>TOTALS</b>	4,471,480	LESS 2,571,473	= 1,900,007

TABLE 12  
Project Grants: Their Duration and Status

Project	Latest AID Approval Date	Anticipated Project Life	Approved Project Dates	Total \$ Obligations (Budget)	Total Amount Disbursed by FPIA to Grantee	Grantee Expenditures		Project Balance		De Obligations
						Reported	Projected	With FPIA	With Grantee	
<u>Africa</u>										
Africa-01	5-10-73	3 Months	1 June 1973-30 Aug. 1973	30,000	28,307	28,307	—	—	—	1,693
Ethiopia-01	3-12-75	3 Years	1 Apr. 1975-31 March 1976	53,529	—	—	53,529	53,529	—	—
Ghana-01	8-8-73	1 Year	15 Sept. 1973-14 Sept. 1974							Merged with Ghana-02
Ghana-02	10-17-74	3 Years	1 Jan. 1974-31 Dec. 1976	137,778	81,882	67,674	64,898	50,690	14,208	5,226
Kenya-01	3-9-72	21 Months	1 July 1972-31 March 1974	5,592	3,000	1,242	—	—	1,758	2,532
Kenya-02	3-19-75	5 Years	1 Jan. 1973-31 March 1976	334,220	145,269	108,112	168,561	131,404	37,157	57,547
Kenya-03	4-11-74	5 Years	1 Aug. 1974-31 July 1975	48,000	32,062	16,062	31,938	15,938	16,000	—
Mauritius-01	2-25-75	2 Years & 2 Weeks	15 Dec. 1973-31 Dec. 1975	73,874	56,307	37,906	35,968	17,567	18,401	—
Zaire-01	12-17-74	2 Years	1 Jan. 1975-31 Dec. 1975	10,392	4,150	—	10,392	6,242	4,150	—
Tanzania-02	3-9-72	9 Months	1 Apr. 1972-31 Dec. 1972	1,939	1,900	1,939	—	39	(39)	—
<u>East Asia</u>										
East Asia-01				31,906	31,906	31,906	—			
East Asia-02	11-29-73	3 Months	29 Nov. 1973-28 Feb. 1974	10,500	10,000	10,000	—	—	—	500
Indonesia-01	3-9-72	2 Years	25 May 1972-24 May 1973	35,779	35,206	27,584	7,995	373	7,622	200
Indonesia-02	6-12-72	1 Year	1 May 1974-30 Apr. 1975	8,171	7,671	7,744	—	—	(73)	500
Indonesia-03	6-12-72	1 Year	24 July 1972-23 July 1973	4,810	3,520	3,520	—	—	—	1,290
Indonesia-04	6-12-72	2 Years	30 June 1972-29 June 1973	18,370	15,670	14,357	3,186	1,873	1,313	827
Indonesia-05	6-12-72	14 Months	23 June 1972-22 June 1973	6,392	5,588	5,588	—	—	—	804
Indonesia-06	8-30-74	1 Year	1 June 1974-31 May 1975	59,175	58,168	22,663	36,512	1,007	35,505	—
Indonesia-07	10-4-74	3 Months	1 Aug. 1972-30 Sept. 1973	18,269	17,904	—	—	365	17,904	—
Korea-C1	3-9-72	7 Months	1 Oct. 1974-30 Sept. 1975	1,750	1,125	1,619	—	625	(494)	—
Korea-C2	3-13-72	2 Years	4 Oct. 1974-4 Jan. 1975	39,644	31,400	21,073	—	8,244	10,327	—
Korea-C3	10-29-74	3 Months	1 Nov. 1972-31 Oct. 1974	13,882	13,218	8,218	—	—	5,000	664
Korea-C6	3-12-72	2 Years	1 Nov. 1974-31 Jan. 1975	41,503	—	—	41,503	41,503	—	—
Philippines-01	7-30-74	3 Years	1 Feb. 1975-31 Jan. 1976	50,991	45,055	23,055	27,936	5,936	22,000	—

TABLE 12 (continued)

<u>Project</u>	<u>Latest AID Approval Date</u>	<u>Anticipated Project Life</u>	<u>Approved Project Dates</u>	<u>Total \$ Obligations (Budget)</u>	<u>Total Amount Disbursed by FPIA to Grantee</u>	<u>Grantee Expenditures</u> Reported    Projected		<u>Project Balance With FPIA</u>	<u>Balance With Grantee</u>	<u>De Obligations</u>
Philippines-02	3-9-72	14.5 Months	9 Aug. 1972-24 Oct. 1973	2,840	2,500	2,358	—	—	142	340
Philippines-03	6-12-72	14 Months	1 July 1972-31 Aug. 1973	45,600	20,800	17,330	—	—	3,470	24,800
Philippines-04	6-12-72	4 Months	1 Aug. 1972-30 Oct. 1972	650	231	186	—	—	45	419
Philippines-05	2-5-75	4 Years	25 Oct. 1972-30 June 1975	62,427	51,009	32,906	29,521	11,418	18,103	—
Philippines-06	10-20-72	3 Months	1 Nov. 1972-31 Jan. 1973	2,345	2,345	1,914	—	—	431	—
Philippines-07	4-16-73 4-10-74	2 Years	1 May 1973-31 May 1975	23,654	21,391	21,391	2,263	2,263	—	—
Philippines-08	3-6-73	6 Months	1 April 1973-30 Sept. 1973	8,427	8,345	8,427	—	82	(82)	—
Philippines-09	6-12-74	4 Years	15 May 1973-14 May 1974	40,114	42,836	22,967	—	(2,722)	19,869	—
Philippines-12	4-1-75	5 Years	15 Oct. 1973-14 Apr. 1975	384,191	319,513	191,663	192,528	64,678	127,850	—
Philippines-14	11-19-73	18 Months	1 Jan. 1974-30 June 1975	81,992	61,289	61,306	20,686	20,703	(17)	—
Philippines-15	2-27-74	1 Year	1 Apr. 1974-31 March 1975	40,000	40,700	24,000	16,000	(700)	16,700	—
Philippines-16	4-16-74	2 Years	1 Aug. 1974-31 July 1975	35,722	15,795	15,795	19,927	19,927	—	—
Philippines-17	10-16-74	2 Years	1 Jan. 1975-31 Dec. 1975	43,532	17,532	—	43,532	26,000	17,532	—
Philippines-18	10-7-74	3 Months	4 Oct. 1974-4 Jan. 1975	5,038	5,038	—	5,038	—	5,038	—
Taiwan-01	3-9-72	5 Months	1 July 1972-31 Dec. 1972	860	860	787	—	—	73	—
Taiwan-03	3-13-72	1 Year	18 Apr. 1972-17 Apr. 1973	—	*Merged with Taiwan-07	—	—	—	—	—
Taiwan-04	3-9-72	1 Year	1 June 1972-31 May 1973	875	875	133	—	—	742	—
Taiwan-05	3-13-72	2 Years	22 May 1972-21 May 1974	—	*Merged with Taiwan-07	—	—	—	—	—
Taiwan-06	6-12-72	1 Year	1 Aug. 1972-31 July 1973	3,000	3,000	3,000	—	—	—	—
Taiwan-07	6-12-72	1 Year	29 June 1972-28 June 1973	23,021	22,520	22,520	—	—	—	501
Thailand-01	11-29-72	3 Years	1 March 1974-28 Feb. 1975	15,988	10,239	5,718	10,270	5,749	4,521	—
Thailand-03		3 Months	1 Feb. 1974-31 May 1975	2,225	2,225	2,225	—	—	—	—
Thailand-04	7-16-74	3 Years	1 Aug. 1974-31 July 1975	7,032	6,198	3,398	3,634	834	2,800	—
Bangladesh-01	3-31-75	2 Years	22 March 1974-21 March 1976	16,887	16,728	10,341	6,546	159	6,387	—
Bangladesh-02	7-30-74	7 Months	2 Aug. 1974-1 March 1975	30,294	30,000	29,250	—	294	750	—
Bangladesh-03	12-17-74	3 Years	17 Dec. 1974-16 Dec. 1975	70,888	23,869	—	70,888	47,019	23,869	—
Jordan-02	9-17-73	9 Months	15 Oct. 1974-14 July 1975	3,000	1,750	—	1,250	—	1,750	1,250

TABLE 12 (continued)

Project	Latest AID Approval Date	Anticipated Project Life	Approved Project Dates	Total \$ Obligations (Budget)	Total Amount Disbursed by FPIA to Grantee	Grantee Expenditures		Project Balance With FPIA	Balance With Grantee	De Obligations
						Reported	Projected			
Nepal-01	2-1-74	2 Years	15 July 1974-14 July 1975	11,030	11,457	4,060	6,970	(427)	7,397	--
Oman-01	4-5-74	1 Year	1 May 1974-30 Apr. 1975	1,007	1,007	--	--	--	1,007	--
Pakistan-01	3-31-75	3 Years	1 May 1975-30 Apr. 1976	32,796	--	--	32,796	32,796	--	--
Sri Lanka-01	12-16-74	3 Years	1 Feb. 1975-31 Jan. 1976	11,332	4,533	--	11,332	6,799	4,533	--
<u>Latin America</u>										
Colombia-02	8-12-74	3 Years	1 July 1973-30 June 1975	254,755	228,887	162,466	92,289	25,868	66,421	--
Costa Rica-01	4-29-74	5 Years	5 May 1972-30 June 1975	164,274	147,963	135,354	28,920	16,311	12,609	--
Costa Rica-02	11-14-74	3 Years	15 Dec. 1973-31 March 1975	37,570	25,111	21,711	12,459	5,084	3,400	7,375
Dom. Rep.-01	3-31-72	4 Years	20 June 1972-19 June 1974	46,480	44,727	44,727	1,753	1,753	--	--
Dom. Rep.-02	6-30-74	2 Years	1 July 1974-30 June 1975	37,584	29,449	14,415	23,169	8,135	15,034	--
Dom. Rep.-03	10-21-74	3 Years	11 Nov. 1974-29 Feb. 1976	39,500	16,298	6,423	33,077	23,202	9,875	--
Ecuador-02	8-10-73	3 Years	1 Dec. 1973-31 Dec. 1974	43,644	43,746	42,589	--	(102)	1,157	--
Ecuador-03	1-13-75	2 Years	1 Jan. 1975-31 Dec. 1975	50,000	20,000	--	50,000	30,000	20,000	--
Haiti-01	6-7-74	4 Years	16 May 1972-30 Apr. 1975	140,227	137,318	137,317	2,910	2,909	1	--
Peru-04	12-26-74	4 Years	1 July 1972-31 Dec. 1975	389,574	318,007	277,869	111,705	64,584	40,138	6,983
Peru-05	12-26-74	4 Years	1 July 1972-31 Dec. 1975	336,361	260,757	192,903	143,458	75,604	67,854	--
Peru-06	1-28-75	3 Years	10 Oct. 1973-31 Jan. 1976	39,307	27,833	13,586	--	11,474	14,247	--
Peru-07	10-16-74	4 Months	16 Oct. 1974-16 Feb. 1975	11,420	13,733	--	--	(2,313)	13,733	--
Latin America-01	5-8-73	3 Months	10 May 1973-10 Aug. 1973	28,900	28,717	28,717	--	183	--	--
Latin America-02	6-27-74	3 Months	1 May 1974-31 July 1974	19,300	16,000	--	--	3,300	16,000	--
<u>Inter-Regional</u>										
FPIA-01	6-12-72	3 Months	15 June 1972-14 Sept. 1972	20,366	20,366	20,366	--	--	--	--
FPIA-02	6-12-72	1 Year	1 July 1972-30 June 1973	182,410	115,200	115,200	--	--	--	67,210
FPIA-03	7-13-72	1 Year	22 Sept. 1972-21 Sept. 1973	173,030	160,518	160,518	--	--	--	12,512
FPIA-04	5-3-73	1 Month	1 June 1973-30 June 1973	18,000	16,030	16,030	--	--	--	1,970

TABLE 12 (continued)

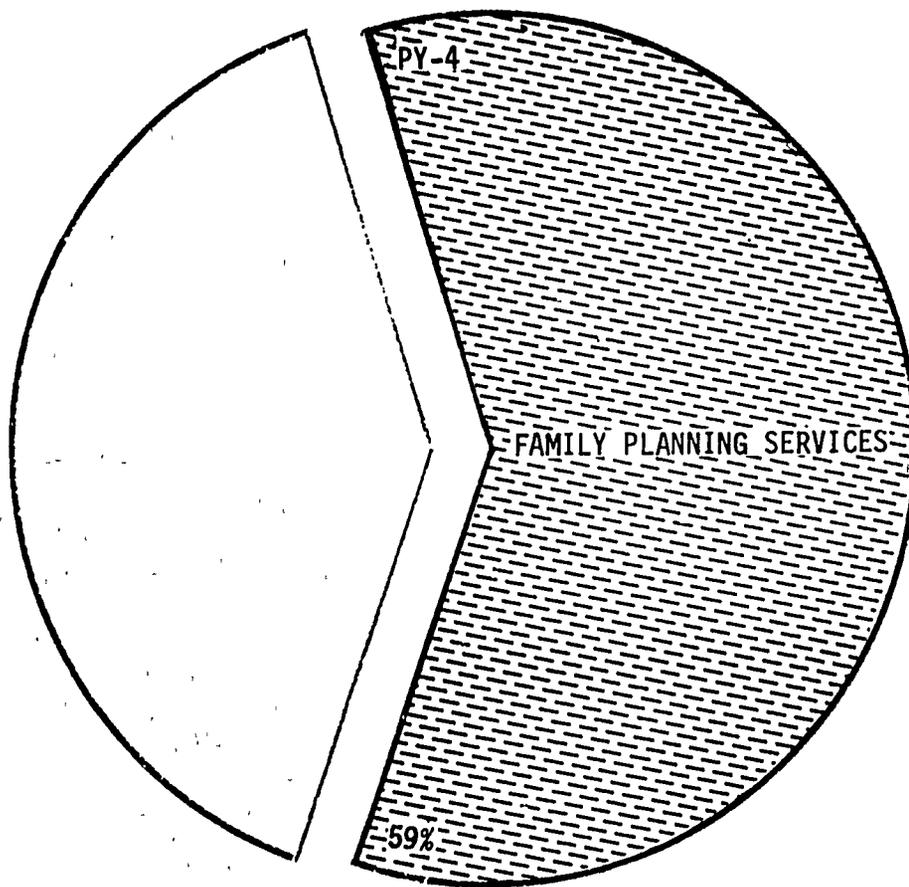
<u>Project</u>	<u>Latest AID Approval Date</u>	<u>Anticipated Project Life</u>	<u>Approved Project Dates</u>	<u>Total \$ Obligations (Budget)</u>	<u>Total Amount Disbursed by FPIA to Grantees</u>	<u>Grantee Expenditures</u>		<u>Project Balance</u>		<u>De</u>
						<u>Reported</u>	<u>Projected</u>	<u>With FPIA</u>	<u>With Grantee</u>	<u>Obligations</u>
FPIA-05	6-24-74	4 Months	24 June 1974-23 Oct. 1974	23,040	23,040	--	--	--	23,040	--
FPIA-06	7-3-73	3 Months	25 July 1973-24 Oct. 1973	13,522	13,522	--	--	--	13,522	--
FPIA-07	8-30-74	3 Years	1 Oct. 1974-30 Sept. 1975	374,495	216,777	216,777	157,718	157,718	--	--
FPIA-08	5-10-73	1 Year	1 July 1973-30 June 1974	46,680	46,680	--	--	--	46,680	--
FPIA-11	4-12-74	7 Days	12 Apr. 1974-19 Apr. 1974	8,347	8,347	8,347	--	--	--	--
FPIA-12	8-9-74	3 Months	8 Sept. 1974-11 Sept. 1974	9,934	9,493	11,008	--	441	(1,515)	--
FPIA-13	12-23-74	28 Months	9 Jan. 1974-30 June 1975	53,660	--	24,906	53,660	53,660	(24,906)	--
FPIA-14	10-11-74	4 Months	7 Oct. 1974-7 Feb. 1975	11,050	9,858	--	11,050	1,192	9,858	--
FPIA-15	12-12-74	3 Months	1 Jan. 1975-1 Apr. 1975	50,000	32,500	--	50,000	17,500	32,500	--



### Section III: FPIA's Functional Program

This section describes the program in terms of FPIA's four major functional activities -- Family Planning Services; Information, Education and Communication; Training, Management and Project Support. For each, it describes the activities in support of family planning programs in developing countries.





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## FAMILY PLANNING SERVICES

The provision of family planning services to increasing numbers of men and women is a primary goal of FPIA and the responsibility for achieving it rests with the organization's family planning services unit administered by a director (Richard Derman, M.D., M.P.H.) and an assistant director (Anthony Drexler). The unit's primary task is the development and implementation of effective, low-cost, family planning service programs so as to make contraceptive services available and, where possible, develop service delivery models that can be adapted in other situations.

The Report of the Evaluation of Family Planning International Assistance, Volume I, Section I, "Summary of Major Findings, Conclusions and Recommendations" (pp. 2-4), gives the evaluator's opinion with respect to the fulfillment of the family planning service objective.

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

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

In terms of specific accomplishments, the same evaluators found the following:

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

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

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

#### Summary of Family Planning Services Project Funding

During Program Year 4, FPIA will fund or refund a total of 26 service projects, for a total obligation of \$1,285,528. Of this total \$161,320 (13%) is obligated in Africa, \$637,979 (49%) in East Asia, \$154,340 (12%) in West Asia, and \$331,889 (26%) is obligated in Latin America. (See Table 13 ).

In the first seven months of PY-4, 18 family planning service projects were obligated for a total value of \$382,748. In the remaining five months of this program year, FPIA anticipates funding another four new service projects (\$71,780) and the refunding of six projects (\$381,000); two projects will be obligated twice during the year.

As can be seen from Table 14, the total services project obligations for PY-1, PY-2, PY-3 and PY-4 were \$438,187, \$77,987, \$893,315 and \$1,285,528 respectively, for a total of \$2,695,017 for the four years of project funding. A total of 40 individual projects have been developed and monitored in these same four years; of this total, 4 projects have been refunded two times, 13 have been refunded once, 12 projects were not refunded and 11 projects are new in PY-4. Some 71 percent of the PY-4 funds for family planning service projects was earmarked for refunding of projects.

#### Family Planning Services Project Highlights

FPIA's success in increasing the availability of family planning services is based on its support of the operational philosophy of each country and institution with which it works. This approach is exemplified by major programming activities with Catholic agencies, Protestant Church groups, medical associations and other private service organizations. One common thread unites all these groups: a desire and ability to provide effective family planning services for their constituents.

The Iglesia Ni Cristo Mobile Family Planning Clinic Program (Philippines-12) is perhaps the most widely heralded and cost-effective family planning program supported by FPIA. Under the auspices of the Iglesia Ni Cristo Church, the project began with a small FPIA-funded demonstration mobile clinic and has now expanded nationwide, providing services to more than 100,000 contraceptive users. This figure represents approximately 25 percent of total family planning acceptors in the Philippines.

Utilizing the churches as contraceptive depots, the ministers, together with a volunteer corps, expedite acceptor follow-up and provide ready accessibility to pills and condoms. The mobile health teams continue to move into new districts with enthusiastic response leading to documented continuation rates of 90% -- probably one of the highest rates of any large-scale family planning program in the world.

Chogoria Hospital's family planning project (Kenya -03) is an example of the role that church hospitals can play in expanding family planning service delivery. In many parts of the world, mission health facilities still account for a substantial proportion of health-care delivery. Church hospitals often reflect the highest quality care available in a country and thereby tend to establish trusting relationships with individuals served by their facilities. Chogoria Hospital in rural Kenya is a prime example of this principle. Through its central hospital and six satellite clinics, Chogoria has established a low-cost model for large-scale distribution of contraceptive services which can be adapted to other church facilities that presently serve 55 percent of the population of Kenya.

In Peru, currently the only government approved family planning clinic programs are supported by FPIA (Peru-04 and 05). Working with two prominent Catholic lay organizations, 48 clinics located in urban slum areas and along the coastal cities are dispensing oral contraceptives in a major "responsible parenthood" campaign. Catholic Church leaders in other Latin American countries are becoming aware of this innovative program fully supported by the Church hierarchy in Peru and implemented with the cooperation of the local priesthood. It is hoped that this use of oral contraceptives for the purpose of child spacing in a responsible parenthood program may serve as a model within the Catholic Church health network operating in Latin America.

"Family Planning Delivery Systems through Women's Church Organizations and Church Institutions" (Korea - 06) is an example of an innovative approach towards large-scale distribution of contraceptives. During the past year, the Korean National Council of Churches utilized trained visitors in an educational campaign geared towards recruiting significant numbers of IUD acceptors. With the medical back-stopping of church hospitals in Seoul and Pusan, and with Ministry of Health approval, an expanded cadre of church women are now distributing oral contraceptives door-to-door at minimal costs. Projected acceptors for the first year are set at 35,000. Most importantly, the fees generated through sales are, in part, recycled into the administrative operations of the program in an attempt to encourage financial self-sufficiency of this project.

In Bangladesh, FPIA's "Family Planning through Village Leadership" (Bangladesh - 01) is demonstrating that the community development process can yield family planning service results. The development councils in four villages were educated about the need for family planning and given the responsibility of providing services for their people. After one year of project work, family planning is being practiced by almost half of the people (47%) in these villages. This major breakthrough in family planning practice is now being considered by the Bangladesh Government for replication throughout the country.

Mary Johnston Hospital (Philippines - 09) was the first voluntary sterilization program in the Philippines. Despite strong Catholic Church objections, this project responded to local consumer demand for laparoscopy and vasectomy services and spearheaded a drive which ended in a decision by the Philippines Department of Justice to permit voluntary sterilization on a national level. This church-run clinic still serves as a model which large numbers of Philippines and foreign physicians visit each year.

After the legitimization of female sterilization in the Philippines, there was still a need to demonstrate a widespread male acceptance of vasectomy services. The common perception that men in the Philippines would not consider vasectomy has been disproved by a number of FPIA-sponsored programs. The most notable of these is the sterilization program associated with the Iglesia Ni Cristo Church (Philippines - 17). At the current rate of acceptance, more than 3,000 vasectomies will be performed during the first project year by Dr. Lena Gabriel and her associate physicians. Year 2 of the project will see the training of all Iglesia Ni Cristo mobile team physicians (Philippines - 12) in vasectomy procedures. The demonstration effect of this project and its total number of acceptors will have a significant impact on sterilization activities throughout the Philippines.

FPIA funding of Soddo Hospital (Ethiopia - 02) to provide large-scale pill and condom distribution through outreach "dresser" clinics on a demonstration basis, may serve as the model in meeting consumer demand for contraceptives. The importance of this project is reinforced by the fact that church hospitals provide 70 percent of the total health services in Ethiopia.

NOTE: A complete listing of current and completed Family Planning Service projects can be found at the end of this section. Narrative descriptions of current Family Planning Service projects are in the respective PY-4 regional sections.

TABLE 13

## Functional Obligations and Anticipated Obligations: FAMILY PLANNING SERVICES

Program Year 1 Obligations	Program Year 2 Obligations	Program Year 3 Obligations	Program Year 4		
			Obligations	Anticipated Obligations	Totals
<b>EAST ASIA</b>	<b>AFRICA</b>	<b>AFRICA</b>	<b>AFRICA</b>		
Indonesia-05 \$ 5,588	Mauritius-01 \$ 38,058	Ghana-01 \$ 19,702	Ethiopia-02	15,000	\$ 15,000
Korea-01 1,750	<b>EAST ASIA</b>	Ghana-02 44,758	Ghana-02	68,112	68,112
Korea-02 35,244	Philippines-08 6,313	Kenya-03 48,000	Kenya-03	32,000	32,000
Korea-03 8,218	Philippines-09 17,628	<b>EAST ASIA</b>	Mauritius-01	35,816	35,816
Philippines-01 4,200	Thailand-01 15,988	Korea-03 5,664	Zaire-01	10,392	10,392
Philippines-02 2,358		Philippines-01 46,491	<b>EAST ASIA</b>		
Philippines-03 20,800	Subtotal \$ 77,987	Philippines-05 1,700	Indonesia- (Perdhaki)	24,000	24,000
Philippines-05 45,137		Philippines-08 2,114	Korea-02	4,400	4,400
Taiwan-03 5,300	Cumulative	Philippines-09 16,740	Korea-06	41,503	41,503
Taiwan-04 875	Subtotal \$ 516,174	Philippines-12 194,983	Philippines-05	15,590	15,590
Taiwan-05 4,400		Taiwan-05 11,821	Philippines-09	5,746	33,746
Taiwan-07 1,500		Thailand-04 7,032	Philippines-12	189,208	464,208
<b>LATIN AMERICA</b>		<b>WEST ASIA</b>	Philippines-17	43,532	43,532
Dominican		Bangladesh-01 16,887	Thailand-04	11,000	11,000
Republic-01 46,480		Bangladesh-02 29,494	<b>WEST ASIA</b>		
Haiti-01 88,470		Nepal-01 11,030	Bangladesh-01	15,744	15,744
Peru-04 98,810		<b>LATIN AMERICA</b>	Bangladesh-02	800	800
Peru-05 69,057		Dominican	Bangladesh-03	70,888	70,888
Subtotal \$438,187		Republic-02 37,584	Jordan-03		7,780
		Ecuador-02 40,288	Nepal-01	15,000	15,000
		Peru-04 172,076	Pakistan-01	32,796	32,796
		Peru-05 135,194	Sri Lanka-01	11,332	11,332
		Haiti-01 51,757	<b>LATIN AMERICA</b>		
		Subtotal \$ 893,315	Colombia-04	25,000	25,000
		Cumulative	Dominican		
		Subtotal \$1,410,489	Republic-02	20,000	20,000
			Ecuador-02	3,357	3,357
			Ecuador-03	49,999	49,999
			Peru-04	118,687	118,687
			Peru-05	114,846	114,846
			Subtotal		\$1,285,528
			Cumulative		
			Total		\$2,695,017

**NOTE:** Project obligations shown are net obligations -- i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE 14

Summary: Project Activity Program Years 1-4 (F.P.SERVICES)

	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 1-4*</u>
No. of projects	16	4	19	26	40
Total value of projects	\$438,187	\$77,987	\$893,315	\$1,285,528	\$2,695,017
Average value of projects	\$27,386	\$19,496	\$47,016	\$49,443	\$67,375
% earmarked for refunding	----	0%	50%	71%	----

NOTE: Projects funded for more than one year are counted as one project.

FAMILY PLANNING SERVICES

Current Projects

AFRICA

Ethiopia - 02      Comprehensive MCH/Family Planning Services - Soddo Hospital and Satellite Clinics

Ghana - 02        Subsidization of the Christian Council of Ghana's Family Planning Program

Kenya - 03        Family Planning Services and Manpower Development in a Rural Hospital and its Satellite Clinics

Mauritius - 01    Operational Expansion and Improvement of Action Familiale

Zaire - 01        Bulape Community Health Project - Family Planning Program

EAST ASIA

Korea - 06        Family Planning Delivery Systems through Women's Church Organizations and Church Institutions

Philippines - 01    Lorma Hospital Mobile Family Planning and Medical Clinic Program

Philippines - 05    An Integrated Program on Family Planning among ICCMC-Related Medical Institutions

Philippines - 12    Mobile INC Family Planning Clinic Expansion

Thailand - 04       Family Planning Services for the Hill Tribes of Northern Thailand

WEST ASIA

Bangladesh - 01    Family Planning Through Village Leadership

Bangladesh - 03    Christian Health Care Project

Jordan - 03        Maternal Health and Welfare

Nepal - 01         Womens' Family Planning Project

Pakistan - 01      Pakistan Medico International Family Planning Program

Sri Lanka - 01     Family Life Education and Service Centers

LATIN AMERICA

Colombia - 04      Program in the Distribution of Contraceptives to Rural Areas of Colombia

Project Listing

LATIN AMERICA (con't)

Dominican Republic - 02	Family Planning Distribution of Contraceptives
Ecuador - 03	Family Planning Project of the Centro Medico de Orientacion Y Planificacion Familias
Haiti - 01	Interdisciplinary Family Planning and Rural Health Permanent Field Laboratory
Peru - 04	Programa de Apostolado Laico Familiar (PALF)
Peru - 05	Paternidad Responsable en las Areas Marginales de Lima

Completed Projects

AFRICA

Ghana - 01	Expansion of Clinic Services in the Volta Region
------------	--

EAST ASIA

Indonesia - 05	Family Planning Outreach Workers
Korea - 02	A Pilot Project Using Home Visitors in Patient Recruitment
Korea - 03	Administration of Family Planning Projects
Philippines - 02	A Survey of Potential Family Planning Service Providers
Philippines - 03	Maternal-Child Health Family Planning Project
Philippines - 08	Mobile INC Family Planning Clinic
Taiwan - 03	Support for Slum Area Field Workers
Taiwan - 04	Private Clinic Survey
Taiwan - 05	Support to Taiwan Christian Service for Administration of Family Planning Projects
Taiwan - 07	Support for a Field Worker in a Coastal Area
Thailand - 01	A Family Planning Project in the Prapradaeng Industrial Area
Thailand - 03	Coordinating Conference for Directors of Christian Hospitals

Project Listing

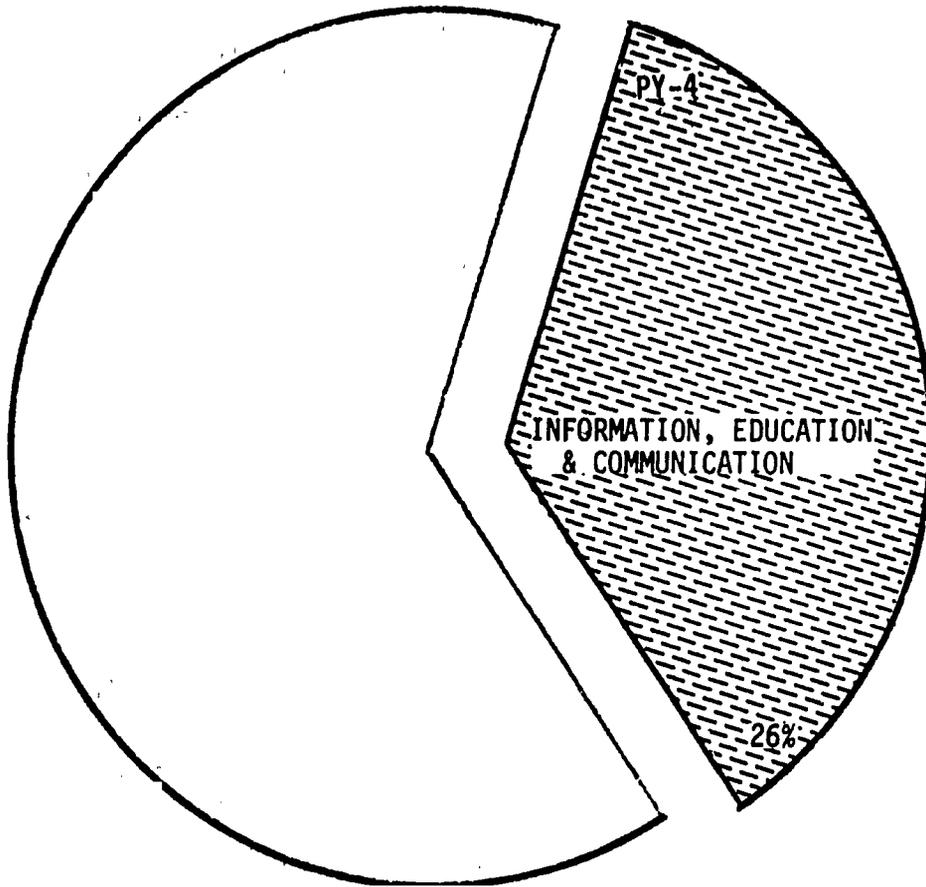
WEST ASIA  
Bangladesh - 02

Project Development Workshop for  
Voluntary Agencies in Bangladesh

LATIN AMERICA  
Dominican Republic - 01  
Ecuador - 02

Family Planning in Nutrition  
Centers  
Family Planning with the Society  
of Women Physicians of Ecuador





<u>B. INFORMATION, EDUCATION &amp; COMMUNICATION</u>	<u>page</u>
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## INFORMATION, EDUCATION & COMMUNICATION

Included within the statement of the basic purpose and objectives of FPIA is the following paragraph relating to information, education and communication (IEC) activities:

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

It is within this framework that FPIA is committed to provide a wide variety of educational materials, IEC technical assistance and financial support to church related and other private, voluntary family planning IEC programs in developing countries. FPIA's IEC Unit is administered by a director (the Rev. Jose D. Carlo), a communications specialist (Dr. Hans Groot), and an educational materials specialist (Dr. Rosanne Alberts).

The Report of the Evaluation of Family Planning International Assistance, Volume I, Section I, "Summary of Major Findings, Conclusions and Recommendations," pp. 3-4, gives the evaluators' opinion with respect to the fulfillment of the IEC objective stated above.

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

In terms of specific accomplishments, the evaluators found:

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

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

Summary of IEC Project Funding

During PY-4, a total of 15 IEC projects have been or will be funded by FPIA for a total funding obligation of \$557,622. Of this total, \$143,048 (26%) is obligated for projects in Africa, \$112,907 (20%) in East Asia, \$20,000 (4%) in West Asia, \$145,433 (26%) in Latin America and, \$136,234 (24%) in Inter-Regional projects.  
(See Table 15)

In the first seven months of Program Year 4, eight IEC projects were obligated for a total value of \$256,073. During the remainder of the program year, FPIA anticipates funding four new IEC projects (\$99,600) and the refunding of five IEC projects (\$201,949); two projects will be obligated twice during the year.

As can be seen from Table 16, the total IEC project obligations for PY-1, PY-2, PY-3 and PY-4 were \$105,804, \$522,564, \$722,017 and \$557,622 respectively, for a grand total of \$1,908,007. A total of 41 different projects have been developed and monitored in these four program years; of this total, one project (Costa Rica-01) has been refunded three times, two projects have been refunded twice (Colombia-02 and Kenya-02), six projects have been refunded once (FPIA-01 and 13, Philippines-07 and 14, Indonesia-01, and Costa Rica-02), 23 projects were not refunded and nine projects are new in PY-4. Some 68 percent of the

PY-4 funds for IEC projects was earmarked for refunding of projects.

IEC Project Highlights:

Several projects which are continued from previous program years are especially notable for their impact on their communities and the production of educational materials. In Africa, Kenya-02 ("Family Life Education Program of the National Christian Council of Kenya") is making good progress in the development of a sex education syllabus for youths and preparing the teachers to use it. Colombia-02 ("Education of the Colombian Campesino for Responsible Parenthood") has produced: a pocket book on "Sex and Marriage"; two posters on family planning; radio novels on family planning (each with a total of 100 chapters); and numerous newspaper articles. This project has also trained more than 1,000 rural community leaders in "responsible procreation." Costa Rica-01 ("Family Planning and Responsible Parenthood") continues with its highly effective radio campaign, "Dialogo," and has produced over 70 pamphlets in Spanish on various aspects of family planning and sex education. In Haiti, after the success of the MCH/FP field laboratory (Haiti-01), a new project is being planned to contribute to the education of the Haitian people in MCH/FP through the production and distribution of culturally sensitive materials and the training of personnel in their use.

In East Asia, Philippines-14 ("Jescomea Population Campaign - Philippines") has been effective in developing daily radio programs, five pamphlets on love/responsible parenthood/family planning, and a thirty minute film, "All God's Children," for use in the Philippines and throughout East Asia. Indonesia-06 ("Printed Materials for Family Planning Patient Recruitment") is successfully presenting family planning in a Christian and Indonesian context and Philippines-15 ("Using the Agricultural Approach to Explain Family Planning") has already produced family planning comic books and flip-charts.

A communicators Population Workshop (Middle East-01) will involve both Christian and Muslim leaders and is the third in a successful series of family planning communication workshops held previously in Asia (East Asia-02) and Latin America (Latin America-02). This workshop seeks to add Muslim communicators to the worldwide network of Protestant and Catholic communicators working in population affairs.

The necessarily ongoing motivation and orientation of leaders and policy makers is the purpose of the "International Family Planning Digest" (FPIA-13), a quarterly journal of current family planning developments published by the Alan Guttmacher Institute. FPIA provided support to the United Nations Population Conference in Bucharest through the "Family Planning Folk Media Workshop: Bucharest" (FPIA-12). FPIA-15 ("Rural Women in Egypt: Videotape") will be presented at the International Women's Year Conference in Mexico City.

## Other IEC Activities

### The FPIA Newsletter

Publication of a quarterly FPIA newsletter was initiated in late 1974. The first two issues were published in the fall and winter of 1974; the other two PY-4 issues will be published in the spring and summer of 1975.

The purpose of the newsletter is two-fold: (1) to inform readers about FPIA's programs; and (2) to provide more detailed descriptions of selected FPIA-funded projects. The emphasis in these project reports is on family planning program components that are innovative and replicable and thus may serve as models or sources of ideas for other program managers.

Distribution of the newsletter is to: all FPIA-funded projects and other FPIA-assisted agencies, and to other international and national family planning organizations.

### Educational Materials Distribution

The IEC Unit evaluates, procures and distributes English, French, Spanish and other language family planning educational materials. During PY-4 the stocks of educational materials were updated and expanded to include the latest family planning-related medical, educational and religious materials. In addition, the current stock of audio-visual equipment adaptable to various international electricity voltages has been expanded. Special attention has been given to the evaluation and acquisition of a wide variety of inexpensive audio-visual software -- including flannelgraphs, filmstrips and slides.

Periodic mailings of the journal Family Planning Perspectives and a new publication, The International Family Planning Digest (FPIA-13) were sent by FPIA to approximately 1,000 institutions. In addition, United Nations pamphlets and posters concerning activities of the World Population Year and International Women's Year were included in these mailings as was the special population issue of World Health, published by WHO.

In addition to responding to the individual needs of FPIA project grantees through the regular shipment of requested educational materials and audio-visual software and hardware, periodic mass mailings were made to the projects. These mailings informed the grantees of current family planning publications and information and included selected samples of new materials for possible ordering by the projects. A mass mailing was sent to Protestant and Catholic religious institutions, which included various articles and pamphlets relating to the religious aspects of family planning.

NOTE: A complete listing of current and completed IEC projects can be found at the end of this section. Narrative descriptions of current IEC projects are in the respective PY-4 regional sections.

TABLE 15

## Functional Obligations and Anticipated Obligations: IEC

Program Year 1 Obligations		Program Year 2 Obligations		Program Year 3 Obligations		Program Year 4		
						Obligations	Anticipated Obligations	Totals
AFRICA		AFRICA		AFRICA		AFRICA		
Kenya-01	\$ 1,242	Africa-01	\$ 27,646	Kenya-02	\$ 90,811	Kenya-02	143,048	\$143,048
EAST ASIA		EAST ASIA		EAST ASIA		EAST ASIA		
Indonesia-01	14,441	East Asia-01	31,906	East Asia-02	10,500	Indonesia-07	18,269	18,269
Indonesia-02	7,671	Philippines-06	1,914	Indonesia-01	21,139	Korea (MWIA)	35,000	35,000
Indonesia-03	3,520	Philippines-07	20,728	Indonesia-06	59,175	Philippines-14	50,000	50,000
Taiwan-06		LATIN AMERICA		Philippines-07	2,926	Philippines-18	5,038	5,038
LATIN AMERICA		LATIN AMERICA		LATIN AMERICA		LATIN AMERICA		
Costa Rica-01	56,000	Latin America-01	28,900	Philippines-14	81,992	Thailand (Nurses)	4,600	4,600
INTER-REGIONAL		INTER-REGIONAL		INTER-REGIONAL		WEST ASIA		
FPIA-01	\$ 19,930	Colombia-02	104,718	Thailand-03	2,225	Middle East-01	20,000	20,000
Subtotal	\$ 105,804	Costa Rica-01	40,274	WEST ASIA		LATIN AMERICA		
		INTER-REGIONAL		Jordan-02	3,000	Colombia-02	40,000	40,000
		FPIA-01	436	Oman-01	1,007	Costa Rica-01	40,000	40,000
		FPIA-03	150,518	LATIN AMERICA		Costa Rica-02	8,484	40,433
		FPIA-04	16,030	Latin America-02	19,300	Haiti (IEC)	25,000	25,000
		FPIA-08	46,680	Colombia-02	150,037	INTER-REGIONAL		
		Subtotal	\$522,564	Costa Rica-01	68,000	FPIA-13	5,184	60,184
		Cumulative		Costa Rica-02	29,086	FPIA-14	11,050	11,050
		Subtotal	\$628,368	Dominican		FPIA-15	50,000	50,000
				Republic-03	39,500	FPIA-17	15,000	15,000
				INTER-REGIONAL				
				FPIA-05	23,040	Subtotal		
				FPIA-06	13,522	\$557,622		
				FPIA-11	8,347	Cumulative		
				FPIA-12	9,934	Total		
				FPIA-13	48,476	\$1,908,007		
				Subtotal	\$ 722,017			
				Cumulative	\$1,350,385			
				Subtotal				

55

**NOTE:** Project obligations shown are net obligations -- i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE 16

Summary: Project Activity Program Years 1-4 (IEC)					
	PY 1	PY 2	PY 3	PY 4	PY 1-4*
No. of projects	7	12	20	15	41
Total value of projects	\$105,804	\$522,564	\$722,017	\$557,622	\$1,908,007
Average value of projects	\$15,114	\$43,547	\$36,100	\$37,175	\$47,700
% earmarked for refunding	----	8%	46%	68%	----

NOTE: Projects funded for more than one year are counted as one project.

INFORMATION, EDUCATION AND COMMUNICATION

Current Projects

AFRICA

Kenya - 02 Family Life Education Program of the NCKK

EAST ASIA

Indonesia - 01 Traveling Family Planning Exhibit - East Java  
Indonesia - 06 Printed Materials for Family Planning Patient  
Recruitment

Korea (MWIA) Convention of Population and Family Planning  
For Women Doctors in Korea

Philippines - 07 Population Education Pilot Project

Philippines - 14 Jescomea Population Campaign -- Philippines

Philippines - 15 Using the "Agricultural Approach" to Explain

Thailand (Nurses) A Workshop for Nurse - Instructors/Supervisors  
on Family Planning Education and Service

WEST ASIA

Middle East - 01 Christian and Muslim Population Communication  
Workshop

Jordan - 02 Family Planning Education Materials in Jordan

LATIN AMERICA

Colombia-02 Education of the Colombian Campesino for Res-  
ponsible Parenthood

Costa Rica - 01 Family Planning and Responsible Parenthood

Costa Rica - 02 Educational Courses for Responsible Parenthood

Dominican Rep - 03 Responsible Parenthood and Family Planning

Haiti (IEC) I E C Materials Development and Production

INTER-REGIONAL

FPIA - 13 International Family Planning Digest

FPIA - 15 Rural Women in Egypt Videotape

FPIA - 17 Asian Student Training Workshop on  
Population and Development

Completed Projects

AFRICA

Africa - 01 I E C Project Development Workshop : Africa

Kenya - 01 Family Planning Conferences in Kenya

Project Listing

EAST ASIA

East Asia - 01 I E C Project Development Workshop : Asia  
East Asia - 02 UNDA - WACC Asia/Oceanic World Population  
Year Workshop (formerly FPIA-09)  
Indonesia - 02 Production, Distribution and Evaluation of  
Printed Materials for Family Planning Patient  
Recruitment  
Indonesia - 03 Development and Production of Three Slide Shows  
Indonesia - 07 Family Planning Motivation Conference for Catholic  
Health Workers  
Philippines - 06 Population Education Seminars  
Philippines - 18 The Expanding Role of Midwives in Family Planning  
and Nutrition Programs.  
Taiwan - 06 Translation and Printing of Family Planning  
Teaching Guide for Nurses  
Thailand - 03 Coordinating Conference for Directors of Christian  
Hospitals.

WEST ASIA

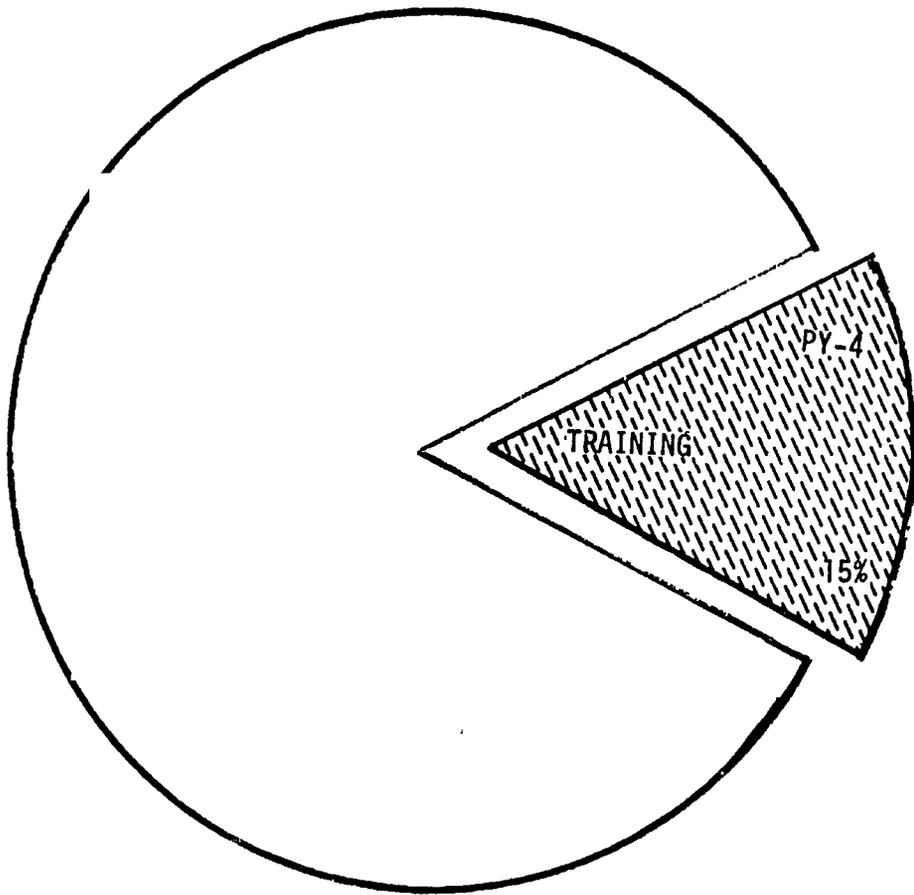
Oman - 01 Post-Partum Family Planning and Education

LATIN AMERICA

Latin America - 01 Family Planning Information, Education and  
Communication Workshop (formerly Costa Rica-03)  
Latin America - 02 UNDA - WACC Latin America World Population  
Year Workshop (formerly FPIA-10)

INTER-REGIONAL

FPIA - 01 Survey of Catholic Church Related Family  
Planning Activities  
FPIA - 03 Support for Family Planning Activities  
within Catholic Organizations  
FPIA - 04 International Conference on Natural Family  
Planning Services  
FPIA - 05 International Interdisciplinary Student Seminar  
on Population Dynamics and Family Planning (Nigeria-01)  
FPIA - 06 Christian Broadcasters Population  
Communications Planning Conference  
FPIA - 08 MWIA Asian Regional Conference on Family  
Planning (formerly Philippines-13)  
FPIA - 11 Organizational Meeting for the International  
Interdisciplinary Seminar on Population  
FPIA - 12 Family Planning Folk Media Workshop: Bucharest  
FPIA - 14 XIV World Congress of MWIA - Family Planning  
Component.



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## TRAINING

Because of the shortage of skilled family planning personnel, FPIA is paying increasing attention to the training needs of church-related and private service organizations in developing countries. Activities in this area are coordinated by FPIA's training specialist (Ms. Bonnie Johnson, R.N.)

FPIA's support for manpower development is through (1) categorical training projects, and (2) family planning service or IEC projects with training components.

The Report of the Evaluation of Family Planning International Assistance, Volume I, Section I, "Summary of Major Findings, Conclusions and Recommendations" (pp. 2-4), makes the following observations:

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

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

In addition, the Columbia University evaluation team found that more than 7,000 paid and volunteer workers had been trained under the auspices of FPIA-funded projects.

### Summary of Training Project Funding

During PY-4, five categorical training projects have been or will be funded by FPIA for a total funding obligation of \$322,563. Of this total, \$53,529 (17%) has been obligated for a training project in Africa, \$40,000 (12%) for East Asia, \$35,428 (11%) for Latin America, and \$193,606 (60%) for an Inter-regional training program. Funds for four of the five PY-4 training projects have already been obligated; one project awaits re-funding later this program year. (TABLE 17)

As indicated in Table 18, the total training project obligations for PY-1, PY-2, PY-3 and PY-4 were \$112,854, \$155,138, \$99,646 and \$322,563 respectively, for a total Program Years 1-4 obligation of \$690,201. A total of 10 different training projects have been funded in the four years; of this total, one project (FPIA-02/07) has been refunded three times, three projects (Indonesia-04, Philippines-16, and Peru-06) have been refunded once, four projects (Tanzania-02, Philippines-04, Taiwan-01 and Peru-07) were not refunded and one project (Ethiopia-01) is a new PY-4 project. Some 80 percent of the training project obligations in PY-4 were earmarked for the refunding of on-going projects.

In addition to the above obligations for categorical training projects, FPIA obligated \$26,344 for training components of Family Planning Service and IEC projects in PY-1, \$11,082 in PY-2, \$95,253 in PY-3 and \$46,259 in PY-4, for a total of \$178,938 (Table 19).

### Training Project Highlights

Support for training activities as integral parts of on-going IEC or Service projects continued during PY-4 and a major training program was initiated in East Africa.

In the Philippines, support is continuing for the national sterilization training center at the University of the Philippines General Hospital (Philippines-16), established in PY-3 with the tacit approval of the Philippine Population Commission and in cooperation with the International Association for Voluntary Sterilization. This center has not only become the sole accreditation body for endoscopic sterilizations in the Philippines, but the Center also is serving about 3,000 patients per year with vasectomy, culdoscopy, mini-laparotomy and laparoscopic sterilizations at a low cost per acceptor.

In Africa, a unique collaborative effort between the Family Guidance Association and FPIA established a training program (Ethiopia-01) for nurses and public health officers. The approval of non-physicians as service deliverers in Ethiopia is an important breakthrough in attempts to provide family planning services in the rural areas of this country.

In Latin America, Cayetano Heredia University (Peru-06) continues to make available training in reproductive biology, contraception and IUD insertion for medical students, residents, interns and fellows. Through this project, increasing numbers of physicians will be in a position to offer family planning information and services in Peru.

### Other Training Activities

FPIA is presently surveying its grantees to compile information on their training needs. This information also will be used to plan training technical assistance during the remainder of PY-4 and during PY-5.

TABLE 17

## Functional Obligations and Anticipated Obligations: TRAINING

Program Year 1 Obligations	Program Year 2 Obligations	Program Year 3 Obligations	Program Year 4		Totals
			Obligations	Anticipated Obligations	
AFRICA	AFRICA	EAST ASIA	AFRICA		
Tanzania-02 \$ 1,460	Tanzania-02 \$ 479	Indonesia-04 \$ 15,250	Ethiopia-01 53,529		\$ 53,529
EAST ASIA	INTER-REGIONAL	Philippines-16 35,722	EAST ASIA		
Indonesia-04 2,293	FPIA-07 154,659	LATIN AMERICA	Philippines-16 40,000		40,000
Philippines-04 186		Peru-06 15,299	LATIN AMERICA		
Taiwan-01 860	Subtotal \$155,138	INTER-REGIONAL	Peru-06 24,008		24,008
INTER-REGIONAL	Cumulative	FPIA-02 7,145	Peru-07 11,420		11,420
FPIA-02 108,055	Subtotal \$267,992	FPIA-07 26,230	INTER-REGIONAL		
Subtotal \$112,854		Subtotal \$ 99,646	FPIA-07 193,606		193,606
		Cumulative		Subtotal	\$322,563
		Subtotal \$367,638		Cumulative	
				Total	\$690,201

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NOTE: Project obligations shown are net obligations -- i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE 18

Summary: Project Activity Program Years 1-4 (TRAINING)					
	PY 1	PY 2	PY 3	PY 4	PY 1-4*
No. of projects	4	2	5	5	10
Total value of projects	\$112,854	\$155,138	\$99,646	\$322,563	\$690,201
Average value of projects	\$28,213	\$77,569	\$19,929	\$64,512	\$69,020
% earmarked for refunding	----	1%	42%	80%	----

NOTE: Projects funded for more than one year are counted as one project.

TABLE 19

## Obligations of Training Components in FPIA Projects

<u>Program Year 1</u>		<u>Program Year 2</u>		<u>Program Year 3</u>		<u>Program Year 4</u>	
EAST ASIA		AFRICA		AFRICA		AFRICA	
Indonesia-05	\$ 142	Kenya-02	\$ 1,032	Kenya-02	\$ 1,180	Ghana-02	\$ 605
Korea-01	1,750	EAST ASIA		Kenya-03	28,700	Mauritius-01	17,107
Korea-02	12,290	Philippines-06	208	Mauritius-01	20,937	EAST ASIA	
LATIN AMERICA		Philippines-07	2,345	EAST ASIA		Korea-02	4,400
Costa Rica-01	1,600	Philippines-09	1,792	Philippines-01	3,030	Korea-06	12,689
Dominican		Philippines-12	2,149	Philippines-09	732	WEST ASIA	
Republic-01	2,990	Thailand-01	2,200	WEST ASIA		Bangladesh-03	3,947
Haiti-01	6,650	LATIN AMERICA		Bangladesh-01	4,219	LATIN AMERICA	
Peru-04	922	Colombia-02	1,356	Bangladesh-02	12,350	Costa Rica-01	3,571
				Nepal-01	6,690	Costa Rica-02	4,040
Subtotal	\$26,344	Subtotal	\$11,082	LATIN AMERICA		Subtotal	\$ 46,259
				Colombia-02	3,086	Cumulative	\$178,938
				Costa Rica-02	5,754	Total	
				Dominican			
				Republic-02	6,500		
				Ecuador-02	3,000		
				Peru-04	2,075		
				Subtotal	\$95,253		

FPIA leadership training grants will have been provided to some 15 individuals by the end of PY-4; included are training for project management, updating of medical/contraceptive skills, technical conference participants, and project coordination at FPIA headquarters in New York. Specific examples are several FPIA-supported participants in conferences conducted by the Medical Women's International Association and a grant for a staff member of the Mauritius-01 project to participate in the East-West Center modular training program in Hawaii.

NOTE: A complete listing of current and completed Training projects can be found at the end of this section. Narrative descriptions of current training projects are in the respective PY-4 regional sections.

TRAINING

Current Projects

AFRICA	
Ethiopia - 01	Family Health and Welfare Training Center
EAST ASIA	
Indonesia - 04	Family Planning Training Courses for Ministers
Philippines - 16	Study and Training Center for Surgical Sterilization
LATIN AMERICA	
Peru - 06	Studies of Human Fertility
INTER-REGIONAL	
	Family Planning Training for Physicians who will Work Overseas

Completed Projects

AFRICA	
Tanzania - 02	In-Service Family Planning Traineeships
EAST ASIA	
Philippines - 04	Lorma School of Nursing: Summer Program in Family Planning
Taiwan - 01	Training Program for Aboriginal Church Leaders
LATIN AMERICA	
Peru - 07	Advances in Contraception: Post-Graduate Course
INTER-REGIONAL	
FPIA - 02	Family Planning Training for Physicians who will Work Overseas



**MANAGEMENT AND PROJECT SUPPORT**

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## MANAGEMENT AND PROJECT SUPPORT

The FPIA Management and Project Support Unit provides management support services both to FPIA headquarters and regional staff and offices, and to FPIA-assisted agencies and institutions overseas. These services encompass: financial management (including disbursements and audit control of FPIA's project grants), procurement and shipment of commodities (contraceptives, medical and IEC equipment and supplies), management information and evaluation. As noted in the recent evaluation of FPIA activities by Columbia University, International Institute for the Study of Human Reproduction, PY-4 saw the initiation by FPIA of a major effort to analyze systematically the above mentioned and other services, improve them, and integrate them into a coordinated system.

With the increase in the number of FPIA projects, both ongoing and in various stages of development, and the establishment of regional FPIA offices in Africa, Asia and Latin America, FPIA has recognized the need for and is striving towards the development of an integrated, more formal system for program planning and development, program implementation, program administration and program monitoring and evaluation. To assist in reaching this goal, an FPIA Management Committee (chaired by the Director of Management and Project Support) has been established to serve both as a long-range planning body and a short-range decision-making group on major matters of FPIA policy and program. On a quarterly basis, this committee also conducts budget reviews and makes fund allocation decisions with regard to the individual components of the overall FPIA program budget.

### Financial Management (FM)

The FPIA Financial Management section is responsible for processing all FPIA financial transactions in coordination with and through the Planned Parenthood Federation of America's Financial Management Department. In addition to the usual accounting functions, FPIA/FM plays an important role in the development of FPIA project grant budgets, the review of grantee financial reports, and is responsible for disbursement of funds to field projects. The FM section maintains a complete and comprehensive fiscal accounting of all FPIA financial activities and produces, on a regular basis for review by the FPIA Management Committee, status reports on funds budgeted, obligated and available (unobligated), by individual budget line item. With regard to FPIA grantees, regular reports are produced which indicate for each project -- funds obligated, total amount of funds disbursed, individual disbursements by date, funds expended by the grantee (based on grantee financial and audit reports), funds remaining to be disbursed and the status of project financial and audit reports.

During PY-4, the FM section has worked towards the establishment of more efficient and effective financial accounting and disbursement procedures. Inservice training and an upgrading of staff functions and responsibilities, for example, have led to improved use of personnel. Various staff operations have been analyzed in terms of their cost and benefit to FPIA and, in some cases, new procedures have been instituted (e.g., blanket purchase orders for office expendables, revolving account for small non-standard purchases) which have resulted in a decrease in required staff time (and corresponding costs) and an increased availability of staff to concentrate more time on other financial activities essential to the smooth functioning of the FPIA program.

To minimize the difficulties with regard to project disbursements, the FM section has placed more emphasis on the use of international bank drafts rather than cable transfers. The possible use of other fund transfer mechanisms is also being studied.

To further improve financial and other project grant operations, FPIA has undertaken a general revision of the standard terms and conditions for its project grants. These terms and conditions, when finalized and implemented later this year, will meet the cash flow requirements of projects and provide sufficient lead time in fund disbursements so as to minimize the effect of banking or postal delays. The FM section has also developed a procedure for earlier deobligation of unexpended grantee funds, thereby releasing them for reprogramming by FPIA for other activities.

Additional FM section activities during the past year have included the preparation and the presentation of detailed analyses and reports frequently required by AID/Washington (as for example, in response to the AID audit of FPIA, the status of pill purchases, the development of revised budgets, etc.).

#### Management Information and Project Evaluation (MIPE)

According to the evaluation report prepared by Columbia University, "There needs to be a greater appreciation at field projects and at the overall FPIA program levels of the role of evaluation as a tool for project and program improvement ...At the overall program level greater emphasis needs to be placed on comparative, interpretative and analytical evaluation once the basic quantitative aspects of evaluation are fully developed." During PY-4, the FPIA Management Information and Project Evaluation (MIPE) section has taken a number of significant steps to expand its evaluation capabilities. Most important, perhaps, has been the evaluation of the FPIA-assisted programs in Ghana and Mauritius and the resulting assignment of the Chief of MIPE to work fulltime on the development of a systematic evaluation methodology and manuals.

To assist in this undertaking, an interdisciplinary FPIA staff evaluation advisory committee has been established which acts as a sounding board and reviews evaluation ideas, strategies and methodologies developed by the Chief of MIPE.

Four areas of evaluation are being discussed: project grants, materials assistance, technical assistance and overall FPIA management. Work has commenced on the development of a manual for FPIA grantees dealing with the first of these areas. A modified version of "the logical structure of a technical assistance project" concept, as defined in the AID Project Evaluation Guidelines, is being employed and it is expected that the manual will be completed by the end of the current program year. The analytical process or model assumes that provision of adequate project support (inputs) results in the achievement of predetermined project objectives (outputs) which, in turn, lead to fulfillment of the project goal and contribute to the purpose of the AID grant to FPIA. This evaluation framework is complemented by a series of indicators of the causes of failure to achieve (or success in overachieving) objectives and whether or not this failure or success is due to factors under the control of FPIA or its grantees. Analysis of disparities between objectives and achievements is designed as one important tool of project and program improvement.

During PY-4 FPIA revised its project rating system. The new rating system attempts to distinguish between "screening criteria" (minimum requirements which must be met prior to a full review) and "rating criteria" (a two stage process in which each criterion is first reviewed as to its relevance and, if relevant, scored). Project screening is accomplished by an ad hoc staff committee appointed by the FPIA Coordinator of Field Operations. Once screened, projects with proposed budgets of \$10,000 or more are reviewed by the Project Review Committee (all FPIA professional headquarters staff); projects with budgets of less than \$10,000 are reviewed by the Field Operations Committee. The purpose of "project screening" is to make more efficient use of staff time by submitting to a full review only those projects which meet predetermined FPIA requirements. The actual project review attempts to strengthen the proposed project as well as assign a rating, the latter being one of the factors taken into consideration by the FPIA Management Committee in deciding upon final project approval.

The revised project rating system also resulted in a revision of the project proposal format. The revised format consists of two sections: 1) the basic project description, to be included in the final project grant document also approval of the project, which contains the title page, project narrative summary, project objectives, workplan, monitoring, evaluation and reporting section, and details of project support (including the budget); and 2) an appendix of project-related background material (e.g., need, agency profile, previous project history, project significance and potential effectiveness) to assist FPIA in reviewing the basic document.

The MIPE section continues to maintain and update the FPIA computerized information system. The master file currently contains a total of 3,892 names and addresses, of which 2,959 are institutions and the remainder are individuals. A total of 1,044 of these institutions and individuals have been identified as providers of family planning services. The breakdown of the master file, by religious affiliation, follows:

Protestant	1,337
Roman Catholic	443
Other Religions	13
Secular	941
Unknown	1,158
	<hr/>
Total	3,892

In addition to the master file, FPIA maintains a project information system, a compilation of pertinent information about each FPIA-assisted project, which serves as a reference resource for FPIA. All computerized files and systems have been undergoing rigorous systematic review during the past year with regard to the quantity, frequency and nature of reports produced. As indicated previously, the computerized materials assistance system is being revised to enable the P&D section to monitor commodity shipments more accurately. The content and uses of the project information system are also being studied and all FPIA headquarters and regional staff are being involved in the assessment and redesign of the system.

#### Procurement and Distribution ( P & D )

With the establishment of the P & D section in PY-3, FPIA's ability to fulfill one of the primary purposes of the AID Grant was enhanced substantially. The P & D section's primary responsibility is the procurement of contraceptives and family planning related medical and IEC equipment, materials and supplies, and their distribution to FPIA-assisted agencies and institutions. Since PY-1, FPIA has distributed family planning commodities to 525 agencies in 75 countries. According to the evaluation report prepared by Columbia University, the "contraceptives shipped under FPIA's commodity program from its inception through calendar year 1974 are the rough equivalent of 388,000 women years of protection."

Typical of the kinds of letters FPIA regularly receives from agencies or institutions to which it has supplied family planning commodities is the following from the Seventh Day Adventist Hospital in Ranchi, India:

"Last year around this time, we had applied to you for some equipment that was available. I want to take this opportunity of thanking you for supplying us with some very valuable items. It has certainly helped us in our work.....just today in 3 months our hospital completed 391 tubectomies. This figure more than equals the total number of tubectomies done in the whole 1974.....Having seen how helpful your material assistance has been I venture to ask for more so that we can apply ourselves to greater tasks next year...."

During the first seven months of PY-4, FPIA-provided materials assistance to funded projects and institutions totaled \$441,281 (Table 72); nearly four-fifths of this total represented contraceptives (Figure 6). FPIA materials assistance included: 1,559,400 cycles of orals, 8,008 gross of condoms, 38,200 IUD's, 15,024 jars of foam, 8,352 tubes of jelly and 168 diaphragms (Table 21). With regard to medical kits, FPIA shipped a total of 315 -- 39 to Africa, 32 to Latin America, 109 to East Asia and 135 to West Asia.

FPIA also provided funded projects and institutions with the following family planning IEC materials and equipment: 1,229 books, 85 literature packs, 4,410 pamphlets, 69 films, 28 film strips, 32 pelvic models, 33 movie projectors and 57 other projectors; Family Planning Perspectives was distributed to a mailing list of about 1,000. It is estimated that an additional 500,000 cycles of oral contraceptives will be shipped prior to the end of PY-4.

FPIA is fortunate in having available for distribution an adequate inventory of oral contraceptives and IUD's. Within recent months, FPIA's inventory of condoms has also improved after many months of under supply. On the other hand, FPIA has nearly exhausted its funds originally budgeted for purchase of non-contraceptive, family planning-related medical and IE & C equipment, materials and supplies.

Despite the fact that extended shipment delays virtually have been eliminated, the P & D section has attempted, during PY-4, to develop procedures designed to further reduce the time required for the total procurement-shipment-receipt cycle. In addition to continuing to utilize the logistical conduit services, provided to FPIA by Church World Services, through which contraceptives and other family planning supplies are shipped worldwide, FPIA has developed its own rapid, headquarters, "off-the-shelf" capability for small commodity shipments and the distribution of magazines, pamphlets, books, filmstrips, etc.

The P&D section also has revised its procedures with regard to the kind and quantity of paperwork required to trigger a purchase and/or a shipment, resulting in a more efficient and effective operation.

Since the time required to purchase/ship family planning commodities is an integral part of project implementation, and must be considered in project development and review, the FPIA Chief of P&D has, during PY-4, been participating in meetings of the FPIA Project Review Committee where such matters are taken into consideration. Furthermore, the P&D section has initiated the purchase and stockpiling of limited quantities of family planning-related medical equipment and supplies, not previously included in the FPIA warehouse inventory, to avoid delays when these items are requested by FPIA-assisted projects. The P&D section is also developing, in coordination with other FPIA units and Church World Service, a procedure whereby precrated standard quantities of "most-used items" would be stocked. In many cases, this procedure may save as much as three to four weeks with regard to the time currently required for shipment of materials.

P&D shipment transactions are in the process of being computerized. A program is being developed (a revision of the current computerized materials assistance file) which will produce regular reports on the status of each shipment and its individual components. The program is designed to assist the P&D section to monitor and follow-up "delinquent shipments" (i.e., commodities ordered but not shipped, commodities shipped but not received in country, commodities received in country but not acknowledged by ultimate consignee). It is expected that this new system will be implemented during the next two months.

FIGURE 6

Distribution of Dollar Value of FPIA Materials Assistance  
by Type of Material, for PY-4 (1 September 1974-31 March 1975)

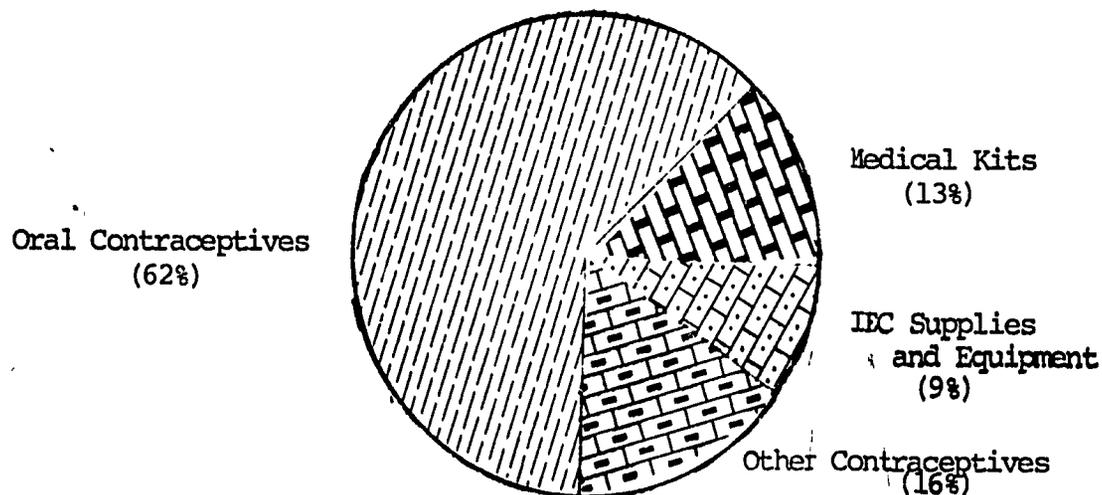


TABLE 20

Dollar Value of FPIA-Provided Materials Assistance, by Region, (1 September 1974 - 31 March 1975)

<u>Region</u>	<u>Contraceptives</u>	<u>Medical Kits</u>	<u>Literature</u>	<u>Audiovisual Supplies</u>	<u>Audiovisual Equipment</u>	<u>Other</u>	<u>Total</u>
AFRICA	17,512	16,598	634	4,396	5,469	0	44,609
LATIN AMERICA	122,814	4,201	456	4,339	3,787	0	135,597
EAST ASIA	93,193	15,958	580	1,828	8,040	0	119,599
WEST ASIA	106,671	22,032	824	2,025	7,779	691	140,022
Other Countries	<u>1,227</u>	<u>0</u>	<u>32</u>	<u>195</u>	<u>0</u>	<u>0</u>	<u>1,454</u>
Totals	341,417	58,789	2,526	12,783	25,075	691	441,281

TABLE 21

Quantities of Contraceptive Supplies Provided to FPIA-Assisted Projects and Institutions, by Region, (1 September 1974 - 31 March 1975)

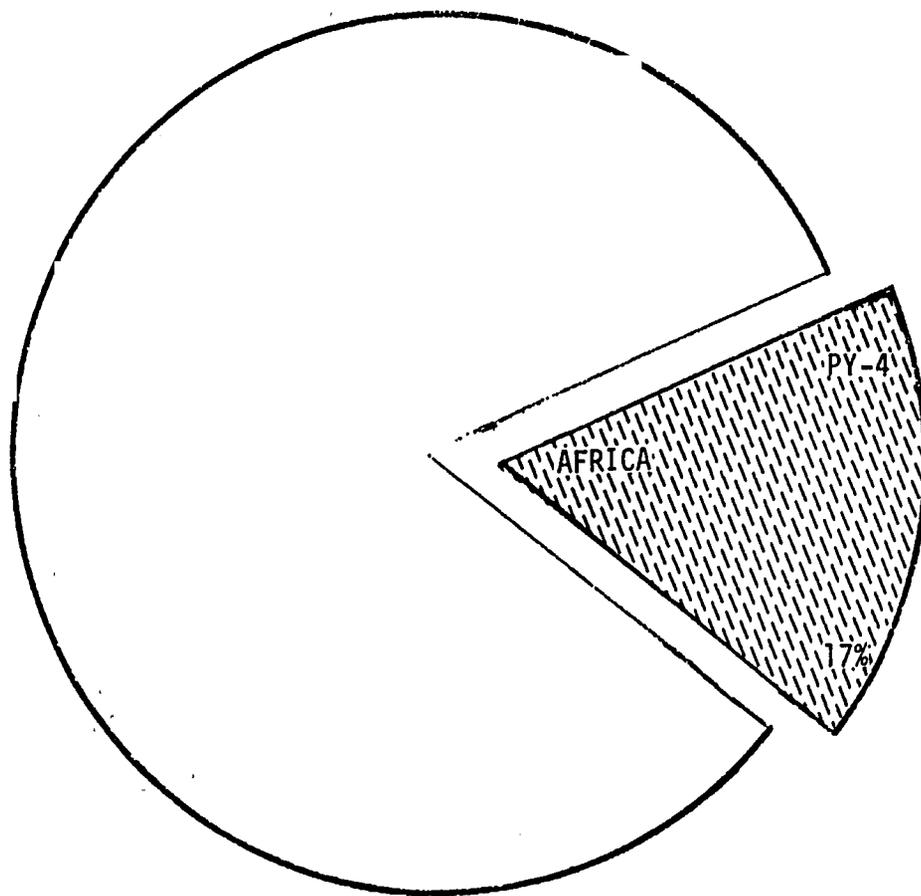
<u>Region</u>	<u>Condoms (gross)</u>	<u>Diaphragms</u>	<u>Foam (Jars)</u>	<u>Jelly (tubes)</u>	<u>IUD'S</u>	<u>Orals (Cycles)</u>
AFRICA	169	168	6,096	144	12,300	23,200
LATIN AMERICA	4,809	0	0	2,088	9,200	580,200
EAST ASIA	106	0	216	108	200	528,000
WEST ASIA	2,924	0	8,712	6,012	13,000	428,000
Other Countries	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,500</u>	<u>0</u>
Totals	8,008	168	15,024	8,352	38,200	1,559,400



#### Section IV: The Regional Programs

This section delineates financial, material and technical assistance in FPJA's four geographic regions -- Africa, East Asia, West Asia and Latin America; also included is an inter-regional section describing projects involving two or more geographic regions.





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## AFRICA

FPIA expanded its commitment to the support of family planning programs in Africa during PY-4. Field investigations of program possibilities undertaken during PY-3 led to the development and implementation of projects in Ethiopia and Zaire. Projects in Ghana and Kenya were consolidated and expanded to increase their impact on national family planning efforts. The establishment of the FPIA Africa Regional Office in Accra, Ghana, contributed to the planned growth of FPIA's contribution to family planning in the region. The office serves as a primary focal point for all FPIA technical, material and financial assistance to requesting agencies throughout Africa.

FPIA's programming in Africa aims to establish innovative family planning programs with groups that are receptive to family planning. As popular acceptance of family planning is demonstrated, these programs are expanded and other agencies in the country are assisted in developing additional family planning projects with FPIA or other agency support. It is expected that this same approach can be followed in other countries of the region and new projects are now being developed to expand FPIA's Africa regional program during Program Year 5.

### Project Funding Summary

In Africa, five projects have been funded to date in PY-4 for a total dollar value of \$310,997 and two projects valued at \$47,000 await funding for a total anticipated obligation of \$357,997 for seven projects in PY-4 (Table 22 ).

Some 78 percent of the regional project obligations this year is earmarked for the refunding of four projects and the average cost of the projects is \$51,128. The cumulative value of the ten individual projects funded in the region, PY-1-4, is \$672,867 (Table 23 ).

On a per country basis in the region, Kenya has been the largest recipient of financial support for projects--\$357,915 or 53 percent of the cumulative total obligation for the region (Table 24 ).

More detailed information on current and completed projects in the region can be found at the end of this section.

### Project Highlights

In Kenya, FPIA is assisting the National Christian Council of Kenya (NCKK) to develop a family life education program which is expected to make significant contribution to national family planning efforts. FPIA's work with the NCKK began in PY-1 with a national conference of church leaders to discuss the introduction of sex education through the churches and schools. In PY-2, a large scale program was initiated to provide information on sex education,

responsible parenthood, and family planning to church leaders, teachers, and students throughout Kenya (Kenya-02). During the second year of Kenya-02, the Family Life Education Program (FLEP) provided, through churches and schools, family planning information and sex education to adolescents, young adults and parents. It also oriented responsible church leaders and teachers throughout the country to the importance of family planning and the need to introduce family planning and sex education to the youth of the country.

During PY-4 the FLEP has drafted a sex education syllabus for introduction into all of the church-related secondary schools of Kenya. Fifty teachers are being trained to use this syllabus and the FLEP will revise the syllabus on the basis of their experience in its use. Sex education seminars for youths are continuing and the responsibility for some of these programs is now being transferred to the NCK member churches. The FLEP is also developing sex education and family planning materials which will be used by schools and member churches to expand the reach and effectiveness of this program.

Still in Kenya, FPIA also is assisting Chogoria Hospital to develop an effective family planning service program in the Chogoria/Meru region. This project is establishing an integrated program of family planning and maternal/child health care in Chogoria hospital and its nine satellite clinics. Community health nurses have been trained to provide a complete range of family planning services and family planning education; referral activities are integrated with Chogoria Hospital's health education and preventive medicine work throughout the region. This hospital is providing an example of responsible family planning/maternal and child health services which may be applicable to many hospitals in Kenya and throughout Africa.

FPIA is assisting the Committee on Christian Marriage and Family Life of the Christian Council of Ghana (CCG) to improve and expand its family planning program. The project is providing family planning information education, sex education, marriage counseling and contraceptive services through 11 CCG family advice centers operating in the Eastern, Ashanti and Volta regions of Ghana. The program operates as an integral part of the national family planning effort. The CCG family planning program was the only program to provide infertility diagnosis and treatment, and marriage and family counseling, as integral parts of its service. The CCG family planning program is providing high quality family planning services and is helping to legitimize the national family planning effort in Ghana. During the past year, FPIA has provided technical assistance to the Christian Council to strengthen the effectiveness of this program.

In Mauritius, Action Familiale, a Catholic family planning, education and service organization, has contributed substantially to the Mauritian population program by encouraging people to accept and practice birth control and by providing services in the rhythm method. It is estimated that more than 60 percent of the country's adult population has been exposed to family planning through one or more of Action Familiale's programs. Action Familiale has been a leader in the introduction of sex education and responsible parenthood to Mauritius' secondary school system and adult clubs throughout the country. The courses in family planning are provided for engaged couples, married couples and for the general population through communications programs utilizing the mass media.

Action Familiale has developed a home-centered approach for the delivery of family planning services, using married educator-couples trained in the thermal method of birth control. These couples teach cooperating couples how to practice family planning and guide them in the effective use of the thermal method. Action Familiale's success in reaching large numbers of people with family planning information and education and promoting popular acceptance of family planning has made this program a model for Catholic family planning efforts throughout the world. FPIA has been developing contacts with Catholic organizations in Francophone Africa and will use certain aspects of the Mauritius programs as models for development of family planning programs in other countries.

In Ethiopia, FPIA developed a series of new family planning projects in PY-4. Two of these will be implemented prior to the end of PY-4 and others are scheduled for implementation in PY-5. The need for FPIA program activity in Ethiopia was established during PY-3 by Dr. Richard Berkowitz, who conducted a survey of health facilities in Kenya and Ethiopia as a consultant for FPIA. Several institutions indicated they were ready to initiate family planning programs and Dr. Berkowitz identified the training of health personnel in family planning services throughout the country. FPIA staff further corroborated this need for training and together with the Family Guidance Association of Ethiopia developed a project for the establishment of a family welfare and health training center (Ethiopia-01). The project is designed to train government health officers, community nurses and medical officers, facilities, in family planning methods and rationale within a maternal and child health context. This project also established a cooperative relationship between FPIA and the Family Guidance Association, directed at the expansion of other family planning activities in Ethiopia. The first training course under Ethiopia-01 began in April 1975.

FPIA also is assisting the Sudan Interior Mission in Ethiopia to establish a comprehensive maternal and child health family planning program through Soddo Hospital (Ethiopia-02). In addition to the provision of family planning/maternal and child health care at the central hospital facility, "dressers" will be trained to provide family planning services at six satellite clinics. The hospital will provide back-up support and a mobile family planning clinic team.

#### Technical Assistance

Technical assistance was provided to all FPIA funded projects in Africa during PY-4. Communications technical assistance was provided by Dr. Hans Groot in Kenya and Ethiopia; evaluation assistance was provided by George Varky in Ghana and Mauritius; medical technical assistance was provided by Dr. Richard Derman in Ghana, Kenya and Ethiopia; and project development and management technical assistance was provided by Leonard Robinson, FPIA's African Regional Representative to projects in Ghana, Kenya, Ethiopia, and Mauritius.

Project management technical assistance also was provided by Ms. Anna Nowkowska in Nigeria (FPIA-05) and project development assistance in Zaire (Zaire-01).

#### FPIA Regional Office

FPIA's Africa regional office was established in November 1974 in Accra, Ghana. The regional office will serve as the primary focal point for all FPIA material, technical and financial assistance to requesting agencies throughout Africa. The placement of a field representative in Africa has greatly improved FPIA's ability to develop and monitor projects in the region and provide technical and material assistance to institutions interested in initiating or expanding family planning programs.

#### Materials Distribution

As of the end of PY-3, FPIA had provided materials assistance to 27 countries in the Africa region (Table 25). The total value of the materials provided was \$267,794, with oral contraceptives accounting for 25.2 percent of this total and other contraceptives for an additional 21.2 percent. Medical kits provided by FPIA, constituted the single largest item in terms of dollar value. The distribution among countries was fairly even, the largest share going to Ghana in the amount of \$41,525.

By the first seven months of PY-4, FPIA provided \$44,609 worth of materials assistance to 16 countries with Kenya being the largest recipient of materials in terms of dollar value (Table 26). As was the case in PY 1-3, medical kits constituted the single largest item.

As to quantities of materials shipped in PY 1-3, FPIA provided 4,370 gross of condoms, 3,819 diaphragms, 4,319 jars of foam, 4,980 tubes of jelly, 60,604 IUD's, and 351,828 cycles of oral contraceptives (Table 27). In addition, FPIA provided 601 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 1,375 books, 33,018 pamphlets, 8 films, and 47 projectors (see Table 28 ).

In the first seven months of PY-4, the shipments to Africa have included: 169 gross of condoms, 168 diaphragms, 6,096 jars of foam, 144 tubes of jelly, 12,3000 IUD's, and 23,200 cycles of oral contraceptives (Table 29). In additon, FPIA provided 41 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 307 books, 557 pamphlets, 24 films, and 28 projectors (see Table 30).

NOTE: Narrative descriptions of current projects and summary information on completed projects can be found at the end of this section.

TABLE 22

## Regional Obligations and Anticipated Obligations: AFRICA

<u>Program Year 1 Obligations</u>		<u>Program Year 2 Obligations</u>		<u>Program Year 3 Obligations</u>		<u>Program Year 4</u>		
						<u>Obligations</u>	<u>Anticipated Obligations</u>	<u>Totals</u>
Kenya-01	\$1,242	Africa-01	\$ 27,646	Ghana-01	\$ 19,702	Ethiopia-01		\$53,529
Tanzania-02	<u>1,460</u>	Kenya-02	42,814	Ghana-02	44,758	Ethiopia-02	15,000	15,000
		Mauritius-01	38,058	Kenya-02	90,811	Ghana-02	68,112	68,112
Subtotal	\$2,702	Tanzania-02	<u>479</u>	Kenya-03	<u>48,000</u>	Kenya-02	143,048	143,048
		Subtotal	\$108,997	Subtotal	\$203,271	Kenya-03		32,000
		Cumulative	\$111,699	Cumulative	\$314,970	Mauritius-01	35,816	35,816
		Subtotal		Subtotal		Zaire-01	10,392	<u>10,392</u>
							Subtotal	\$357,897
							Cumulative	
							Total	\$672,867

NOTE: Project obligations shown are net obligations — i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE 23

Summary: Project Activity Program Years 1-4 (AFRICA)					
	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 1-4*</u>
	2	4	4	7	10
No. of projects					
Total value of projects	\$2,702	\$108,997	\$203,271	\$357,897	\$672,867
Average value of projects	\$1,351	\$27,249	\$50,818	\$51,128	\$67,286
% earmarked for refunding	—	1%	45%	78%	—

NOTE: Projects funded for more than one year are counted as one project.

TABLE 24

## Regional Project Activity by Country: AFRICA

Country	PY 1 <u>Obligations</u>	PY 2 <u>Obligations</u>	PY 3 <u>Obligations</u>	PY 4		<u>Total</u>	<u>Totals</u>
				<u>Obligations</u>	<u>Anticipated Obligations</u>		
Ethiopia				53,529	15,000	68,529	68,529
Ghana			64,460	68,112		68,112	132,572
Kenya	1,242	42,814	138,811	143,048	32,000	175,048	357,915
Mauritius		38,058		35,816		35,816	73,874
Tanzania	1,460	479					1,939
Zaire				10,392		10,392	10,392
Intra-regional		27,646					27,646
Totals	\$2,702	\$108,997	\$203,271	\$310,897	\$47,000	\$357,897	\$672,867

TABLE 25

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE AFRICA REGION  
AS OF AUG 31, 1974  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
ANGOLA	0	0	0	0	0	0	0	18	0	0	0	18
BOTSWANA	0	0	0	0	0	0	3,036	133	16	577	0	3,812
BURUNDI	3	55	2	53	152	174	857	33	5	56	0	1,390
CAMEROON	59	0	0	0	2,610	1,157	21,456	101	157	2,157	0	27,697
DOMINICAN REPUBLIC	13	55	0	25	0	142	0	9	0	0	0	244
ETHIOPIA	373	217	13	1,036	1,437	3,428	10,671	437	107	2,011	0	20,230
GHANA	11,556	0	0	4,811	3,158	10,708	6,732	691	91	3,180	598	41,525
IVORY COAST	7	0	0	31	138	210	0	9	0	0	0	395
KENYA	55	72	2	245	799	3,058	7,175	432	83	270	0	12,251
LESOTHO	13	0	0	31	199	289	2,116	29	0	0	0	2,677
LIBERIA	29	75	4	412	680	2,872	4,443	191	0	1,073	0	9,779
MALAGASY	0	0	0	0	106	0	3,208	11	0	0	0	3,325
MALAWI	0	0	0	231	354	475	2,655	45	0	0	0	3,760
MARITIMUS	0	0	0	0	0	0	428	73	75	1,527	0	2,103
MOROCCO	0	0	0	0	177	38	0	9	0	0	0	224
MZAMBIQUE	0	0	0	0	0	0	0	21	0	0	0	21
NIGERIA	192	235	31	345	6,620	4,362	16,437	1,804	283	2,299	0	32,658
RUANDA	0	0	0	0	0	0	1,715	108	0	0	0	1,843
SIERRA LEONE	13	0	0	0	131	1,480	1,254	0	0	119	0	2,997
SOUTH AFRICA	10	137	8	0	584	1,954	672	82	7	0	0	3,454
SUDAN	0	0	0	0	0	0	0	103	0	0	0	103
SWAZILAND	0	0	0	0	0	0	0	4	0	0	0	4
TANZANIA	349	192	12	1,144	2,579	23,637	9,547	727	242	2,943	0	41,372
UGANDA	158	903	10	605	514	5,676	3,661	1,067	544	521	0	13,659
ZAIPE	1,277	82	4	380	7,486	5,329	15,100	419	273	1,708	0	32,056
ZAMBIA	112	156	8	813	1,833	2,366	3,851	662	27	56	0	9,904
TOTAL	14,220	2,177	93	10,164	30,233	67,477	115,084	7,338	1,911	18,499	598	267,794
PERCENTAGES	5.3	0.8	0.0	3.8	11.3	25.2	43.0	2.7	0.7	6.9	0.2	100.0

TABLE 26

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE AFRICA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BOTSWANA	20	27	0	1,064	0	0	1,638	25	3	247	0	3,074
CAMEROON	13	0	0	0	946	105	0	0	305	141	0	1,510
ETHIOPIA	65	0	0	0	212	420	400	373	1,480	787	0	3,737
GHANA	0	0	0	0	106	630	705	29	125	0	0	1,595
IVORY COAST	0	0	0	0	0	0	558	0	0	0	0	558
KENYA	0	0	0	0	106	0	10,633	37	562	1,404	0	12,742
LESOTHO	13	65	4	308	212	210	626	81	14	547	0	2,083
MALAWI	0	0	0	0	35	0	78	0	0	0	0	113
MARITIMUS	0	0	0	0	0	0	0	0	22	557	0	579
NIGERIA	114	0	0	6,558	262	420	0	0	835	87	0	8,296
RUANDA	0	0	0	0	106	0	0	0	0	0	0	106
SIERRA LEONE	0	0	0	0	0	0	0	0	0	69	0	69
TANZANIA	0	0	0	0	0	0	0	0	0	435	0	435
TUNISIA	0	0	0	0	0	0	561	0	0	0	0	561
ZAIPE	325	0	0	314	2,051	2,445	1,272	28	671	1,033	0	8,194
ZAMBIA	0	0	0	0	283	0	78	61	381	156	0	959
TOTAL	550	96	4	8,244	4,339	4,279	16,598	634	4,396	5,469	0	44,609
PERCENTAGES	1.2	0.2	0.0	18.5	9.7	9.6	37.2	1.4	9.9	12.3	0.0	100.0

TABLE 27

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE AFRICA REGION  
AS OF AUG 31, 1974

COUNTRY	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS					ASP.	OLD MDL.
							I	II	III	IV	V		
BOTSWANA	0	0	0	0	0	0	2	2	3	3	0	3	0
BURUNDI	144	96	24	36	348	500	0	2	1	1	1	0	0
CAMEROON	2,592	0	0	0	6,991	6,140	5	34	16	22	8	16	0
GHANA	576	96	0	24	0	500	0	0	0	0	0	0	0
ETHIOPIA	16,517	380	385	758	3,153	17,158	10	17	3	17	7	3	3
GHANA	511,344	0	1,800	2,340	6,156	63,350	2	7	3	5	1	3	1
IVORY COAST	288	0	24	0	334	1,200	0	0	0	0	0	0	0
KENYA	2,448	126	34	284	1,330	12,900	18	8	2	6	3	2	3
LESOTHO	576	0	24	0	460	1,000	0	2	1	2	2	1	1
LIBERIA	1,296	132	48	348	1,030	14,100	5	2	3	2	1	3	2
MALAGASY	0	0	0	0	300	0	2	2	2	4	2	2	1
MALI	0	0	0	220	1,000	2,500	14	0	0	14	0	0	0
MALITIUS	0	0	0	0	0	0	0	1	0	0	0	0	0
MOROCCO	0	0	0	0	500	200	0	0	0	0	0	0	0
NIGERIA	8,496	412	96	298	11,068	22,920	16	15	9	19	4	7	7
RUANDA	0	0	0	0	0	0	4	1	1	3	2	1	0
RUANDA	576	0	0	0	370	6,300	0	1	1	1	1	0	1
SIERRA LEONE	432	240	0	0	1,496	11,000	2	2	0	1	0	0	0
SWAZILAND	0	0	0	0	500	600	0	0	0	0	0	0	0
TANZANIA	15,459	336	732	222	4,848	119,020	26	12	5	9	7	5	0
USANDA	7,012	1,584	312	252	1,194	37,190	5	2	3	5	2	3	0
ZAIRE	56,592	144	190	138	14,564	23,200	29	17	8	10	6	10	2
ZAMBIA	4,968	273	660	60	4,962	12,100	6	4	2	4	3	2	1
TOTAL	629,316	3,819	4,319	4,980	60,604	351,828	146	131	63	128	50	61	22

TABLE 28

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE AFRICA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS					ASP.	OLD MDL.
							I	II	III	IV	V		
BOTSWANA	864	48	720	0	0	0	3	1	2	1	1	1	0
CAMEROON	576	0	0	0	2,700	600	0	0	0	0	0	0	0
ETHIOPIA	2,880	0	0	0	600	2,400	1	1	0	1	1	0	0
GHANA	0	0	0	0	300	3,600	3	3	0	0	1	0	0
IVORY COAST	0	0	0	0	0	0	0	2	0	2	1	0	0
KENYA	0	0	0	0	300	0	0	0	0	0	0	0	0
LIBERIA	576	120	120	144	600	1,200	2	2	0	2	0	0	0
MALI	0	0	0	0	100	0	1	0	0	0	0	0	0
NIGERIA	5,040	0	5,016	0	800	2,400	0	0	0	0	0	0	0
RUANDA	0	0	0	0	300	0	0	0	0	0	0	0	0
ZAIRE	14,400	0	240	0	5,800	13,000	3	1	0	2	1	0	1
ZAMBIA	0	0	0	0	800	0	1	0	0	0	0	0	0
TOTAL	24,336	168	6,096	144	12,300	23,200	14	10	2	8	5	1	1

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TABLE 29

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED TO COUNTRIES OF THE AFRICA REGION AS OF AUG 31, 1974

COUNTRY	BOOKS	F.P. PRSPTVS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
ANGOLA	0	0	4	0	0	0	0	0	0
BOTSWANA	42	0	10	749	0	0	0	1	0
BURUNDI	3	0	6	5	0	0	0	0	0
CAMEROON	23	0	12	102	1	0	0	4	0
DEMONEY	0	0	2	0	0	0	0	0	0
ETHIOPIA	47	0	46	1,565	0	0	0	3	2
GHANA	63	0	71	3,273	0	0	2	5	2
INDY COAST	0	0	2	0	0	0	0	0	0
KENYA	182	0	39	821	0	2	0	0	3
LESOTHO	2	0	6	0	0	0	0	0	0
LIBERIA	24	0	7	861	0	0	0	2	0
MALAGASY	0	0	2	8	0	0	0	0	0
MLAWI	0	0	10	0	0	0	0	0	0
MAURITIUS	48	0	7	5	0	0	0	0	7
MOROCCO	0	0	2	0	0	0	0	0	0
MZAMBIQUE	0	0	4	12	0	0	0	0	0
NIGERIA	365	0	56	7,973	1	0	0	4	0
RUSSIA	0	0	24	0	0	0	0	0	0
SIERRA LEONE	21	0	4	535	0	0	0	0	1
SOUTH AFRICA	1	0	22	10	0	0	0	0	0
SUDAN	0	0	1	0	0	0	0	0	0
TANZANIA	244	0	23	3,048	1	0	0	5	1
UGANDA	39	0	44	12,240	4	0	0	1	0
ZAIPE	161	0	20	408	1	0	0	2	4
ZAMBIA	110	0	92	1,403	0	0	0	0	0
TOTAL	1,375	0	518	33,018	8	2	2	27	20

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TABLE 30

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED TO COUNTRIES OF THE AFRICA REGION DURING PROGRAM YEAR 4 - SEP 01, 1974 - MAR 31, 1975

COUNTRY	BOOKS	F.P. PRSPTVS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BOTSWANA	17	0	0	30	0	0	0	0	2
CAMEROON	0	0	0	0	2	0	0	0	1
ETHIOPIA	172	4	27	104	9	0	3	1	2
GHANA	16	0	0	36	1	0	0	0	0
KENYA	16	10	2	7	1	9	0	2	1
LIBERIA	31	0	0	341	0	0	0	1	1
MAURITIUS	0	0	0	0	0	0	0	1	0
NIGERIA	0	0	0	0	4	0	0	0	1
SIERRA LEONE	0	0	0	0	0	0	0	0	1
TANZANIA	0	0	0	0	0	0	0	0	1
ZAIPE	19	4	1	12	4	1	1	1	6
ZAMBIA	36	0	2	27	3	0	0	0	2
TOTAL	307	18	32	557	24	10	4	6	22

PROJECT NO: Ethiopia - 01  
PROJECT TITLE: Family Health and Welfare  
Training Center  
GRANTEE: Family Guidance Association  
of Ethiopia  
RESPONSIBLE PERSON: Dr. Moray Ross  
BUDGET: \$53,529.  
APPROVED PROJECT DATES: 1 April 1975 - 31 March 1976  
ANTICIPATED PROJECT LIFE: 3 Years

The goal of this project is to train medical and health personnel in MCH/Family Planning so that such services can be extended to couples through government and private health facilities throughout Ethiopia. Specific objectives are: (1) establishment of a training center; (2) four-week courses for a total of 60 health officers and community nurses; (3) training of 15 medical officers in contraceptive technology and clinic management, three courses of one-week duration each; (4) provision of technical assistance and medical supervision to all trained personnel during the project year through the Family Guidance Association and (5) expansion of a contraceptives' distribution network to all mission and government facilities. The first training course started 1 April 1975.

PROJECT NO: Ethiopia - 02  
PROJECT TITLE: Comprehensive MCH/Family Planning  
Education and Services - Soddo  
Hospital and Satellite Clinics  
GRANTEE: Soddo Hospital - Sudan Interior  
Mission  
RESPONSIBLE PERSON: Dr. Harold Adolph  
BUDGET: \$11,995.  
ANTICIPATED STARTING DATE: 1 June 1975  
ANTICIPATED PROJECT LIFE: 2 Years

This project will introduce MCH/Family Planning education, counselling and services on a full-time basis, both at Soddo Hospital and six satellite clinics in Sidamo Province. The long range goal of the project is to increase the awareness and understanding of MCH/FP practices within the context of improving the quality of life in a densely populated rural area.

First year objectives are: (1) coordinate MCH/FP activities and commodity distribution with six satellite clinics operated by dressers under the supervision of the MCH medical team of Soddo Hospital; (2) expand MCH/FP clinic activities at Soddo Hospital, and to re-establish a MCH/FP clinic one day per week, utilizing all approved methods of contraception; (3) conduct educational classes at both the satellite clinics and the central Soddo facility for approximately 10,000 patients; and (4) provide antenatal care at both facilities and combine the postnatal care program at the satellite clinics and Soddo Hospital with the availability of contraceptive services under medical supervision. It is anticipated that approximately 2,000 patients will receive contraceptives in the first year.

PROJECT NO: Ghana - 02  
PROJECT TITLE: Comprehensive Family Planning  
Service Delivery  
GRANTEE: Christian Council of Ghana  
RESPONSIBLE PERSON: Mr. D. A. Dartey  
BUDGET: \$70,000.  
APPROVED PROJECT DATES: 15 September 1973 - 31 December 1975  
ANTICIPATED PROJECT LIFE: 5 Years

The goal of this project is to continue the provision of family planning services (i.e. contraceptives, information/education, marriage counselling, sex education instruction/orientation) through 11 Christian Council Family Advice Centers operating in the Eastern, Ashanti and Volta regions of Ghana.

Last year, more than 20,000 people participated in the Council's family planning program, including 7,200 in counselling and 4,261 family planning acceptors. Clinic operations also were expanded.

Objectives for this year are: (1) to continue efforts to increase the monthly number of family planning acceptors; (2) open a new clinic in the Western region; (3) to conduct a series of family life education seminars in secondary schools, colleges, church groups and youth organizations throughout Ghana - a target participant audience of 10,000; (4) conduct three teachers conferences on sex education and responsible parenthood -- a target audience participation of 200 teachers; (5) the use of mass media to inform and educate people on the need for family planning and where services are available; (6) conduct a nationwide conference on the church's attitude towards family planning; (7) conduct three seminars for pastors and other clergy to engage their active support for CCG's family planning efforts and (8) to implement fund raising activities in the industrial and private sectors of the country.

PROJECT NO: Kenya - 02  
PROJECT TITLE: Family Life Education Program  
of the NCKK  
GRANTEE: National Christian Council of  
Kenya  
RESPONSIBLE PERSON: Mrs. Bertha King'ori  
BUDGET: \$143,048.  
APPROVED PROJECT DATES: 1 January 1973 - 31 March 1976  
ANTICIPATED PROJECT LIFE: 5 Years

The program provides assistance to the Family Life Education Program (FLEP) of the National Christian Council of Kenya. The goal is to provide, through churches and schools, family planning information and sex education to adolescents, young adults and parents.

Last year's activities included seminars for church leaders, teachers and headmasters, sex education for more than 4,000 youths, and the drafting of a sex education syllabus.

During this third year, FLEP will continue to develop a sex education curriculum for Kenyan youths. In addition, the following activities will be carried out: 42 sex education seminars for a total of 2,100 youths, 28 seminars for a total of 840 parents, a two-part sex education course for a total of 50 teachers, three sex education seminars for a total of 75 church leaders and senior seminary students, sponsorship of a "Family Life Week," publication of a newsletter, and the development and production of sex education materials. FLEP also will (1) begin to document its experience in the conduct of sex education programs and will make this information available to other interested organizations and (2) attempt to assess the broader and more long-range impact of earlier workshops/seminars for school officials, church leaders and youths.

It is expected that during the remaining three years of anticipated FPIA funded assistance, the responsibility for the conduct of sex education programs for youths can gradually be turned over to NCKK member churches and the Kenyan school system.

PROJECT NO: Kenya - 03  
PROJECT TITLE: Family Planning Services & Manpower  
Development in a Rural Hospital and  
its Satellite Clinics  
GRANTEE: Presbyterian Church of East Africa  
Chogoria Hospital  
RESPONSIBLE PERSONS: Margaret Burini and Janet Kenyon  
BUDGET: \$48,000.  
APPROVED PROJECT DATES: 1 August 1974 - 31 July 1975  
ANTICIPATED PROJECT LIFE: 5 Years

This project provides technical, financial and material assistance in expanding an integrated program of family planning and maternal child care in Chogoria hospital and its 11 satellite clinics. This is being accomplished through a variety of mechanisms including provision of medical consultations, the utilization of local people as motivators, the training of a specialized staff, and the provision of an adequate system of records and reports for evaluation of the program's effect.

Since the beginning of the project, the project staff has counselled approximately 11,500 patients through group discussion and one-to-one interviews; five midwives have received clinical family planning training and 80 percent of the students in the nursing school have received theoretical and practical training in the use and distribution of all contraceptive methods; a total of 754 new acceptors have been provided clinical services; 2,047 revisits from a base of 3,000 continuing acceptors have been made; and full-time family planning services were instituted at the hospital.

Plans for the remaining six months include: the recruitment of two additional health educators, one to be a man, to give more concentration to individual patient teaching; the training of a total of 11 midwives in family planning clinic practice; the training of all ancilliary staff and the continuation of training for all new students; maintaining an acceptor rate of 13 per month for clinics with full time health educators; and holding a conference in June for other Church hospitals that wish to set up family planning services similar to Chogoria's program.

PROJECT NO:	Mauritius - 01
PROJECT TITLE:	Comprehensive Assistance to Action Familiale
GRANTEE:	Action Familiale, (A.F.) Rose Hill, Mauritius
RESPONSIBLE PERSON:	Axelle Lamusse, Managing Secretary
BUDGET:	\$35,816.
APPROVED PROJECT DATES:	15 December 1973 - 31 December 1975
ANTICIPATED PROJECT LIFE:	2 Years

This project continues support of Action Familiale activities for a second year. These activities include instruction in the thermal method of birth control for married couples; sex education and responsible parenthood classes for secondary school students and youth club members; courses in family planning for engaged couples; education & information program through the mass media; and experimental projects designed to disseminate the message of family planning and responsible parenthood.

In the first year, FPIA assistance enabled Action Familiale to expand its activities from 12 regions covering 80 percent of the island to all 15 regions. Achievements in the first year are: (1) follow-up visits with 6,418 couples; (2) instruction of 22,036 secondary school boys and girls in sex education, and responsible parenthood; (3) instruction of 1,944 young adults from youth clubs; (4) enrollment of 1,553 engaged couples in the Action Familiale program; (6) production of seven booklets on the thermal method and other family planning related topics; and (7) production of 26 15-minute spot radio programs.

PROJECT NO: Zaire - 01  
PROJECT TITLE: Bulape Community Health Project-  
Family Planning Program  
GRANTEE: Institut Medical Chretien Du Kasai  
RESPONSIBLE PERSON: Dr. Richard Brown  
BUDGET: \$10,392.  
APPROVED PROJECT DATES: 1 January 1975 - 31 December 1975  
ANTICIPATED PROJECT LIFE: 2 Years

The goal of the Bulape community health project - family planning program is to make family planning services available to the community. However, since this is an area which heretofore has had virtually no family planning information or services available to the population, much of the preliminary work has to be in education and motivation.

The project is part of an overall community health program which offers preventive medicine services to approximately 20,000 persons.

The family planning team of the Bulape family planning program consists of a doctor, administrative assistant (social worker), midwife, aide, 10 public health workers (who spend 1/3 of their time in family planning) and 20 village volunteers. Their objectives are to bring family planning services, on a monthly basis, to all the village in the Bulape region, within one year. In addition, the population is being educated about the advantages of family planning through the existing framework of the community health project.

A permanent family planning clinic, held twice a week, has been established at Bulape hospital and the outlying villages are being served by a mobile clinic on a monthly basis.

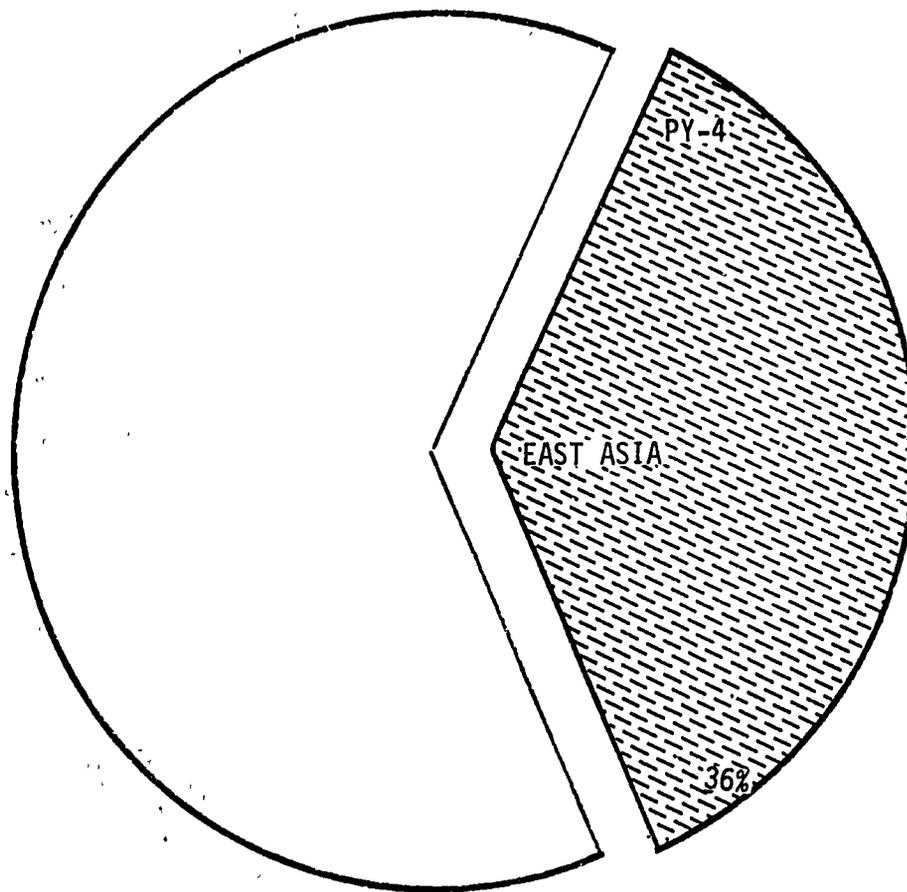
Completed Projects

PROJECT NO: Africa - 01  
PROJECT TITLE: I E C Project Development  
Workshop: Africa  
GRANTEE: F P I A  
BUDGET: \$30,000.  
APPROVED PROJECT DATES: June - July, 1973

PROJECT NO: Ghana - 01  
PROJECT TITLE: Expansion of Clinic Services in  
the Volat, Region  
GRANTEE: Christian Council of Ghana  
BUDGET: \$19,702.  
APPROVED PROJECT DATES: 15 September 1973 - 14 September 1974

PROJECT NO: Kenya - 01  
PROJECT TITLE: Family Planning Conferences in Kenya  
GRANTEE: National Christian Council of Kenya  
BUDGET: \$1,242.  
APPROVED PROJECT DATES: 1 July 1972 - 31 March 1974

PROJECT NO: Tanzania - 02  
PROJECT TITLE: In-Service Family Planning  
Traineeships  
GRANTEE: Tanzania Christian Medical  
Association  
BUDGET: \$1,939.  
APPROVED PROJECT DATES: 1 April 1972 - 31 December 1972



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## EAST ASIA

FPIA's program achievements in East Asia made significant contributions to family planning efforts in the region during PY-4. FPIA consolidated the considerable expansion of project activities that were undertaken during PY-3. Significant results were realized from FPIA projects in the Philippines where FPIA activities have been developing for more than three years. New programming directions established during PY-3 in Indonesia and Thailand were continued. In Korea, FPIA's previous programs led to a new and expanded project to increase the impact of church-supported programs on the national family planning effort.

Formal establishment of FPIA's East Asia regional office in Manila, Philippines during PY-3 provided expanded project development, project management and technical assistance capabilities. During PY-4, the office concentrated on providing management support and project implementation guidelines to on going FPIA projects to increase their effectiveness. The office also developed its procedures for managing projects and worked to increase family planning commodities distribution in the region.

### Project Funding Summary

In East Asia, 8 projects have been obligated to date in PY-4 for a dollar value of \$323,286, and 8 projects valued at \$467,600 await funding or refunding before the end of the year for a total anticipated obligation of \$790,886 for 14 projects. (Two projects have two obligations each.) (Table 31).

Some 86 percent of the regional project funding obligation this year is earmarked for the refunding of 8 projects at an average cost of \$56,491. The cumulative total value of the 39 individual projects funded in the region PY 1-4 is \$1,608,178 (Table 32).

On a per country basis in the region, the Philippines has been the largest recipient of financial support for projects -- \$1,194,046 or 74 percent of the cumulative total obligation for the region (Table 33).

More detailed information on current and completed projects in the region can be found at the end of this section.

### Project Highlights

Population studies conducted in selected Asian countries have shown that while tremendous gains have been made in increasing family planning practice in urban areas, very little has been achieved in reaching the rural population, which represents the greater percentage of the total population.

Ignorance, superstition and resistance to change generally are cited as some of the obstacles faced by the family planning worker in

the rural area. Equally, the lack of conveniently located service centers has contributed to this failure in family planning programs. In many areas, lack of public transport and prohibitive costs definitely discourage potential acceptors and are a factor in low continuation rates. FPIA projects implemented in the Philippines, Thailand, Korea and Indonesia have been designed to tackle these problems.

The family planning mobile clinic project of Iglesia Ni Cristo (Philippines-12) has successfully proven the concept of bringing services to the people. During PY-4, the project was expanded with mobile clinics now covering 48 provinces and the Greater Manila area; a more intensive follow-up system was introduced through mobile paramedic teams and the utilization of resident volunteer church members. Important inputs from the Church in the form of church hierarchy support and participation and the massive utilization of church members for information, education and motivation have also contributed to the success of the project. During its first year, following the successful six months pilot, more than 81,000 new acceptors joined the program. This project is the single largest private agency participating in the Philippines national program.

Philippines-01, the project of Lorma Hospital in La Union Province, Northern Philippines, has also demonstrated that mobile units are an effective and economical method of delivering family planning services to people in rural areas. This project has trained more than 400 "barrio" health assistants who have been invaluable in breaking down the barriers between the medical "professionals" and the people of the rural villages. Originally funded by FPIA as a demonstration mobile clinic and training center, the introduction of sterilization was an important addition to this project in PY-4.

While the importance of services in the rural areas is paramount, the service element must also be reinforced and supported by information and education.

The joint program of the Social Communications Center and the International Institute for Rural Reconstruction (Philippines 15) has developed an innovative concept in family planning education. Flipcharts and comic books have been designed and produced to reinforce the "agricultural approach" to explain family planning. Agricultural parallels are used to explain how and why contraceptives work. An illustration of this strategy is the explanation of how the condom prevents conception — the condom is likened to the plastic bag that farmers place over the corn tassel to prevent fertilization. This pilot project has considerable potential for application in many other countries; the specific agricultural parallels will differ from country to country but the rationale and methodology of the project can be applied elsewhere. The project will therefore also produce a manual for family planning program planners and administrators to explain the approach and pretesting procedures used.

FPIA's work with the Catholic Church in the Philippines also has made a contribution to the promotion of family planning information and education in the rural areas. The National Office of Mass Media in Manila (Philippines-14) is producing radio dramas for broadcasting throughout the country. Printed materials, in the form of comics, are another component of

the project; these are being distributed by the participating radio stations. Letters received from listeners indicate that the radio dramas are of great value to them.

In Thailand, FPIA has assisted McCormick Hospital in Chiang Mai (Thailand-04) to expand its highly successful family planning program so that for the first time members of the Lahu, Lisu and Akha tribes have an opportunity to receive family planning information and services. Tribal family planning workers distribute nonmedical contraceptives and serve as resupply agents for steroidal contraceptives. By the end of the second quarter of the project, these workers had visited some 120 villages with a total estimated population of more than 10,000. Successful meetings were held with Akha village elders to discuss family planning - their response and interest was overwhelmingly favorable. The project also has seen the establishment of a tribal family planning center and the use of the tribal radio station for broadcasting information about family planning in the various local languages.

The project of the Division on Health and Responsible Parenthood of the Council of Churches in Indonesia (Indonesia-06) has developed and produced a range of printed materials on family planning. Although primarily designed for the church and its affiliates samples of the materials have also been supplied to the national family planning program, Catholic institutions and other private service institutions.

The Association of Voluntary Health Services of Indonesia (PERDHAKI) sponsored a conference for Catholic health workers in October 1974 as a first population/family planning effort of the association. The conference was attended by 91 health workers from throughout Indonesia and resulted in a press release from the Secretary of the Catholic Bishops Conference, affirming the Indonesian Catholic Church's interest in family planning. The association's new proposal to FPIA (Indonesia - Perdhaki) is a direct result of the interest expressed by conference participants.

Many family planning programs have been planned and implemented by men, yet the targets of these programs have normally been women. FPIA believes that greater involvement on the part of women -- women working for and with women -- may make a significant contribution to a greater understanding and acceptance of family planning in Asia.

In the Philippines, FPIA funded the conference "The Expanding Role of Mid-wives in Family Planning and Nutrition Programs for National Development" (Philippines-18), the highlight of the First Midwifery Week organized by the National Federation of Filipino Midwives. More than 500 practicing midwives from throughout the Philippines discussed, in workshops and plenary sessions, their role in family planning, maternal and child health and nutrition programs. The consensus among speakers was that the midwives had a vital and special role to play in the provision of family planning services. As women, moreover, they are trusted and respected by the women whom they serve; frequently, a male doctor is viewed with apprehension. It was further noted that in the rural areas the midwife is often

the only health worker available. After the conference, the federation embarked on a comprehensive family planning survey of all midwives in the Philippines, as complete and up-to-date statistics were not previously available.

"A Family Planning Delivery System Through Women's Church Organizations and Church Institutions" (Korea-06) was developed after a successful pilot program (Korea-02) in which church women volunteers were trained for family planning motivation, recruitment, and follow-up. The church women workers have now been trained to conduct home visits for oral and non medical contraceptive distribution. They conduct follow-up visits and make referrals to private and government health centers for voluntary sterilizations. Back-up support for church workers is provided by a team of volunteer doctors and nurses.

In Thailand, FPIA will sponsor a workshop/conference with the Nurses Association; this will mark the association's first active and official participation in family planning. This 10-day workshop will be held in Bangkok for 40 nurse-instructors and supervisors to: introduce to them the national family planning program goals and objectives; to train them in family planning information, education and communication; and to acquaint them with new and better methods of teaching family planning.

In the Philippines, PY-4 saw great strides made in the provision of voluntary sterilization as a method of contraception. In PY-2, FPIA funded the first voluntary sterilization clinic in the Philippines for men and women at the Mary Johnston Hospital (Philippines-09); almost 3,000 male and female sterilizations have been performed to date. This project has clearly demonstrated that this particular method of family planning is highly acceptable and much sought after. As a result of the project, two more sterilization projects were funded by FPIA. In cooperation with the International Project of the Association of Voluntary Sterilization, FPIA has established a training center for surgical sterilization (Philippines-16) in the Philippine General Hospital (PGH). Initially designed to provide such training for surgeons from the private sector, the project was amended so that government doctors can also be trained; the amendment was made at the request of the Population Commission of the Philippines, which has designated PGH as the National Sterilization Training Center. Philippines-17 is assisting the Iglesia Ni Cristo to provide voluntary sterilization services for its members. By the end of the project's first quarter, more than 800 vasectomies had been performed.

#### Technical Assistance

During PY 4, all East Asian projects received technical assistance from FPIA staff. Ms. Carrie Lorenzana, Regional Field Representative, provided management technical assistance to all projects in the Philippines, Indonesia and Thailand, and project development assistance in the Philippines and Thailand. Ms. Anna Nowakowska (S.C.M., M.P.H.) FPIA's Coordinator of Field Operations, provided technical assistance to the Philippines Midwives Association and the Indonesia Catholic Association of Voluntary Health Services.

Ms. Bonnie Johnson, FPIA's Training Specialist, assisted the Korean National Council of Churches in the development of Korea-06 and assessed the training activities of FPIA projects in the Philippines. Dr. Richard Derman helped in the evaluation of Philippines-12 activities and the development of an expanded Iglesia Ni Cristo mobile family planning program to be funded later in PY-4.

#### FPIA Regional Office

In its second full year of operations, the FPIA Regional Office for East Asia concentrated on the provision of management assistance to ongoing FPIA projects, the establishment of procedures to facilitate the monitoring of all FPIA activities in the region, and the provision of effective technical support to projects requiring such assistance. The regional office is responsible for developing, monitoring and evaluating FPIA projects in the field and is the principal point of contact between FPIA headquarters and East Asia-based organizations requesting assistance and implementing FPIA-supported projects. Requests for material, technical and financial assistance are channeled through the regional office. During PY-4, the FPIA regional office for East Asia was relocated in the new Philippines Population Center building which houses all the family planning agencies with offices in Manila. Regional office staff was increased with the addition of a Fredrickson fellow who has volunteered his services to assist in the management of the FPIA projects in the region. A second volunteer has also been available throughout most of the year. The office staff now consists of the East Asia Regional Representative, a program assistant, one secretary and two volunteer program assistants. The availability of this staff has permitted extensive monitoring and management technical assistance to FPIA field projects and has contributed to the significant results which these projects have achieved. Systems have now been established which will permit the monitoring of all projects on a regular basis and the provision of technical assistance when and where necessary in response to specific problem situations.

#### Materials Distribution

As of the end of PY-3, FPIA had provided materials assistance to 19 countries in the East Asia region (Table 34). The total value of the materials provided was \$610,858, with oral contraceptives accounting for 52.2 percent of this total and other contraceptives for an additional 20.2 percent. Oral pills provided by FPIA, constituted the single largest item in terms of dollar value. Some 72 percent of the dollar value of FPIA shipments was accounted for by two countries, Philippines and Thailand.

By the first seven months of PY-4, FPIA provided \$119,599 worth of materials assistance to 7 countries with Korea being the largest recipient of materials in terms of dollar value (Table 35). As was the case in PY 1-3, oral contraceptives accounted for the largest share about 77.2 percent of the dollar value of shipments.

As to quantities of materials shipped in PY 1-3, FPIA provided 7,429 gross of condoms, 914 diaphragms, 4,582 jars of foam, 20,695 tubes of jelly, 129,684 IUD's, and 1,613,580 cycles of oral contraceptives (Table 36). In addition, FPIA provided 430 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 2,302 books, 19,179 pamphlets, 30 films, and 126 projectors (see Table 37).

In the first seven months of PY-4, the shipments to East Asia have included: 106 gross of condoms, 216 jars of foam, 108 tubes of jelly, 200 IUD's, and 528,000 cycles of oral contraceptives (Table 38 ). In addition, FPIA provided 116 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 279 books, 2,417 pamphlets, 3 films, and 19 projectors (see Table 39 ).

NOTE: Narrative descriptions of current projects and summary information on completed projects can be found at the end of this section.

TABLE 31

## Regional Obligations and Anticipated Obligations: EAST ASIA

Program Year 1 Obligations	Program Year 2 Obligations	Program Year 3 Obligations	Program Year 4						
			Obligations	Anticipated Obligations	Totals				
Indonesia-01	\$ 14,441	East Asia-01	\$ 31,906	East Asia-02	\$ 10,500	Indonesia-07	18,269		\$ 18,269
Indonesia-02	7,671	Philippines-06	1,914	Indonesia-01	21,139	Indonesia-Perdhaki		24,000	24,000
Indonesia-03	3,520	Philippines-07	20,728	Indonesia-04	15,250	Korea-02	4,400		4,400
Indonesia-04	2,293	Philippines-08	6,313	Indonesia-06	59,175	Korea-06	41,503		41,503
Indonesia-05	5,588	Philippines-09	17,628	Korea-03	5,664	Korea-(MWIA)		35,000	35,000
Korea-01	1,750	Thailand-01	15,988	Philippines-01	46,491	Philippines-05	15,590		15,590
Korea-02	35,244			Philippines-05	1,700	Philippines-09	5,746	28,000	33,746
Korea-03	8,218	Subtotal	\$ 94,477	Philippines-07	2,926	Philippines-12	189,208	275,000	464,208
Philippines-01	4,200			Philippines-08	2,114	Philippines-14		50,000	50,000
Philippines-02	2,358	Cumulative	\$261,818	Philippines-09	16,740	Philippines-16		40,000	40,000
Philippines-03	20,800	Subtotal		Philippines-12	194,983	Philippines-17	43,532		43,532
Philippines-04	186			Philippines-14	81,992	Philippines-18	5,038		5,038
Philippines-05	45,137			Philippines-15	40,000	Thailand-04		11,000	11,000
Taiwan-01	850			Philippines-16	35,722	Thailand (Nurses)		4,600	4,600
Taiwan-03	5,300			Taiwan-05	11,821				
Taiwan-04	875			Thailand-03	2,225				
Taiwan-05	4,400			Thailand-04	7,032				
Taiwan-06	3,000			Subtotal	\$555,474				
Taiwan-07	1,500			Cumulative	\$817,292				
				Subtotal					
Subtotal	\$167,341							Subtotal	\$ 790,886
								Cumulative	\$1,608,178
								Total	

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**NOTE:** Project obligations shown are net obligations — i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPFA for other projects.

**TABLE 32**  
**Summary: Project Activity Program Years 1-4 (EAST ASIA)**

	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 1-4*</u>
	19	6	17	14	39
No. of projects					
Total value of projects	\$167,341	\$94,477	\$555,474	\$790,886	\$1,608,178
Average value of projects	\$8,807	\$15,746	\$32,674	\$56,491	\$41,235
% earmarked for refunding	—	0%	22%	86%	—

NOTE: Projects funded for more than one year are counted as one project.

**TABLE 33**  
**Regional Project Activity by Country: EAST ASIA**

<u>Country</u>	<u>PY 1</u> <u>Obligations</u>	<u>PY 2</u> <u>Obligations</u>	<u>PY 3</u> <u>Obligations</u>	<u>PY 4</u>		<u>Totals</u>
				<u>Obligations</u>	<u>Anticipated Obligations</u>	
Indonesia	33,513		95,564	18,269	24,000	171,346
Korea	45,212		5,664	45,903	35,000	131,779
Philippines	72,681	46,583	422,668	259,114	393,000	1,194,046
Taiwan	15,935		11,821			27,756
Thailand		15,988	9,257		15,600	40,845
Intra-regional	—	31,906	10,500	—	—	42,406
Totals	\$167,341	\$94,477	\$555,474	\$323,286	\$467,600	\$1,608,178

TABLE 34

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE EAST ASIA REGION  
AS OF AUG 31, 1974  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BRITISH SOLOMON IS	49	0	0	1,451	270	827	1,391	341	164	100	0	4,593
BURMA	7	0	0	0	212	46	0	9	0	0	0	274
CAMBODIA	0	0	0	0	0	0	0	4	0	0	0	4
FIJI	0	0	0	0	0	0	0	4	0	0	0	4
HONG KONG	0	0	0	0	141	115	1,625	162	0	0	0	2,043
INDONESIA	0	0	0	0	120	0	14,720	1,781	1,400	3,210	0	21,231
JAPAN	0	0	0	0	0	0	0	45	0	0	0	45
KRSEA	521	0	0	1,856	19,231	26,813	17,445	437	3	271	0	66,577
LAOS	0	0	0	0	0	0	0	4	0	0	0	4
MALAYSIA	0	34	4	138	560	303	1,425	91	0	537	0	3,092
NEW HEBRIDES	7	0	0	103	492	4,135	1,900	241	0	0	0	6,878
OKINAWA	0	0	0	0	0	0	0	9	0	0	0	9
PAPUA NEW GUINEA	42	103	4	296	2,113	756	5,620	507	174	1,804	0	11,429
PHILIPPINES	20,507	282	12	32,622	32,190	173,999	79,941	2,071	5,673	5,973	581	353,851
SINGAPORE	0	0	0	0	0	0	0	9	0	0	0	9
TAIWAN	960	103	8	897	1,130	44,027	5,818	247	60	1,073	0	54,323
THAILAND	55	0	0	616	6,143	67,829	8,757	354	462	2,014	0	86,230
TONGA	0	0	0	0	0	0	0	4	0	0	0	4
VIETNAM	0	0	0	0	142	115	0	8	0	0	0	265
TOTAL	22,147	521	27	37,980	62,744	318,475	138,640	6,327	7,935	14,981	581	610,858
PERCENTAGES	3.6	0.1	0.0	6.2	10.3	52.2	22.7	1.0	1.3	2.5	0.1	100.0

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TABLE 35

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE EAST ASIA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BRITISH SOLOMON IS	0	0	0	0	0	0	0	0	220	0	0	220
INDONESIA	0	0	0	0	0	0	0	74	15	0	0	89
KRSEA	0	0	0	0	0	69,890	4,365	22	19	1,460	0	75,756
LAOS	0	0	0	0	0	0	0	9	0	0	0	9
PAPUA NEW GUINEA	0	0	0	0	0	0	0	0	155	69	0	224
PHILIPPINES	345	0	0	430	0	0	10,575	390	243	6,260	0	18,243
THAILAND	0	0	0	0	71	22,457	1,019	69	1,175	292	0	25,043
OTHER COUNTRIES	0	0	0	0	0	0	0	16	3	0	0	19
TOTAL	345	0	0	430	71	92,347	15,958	580	1,828	8,040	0	119,599
PERCENTAGES	0.3	0.0	0.0	0.4	0.1	77.2	13.3	0.5	1.5	6.7	0.0	100.0

TABLE 36

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA EAST REGION  
AS OF AUG 31, 1974

COUNTRY	CONDOM	DIAPH.	DOLFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
BRITISH SOLOMON ISLANDS	2,160	0	288	932	600	4,200	1	1	1	2	2	1	0
BURMA	288	0	0	0	600	240	0	0	0	0	0	0	0
HONG KONG	0	0	0	0	400	500	0	0	2	1	1	2	0
INDONESIA	0	0	0	0	220	0	20	20	10	10	10	10	0
KOREA	23,040	0	0	1,768	20,496	149,100	0	17	12	13	11	12	5
MALAYSIA	0	60	48	72	1,092	1,100	0	0	1	1	0	1	1
NEW GUINEA	283	0	60	36	1,400	13,500	1	0	1	3	2	1	1
PAPUA NEW GUINEA	1,972	180	108	161	5,394	3,340	24	9	1	3	2	1	1
PHILIPPINES	997,200	494	3,838	16,610	88,100	911,700	10	54	12	26	38	11	3
TAIWAN	42,480	180	48	768	2,256	262,100	1	3	4	5	6	4	2
THAILAND	2,448	0	192	348	8,726	267,300	6	6	5	7	4	5	0
VIETNAM	0	0	0	0	400	500	0	0	0	0	0	0	0
TOTAL	1,069,776	914	4,582	20,695	129,684	1,613,580	63	110	49	71	76	48	13

TABLE 37

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA EAST REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	CONDOM	DIAPH.	DOLFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
KOREA	0	0	0	0	0	399,600	10	5	5	2	2	2	0
PHILIPPINES	15,264	0	216	108	0	0	30	8	5	8	28	5	0
THAILAND	0	0	0	0	200	128,400	0	2	0	2	2	0	0
TOTAL	15,264	0	216	108	200	528,000	40	15	10	12	32	7	0

TABLE 38

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA EAST REGION  
AS OF AUG 31, 1974

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BRITISH SOLOMON ISLANDS	82	0	7	2,668	1	3	0	0	2
BURMA	0	0	2	0	0	0	0	0	0
CAMBODIA	0	0	1	0	0	0	0	0	0
FIJI	0	0	1	0	0	0	0	0	0
HONG KONG	2	0	16	955	0	0	0	0	0
INDONESIA	1,010	0	113	2,225	10	0	0	1	45
JAPAN	0	0	10	0	0	0	0	0	0
KOREA	85	0	38	626	0	0	0	0	2
LAOS	0	0	1	0	0	0	0	0	0
MALAYSIA	0	0	6	810	0	0	0	1	0
NEW HEBRIDES	2	0	46	400	0	0	0	0	0
OKINAWA	0	0	2	0	0	0	0	0	0
PAPUA NEW GUINEA	70	0	61	903	1	0	0	3	0
PHILIPPINES	925	0	79	8,956	14	2	26	8	34
SINGAPORE	0	0	2	0	0	0	0	0	0
TAIWAN	35	0	23	677	1	0	0	2	0
THAILAND	91	0	16	959	3	0	0	3	25
TONGA	0	0	1	0	0	0	0	0	0
VIETNAM	0	0	2	0	0	0	0	0	0
TOTAL	2,302	0	427	19,179	30	5	26	18	108

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TABLE 39

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA EAST REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BRITISH SOLOMON ISLANDS	0	0	0	0	2	0	0	0	0
INDONESIA	46	0	0	57	0	0	0	0	0
KOREA	14	0	0	19	0	0	0	3	1
LAOS	6	0	1	1	0	0	0	0	0
PAPUA NEW GUINEA	0	0	0	0	1	0	0	0	1
PHILIPPINES	154	0	2	2,331	0	0	0	6	7
THAILAND	54	0	0	2	0	0	27	0	1
OTHER COUNTRIES	5	4	1	7	0	0	0	0	0
TOTAL	279	4	4	2,417	3	0	27	9	10

Current Projects

PROJECT NO: Indonesia - 01  
PROJECT TITLE: Traveling Family Planning  
Exhibit - East Java  
GRANTEE: Division on Health and Responsible  
Parenthood, Council of Churches in  
Indonesia  
RESPONSIBLE PERSON: Dr. Lukas Hendrata  
BUDGET: \$21,139.  
APPROVED PROJECT DATES: 1 May 1974 - 30 April 1975  
ANTICIPATED PROJECT LIFE: 2 Years

The traveling exhibit -- puppet displays, posters, photos, models and demonstrations -- presents family planning as an integral part of family life, including nutrition, maternal and child health, sanitation, home management, etc. The main theme is presented through traditional ludruk folk play performances which accompany the exhibit.

During the year, the exhibit was able to visit 52 communities, for an estimated total attendance of more than 140,000 people. Due to some problems beyond control of the project management, the exhibit was not able to visit all communities originally scheduled.

It is not anticipated that the project will be re-funded.

PROJECT NO: Indonesia - 04  
PROJECT TITLE: Family Planning Training  
Courses for Ministers  
GRANTEE: Division on Health and Responsible  
Parenthood, Council of Churches  
in Indonesia  
RESPONSIBLE PERSON: Dr. Lukas Hendrata  
BUDGET: \$15,250.  
APPROVED PROJECT DATES: 1 June 1974 - 31 May 1975  
ANTICIPATED PROJECT LIFE: 2 Years

The courses are designed to educate church ministers about the population problem in Indonesia and to motivate them to play an active role in promoting family planning. Stress is placed on helping the ministers learn how to approach the topic with their congregations and how to include family planning in the everyday life and work of Protestant churches in Indonesia.

Two courses for a total of 153 ministers and one course for 28 students have been held so far. One more course for ministers and three more courses for students are scheduled.

This is the second year of FPIA funding of the ministers' courses and it is not anticipated that this family planning activity of the Council of Churches will require re-funding.

PROJECT NO: Indonesia - 06  
PROJECT TITLE: Printed Materials for Family  
Planning Patient Recruitment  
GRANTEE: Division on Health and Responsible  
Parenthood, Council of Churches in  
Indonesia  
RESPONSIBLE PERSON: Dr. Lukas Hendrata  
BUDGET: \$59,175.  
APPROVED PROJECT DATES: 1 October 1974 - 30 September 1975  
ANTICIPATED PROJECT LIFE: 2 Years

Included in the project are the reprinting of some publications that have been found to be particularly useful to the Council's family planning program, but which are now out of stock, and the development of new materials to meet specific program needs. The primary aim is to make available materials that present family planning in a Christian and Indonesian context; a secondary consideration is their potential adaptability for use in other family planning programs in the country.

In the first quarter of the approved project year, 50,000 copies each of three publications -- "Selamat Datang Anakku Sayang," "Aneka Cara Keluarga Berencana" and "K.B. Apakah Itu" -- were reprinted. A new booklet, "A Happy Congregation," and a leaflet for urban audiences in Jakarta, have just gone to press. Posters also are being developed and pretested.

The development and production of materials are on schedule and no problems are anticipated.

Because of the great need for family planning educational materials in Indonesia, it is expected that this project will be refunded for at least one more year.

PROJECT NO: Indonesia (Perdhaki)  
PROJECT TITLE: Integrating Family Planning  
Into The Catholic Health  
Delivery System of Indonesia  
GRANTEE: Association of Voluntary  
Health Services  
RESPONSIBLE PERSON: Dr. A. Mariono  
BUDGET: \$23,558.  
ANTICIPATED STARTING DATE: 1 July 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project will support the efforts of the Association of Voluntary Health Services of Indonesia (Perdhaki) to utilize their association of Catholic medical facilities to provide family planning information, education and services to patients served by these medical institutions and who heretofore have been denied access to these services.

The activities of project year one will be (a) to establish a Family Planning Division Office for Perdhaki, which will encourage, assist and coordinate all family planning efforts of Perdhaki members, (b) to train 30 midwives from medical facilities from Jakarta, Bandung, Bogor and Semarang to be the family planning coordinators for their respective institutions, (c) to distribute supplies, materials and commodities to Association members and (d) to develop a long-range plan for supporting family planning services provided by member institutions.

PROJECT NO:	Korea - 06
PROJECT TITLE:	Family Planning Delivery System Through Women's Church Organizations and Church Institutions
GRANTEE:	Korean National Council of Churches
RESPONSIBLE PERSON:	Rev. Hyuang Tae Kim
BUDGET:	\$41,503.
APPROVED PROJECT DATES:	1 February 1975 - 31 January 1976
ANTICIPATED PROJECT LIFE:	2 Years

This project increases the availability of family planning commodities for new and continuing contraceptors in Seoul and Pusan, utilizing the urban church as a community-based distribution center. It builds on the expertise acquired during the past two years of pilot operations utilizing church volunteers for family planning recruitment, follow-up and evaluation (Korea-02). The project will develop and implement a contraceptive referral and oral-contraceptive distribution network through KNCC women's organizations. This will be accomplished by, recruiting 500 volunteer church workers and 130 volunteer medical advisors from six denominations and 130 churches of the KNCC. The volunteers will conduct home visits for oral and nonmedical contraceptive distribution and follow-up as well as make appropriate referrals to private and government health centers for other medical and surgical fertility regulation treatments and procedures. Some 130 church sites will be established as depots for contraceptive commodities. Forms for patient referrals and follow-up at participant health centers and hospitals also will be developed for recording the distribution of contraceptives. The 500 volunteers will receive intensive formal training and will be medically backstopped on-the-job by a doctor or nurse from each local church.

Current Projects

During the pre-project phase, 193 family planning workers completed training. These trainees were from 81 churches and represented six denominations. The other 307 workers will be trained in the third month of the project. More than 11,000 cycles of oral contraceptives have been distributed so far.

PROJECT NO: Korea (MWIA)  
PROJECT TITLE: Convention on Population and Family Planning for Women Doctors in Korea  
GRANTEE: Korean Medical Womens Association  
RESPONSIBLE PERSON: Dr. Dong Soon Kim  
BUDGET: \$35,000.  
ANTICIPATED STARTING DATE: 1 September 1975  
ANTICIPATED PROJECT LIFE: 6 Months

The goal of this project is to increase the number of Korean women physicians actively involved in population and family planning activities, and to provide current information to these women physicians on family planning issues and developments. This will be achieved through a four-day conference for about 400 members of the Korean Medical Women's Association and other women physicians. The conference will cover such topics as current world and national population issues, recent developments in fertility control, and the effective provision of family planning information and services. Special attention will be given to the needs of doctors in private practice in rural areas and small towns so as to better equip them to educate and recruit acceptors and to provide services.

PROJECT NO: Philippines - 01  
PROJECT TITLE: Lorma Hospital Mobile Family Planning and Medical Clinic Program  
GRANTEE: Lorma Hospital  
RESPONSIBLE PERSON: Dr. Beatrice de la Cruz  
BUDGET: \$46,491.  
APPROVED PROJECT DATES: 15 July 1972 - 31 July 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project supports three mobile clinics providing once-a-month family planning services to 120 barrios in the province of La Union, an area where no previous medical or family planning services were available. Barrio health assistants were trained at Lorma Hospital and deployed in 400 villages to provide basic medical and family planning care and to be the focus in the village for the visits of the mobile clinic.

/Current Projects/

The health assistants work in conjunction with the clinic by informing the people of the forthcoming mobile clinic visit, gathering people for treatment at the clinic and encouraging them to seek family planning services when the clinic visits their village.

The general goals are to introduce family planning and to provide services to the residents of 120 new barrios in La Union. In addition, the residents of 300 barrios served during the first two years of the project are provided follow-up services.

Since this is the third year of operation of the project, it also serves as the transition period. At least 50 percent of the family planning patients served during the first two years will be turned over to the rural health units for continuing service. This year, the Lorma Hospital is also piloting a subsidized commercial condom distribution program. Acceptors are charged 30 centavos for one condom, to get them used to paying for contraceptive commodities when subsidy is withdrawn. The money collected will be used by the hospital to help finance the program when FPIA assistance is terminated.

Other objectives of the project are to recruit 3,990 new acceptors for the three mobile clinics and to perform 360 tubal ligations and 120 vasectomies during the year. Greater emphasis is being placed on sterilization services as the experience of the second year showed an increasing demand for such services. Vasectomy is being introduced in the Mobile Clinic No. 1 which is equipped to handle this type of operation.

Project objectives are being met on schedule. After six months, family planning services have been introduced to 120 new barrios as planned, and a total of about 1,500 new acceptors have been served. There is also an increasing emphasis on the follow-up of continuing family planning patients. Lorma has encountered some difficulties in instituting the commercial distribution of contraceptives and in turning over barrios to the Government rural health units; both activities will form the major focus of activities in the last six months of project operations. The Lorma Mobile Clinics have been a model for low cost effective outreach programs. They are demonstrating that family planning care can be effectively brought to the people of rural villages and that these people will take advantage of services which are made easily accessible.

PROJECT NO:	Philippines - 05
PROJECT TITLE:	An Integrated Program on Family Planning Among ICCMC Related Medical Institutions
GRANTEE:	Inter-Church Commission on Medical Care
RESPONSIBLE PERSON:	Mr. Rodolfo Ampil
APPROVED PROJECT DATES:	25 October 1972 - 30 June 1975
ANTICIPATED PROJECT LIFE:	4-Years

This project coordinates the provision of program support funds, contraceptive and other medical supplies to institutions related to the Inter-Church Commission on Medical Care (ICCMC). Twenty-eight hospitals and 44 clinics are involved in the project. The objectives are to: (1) equip selected ICCMC-related hospitals and clinics with the necessary contraceptives and related materials to undertake family planning activities; and (2) establish, on a pilot basis, family planning education and motivation programs at selected ICCMC-institutions in rural areas so as to expand the role of the ICCMC-related institutions in the provision of family planning services.

During the first year of the project, family planning-related medical supplies and equipment were provided to 16 institutions. An additional 19 institutions have since requested commodities assistance. Contraceptives have been provided to all participating institutions.

For the educational component, during the first two months of project operations, six clinics and two hospitals were selected for the pilot program; other hospitals and two more clinics later joined the program. A seminar was conducted for the administrators of the selected institutions and family planning outreach programs are now under way at these institutions. The project has shown that a medical coordinating agency can encourage its member institutions to expand family planning activities and, by providing small institutional grants and material resources, can increase family planning services. The project has now been extended until 30 June 1975.

During the extension, the project will continue to provide commodity and financial support to the institutions now supported by the ICCMC. These hospitals and clinics will be encouraged to increase their family planning recruitment activities. Plans will be developed to support the family planning outreach and recruitment programs of these institutions with local funds after the phase-out of FPIA financial support. It should be noted that FPIA will continue to provide commodity support to all requesting ICCMC institutions.

PROJECT NO:	Philippines - 07
PROJECT TITLE:	Population Education Pilot Project
GRANTEE:	Wesleyan Population Center
RESPONSIBLE PERSON:	Dr. Luningning Roa
BUDGET:	\$23,654.
APPROVED PROJECT DATES:	1 May 1973 - 31 May 1975
ANTICIPATED PROJECT LIFE:	2 Years

This project assists the Population Education Center and Philippine Wesleyan College in the introduction of its population education curricula into five elementary schools, five high schools and seven colleges over a two-year period.

Current Projects

Based on experience with the curricula in the schools, revisions have been made and the new curricula are now being printed. Audio-visual aids also have been developed and they are now also at the press. Copies of all curricula materials will be made available to interested organizations in the Philippines and elsewhere.

The Philippine Government recently established a national Population Education Program which incorporates much of the work of this project and, in view of this, it is not anticipated that the project will be refunded.

PROJECT NO: Philippines - 09  
PROJECT TITLE: Pilot Subsidized Sterilization Clinic  
GRANTEE: Mary Johnston Hospital  
RESPONSIBLE PERSON: Dr. Virgilio Oblepias  
BUDGET: \$22,486.  
APPROVED PROJECT DATES: 15 May 1973 - 14 May 1975  
ANTICIPATED PROJECT LIFE: 4 Years

The goal is to make sterilizations available to men and women who voluntarily request such a service and who could not otherwise afford it. Secondary objectives are: (1) to establish a model for other hospitals that may wish to open sterilization clinics as part of their overall family planning program, and (2) to serve as a training center in sterilization procedures for physicians from all over the Philippines.

In the second year of FPIA assisted operations, major project activities included (1) supplementing the existing family planning facilities at Mary Johnston Hospital to provide safe, comfortable and hygienic facilities to all hospital staff, patients and community members; (3) offering sterilization to 60 women per month, for the twelve month period and; (4) offering sterilization services to 30 men per month, for the 12 month period.

Major renovation of the clinic facilities were undertaken during the second year. The operating room was expanded to take two tables and the old vasectomy O.R. was converted along with some other open space into a larger recovery room to accommodate the patient load.

The sterilization clinic has become a popular and successful model for agencies all over the country. Almost all family planning training programs send trainees to Mary Johnston Hospital.

Many lectures and tours through the clinic were offered for physicians, and other guests. Residents and interns from the local medical institutions are, from time to time, rotated through the clinic and help in the operations of the clinic.

The clinic continues to give free services to indigent patients not only from the Tondo area of Manila, but from all over country. In nine months, 2,444 female sterilizations have been performed; approximately 272 per month and 352 male sterilizations have been performed, approximately 39 per month. A total of 2,796 operations were performed during the first nine months of the second project year, exceeding the total second year objectives.

PROJECT NO: Philippines - 12  
PROJECT TITLE: Mobile Family Planning Clinic  
Expansion  
GRANTEE: Gabriel Medical Assistance Group  
RESPONSIBLE PERSON: Dr. Melanio Gabriel  
BUDGET: \$189,208.  
APPROVED PROJECT DATES: 15 October 1973 - 30 June 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project expanded the highly successful Mobile Family Planning Clinic pilot project (Philippines - 08) from one mobile clinic covering the metropolitan Manila area to eight clinics covering the entire Philippines. The Iglesia Ni Cristo (INC), an indigenous Philippine Church which previously had not participated in family planning programs, has given its full support to the provision of family planning services to INC members by INC members.

The general goal of the expansion program has been to increase the number of members of the Iglesia Ni Cristo who are fully aware of, accept, and practice family planning; and, to render efficient contraceptive and other health services to this sector of the Philippine population.

After a year of project operations, the INC had exceeded all of its objectives. A total of 81,237 new acceptors were recruited and information about family planning was provided to 602,042 adults and 157,985 children. The project was extended for six months (15 October 1974 - 14 April 1975) to provide for a comprehensive evaluation of first year activities by an outside evaluation team (Columbia University). The team reinforced FPIA's assessment of the project's success and recommended expansion of FPIA support for this project. The project was extended until 30 June 1975 to permit a new set of objectives and plan of action to be developed for the continuation of FPIA support to the INC. It is expected that the revised project will expand considerably the INC family planning project and provide for new initiatives to provide more efficient family planning services to members of the INC.

PROJECT NO: Philippines - 14  
PROJECT TITLE: Jescomea Population Campaign -  
Philippines  
GRANTEE: National Office of Mass Media  
RESPONSIBLE PERSON: Father James B. Reuter, S.J.  
BUDGET: \$81,992.  
APPROVED PROJECT DATES: 1 January 1974 - 30 June 1975  
ANTICIPATED PROJECT LIFE: 2.5 Years

This project is designed to promote positive action in family planning among Catholics; it seeks to influence clerical and lay leaders to move family planning from its present position as an activity on the periphery of the Church into the main stream of Catholic action. Included are daily radio dramas, pamphlets and a 30-minute color film. The common theme for all is family planning as an integral part of human development.

The radio program went on the air in July 1973; initially it was broadcast daily over 16 Catholic stations but later one more major Catholic station and two commercial stations were added. All five pamphlets have been printed in English -- extra copies of these will be distributed by FPIA in New York -- and the dialect versions are now at the press. The film, somewhat behind schedule, is now at the laboratory for final processing.

It is anticipated that some components of the program will be refunded for another year.

PROJECT NO: Philippines - 15  
PROJECT TITLE: Using the "Agricultural Approach"  
To Explain Family Planning  
GRANTEE: Social Communication Center  
RESPONSIBLE PERSON: Father Cornelio Lagerwey, M.S.C.  
BUDGET: \$40,000.  
APPROVED PROJECT DATES: 1 April 1974 - 31 March 1975  
ANTICIPATED PROJECT LIFE: 1 Year

This project supports the development of prototype educational materials-- a series of 12 monthly comic books and four flipcharts -- designed specifically to facilitate the adoption of family planning among a rural audience. They will be based on an innovative "agricultural approach" for communicating key family planning concepts.

All comic books have been published and the flipcharts are now being printed. A manual describing the development and pretesting process is being developed and is expected to be ready later this calendar year; the manual will be made available as a "guide" to family planning program managers worldwide.

The project will not require refunding.

Current Projects

PROJECT NO: Philippines - 16  
PROJECT TITLE: Training Center for Surgical Sterilization  
GRANTEE: Bio-Medical Researches Associates, Inc.  
RESPONSIBLE PERSON: Dr. Gloria Aragon  
BUDGET: \$35,722.  
APPROVED PROJECT DATES: 1 August 1974 - 31 July 1975  
ANTICIPATED PROJECT LIFE: 2 Years

The project establishes a training center for surgical sterilization (vasectomy, tubal ligation by laparoscopy, culdoscopy, and culdotomy) at the University of the Philippines General Hospital - the largest and most prestigious of the teaching institutions in the Philippines. Through this training center, the project aims to: (1) institutionalize surgical sterilization in medical schools and family planning organizations; (2) introduce surgical sterilization in the population program on a national scale; and (3) train appropriate physicians from at least 16 hospitals and institutions throughout the country.

This program is co-sponsored by the International Association for Voluntary Sterilization and FPIA. Two training cycles of one month duration have been completed to date for a total of nine surgeons and four anesthesiologists. A total of 568 sterilizations were performed, classified as follows: Laparoscopic - 237; Culdoscopy - 145; Mini-laparotomies - 171; Vasectomies - 15. Renovation and furnishing of administrative and operating suites have been completed.

Efforts are being made to recruit clients for voluntary sterilization from the greater Manila area via lay motivators. The Philippine Population Commission has contributed a vehicle for the transport of patients to and from the hospital.

PROJECT NO: Philippines - 17  
PROJECT TITLE: Voluntary Sterilization Project of the Iglesia Ni Cristo  
GRANTEE: Gabriel Medical Assistance Group  
RESPONSIBLE PERSON: Dr. Melanio Gabriel  
BUDGET: \$43,532.  
APPROVED PROJECT DATES: 1 January 1975 - 31 December 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project will add voluntary sterilization services to the other contraceptive services being provided by the Iglesia Ni Cristo. Accepted methods of Voluntary sterilization will be offered without cost to acceptors. At the same time, an intensive information and education campaign on voluntary sterilization will be conducted.

Current Projects

The Gabriel Medical Assistance Group is an organization which already provides health services to the members of the Iglesia Ni Cristo as well as the community in the greater Manila area and the neighboring provinces in Central Luzon. Church Members generally do not patronize facilities not under church auspices. This project makes available to the community free voluntary sterilization procedures which were not available before. Communication between both men and women on family planning subjects is initiated by the ministers who give sermons on the theological aspects of family planning, followed by lectures and audiovisual presentations by family planning experts. Peer level communication is also promoted -- lay leaders are the peers of the rest of the members of the INC. Since the INC church administration (and, therefore the lay leaders) wholly endorse the concept of family planning, the members are educated in the benefits of voluntary sterilization.

PROJECT NO:	Thailand - 04
PROJECT TITLE:	Family Planning Services for the Hill Tribes of Northern Thailand
GRANTEE:	McCormick Hospital Family Planning Program
RESPONSIBLE PERSON:	Dr. Paul Lewis
BUDGET:	\$7,032.
APPROVED PROJECT DATES:	1 August 1974 - 31 July 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project provides family planning information and contraceptive services to the hill tribes of Northern Thailand through McCormick Hospital (in Chiang Mai) which has extended its highly successful family planning program to provide services to the Lahu, Akha and Lisu hill tribes. An information program is being developed to educate people in the area about family planning in their own language and will be accomplished through the McCormick Hospital Mobile Family Planning Team visits. A tribal family planning center has been set up to provide continuous advice and assistance in practicing family planning. Cassette tapes and local radio broadcasts are used to educate people and announce clinics specially geared for tribal people.

Progress towards achievement of project objectives has been satisfactory. After six months of project activity, small-group and one-to-one discussions are the primary means of communications about family planning. About 1,500 people have been reached and 262 people have begun to practice family planning. Fewer people have elected sterilization than originally projected; however, the numbers of cases are expected to increase during the next six months. There were difficulties in establishing the radio program due to lack of cooperation from the local officials.

This problem has now been resolved and radio broadcasts on family planning began in March; this should augment the education and service program. This project is bringing family planning services to people who have been isolated from all national programs in Thailand. As a result of this project, the Government is now considering the establishment of permanent health facilities in the area.

PROJECT NO: Thailand (Nurses)  
PROJECT TITLE: A Workshop for Nurse Instructors/  
Supervisors on Family Planning  
Education and Service  
GRANTEE: Nurses Association of Thailand  
RESPONSIBLE PERSON: Kung Ying Samarnchai  
Damrang Bacdyngun  
BUDGET: \$4,600.  
APPROVED PROJECT DATES: 1 May 1975 - 29 February 1976  
ANTICIPATED PROJECT LIFE: 10 Months

This project is a collaborative effort of the Nurses Association of Thailand and the Department of Nursing Education, Faculty of Education, Chulalongkorn University. It will provide 40 nurses from the Nurse Association of Thailand the opportunity to identify and define the objectives, content and teaching methodology relevant to family planning education in schools of nursing. This will be initiated through a 10-day workshop at Chulalongkorn University.

This workshop represents the first official participation of the Nurses Association of Thailand in family planning. Participants will represent the nursing leadership of universities, schools of nursing and hospitals located throughout Thailand's nine regions. Post-project activities will include technical assistance to the participating workshop members for institutionalizing family planning as a component of nursing education.

Completed Projects

PROJECT NO: East Asia - 01  
PROJECT TITLE: I E C Project Development  
Workshop: Asia  
GRANTEE: F P I A  
BUDGET: \$30,000.  
APPROVED PROJECT DATES: April 1973

PROJECT NO: East Asia - 02  
(formerly F P I A - 09)  
PROJECT TITLE: UNDA-WACC Asia Oceanic World  
Population Year Workshop  
GRANTEE: World Association for Christian  
Communication  
BUDGET: \$10,500.  
APPROVED PROJECT DATES: 29 November 1973 - 28 February 1974

PROJECT NO: Indonesia - 02  
PROJECT TITLE: Production, Distribution and Eval-  
uation of Printed Materials for  
Patient Recruitment  
GRANTEE: Division on Health and Responsible  
Parenthood  
BUDGET: \$7,671.  
APPROVED PROJECT DATES: 24 July 1972 - 23 July 1973

PROJECT NO: Indonesia - 03  
PROJECT TITLE: Development and Production of Three  
Slide Shows  
GRANTEE: Division on Health and Responsible  
Parenthood Council of Churches in  
Indonesia  
BUDGET: \$3,520.  
APPROVED PROJECT DATES: 30 June 1972 - 29 June 1973

PROJECT NO: Korea - 03  
PROJECT TITLE: Administration of Family Planning  
Projects  
GRANTEE: Korean National Council of Churches  
BUDGET: \$13,882.  
APPROVED PROJECT DATES: 1 November 1972 - 31 May 1974

PROJECT NO: Philippines - 02  
PROJECT TITLE: A Survey of Potential Family  
Planning Service Providers  
GRANTEE: Inter-Church Commission on  
Medical Care  
BUDGET: \$2,358.  
APPROVED PROJECT DATES: 9 August 1972 - 24 October 1973

PROJECT NO: Philippines - 03  
PROJECT TITLE: Maternal-Child Health Family  
Planning Project  
GRANTEE: Division on Self Development  
National Council of Churches  
in the Philippines  
BUDGET: \$20,800.  
APPROVED PROJECT DATES: 1 July 1972 - 31 August 1973

PROJECT NO: Philippines - 04  
PROJECT TITLE: Summer Program in Family  
Planning  
GRANTEE: Lorma Hospital School of  
Nursing  
BUDGET: \$186.  
APPROVED PROJECT DATES: 1 August 1972 - 30 August 1972

Completed Projects

PROJECT NO: Indonesia - 05  
PROJECT TITLE: Family Planning Outreach Workers  
GRANTEE: Division on Health and Responsible  
Parenthood Council of Churches in  
Indonesia  
BUDGET: \$5,588.  
APPROVED PROJECT DATES: 1 August 1972 - 30 September 1973

PROJECT NO: Indonesia - 07  
PROJECT TITLE: Family Planning Motivation Conference  
for Catholic Health Workers  
GRANTEE: Association of Voluntary Health  
Services  
BUDGET: \$18,269.  
APPROVED PROJECT DATES: 4 October 1974 - 4 January 1975

PROJECT NO: Korea - 01  
PROJECT TITLE: In-Service Hospital Staff Training  
GRANTEE: Korean National Council of Churches  
BUDGET: \$1,750.  
APPROVED PROJECT DATES: 1 September 1972 - 31 July 1973

PROJECT NO: Korea - 02  
PROJECT TITLE: A Pilot Project Using Home Visitors  
for Patient Recruitment  
GRANTEE: Korean National Council of Churches  
BUDGET: \$35,244.  
APPROVED PROJECT DATES: 1 November 1972 - 30 October 1974

Completed Projects

PROJECT NO: Philippines - 06  
PROJECT TITLE: Population Education Seminars  
GRANTEE: Wesleyan Population Center  
BUDGET: \$1,914.  
APPROVED PROJECT DATES: 1 November 1972 - 31 January 1973

PROJECT NO: Philippines - 08  
PROJECT TITLE: Mobile INC Family Planning Clinic  
GRANTEE: Gabriel Medical Assistance Group  
BUDGET: \$8,427.  
APPROVED PROJECT DATES: 1 April 1973 - 30 September 1973

PROJECT NO: Philippines - 18  
PROJECT TITLE: The Expanding Role of Midwives  
in Family Planning and Nutrition  
Programs  
GRANTEE: National Federation of Filipino  
Midwives  
BUDGET: \$5,038.  
APPROVED PROJECT DATES: 4 October 1974 - 4 January 1975

PROJECT NO: Taiwan - 01  
PROJECT TITLE: Training Program for Aboriginal  
Church Leaders  
GRANTEE: Taiwan Christian Service  
BUDGET: \$860.  
APPROVED PROJECT DATES: 1 July 1972 - 31 December 1973

Completed Projects

PROJECT NO: Taiwan - 03  
PROJECT TITLE: Support for Slum Area Field Workers  
GRANTEE: Taiwan Christian Service  
BUDGET: \$5,300.  
APPROVED PROJECT DATES: 18 April 1972 - 17 April 1973

PROJECT NO: Taiwan - 04  
PROJECT TITLE: Private Clinic Survey  
GRANTEE: Taiwan Christian Service  
BUDGET: \$875.  
APPROVED PROJECT DATES: 1 June 1972 - 31 May 1973

PROJECT NO: Taiwan - 05  
PROJECT TITLE: Support to Taiwan Christian Service for Administration of Family Panning Projects  
GRANTEE: Taiwan Christian Service  
BUDGET: \$16,221.  
APPROVED PROJECT DATES: 22 May 1972 - 21 May 1974

PROJECT NO: Taiwan - 06  
PROJECT TITLE: Translation and Printing of Family Planning Teaching Guide for Nurses  
GRANTEE: Taiwan Christian Service  
BUDGET: \$3,000.  
APPROVED PROJECT DATES: 1 August 1972 - 31 July 1973

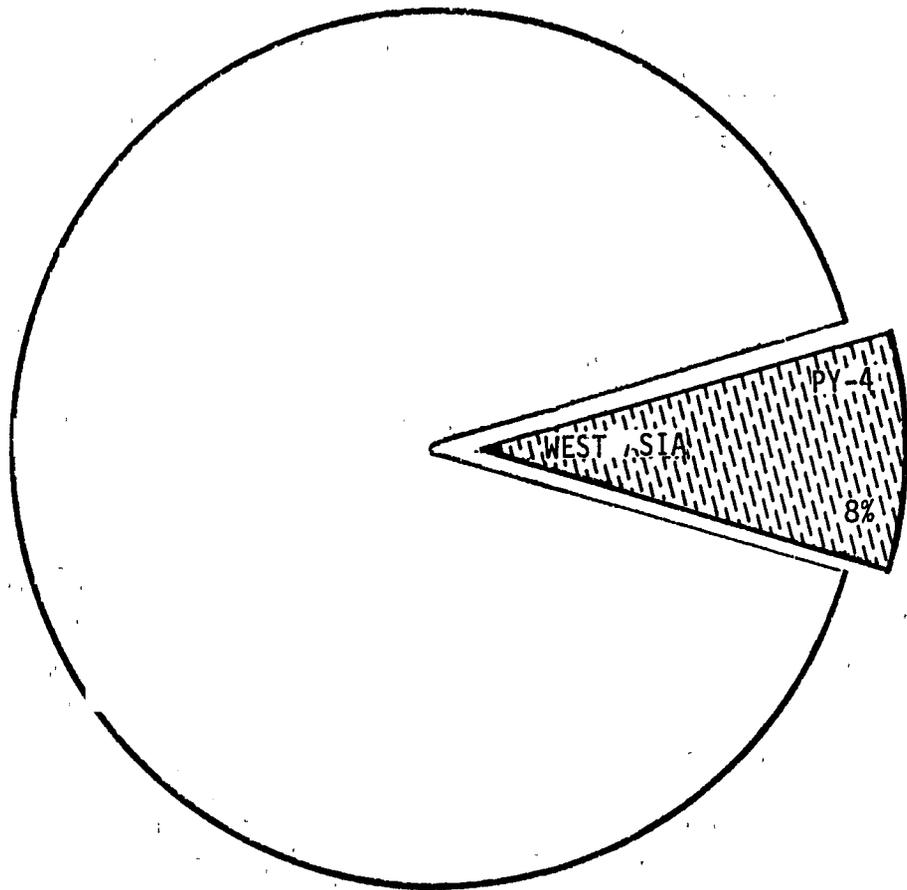
Completed Projects

PROJECT NO: Taiwan - 07  
PROJECT TITLE: Support for a Field Worker in  
a Coastal Area  
GRANTEE: Taiwan Christian Service  
BUDGET: \$1,500.  
APPROVED PROJECT DATES: 29 June 1972 - 28 June 1973

PROJECT NO: Thailand - 01  
PROJECT TITLES: A Family Planning Project in  
the Prapradaeng Industrial Area  
GRANTEE: Church of Christ of Thailand  
BUDGET: \$15,988.  
APPROVED PROJECT DATES: 1 March 1974 - 28 February 1975

PROJECT NO: Thailand - 03  
PROJECT TITLE: Conference for Directors of  
Christian Hospitals  
GRANTEE: F P I A  
BUDGET: \$2,225.  
APPROVED PROJECT DATES: 1 February 1974 - 30 April 1974





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## WEST ASIA

West Asia became a major focus for FPIA programming in PY-4 as activity in the region increased substantially and considerable attention was given to creating the proper framework for future FPIA involvement. Field investigations throughout the region uncovered numerous program possibilities with new project development taking place in Bangladesh, Jordan, Pakistan and Sri Lanka. Technical assistance was provided to all projects, with the emphasis on the development of effective project management systems to help projects realize their potential and become models for new programs throughout the region.

The need for increased family planning in West Asia is evident. The countries of the region are very poor and problems of rapid population growth are frustrating development efforts. Several of the countries in the region have long recognized the importance of family planning. Bangladesh, Egypt, India and Pakistan were among the first of the developing countries to establish national family planning programs. In these countries, and in others with long-standing family planning programs, there is general recognition that the national programs have failed to adequately slow the rate of population growth. These countries are searching for new and more effective ways of increasing family planning practice. Current and future FPIA programs are designed to create new models for providing family planning service to increasing numbers of men and women.

Other countries in the region have not yet recognized the need for family planning. Some feel that family planning can only be acceptable within the context of general economic development. Others, particularly in the Middle East, are conservative societies which are just beginning to extend social services to the general population. In these countries, FPIA will work with progressive organizations, which recognize the need for family planning, to develop innovative projects to help legitimize family planning and build a broad base of support for family planning programs so as to win government acceptance and involvement in family planning efforts.

### Project Funding Summary

In West Asia, 5 projects have been funded to date in PY-4 for a total dollar value of \$131,560, and 3 projects valued at \$42,780 await funding, for a total anticipated obligation of \$174,340 for 8 projects in PY-4 (Table 40 ).

Some 18 percent of the regional project obligation this year is earmarked for the refunding of 3 projects and the average cost of the projects is \$21,792. The cumulative total value of the 10 individual projects funded in the region PY 1-4 is \$235,758 (Table 41).

On a per-country basis in the region Bangladesh has been the largest recipient of financial support for projects (Table 42 ).

More detailed information on current and completed projects in the region can be found at the end of this section.

### Project Highlights

In South Asia, FPIA has identified many organizations which are concerned about the problems of rapid population growth and are ready to undertake family planning projects; these organizations require technical assistance, however, to help them develop sound programs. In Bangladesh, FPIA sponsored a project development workshop for voluntary agencies (Bangladesh-02). This organizations interested in initiating or expanding family planning activities. The agencies discussed the Bangladesh Government's family planning program and the role that voluntary agencies could play in the national family planning effort. Each agency identified one or more projects that it wished to undertake during the coming year and was then guided through the process of developing an effective family planning project, assisted in defining project goals and objectives, writing a plan of action and evaluation, and estimating the budgetary requirements of the project. In this manner, participants developed 18 new family planning projects which are now being considered for funding by various international donor organizations.

The Community Development Foundation in Bangladesh, with FPIA's support, began a program in PY-3 to use the village organizational structure to promote family planning in rural parts of the country (Bangladesh-01). The village leadership was educated about the need for family planning and asked to assume the responsibility for providing family planning information and services to the people of their community; this approach made the people providing the services more responsive to local needs and increased the effectiveness of village-level family planning workers. After one year of project activities, almost one-half of the villagers (47%) were practicing some form of family planning. The Bangladesh Government is paying careful attention to this successful project and is considering expanding it to the "union" level, the lowest level of government administration in Bangladesh. FPIA may support a pilot union-level project during PY-5 to encourage this development.

The Christian Health Care project of the National Council of Churches: Bangladesh (Bangladesh-03) has begun a comprehensive maternal and child health/family planning project at all of its affiliated hospitals and clinics. FPIA is supporting the family planning components of this project, which will establish family planning information and services at all 15 facilities participating in this program. The Christian Health Care project has as its objective the provision of family planning services to 34,000 men and women during the first year of project activities.

The Nepal Women's Organization (Nepal-01) is providing family planning services to village women in the remote areas of the country. The organization is training its village level representatives to act as contraceptive distributors in areas not reached by the government family planning program. The Nepal Women's Organization, with 1,000 village units located in 72 of the 75 districts of Nepal, has a structure for communicating with women throughout the country unmatched by any other organization in Nepal. The organization sees family planning as a service that women can provide for other women so as to raise their status in Nepali society.

Pakistan Medico International (PMI), with FPIA support, is beginning a model family planning project in a squatter settlement on the outskirts of Karachi, in a hospital just inside the city limits, and in an urban slum area (Pakistan-01). In the Orangi refugee resettlement area, PMI will organize a door-to-door contraceptive information and distribution program. At Sugrabai Millwala Hospital, all in-patients, out-patients and visitors to the hospital will be informed about family planning, and contraceptives will be distributed through the hospital out-patient services. In the Pakistani Chowk urban slum area, PMI will organize door-to-door contraceptive information and distribution programs and distribute contraceptives through its clinic. In addition to providing family planning information to more than 200,000 people and contraceptive services to almost 9,000, this project will permit comparison of three different types of family planning information and service models under one program administration.

FPIA is now working with many organizations in Pakistan that are eager to develop new family planning projects. The Christian Hospital Association of Pakistan has requested FPIA assistance to develop a comprehensive family planning project for its 27 hospitals and 32 clinics, which see a combined total of more than 1.5 million out-patients per year. The All Pakistan Women's Association, the Social Welfare Society of Rawalpindi and the Red Crescent Society of Pakistan also have requested FPIA assistance. Project development technical assistance was provided to each of these organizations during PY-4 to assist them in preparing proposals for possible funding by FPIA in PY-5.

In the Middle East, FPIA developed and began to fund a series of projects in PY-4 with church-related service and policy-making agencies. These projects are of two types: (1) service delivery projects in areas where the need for family planning services is great but the political and socio-economic circumstances of the community dictate that family planning be integrated into general development and social welfare programs; and (2) information and education programs within the main arteries of the Evangelical and Orthodox Christian Churches which, for the time,

accept and support the concept of family planning for their constituents.

### Regional Office

The need for a Field Representative to cover West Asia programs became increasingly evident during PY-4. During the year, FPIA continued to provide technical assistance for project development, monitoring and evaluation directly from its New York headquarters office. As the level of project activity in the region expanded, though, it became increasingly difficult to provide effective project management and develop new projects from New York. Headquarters administration of local family planning activities was appropriate in the initial stages of FPIA involvement in the region; but the expanded development and support of programs in West Asia will require a field - based representative of FPIA, in the near future.

### Technical Assistance

During PY-4, FPIA staff made program visits to all countries in South Asia, except India, and to Turkey, Lebanon, Jordan and Egypt, in the Middle East. Dr. Hans Groot, Judith Bruce and Anthony Drexler visited Bangladesh to assist in the project development workshop for voluntary agencies (Bangladesh-02). Project management technical assistance was also provided at that time to the Family Planning Through Village Leadership project (Bangladesh-01) and to the Christian Health Care project (Bangladesh-03). Project management assistance was also provided in Nepal to the Nepal Women's Organization; in Pakistan, to Pakistan Medico International and, in Sri Lanka, to the YWCA. In Turkey, FPIA helped the Development Foundation of Turkey to develop a proposal for the commercial distribution of condoms throughout the country. In Lebanon, Jordan and Egypt, FPIA provided assistance to seven agencies which developed new family planning projects proposals now under consideration by FPIA for funding.

### Material Distribution

As of the end of PY-3, FPIA had provided materials assistance to 13 countries in the West Asia region (Table 43). The total value of the materials provided was \$248,733, with oral contraceptives accounting for 38.4 percent of this total and other contraceptives for an additional 11.4 percent. Medical kits provided by FPIA, constituted the single largest item in terms of dollar value. Some 75 percent of the dollar value of FPIA shipments was accounted for by two countries, Bangladesh and India.

By the first seven months of PY-4, FPIA provided \$140,022 worth of materials assistance to 7 countries with Bangladesh being the largest recipient of materials in terms of dollar value (Table 44). As was the case in PY 1-3, oral contraceptives accounted for about 53.5 percent of the dollar value of shipments.

As to quantities of materials shipped in PY 1-3, FPIA provided 2,489 gross of condoms, 1,303 diaphragms, 432 jars of foam, 4,612 tubes of jelly, 24,600 IUD's, and 520,950 cycles of oral contraceptives (Table 45). In addition, FPIA provided 557 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 848 books, 15,077 pamphlets, and 12 projectors (see Table 46 ).

In the first seven months of PY-4, the shipments to West Asia have included: 2,924 gross of condoms, 8,712 jars of foam, 6,012 tubes of jelly, 13,000 IUD's, and 428,000 cycles of oral contraceptives (Table 47). In addition, FPIA provided 145 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 415 books, 672 pamphlets, 16 films, and 30 projectors (see Table 48 ).

NOTE: Narrative descriptions of current projects and summary information on completed projects can be found at the end of this section.

TABLE 40

## Regional Obligations and Anticipated Obligations: WEST ASIA

Program Year 1 Obligations	Program Year 2 Obligations	Program Year 3 Obligations	Program Year 4		
			Obligations	Anticipated Obligations	Totals
no obligations	no obligations	Bangladesh-01 \$16,887	Bangladesh-01 15,744		15,744
		Bangladesh-02 29,494	Bangladesh-02 800		800
		Jordan-02 3,000	Bangladesh-03 70,888		70,888
		Nepal-01 11,030	Jordan-03	7,780	7,780
		Oman-01 1,007	ME-01	20,000	20,000
		Subtotal \$61,418	Nepal-01	15,000	15,000
			Pakistan-01 32,796		32,796
			Sri Lanka-01 11,332		11,332
				Subtotal	\$174,340
				Cumulative Total	\$235,758

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NOTE: Project obligations shown are net obligations -- i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

**TABLE 41**  
Summary: Project Activity Program Years 1-4 (WEST ASIA)

	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u> 5	<u>PY 4</u> 8	<u>PY 1-4*</u> 10
No. of projects	—	—	—	—	—
Total value of projects	—	—	\$61,418	\$174,340	\$235,758
Average value of projects	—	—	\$12,283	\$21,792	\$23,575
% earmarked for refunding	—	—	—	18%	—

NOTE: Projects funded for more than one year are counted as one project.

**TABLE 42**  
Regional Project Activity by Country: WEST ASIA

<u>Country</u>	<u>PY 1</u> <u>Obligations</u>	<u>PY 2</u> <u>Obligations</u>	<u>PY 3</u> <u>Obligations</u>	<u>PY 4</u>		<u>Totals</u>
				<u>Obligations</u>	<u>Anticipated</u> <u>Obligations</u> <u>Total</u>	
Bangladesh			46,381	87,432	87,432	133,813
Jordan			3,000		7,780	10,780
Nepal			11,030		15,000	26,030
Oman			1,007			1,007
Pakistan				32,796		32,796
Sri Lanka				11,332		11,332
Intra-regional					20,000	20,000
Totals			\$61,418	\$131,560	\$42,780	\$235,758

TABLE 43

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE WEST ASIA REGION  
AS OF AUG 31, 1974  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BAHRAIN	23	91	2	76	568	2,314	2,560	184	0	0	0	5,818
BANGLADESH	8,021	465	4	3,604	2,830	58,747	11,378	389	49	1,778	0	87,265
EGYPT	0	0	0	0	0	26,235	0	0	0	0	0	26,235
INDIA	0	0	0	0	9,500	0	86,726	3,624	19	0	0	99,869
ISRAEL	0	0	0	105	142	1,737	903	80	0	0	0	2,967
JORDAN	0	0	0	0	282	1,900	315	71	0	0	0	2,568
LEBANON	0	0	0	0	0	0	0	9	0	0	0	9
NEPAL	16	96	4	314	106	438	1,783	195	7	1,192	0	4,151
OMAN	0	0	0	0	601	0	1,426	56	0	0	0	2,033
PAKISTAN	26	91	2	0	601	2,704	6,939	415	0	1,192	0	11,970
SRI LANKA	0	0	0	0	71	606	600	100	0	0	0	1,377
TURKEY	13	0	0	126	106	0	1,718	12	6	660	0	2,621
YEMEN	0	0	0	176	35	796	784	9	0	0	0	1,830
TOTAL	8,099	743	12	4,400	14,843	95,478	115,132	5,143	81	4,802	0	248,733
PERCENTAGES	3.3	0.3	0.0	1.8	6.0	38.4	46.3	2.1	0.0	1.9	0.0	100.0

TABLE 44

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE WEST ASIA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BANGLADESH	2,988	0	0	17,704	2,458	51,456	14,728	712	802	4,539	691	96,078
EGYPT	0	0	0	0	0	0	0	7	58	0	0	65
INDIA	33	0	0	0	0	0	5,567	9	859	0	0	6,468
JORDAN	0	0	0	0	0	0	0	0	36	0	0	36
NEPAL	0	0	0	0	0	0	0	0	85	0	0	85
PAKISTAN	0	0	0	0	1,061	5,772	1,351	77	17	1,990	0	10,268
SRI LANKA	6,509	0	0	0	1,061	17,630	386	19	170	1,250	0	27,925
TOTAL	9,530	0	0	17,704	4,580	74,857	22,032	824	2,025	7,779	691	140,022
PERCENTAGES	6.8	0.0	0.0	12.6	3.3	53.5	15.7	0.6	1.4	5.6	0.5	100.0

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TABLE 45

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA WEST REGION  
AS OF AUG 31, 1974

COUNTRY	CONDOM	DIAPH.	DELFFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
BANPAIN	1,098	160	0	72	1,100	13,300	2	3	1	2	3	1	1
BANGLADESH	354,960	816	0	4,272	8,000	320,450	11	10	7	9	15	7	2
EGYPT	0	0	0	0	0	150,000	0	0	0	0	0	0	0
INDIA	0	0	0	0	10,000	0	33	49	75	104	88	70	0
ISRAEL	0	0	0	100	400	9,000	1	0	1	1	0	1	0
JORDAN	0	0	0	0	800	10,000	0	1	0	1	0	0	0
NEPAL	720	168	288	0	300	1,600	6	0	0	1	7	0	1
OMAN	0	0	0	0	1,700	0	0	0	2	0	0	2	0
PAKISTAN	1,152	159	0	0	1,700	10,500	0	6	5	7	2	5	2
SRI LANKA	0	0	0	0	200	2,200	0	0	0	0	0	0	1
TURKEY	576	0	96	0	300	0	0	2	1	0	0	1	1
YEMEN	0	0	48	168	100	4,000	2	1	1	0	2	0	0
TOTAL	358,416	1,303	432	4,612	24,600	520,950	55	72	93	125	117	87	8

TABLE 46

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA WEST REGION  
DURING PROGRAM YEAR 4 -  
SFP 01, 1974 - MAR 31, 1975

COUNTRY	CONDOM	DIAPH.	DELFFEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS						
							I	II	III	IV	V	ASP.	OLD MDL.
BANGLADESH	131,616	0	8,712	6,012	7,000	294,200	32	9	4	22	40	4	0
INDIA	1,440	0	0	0	0	0	3	3	5	6	3	5	0
PAKISTAN	0	0	0	0	3,000	33,000	0	2	1	1	1	1	0
SRI LANKA	288,000	0	0	0	3,000	100,800	0	3	0	0	0	0	0
TOTAL	421,056	0	8,712	6,012	13,000	428,000	35	17	10	29	44	10	0

TABLE 47

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA WEST REGION  
AS OF AUG 31, 1974

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BHUTAN	17	0	2	1,111	0	0	0	0	0
BANGLADESH	93	0	52	993	0	0	0	3	1
INDIA	579	0	504	8,790	0	2	0	0	0
ISRAEL	0	0	16	200	0	0	0	0	0
JORDAN	10	0	0	220	0	0	0	0	0
LEBANON	0	0	2	0	0	0	0	0	0
NEPAL	96	0	16	89	0	0	0	2	1
OMAN	8	0	10	0	0	0	0	0	0
PAKISTAN	40	0	16	2,637	0	0	0	2	1
SRI LANKA	6	0	2	1,035	0	0	0	0	0
TURKEY	2	0	2	0	0	0	0	1	1
YEMEN	0	0	2	0	0	0	0	0	0
TOTAL	848	0	624	15,077	0	2	0	8	4

TABLE 48

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE ASIA WEST REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BANGLADESH	360	61	41	580	9	4	0	6	13
EGYPT	4	0	0	2	0	6	0	0	0
INDIA	4	3	0	6	5	0	0	0	0
JORDAN	0	0	0	0	0	2	0	0	0
NEPAL	0	0	0	0	1	0	0	0	0
PAKISTAN	38	3	0	61	0	0	0	3	3
SRI LANKA	9	2	2	23	1	6	0	2	3
TOTAL	415	69	43	672	16	18	0	11	19

PROJECT NO: Middle East - 01  
PROJECT TITLE: Christian and Muslim Population  
Communicators Workshop  
GRANTEE: Middle East Council of Churches  
RESPONSIBLE PERSON: The Rev. Albert Isteero  
BUDGET: \$20,000.  
ANTICIPATED STARTING DATE: 1 June 1975  
ANTICIPATED PROJECT LIFE: 7 Months

This workshop will involve religious leaders (Islamic and Christian), communication experts (religious and secular), population experts (demographers, university representatives, social developers, etc. ) women leaders from the Arab countries. The purpose of the workshop is to: promote understanding and to (a) delineate the breadth and implications of the "population challenge"; (b) study, discuss and outline the religious factors which influence the "population challenge" and try to formulate a positive response to it by the religious groups; (c) sensitize the communication experts (secular and religious) to the "population challenge" and their role as communicators with the religious community and society; (d) foster an exchange of ideas and experiences of the participants aimed at developing possible plans of common action and follow-up within each country by all the participants.

The number of participants anticipated is about 60 from the following countries: Egypt (15) Gulf States (6); Iraq (5); Jordan (5); Lebanon (5); Lybia (5); Saudi Arabia (5) Sudan (10); Syria (5).

The workshop will be held in Alexandria, Egypt, June 8-14, 1975, with Arabic as the official language. Prior to the workshop there will be in-country meetings of national committees, to discuss the issues and to do the necessary in-country research. After the workshop, these same committees will help to disseminate workshop recommendations. A representative from the Middle East Council of Churches also will be selected to do "follow-up" work for six months after the workshop.

PROJECT NO: Bangladesh - 01  
PROJECT TITLE: Family Planning Through Village  
Leadership  
GRANTEE: Community Development Foundation  
RESPONSIBLE PERSON: David Hopkins  
BUDGET: \$15,744.  
APPROVED PROJECT DATES: 22 March 1975 - 21 March 1976  
ANTICIPATED PROJECT LIFE: 2 Years

This project was undertaken to demonstrate the use of community development techniques in a family planning program. Village development committees have been educated about the need for family planning in their villages and have accepted the responsibility for providing services to the people. In each village the committees have chosen two persons (one male, one female) to contact eligible couples and distribute contraceptives. The Community Development Foundation (CDF) has conducted a base line and KAP survey in the project area and trained the leaders and the educator couples who are providing the services. After nine months of project work and six months of service provision, 47 percent of the eligible couples in the four villages were practicing family planning.

During the second year of project activity, family planning education and services will continue to be provided. An increased emphasis will be placed on continuation of family planning practice, re-education of drop-outs, and the provision of services to couples not yet practicing family planning. A second survey of the project area will be undertaken to measure demographic impact and KAP changes as a result of project activity. Provisional results of project activity already have been made available to Bangladesh Government officials. Additional efforts will be made in the second year to inform the Government about the project and arouse its interest in expanding the project to the union level (the lowest level of Government administration). A project will be developed to apply the principles of this project to a family planning project at the union level and to plan the expansion of the union level project to several unions with Bangladesh Government/World Bank financing.

The goal of the second year is to develop a model for family planning programs based on community development principles.

PROJECT NO:	Bangladesh - 03
PROJECT TITLE:	Christian Health Care Project
GRANTEE:	National Council of Churches: Bangladesh
RESPONSIBLE PERSON:	Dr. (Mrs.) M. Malakar
BUDGET:	\$70,888.
APPROVED PROJECT DATES:	17 December 1974 - 16 December 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project will, for the first time in Bangladesh, involve all of the Christian hospitals and clinics in a family planning program. All patient contact points available in the medical institutions will be utilized to educate people about family planning and make services available to them. This project will also be the first attempt to distribute contraceptives through the outpatient facilities of hospitals and clinics in the country.

The Christian Health Care Project (CHCP) was established by the National Council of Churches in Bangladesh to develop and administer a maternal and child health/family planning program with Christian hospitals and clinics. The Swedish International Development Authority has allocated funds to support the MCH components and FPIA will support those elements directly related to the provision of family planning services. MCH/family planning clinics will be established at seven Christian hospitals and eight Christian clinics.

It is anticipated that more than 30,000 men and women will receive family planning services from CHCP during the first year of project operations.

PROJECT NO: Jordan - 02  
PROJECT TITLE: Family Planning Education  
Materials in Jordan  
GRANTEE: Near East Ecumenical Committee  
for Palestine Refugees  
RESPONSIBLE PERSON: Dr. Farouk Daher  
BUDGET: \$3,000.  
APPROVED PROJECT DATES: 15 October 1974 - 15 July 1975  
ANTICIPATED PROJECT LIFE: 9 Months

Under terms of the grant, Jordanian family planning and education professionals are reviewing information and education materials to: (1) select materials for translation, printing and purchase (in consultation with the Jordanian Family and Protection Association of the East Bank) so as to provide an adequate supply of literature for distribution to potential family planning acceptors; (2) select audiovisual aids appropriate to group education in reproductive anatomy and family planning techniques; and (3) review proposed family planning patient reporting forms to determine the common and minimum information to be collected on all family planning acceptors.

To date, two publications have been translated -- "The Five Points of Family Planning" and "The Methods of Family Planning"--and an initial printing of 5,000 copies of each in Arabic has been distributed to 10 family planning and health centers. The committee is screening more materials and is preparing a series of meetings with voluntary agencies and Government officials to introduce the publications.

PROJECT NO: Jordan - 03  
PROJECT TITLE: Maternal Health and Welfare  
GRANTEE: Near East Ecumenical Committee  
for Palestine Refugees  
RESPONSIBLE PERSON: Mr. Bishara Makhlouf  
BUDGET: \$7,781.  
ANTICIPATED STARTING DATE: May 1975  
ANTICIPATED PROJECT LIFE: 2 Years

Current Projects

The Near East Ecumenical Committee for Palestine Refugees operates nine Family Service Centers to serve Palestinian refugees and low income Jordanians with maternal and child health, home visiting services and home economics education. Under this project, the committee will provide family planning clinical services to 1,000 new and 2,000 continuing patients in two Family Service Center locations (Zarka and Amman) initially, and may expand services depending upon demand. A new pill dispensing policy aimed at increasing the accessibility of supplies will be introduced on an experimental basis, permitting pill patients to receive 3 to 6 pill cycles at a time. Patients with four or more children will be surveyed to discern their knowledge of and desire for sterilization services. In addition, a patient payment system which will permit all patients to receive service and the maximum number of cycles of pills permitted, regardless of ability to pay, will be initiated to encourage maximum utilization of family planning services.

PROJECT NO: Nepal - 01  
PROJECT TITLE: Women's Family Planning Project  
GRANTEE: Nepal Women's Organization  
RESPONSIBLE PERSON: Mrs. P. Dhungana, President  
BUDGET: \$11,030.  
APPROVED PROJECT DATES: 15 July 1974 - 14 July 1975  
ANTICIPATED PROJECT LIFE: 3 Years

In this project, the Nepal Women's Organization is making use of its district and village organizational structure to train women in family planning and provide family planning services.

Family planning training seminars are being held in four districts. One member from each village unit in the district attends the seminar to learn about family planning and how to teach people how to use contraceptives. These women are then provided with oral contraceptives, condoms and foam to distribute to other women in their villages, under the supervision of the District Medical Officer. The trained women also will educate other women about the advantages of family planning, provide them with contraceptives and assist the women to continue practicing family planning by answering their questions about contraception, reassuring them regarding possible side effects and referring contraceptive problems to the District Medical Officer. This procedure increases the quality of family planning services available to the people in the villages of Nepal.

After six months of project operations, two seminars had been held for a total of 85 women. The women representatives are enthusiastic about providing family planning services in their villages, and post-seminar tests showed that they learned the bases of family planning well enough to identify women who should not take oral contraceptives and to provide non medical contraceptives to others.

Current Projects

The organization is working closely with Nepal Government family planning officials to extend family planning to villages which so far have no access to services.

PROJECT NO: Pakistan - 01  
PROJECT TITLE: Pakistan Medico International  
Family Planning Program  
GRANTEE: Pakistan Medico International  
RESPONSIBLE PERSON: Dr. M. S. Boikhan  
BUDGET: \$32,796.  
APPROVED PROJECT DATES: 1 May 1975 - 30 April 1976  
ANTICIPATED PROJECT LIFE: 3 Years

Pakistan Medico International (PMI) is a charitable organization working to assist the resettlement of refugees from Bangladesh and to improve health and living conditions of poor Pakistanis. In this project, PMI will implement a family planning information, contraceptive distribution and referral program which will be organized for the Orangi Refugee Settlement Area; a hospital based family planning program will be organized at PMI's Sughrabal Milwala Hospital and a clinic-based program will be organized in the PMI Clinic located in the Pakistani Chowk in the center of Karachi. In each of these areas, PMI will utilize motivator couples to: inform people about family planning and the availability of contraceptive services; to distribute contraceptives; and to refer people desiring IUD's or sterilizations. Contraceptives also will be made available at the hospital and the clinic for requesting patients. It is expected that the project in its first year will provide services for more than 8,000 family planning acceptors, including 450 sterilizations.

PROJECT NO: Sri Lanka - 01  
PROJECT TITLE: Family Planning Education  
and Service Centers  
GRANTEE: Young Women's Christian  
Association of Sri Lanka  
RESPONSIBLE PERSON: Mrs. K.D.T. Nanayakkara  
BUDGET: \$11,332.  
APPROVED PROJECT DATES: 1 February 1975 - 31 January 1976  
ANTICIPATED PROJECT LIFE: 3 Years

The National Young Women's Christian Association (YWCA) of Sri Lanka currently operates a family planning education and service program at a family life education center in Moratumulla. This project assists the YWCA to expand this operation and enables the organization to open family planning education and service centers in Galle, Ratnapura, Colombo, Panadura and Jaffna. Programs at these centers include film presentations, educational materials distribution, family planning outreach and counselling and the distribution of oral contraceptives. The YWCA is the first national organization aside from the Family Planning Association to undertake a family planning project in Sri Lanka with foreign support.

The goal of the project is to use the facilities of the YWCA's local associations and their family life education activities to educate people about family planning, to provide family planning clinic services and to distribute oral contraceptives; there are 19 YWCA associations and fellowship groups. Objectives of the project are to establish family planning education and service centers at six YWCA locations in the first year and at 13 other locations within three years.

Completed Projects

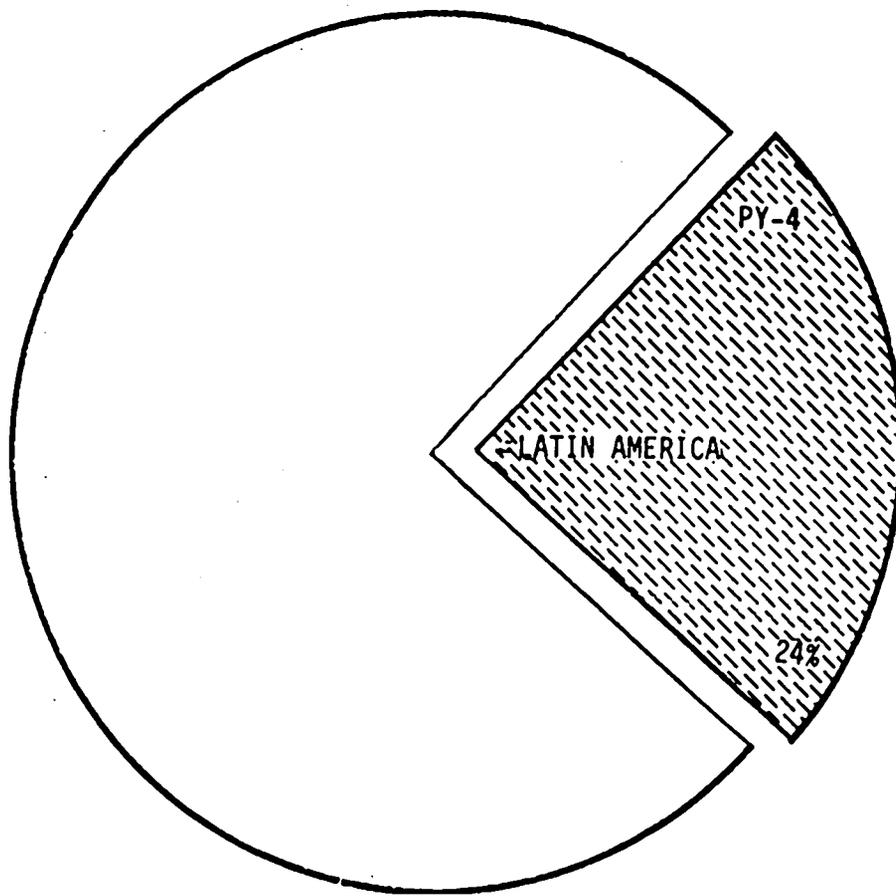
PROJECT NO: Bangladesh - 02  
PROJECT TITLE: Bangladesh Project Development  
Workshop  
GRANTEE: Planning Assistance, Inc.  
BUDGET: \$30,294.  
APPROVED PROJECT DATES: 2 August 1974 - 1 March 1975

PROJECT NO: Oman - 01  
PROJECT TITLE: Post-Partum Family Planning .  
Education and Service  
GRANTEE: Assada Hospital  
BUDGET: \$1,007.

PROJECT TRUNCATED

APPROVED PROJECT DATES:





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## LATIN AMERICA

With the establishment this year of FPIA; third regional office in San Jose, Costa Rica, in the midst of the Latin American countries receiving FPIA support, program monitoring and assistance should continue to improve. The other were opened formally on January 6, 1975 and is staffed by the Regional Representative for Latin America and an administrative secretary.

### Project Funding Summary

In Latin America, 7 projects have been funded in PY-4 for a total value of \$330,801, and 6 projects valued at \$181,949 await funding or refunding for a total anticipated obligation of \$512,750 for 12 projects. (One project will receive two separate obligation during the year.) (Table 49 ).

Some 78 percent of the regional project obligation this year is earmarked for the refunding of 8 project and the average cost of the projects is \$42,729. The cumulative total value of 17 individual projects funded in the region PY 1-4 is \$1,803,580 (Table 50 ).

On a per-country basis in the region, Peru has been the largest recipient of financial support for projects (Table 51 ).

More detailed information on current and completed projects can be found at the end of this section

### Project Highlights

A highlight of FPIA programs in Latin America is the Haiti-01 program implemented by the Centre d'hygiene Familiale, under the direction of Dr. Ary Bordes. This program after three years of FPIA and Unitarian Universalist Service Committee assistance, has achieved its goal in becoming the model program for the Haitian government's national program. Using the clinic and community development program demonstrated in this project as a model, the Haitian Ministry of Health and Population plans to open more than 140 clinics throughout the country, financed by funds from the United Nations Fund for Population Activities.

FPIA will continue to support the Centre d'Hygiene Familiale in a new project but the focus will be on the development and testing of educational and motivational materials: movies, slides, booklets, pamphlets, radio spots and posters (Haiti-IEC). Once developed and tested, the materials also will be incorporated into the national program. It is estimated that FPIA support for this new program will continue for two more years.

Continued association with various Catholic Church-related organizations has been another important aspect of FPIA's work in the Latin American region. Two programs in Peru (Peru-04 and 05) approved directly by the Church hierarchy, are providing educational and medical services to more than 18,000 women on a monthly basis. These are the only two programs in Latin America where the Church permits the prescription of oral contraceptives for two years after the woman has given birth.

These programs are going exceptionally well and other Church groups in Latin America are considering similar programs.

In Ecuador, more than 10,000 women are receiving family planning services in the only family planning program run by women physicians in Latin America (Ecuador - 02 and 03). The Centro Medico de Orientacion y Planificacion Familiar, centered in Quito, offers services in two clinics in the capital city and in two rural clinics in the small towns of Santo Domingo de los Colorados and Quevedo. This project is coordinated with the Ministry of Health and, besides the clinic component, includes a well developed educational and motivational campaign.

Educational and motivational programs are of great importance in Latin America. FPIA supports four such programs; two in Costa Rica, one in Colombia and another in the Dominican Republic. Two of these programs, Accion Cultural Popular in Colombia (Colombia-02) and the Centro de Integracion in Costa Rica (Costa Rica-02), are with Catholic Church-related organizations. These programs focus their campaigns on responsible procreation and responsible parenthood; presentations of all methods of family planning are included and both have been very successful.

The educational program of the Centro de Orientacion (COF) in Costa Rica (Costa Rica-02), is perhaps the best known program of its kind in Latin America. COF has become a model for programs throughout the region, especially with its radio program and correspondence courses. The educational/motivational campaign is coordinated with the national family planning program in Costa Rica.

In the Dominican Republic, FPIA supports the Instituto Nacional de Educacion Sexual (Dominican Republic-03) in the implementation of an educational program for school teachers, at the primary, secondary and university level. Professors in teacher-training schools also will receive courses. This project is coordinated with the Dominican government's National Council of Population and the Family (CONAPOFA) and has the direct support of the Ministry of Education. The program is national in scope and will have an impact through the educational system on the rural areas of the Republic where almost 60 percent of the population resides.

In Peru, where the government does not officially support family planning programs, FPIA is assisting a group of doctors at the Cayetano Heredia University to implement a specialized training program for medical students and doctors doing post-graduate study (Peru-06). This program is supported by the Peruvian Association of Obstetricians and Gynecologists. Because of this medical training program, FPIA also was able to support a three-day family planning conference during the annual Ob-Gyn Association's national meeting.

This conference was well received and showed the strong interest on the part of Peruvian Ob-Gyns in family planning and related medical services.

FPIA also supported a two-day session on Family Planning at the Medical Women's International Association (MWIA) conference in Rio de Janeiro in October 1974 (FPIA-14). The family planning session was well attended by women physicians, midwives and nurses from all over the world. FPIA plans to continue its cooperation with the MWIA and its Latin American affiliate groups in the future.

A contraceptive distribution program in the Dominican Republic, being carried out by the local Church World Service organization, is nearing the end of its first year (Dominican Republic-02). The program is coordinated with the national family planning council (CONAPOFA) and the Asociacion Dominicana Pro Bienestar de la Familia, the local affiliate of the International Planned Parenthood Federation). Oral contraceptives and condoms are distributed in rural areas of the country for a small fee, which helps to support the program. Well coordinated with the government program, this project is reaching areas where no other services currently are available.

#### Technical Assistance

During this past year technical assistance has been provided to all projects in the region. Jose Carlo visited all the educational programs (in the Dominican Republic, Colombia and Costa Rica) and also gave assistance to the two Peru, Catholic Church-related programs. Dr. Richard Derman and Hal Crow provided assistance to Peru-04, 05 and 06, Ecuador-02 and Haiti-01. David Parker, FPIA's Latin America Field Representative, visited all the programs in the region to provide management assistance.

#### Materials Distribution

As of the end of PY-3, FPIA had provided materials assistance to 23 countries in the Latin America region (Table 52). The total value of the materials was provided \$351,032, with oral contraceptives accounting for 65.6 percent of this total and other contraceptives for an additional 19.7 percent. Oral pills provided by FPIA, constituted the single largest item in terms of dollar value. 68 percent of the dollar value of FPIA shipments was accounted for by two countries--the Dominican Republic and Peru.

By the first seven months of PY-4, FPIA provided \$135,599 worth of materials assistance to 10 countries with Peru being the largest recipient of materials in terms of dollar value (Table 53). As was the case in PY -1-3, oral contraceptives accounted for the largest share, of the dollar value of shipments.

As to quantities of materials shipped in PY-1-3, FPIA provided 6,829 gross of condoms, 780 diaphragms, 14,590 jars of foam, 16,114 tubes of jelly, 25,838 IUD's, and 1,213,533 cycles of oral contraceptives (Table 54 ). In addition, FPIA provided 89 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 1,481 books, 125,791 pamphlets, 21 films, and 109 projectors (see Table 55 ).

In the first seven months of PY-4, the shipments to Latin America have included: 4,809 gross of condoms, 2,088 tubes of jelly, 9,200 IUD's, and 580,200 cycles of oral contraceptives (Table 56 ). In addition, FPIA provided 33 medical kits. With regard to IEC equipment and materials, FPIA provided, among other items, 207 books, 741 pamphlets, 25 films, and 13 projectors (see Table 57).

NOTE: Narrative descriptions of current projects and summary information on completed projects can be found at the end of this section.

TABLE 49

## Regional Obligations and Anticipated Obligations: LATIN AMERICA

<u>Program Year 1 Obligations</u>		<u>Program Year 2 Obligations</u>		<u>Program Year 3 Obligations</u>		<u>Program Year 4</u>		
						<u>Obligations</u>	<u>Anticipated Obligations</u>	<u>Totals</u>
Costa Rica-01	\$ 56,000	Latin America-01	\$ 28,900	Latin America-02	\$ 19,300	Colombia-02	40,000	\$ 40,000
Dominican Republic-01	46,480	Colombia-02	104,718	Colombia-02	150,037	Colombia-04	25,000	25,000
Haiti-01	88,470	Costa Rica-01	40,274	Costa Rica-01	68,000	Costa Rica-01	40,000	40,000
Peru-04	98,810			Costa Rica-02	29,086	Costa Rica-02	8,484	31,949
Peru-05	69,057	Subtotal	\$173,892	Dominican Republic-02	37,584	Dominican Republic-02		20,000
		Cumulative Subtotal	\$532,709	Dominican Republic-03	39,500	Ecuador-02	3,357	3,357
Subtotal	\$358,817			Ecuador-02	40,288	Ecuador-03	49,999	49,999
				Haiti-01	51,757	Haiti-(IEC)		25,000
				Peru-04	172,076	Peru-04	118,687	118,687
				Peru-05	135,194	Peru-05	114,846	114,846
				Peru-06	15,299	Peru-06	24,008	24,008
				Subtotal	\$758,121	Peru-07	11,420	11,420
				Cumulative Subtotal	\$1,290,830			Subtotal \$ 512,750
								Cumulative Subtotal \$1,803,580

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NOTE: Project obligations shown are net obligations -- i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE 50  
Summary: Project Activity Program Years 1-4 (LATIN AMERICA)

	<u>PY 1</u>	<u>PY 2</u>	<u>PY 3</u>	<u>PY 4</u>	<u>PY 1-4*</u>
No. of projects	5	3	11	12	17
Total value of projects	\$358,817	\$173,892	\$758,121	\$512,750	\$1,803,580
Average value of projects	\$71,763	\$57,964	\$68,920	\$42,729	\$106,092
% earmarked for refunding	--	23%	71%	78%	---

NOTE: Projects funded for more than one year are counted as one project.

TABLE 51  
Regional Project Activity by Country: LATIN AMERICA

<u>Country</u>	<u>PY 1</u> <u>Obligations</u>	<u>PY 2</u> <u>Obligations</u>	<u>PY 3</u> <u>Obligations</u>	<u>PY 4</u>		<u>Total</u>	<u>Totals</u>
				<u>Obligations</u>	<u>Anticipated</u> <u>Obligations</u>		
Colombia		104,718	150,037		65,000	65,000	319,755
Costa Rica	56,000	40,274	97,086	8,484	71,949	80,433	273,793
Dominican Republic	46,480		77,084		20,000	20,000	143,564
Ecuador			40,288	53,356		53,356	93,644
Haiti	88,470		51,757		25,000	25,000	165,227
Peru	167,867		322,569	268,961		268,961	759,397
Intra-regional		28,900	19,300				48,200
Totals	\$358,817	\$173,892	\$758,121	\$330,801	\$181,949	\$512,750	\$1,803,580

TABLE 52

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
AS OF AUG 31, 1974  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
ARGENTINA	0	0	0	0	0	0	0	28	4	0	0	32
BARBADOS	0	0	0	0	0	0	0	5	0	0	0	8
BOLIVIA	0	137	0	138	4,505	986	1,969	156	111	1,017	0	9,016
BRAZIL	0	0	0	0	0	0	0	17	0	0	0	17
CHILE	0	0	0	0	0	14,684	0	77	0	0	0	14,761
COLOMBIA	0	0	0	0	0	7,345	825	25	235	2,450	312	11,692
COSTA RICA	0	0	0	0	0	0	0	32	501	1,126	0	1,759
DOMINICA, W.I.	651	0	0	2,150	0	735	155	18	570	537	0	5,816
DOMINICAN REPUBLIC	16,565	0	0	16,091	1,165	109,832	155	696	280	356	0	145,131
ECUADOR	0	0	2	0	0	0	1,001	19	0	0	812	1,834
FEDERAL VICTORIA	0	0	0	0	0	0	0	4	0	0	0	4
GUATEMALA	0	0	0	0	0	0	0	37	0	0	0	37
HAITI	4,905	109	6	3,240	2,108	12,847	2,956	603	2,400	879	0	30,075
HONDURAS	0	0	0	0	35	5,876	0	0	0	0	0	5,911
JAMAICA	0	0	0	0	0	0	155	717	18	56	0	945
MEXICO	7	0	0	84	248	420	0	200	103	175	0	1,237
NICARAGUA	33	0	0	2,457	1,592	3,883	696	80	42	786	0	9,569
PARAGUAY	37	144	0	814	920	4,361	1,213	254	1,315	521	0	9,535
PERU	23	55	4	7,895	2,321	61,901	4,313	6,291	2,194	6,023	2,607	93,675
SAN KRISTOF-NEVIS-AN	0	0	0	0	0	0	0	6	7	0	0	13
TRINIDAD	0	0	0	0	0	0	1,507	119	21	0	0	1,647
URUGUAY	0	0	0	0	0	0	912	3	0	0	0	920
VENEZUELA	0	0	0	0	0	7,352	0	4	0	0	0	7,356
OTHER COUNTRIES	0	0	0	0	0	0	0	31	0	0	0	31
TOTAL	22,221	445	12	33,865	12,895	230,221	15,856	9,428	7,928	13,930	4,231	351,032
PERCENTAGES	6.3	0.1	0.0	9.6	3.7	65.6	4.5	2.7	2.3	4.0	1.2	100.0

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TABLE 53

FPIA: COST OF MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975  
(\$)

PAGE 1

COUNTRY	CONDOMS	DIAPH- RAGMS	FITTING RING SETS	FOAM	IUD	PILLS	MEDICAL KITS	LIT- ERATURE	AUDIO- VISUAL SUPPLIES	AUDIO- VISUAL EQPMT.	ALL OTHER ITEMS	TOTAL COST
BOLIVIA	13	0	0	0	1,097	1,784	1,845	342	195	1,826	0	7,102
COSTA RICA	0	0	0	0	0	0	0	0	0	342	0	342
DOMINICA, W.I.	0	0	0	0	0	0	0	0	610	0	0	610
DOMINICAN REPUBLIC	0	0	0	0	0	0	0	41	1,134	927	0	2,102
ECUADOR	0	0	0	0	0	0	0	13	17	0	0	30
HAITI	2,620	0	0	2,406	245	1,049	232	0	126	250	0	6,975
JAMAICA	0	0	0	0	0	0	0	0	0	342	0	342
MEXICO	0	0	0	0	0	0	0	9	3	0	0	12
PARAGUAY	0	0	0	0	0	2,099	0	0	0	0	0	2,099
PERU	13,019	0	0	0	1,939	96,545	2,075	50	2,255	0	0	115,682
TOTAL	15,650	0	0	2,406	3,281	101,477	4,201	456	4,335	3,787	0	135,597
PERCENTAGES	11.5	0.0	0.0	1.3	2.4	74.8	3.1	0.3	3.2	2.8	0.0	100.0

TABLE 54

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
AS OF AUG. 31, 1974

COUNTRY	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS					ASP.	OLD MDL.
							I	II	III	IV	V		
BOLIVIA	0	240	48	72	6,688	4,400	8	1	2	1	1	1	0
CHILE	0	0	0	0	0	77,283	0	0	0	0	0	0	0
COLOMBIA	0	0	0	0	0	50,000	0	0	1	1	0	1	0
DOMINICA, D. I.	24,800	0	0	3,000	0	5,000	2	0	0	0	0	0	0
DOMINICAN REPUBLIC	732,960	0	6,240	7,992	1,980	589,400	2	0	0	0	0	0	0
ECUADOR	0	0	0	0	0	0	0	1	0	1	0	0	1
HAITI	217,152	192	996	2,052	4,100	63,000	6	2	0	1	2	0	3
HONDURAS	0	0	0	0	100	40,000	0	0	0	0	0	0	0
JAMAICA	0	0	0	0	0	0	2	0	0	0	0	0	0
MEXICO	244	0	24	36	700	2,400	0	0	0	0	0	0	0
NICARAGUA	1,440	0	0	2,340	4,500	22,200	4	3	0	0	0	0	0
PARAGUAY	1,728	252	48	612	2,104	15,200	5	0	1	1	0	1	0
PERU	1,020	96	7,234	10	5,666	294,600	8	6	2	2	1	1	2
TRINIDAD	0	0	0	0	0	0	1	2	1	1	1	1	0
URUGUAY	0	0	0	0	0	0	0	0	1	1	1	1	0
VENEZUELA	0	0	0	0	0	50,050	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>983,388</b>	<b>780</b>	<b>14,590</b>	<b>16,114</b>	<b>25,838</b>	<b>1,213,533</b>	<b>38</b>	<b>15</b>	<b>8</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>6</b>

TABLE 55

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	CONDOM	DIAPH.	DELLEN FOAM	FOAM JELLY	I.U.D.	ORAL PILLS	MEDICAL KITS					ASP.	OLD MDL.
							I	II	III	IV	V		
BOLIVIA	576	0	0	0	3,100	10,200	5	3	1	1	1	1	0
HAITI	115,920	0	0	2,088	700	6,000	2	1	0	0	0	0	0
PARAGUAY	0	0	0	0	0	12,000	0	0	0	0	0	0	0
PERU	576,000	0	0	0	5,400	552,000	18	0	0	0	0	0	0
<b>TOTAL</b>	<b>692,496</b>	<b>0</b>	<b>0</b>	<b>2,088</b>	<b>9,200</b>	<b>580,200</b>	<b>25</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>

TABLE 56

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
AS OF AUG 31, 1974

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
ARGENTINA	4	0	5	22	0	0	0	0	0
BARBADOS	5	0	0	9	0	0	0	0	0
BOLIVIA	93	0	4	100	1	0	0	1	3
BRAZIL	0	0	4	0	0	0	0	0	0
CHILE	20	0	12	2	0	0	0	0	0
COLOMBIA	0	0	7	0	0	0	0	3	50
COSTA RICA	4	0	7	3,003	0	0	0	1	6
DOMINICA, W.I.	10	0	0	20	3	0	0	1	0
DOMINICAN REPUBLIC	320	0	6	2,545	1	0	7	0	3
ECUADOR	7	0	2	38	0	0	0	0	0
EL SALVADOR	0	0	1	0	0	0	0	0	0
GUATEMALA	0	0	2	400	0	0	0	0	0
HAITI	411	0	6	10	2	6	10	1	1
JAMAICA	364	0	1	10	0	0	0	0	0
MEXICO	24	0	15	1,553	1	0	0	0	1
NICARAGUA	0	0	3	1,000	0	0	1	1	13
PARAGUAY	2	0	9	4,450	7	2	0	1	0
PERU	165	0	41	112,428	6	0	26	8	15
ST. KITTS-NEVIS-ANGUILLA	5	0	0	0	0	0	0	0	0
TRINIDAD	47	0	2	201	0	0	0	0	0
U-GUAY	0	0	2	0	0	0	0	0	0
VENEZUELA	0	0	1	0	0	0	0	0	0
OTHER COUNTRIES	0	0	9	0	0	0	0	0	0
TOTAL	1,481	0	139	125,791	21	8	44	17	92

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TABLE 57

FPIA: QUANTITY OF SELECTED MATERIALS ORDERED TO BE SHIPPED  
TO COUNTRIES OF THE LATIN AMERICA REGION  
DURING PROGRAM YEAR 4 -  
SEP 01, 1974 - MAR 31, 1975

COUNTRY	BOOKS	F.P. PRSPVTS	LIT. PACKS	PMPHLTS	FILMS	FILM STRIP	PELVIC MODELS	MOVIE PRJCTRS	OTHER PRJCTRS
BOLIVIA	164	0	3	272	3	0	0	3	4
COSTA RICA	0	0	0	0	0	0	0	1	0
DOMINICA, W.I.	0	0	0	0	3	0	0	0	0
DOMINICAN REPUBLIC	32	0	0	21	6	0	0	2	2
EL SALVADOR	2	0	1	33	0	0	0	0	0
HAITI	0	0	0	0	1	0	0	0	0
JAMAICA	0	0	0	0	0	0	0	1	0
MEXICO	3	1	1	15	0	0	0	0	0
PERU	6	0	0	400	12	0	0	0	0
TOTAL	207	1	5	741	25	0	0	7	6

PROJECT NO: Colombia - 02  
PROJECT TITLE: Education of the Colombian Campesino  
for Responsible Parenthood  
GRANTEE: Fundacion Promocion de Proyectos  
Colombianos  
RESPONSIBLE PERSON: Sr. Ernesto Satizabal Azcarate  
BUDGET: \$150,037.  
APPROVED PROJECT DATES: 1 July 1973 - 30 June 1975  
ANTICIPATED PROJECT LIFE: 4 Years

The objectives for the second year of project operations are: (1) produce and broadcast over the Radio Sutatenza Network six daily spot announcements, radio dramas, new programs and various courses to continue increasing awareness about "responsible procreation" and achieving effective family planning; (2) publish in the weekly newspaper, "El Campesino," articles and information to reinforce the contents of the radio program; (3) produce printed and audio-visual materials to be used by the leaders in the extension courses, the rural leaders in their contacts with the campesinos, and the ACPO mobile units in their promotional campaign; (4) prepare "Campesino Leaders" at the ACPO training institutes in the theory and practice of responsible procreation, family planning, sex education, population, etc; (5) motivate the campesinos to write letters with questions and comments on the themes of the responsible procreation campaign; (6) promote the use of the "Sex Orientation and Pre-Marital Course" throughout all rural areas of Colombia.

Promocion de Proyectos Colombianos (PROCOL) is utilizing the social communications systems of Accion Cultural Popular (ACPO) and all of the second year project objectives in radio, newspaper and printed materials are being met. ACPO has established an effective network for receiving feedback from the campesinos of Colombia and is responding with improved and varied program design and content. Its staff of more than 800 employees has received continued training in all aspects of responsible procreation leading towards better programming. It has already prepared 1,100 rural education leaders by integrating course material on responsible procreation into its regular training programs.

The workplan for the last quarter of the second project year is on schedule and it is expected that all objectives will be reached.

PROJECT NO: Colombia - 04  
PROJECT TITLE: Program for the Distribution  
of Contraceptives in Rural  
Areas of Colombia  
GRANTEE: Fundacion Promocion De Pro-  
yectos Colombianos  
RESPONSIBLE PERSON: Sr. Ernesto Satizabal Azcarate  
BUDGET: \$25,000.  
ANTICIPATED STARTING DATE: 1 July 1975  
ANTICIPATED PROJECT LIFE: 3 Years

The Fundacion Promocion de Proyectos Colombianos (PROCOL) is now managing an intensive mass communication-education program on responsible procreation using the radio transmitters and production facilities of Accion Cultural Popular (Colombia - 02), and it is generally agreed in Colombia that the motivational campaign has been well received in the rural areas of the country. At present, prospective family planning acceptors are being referred to the clinics of Profamilia and to government health centers for services; however, these facilities do not provide easily accessible services in the majority of the rural areas.

PROCOL proposes to establish liaison with various agrarian associations such as the Cotton Growers, Coffee Growers, Beef Producers, etc. to distribute contraceptives, including orals, in the rural areas. The IEC program of Accion Cultural Popular would then refer people to seek assistance from these rural outlets. Specific objectives will be: (1) establish a network of distribution centers throughout rural Colombia using the agrarian associations and co-operatives to make contraceptives available to the rural population; and (2) provide contraceptive services to at least 30,000 women and 12,000 men during the first year. FPIA will supply to the project 400,000 cycles of oral contraceptives, and 7,000 gross of condoms.

All activities are being coordinated with Profamilia and other private and governmental agencies involved in family planning education and services.

PROJECT NO: Costa Rica - 01  
PROJECT TITLE: Family Planning and Responsible  
Parenthood  
GRANTEE: Centro de Orientacion Familiar  
RESPONSIBLE PERSON: Dr. Rafael Ruano  
BUDGET: \$68,000.  
APPROVED PROJECT DATES: 5 May 1972 - 30 June 1975  
ANTICIPATED PROJECT LIFE: 5 Years

Current Projects

The project includes: an integral presentation of family planning/responsible parenthood for adolescents, engaged couples and parents; educational radio programs ("DIALOGO") in sex education/family planning; correspondence course for engaged couples and parents; and short publications on family planning/sex education themes. Its activities are well coordinated with those of the national program on family planning and sex education in Costa Rica and its impact upon the "medical service" aspects of the national program (both in influencing new patients and on continuing patients) is undisputed.

The objectives of the project are: (1) train a minimum of 150 and motivate 500 professionals (doctors, nurses, social workers, etc.) in communities throughout the country; (2) develop a special program aimed at the slums surrounding the metropolitan areas with the goal of reaching 40 percent of this population (320,431 persons) through the mass media and 16,000 persons through courses for adolescents, young adults and parents; (3) continue broadcast of the radio program "DIALOGO" and increase its scope through the use of more local stations, aside from the national coverage station (300 programs will be written and taped during the year); (4) publish a "Workshop" for use by high school teachers in sex education and family planning, a "comic-book style" correspondence course and 24 new pamphlets; (5) publish a one page weekly in the national newspapers ("La Nacion" and "La Republica") on various topics in sex education and family planning and; (6) coordinate with the Ministry of Education in the follow-up of the high school teachers who have participated in the training program of the National Program of Sex Education and Family Planning. This will include working with approximately 1,500 teachers, training 6 national supervisors and 14 regional directors, organizing the "team" in each high school, and monitoring the development of the program within the schools.

All project activities are on schedule.

PROJECT NO:	Costa Rica - 02
PROJECT TITLE:	Educational Courses for Responsible Parenthood
GRANTEE:	Centro de Integracion Familiar
BUDGET:	\$37,570.
APPROVED PROJECT DATES:	15 December 1973 - 31 March 1975
ANTICIPATED PROJECT LIFE:	3 Years

The objectives for the project are: (1) to educate 4,540 adolescents, engaged and married couples in the advantages of responsible parenthood and family planning; (2) to train 120 professional "multipliers" to conduct these courses; (3) to provide correspondence courses for 300 adolescents and engaged couples who cannot attend the regular courses; (4) to evaluate the courses so as to measure and insure quality of instruction and relevance to the needs of the participants;

(5) to develop and distribute all materials necessary to complement the courses; (6) to provide a program of activities to help implement "Family Integration Week" throughout Costa Rica; and (7) to encourage local parish priests to publicize the advantages of the courses and refer people to them.

As of the first year of project operations the following results have been achieved: (1) more than 5,000 couples participated in the courses (1,967 were young couples, 2,431 were engaged and 713 were married couples) which provided a thorough review of human reproduction, methods of contraception and responsible parenthood; (2) 150 multipliers or course teachers were trained and they are now giving courses, especially in the rural areas of Costa Rica; (3) due to internal organization and staff changes, it was impossible for C.I.F. to carry out the correspondence courses as planned and they are being delayed for implementation during the second project year; (4) staff members from the C.I.F. department of Evaluation visit and interview many of the couples who attend the courses (reports of those visits are received weekly and are used to evaluate the educational program); (5) the C.I.F. Educational Department prepared and distributed more than 32,000 mimeographed pages of information and education material dealing with subjects presented and reviewed in the courses; (6) C.I.F. coordinated the "Family Integration Week" with the Ministry of Public Education, and with pastors and priests throughout Costa Rica and; (7) all the parishes in Costa Rica publicize the C.I.F. courses, which are obligatory for couples who wish to marry in the church. The Bishops also have been very supportive, constantly urging the clergy to cooperate in the C.I.F. Responsible Parenthood Program.

PROJECT NO:	Dominican Republic - 02
PROJECT TITLE:	Family Planning Distribution of Contraceptives
GRANTEE:	Church World Service/Servicio Social de las Iglesias Dominicanas
RESPONSIBLE PERSON:	Robert L. Jones
BUDGET:	\$37,584.
APPROVED PROJECT DATES:	1 July 1974 - 30 June 1975
ANTICIPATED PROJECT LIFE:	2 Years

As a follow-up program to Dominican Republic - 01 Servicio Social implemented a national program for distribution of oral contraceptives and condoms in rural areas utilizing its network of distributors, rural cooperatives, labor groups, community organizations, and nutrition centers. This system for distribution of contraceptives is designed to make orals and condoms available on a nation-wide basis at a low cost.

Servicio Social will be reimbursed by the distributors and funds generated through this system will be used to maintain the current program and to make the family planning effort self-supporting within two years.

In addition to the distribution network, current educational activities will continue, including film and slide shows, home visits, posters and literature publicizing the family planning radio broadcasts.

PROJECT NO: Dominican Republic - 03  
PROJECT TITLE: Education in Responsible Parenthood  
GRANTEE: Instituto Nacional de Educacion Sexual  
RESPONSIBLE PERSON: Dr. Bienvenido A. Delgado Billini  
BUDGET: \$39,500.  
APPROVED PROJECT DATES: 1 November 1974 - February 1976  
ANTICIPATED PROJECT LIFE: 3 Years

The objectives for the first year of this I.E. & C. project are to (1) train 580 professionals in sex education, family planning and responsible parenthood; (2) conduct at least 40 courses in sex education and family planning for parents of students in college and other groups in the slum neighborhoods surrounding the metropolitan areas; (3) develop and publish 1,000 copies each of 15 different pamphlets to be used by the teachers and professionals as "guides"; (4) develop and publish 5,000 copies each of 10 different pamphlets on various aspects of family planning, responsible parenthood and human sexuality, for popular distribution; (5) study existing materials and reproduce the audio-visual aids; and (6) produce 100 radio programs for broadcasting in existing community education programs and in the radio program of the Family Planning Association of the Dominican Republic (ADPBF).

After three months of project operations the plan of action is being followed on schedule and the courses for professors, teachers and professionals have been developed. Also, the first of the publications "Human Reproduction" is off the press and five other pamphlets are in preparation. It is expected that in the remainder of the project year all objectives will be met.

PROJECT NO: Ecuador - 03  
PROJECT TITLE: Family Planning Program  
GRANTEE: Centro Medico de Orientacion Y Planificacion Familiar  
BUDGET: \$50,000.  
STARTING DATE: 1 January 1975 - 31 December 1975  
PROJECT LIFE: 3 Years

This project provides family planning education and clinical services in Ecuador through the auspices of the Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF). CEMOPLAF is a private non profit organization of women physicians, registered with the Ministry of Health, and set up to deliver family planning services in Quito, Santo Domingo de los Colorados and Quevedo. This is the second year of support by FPIA.

The objectives of this project are: (1) to provide family planning information to interested persons by means of 480 conferences and 240 group discussions, a total of 12,000 participants are expected to attend these sessions (2) to recruit 2,000 new family planning acceptors; and (3) to provide clinical services to 10,000 new and continuing users.

At the end of the first three months of project operations in 1975, the plan of action is being developed as anticipated and objectives are being achieved.

PROJECT NO: Haiti - 01  
PROJECT TITLE: Interdisciplinary Family Planning &  
Rural Health Permanent Field Laboratory  
GRANTEE: Centre d"Hygiene Familiale -  
Dr. Ary Bordes  
BUDGET: \$51,757.  
ANTICIPATED STARTING DATE: 16 May 1972 - 30 April 1975  
ANTICIPATED PROJECT LIFE: 3 Years

The Interdisciplinary Family Planning and Rural Health Permanent Field Laboratory has been operating for three years in the "Cul-de-sac" plain located between Port-au-Prince and the Dominican border. Three main clinics and 11 satellite clinics are fully operational.

Third year objectives included an increase in new acceptors, the utilization of indigenous midwives (matrones) in the recruitment of acceptors, and the continued cooperation of the medical and paramedical staff with the community workers.

Additional activities include training courses for midwives, family planning information courses in schools, labor cooperatives homes and neighborhood centers, the popular radio program "Radio Docteur," and songs, booklets, films and posters. The educational program will be expanded in a new project (Haiti-IEC) expected to be funded by FPIA later this year.

Perhaps the single most important accomplishment of the project is the integration of the program into the national family planning program of the Haitian Government. The three rural clinics of the project have provided the model upon which much of the planning for the national program is based.

PROJECT NO: Haiti - (IEC)  
PROJECT TITLE: Information, Education and Communi-  
cations Materials Development and  
Production  
GRANTEE: Centre d'Hygiene Familiale  
BUDGET: \$50,000.  
ANTICIPATED STARTING DATE: 1 June 1975  
PROJECT LIFE: 2 Years

The Centre d'Hygiene Familiale proposes, starting 1 May 1975, to transfer the service activities of the Centro d'Hygiene Familiale in Croix des Bouquets and Thomazeau to the National MCH/FP program, and to keep only those in the Fond Parision area for field laboratory purposes. This will permit the Centre to concentrate its activities in the communications field. Also, since educational materials related to Maternal and Child Health/Family Planning MCH/FP are scarce in Haiti, there is a crucial need for the production and distribution of information, education and communication materials. This new project is prepared to fill that gap by strengthening the organization of the Centre d'Hygiene Familiale to the end; some technical assistance may be necessary.

The goal of this project is: to contribute to the information and education of the Haitian people in MCH/FP by the local production and distribution of materials and the training of personnel in their use.

The specific objectives are: (1) to assist the Centre d'Hygiene Familiale (CHF) in developing the capability to produce local MCH/FP educational materials (and, in the process, experiment with various ways to pretest and evaluate different materials and educational approaches best suited to the Haitian culture) and to assist in the training of professional and health related personnel in the production and use of the educational materials; (2) to continue the actual MCH/FP service program in Fond Parision; (3) to continue the radio program and produce cassettes for use in the clinics; (4) to produce slides, posters, calendars and booklets for use in small group meetings and for distribution throughout the Fond Parisien area; (5) to develop training sessions for teachers, clinic personnel, community workers and family life teachers in teacher's colleges; and (6) to prepare a health book for use by secondary school teachers.

PROJECT NO: Peru - 04  
PROJECT TITLE: Lay Apostolate Responsable  
Parenthood Program  
GRANTEE: Asociacion de Trabajo Laico Familiar  
RESPONSIBLE PERSON: Dr. Heli Cancino  
BUDGET: \$118,687.  
APPROVED PROJECT DATES: 1 July 1972 - 31 December 1975  
ANTICIPATED PROJECT LIFE: 5 Years

The Asociacion de Trabajo Laico Familiar operates this family planning program with 22 clinics in cities and towns of Peru outside of Lima. Written agreements have been signed with four Catholic Bishops, authorizing this program to function in each Bishop's diocese. The program has two components: a responsible parenthood education program and clinic services which provide oral contraceptives to mothers for a period of two years after the birth of a child for the purpose of child spacing. This policy of providing oral contraceptives is supported by the Episcopate of Peru.

The objectives for this project year are: (1) to present 175 courses on responsible parenthood to more than 3,000 married couples and to recruit more than 4,000 new patients for family planning services; (2) to present eight courses for the leader couples who serve as educators for the new couples in the program; (3) to give 108 motivational talks in each clinic throughout the year; (4) to develop pamphlets explaining the use of the oral contraceptives and distribute to all persons attending the courses and the clinic; and (5) to continue serving more than 9,000 users within the program; and (6) to open a new clinic in Tacna and to maintain the present 21 clinics in operation.

At the end of the first quarter of project operation, the workplan for achieving the above objectives is being followed and it is expected that the objectives will be met and surpassed during the project year.

PROJECT NO:	Peru - 05
PROJECT TITLE:	Responsible Parenthood in the Marginal Areas of Lima
GRANTEE:	Asociacion de Desarrollo Integral de la Familia
RESPONSIBLE PERSON:	Dr. Ricardo Subiria Carillo
BUDGET:	\$114,846.
APPROVED PROJECT DATES:	1 July 1972 - 31 December 1975
ANTICIPATED PROJECT LIFE:	5 Years

The Asociacion de Desarrollo Integral de la Familia (ADIFAM) operates a responsible parenthood program in the urban slums (Pueblos Jovenes) of Lima and provides services in 27 clinics. The Catholic Church in Peru supports this program and sanctions the family planning program which provides oral contraceptives to mothers for two years after the birth of a child. An effective responsible parenthood education program complements clinic services and is used to motivate couples to participate in the clinic services part of the program.

The objectives of the present project year are: (1) attract 4,800 new acceptors to the project; (2) achieve a minimum of 7,000 active users by the end of the program year; (3) add four new clinic sites; and (4) present 200 responsible

parenthood courses, 50 basic courses, 100 motivational meetings, 12 courses for leaders and 100 family education courses in the clinics.

At the end of the first quarter of project operations the clinic services and educational courses are developing on schedule and it is expected that the above objectives will be met during the remainder of the project year.

PROJECT NO: Peru - 06  
PROJECT TITLE: Studies of Human Fertility  
GRANTEE: Department of Obstetrics &  
Gynecology of the University  
Cayetano Heredia  
RESPONSIBLE PERSON: Dr. Carlos T. Munoz  
BUDGET: \$24,008.  
APPROVED PROJECT DATES: 10 October 1975 - 31 January 1976  
ANTICIPATED PROJECT LIFE: 3 Years

The project has two objectives: (1) to provide training in contraceptive methods, sex education and population issues for medical professionals, and (2) to provide counseling in family planning services to more than 1,900 patients who might seek these services. Despite the rather small budget, the scope of the project is significant. Loayza Hospital and Cayetano Heredia University represent the only training institution where physicians can learn techniques of family planning and contraception. The curricula involves all of the medical students who attend the university, all of the interns, and those residents and fellows going through Obstetrics and Gynecology. Dr. Munoz also has accepted personnel for training from other institutions and programs by way of post-graduate education.

During the first 15 months, 62 medical students, 6 interns, and 5 residents received intensive didactic and clinic-based family planning training. An additional 100 physicians will received clinic-based training during this year. Counselling services have been provided for 3,700 patients, including 509 new acceptors. The project hopes to recruit 2,000 new acceptors and maintain 2,400 users.

Completed Projects

PROJECT NO: Latin America - 01  
(formerly Costa Rica - 03)

PROJECT TITLE: Family Planning Information,  
Education and Communication  
Workshop

GRANTEE: Centro de Orientacion Familiar

BUDGET: \$28,900.

APPROVED PROJECT DATES: 15 May 1973 - 14 August 1973

PROJECT NO: Latin America - 02  
(formerly F P I A - 10)

PROJECT TITLE: UNDA-WACC Latin America World  
Population Year Workshop

GRANTEE: World Association for Christian  
Communication

BUDGET: \$19,300.

APPROVED PROJECT DATES: 5 May 1974 - 5 August 1974

PROJECT NO: Dominican Republic - 01

PROJECT TITLE: Family Planning in Nutrition Centers

GRANTEE: Church World Service/Servicio Social  
De Las Iglesias Dominicanas

BUDGET: \$46,480.

APPROVED PROJECT DATES: 20 June 1972 - 19 June 1974

PROJECT NO: Peru - 07

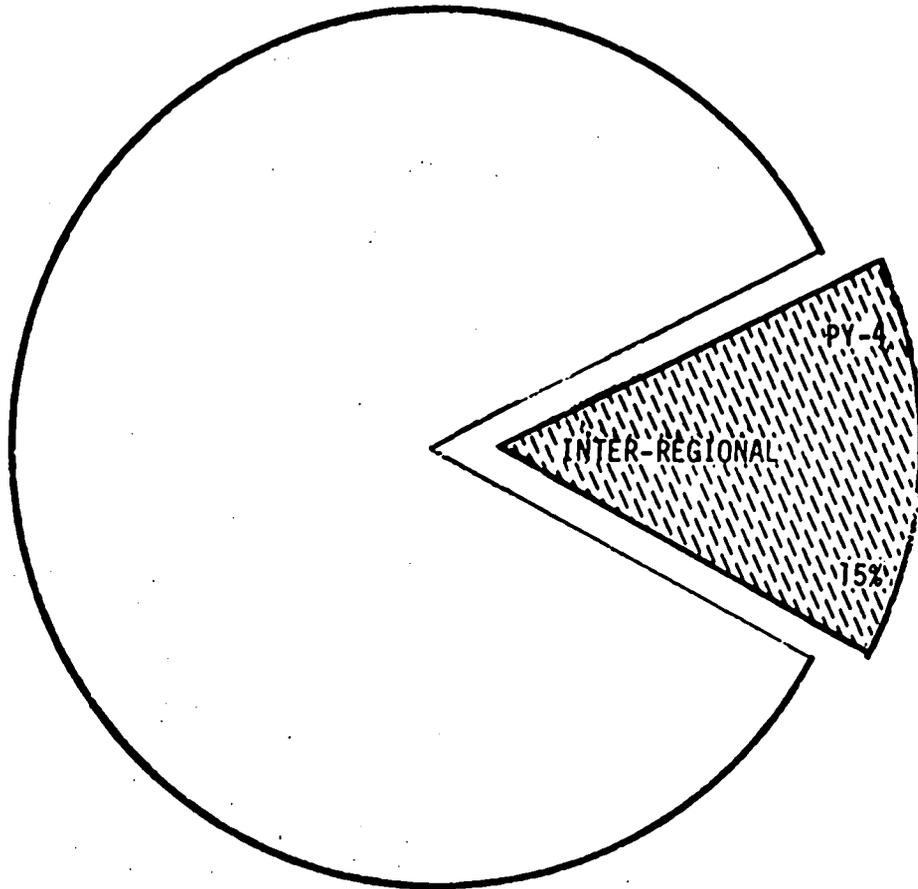
PROJECT TITLE: Advances in Contraception: Post  
Graduate Course

GRANTEE: V Congreso Peruano De Obstetricia  
Y Ginecologia

BUDGET: \$11,420.

APPROVED PROJECT DATES: 16 October 1974 - 16 February 1975





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## INTER-REGIONAL

This section deals with projects that are of an inter-regional nature--i.e., programs such as conferences that involve individuals or organizations from more than one of FPIA's geographic regions.

There are five such projects in this category in PY-4 with a total value of \$329,840 (Table 58). Three of these projects will be completed in the course of PY-4 and of the other two, FPIA-13 will come up for refunding consideration this year and FPIA-07 next year.

The average value of the inter-regional projects in PY-4 is \$65,968 and some 77 percent of the funds for this type of project this year was obligated for the refunding of ongoing projects. To date, FPIA has funded a total of 13 different inter-regional projects for a total value of \$972,842 (Table 59).

FPIA-07, "Family Planning Training for Physicians Who Will Work Overseas" continues to provide training for U.S. and foreign physicians who will be working in the developing countries. This project is carried out at the University of Colorado Medical Center; some 400 doctors have received such training to date. A long-term evaluation of the effect of this training program is now being conducted.

FPIA-13, International Family Planning Digest will publish and distribute 27,000 copies of each of two issues in PY-4. This publication attempts to cover important developments in the family planning and population fields for program personnel in the developing countries of Asia, Africa and Latin America.

FPIA-14, "XIV World Congress of MWIA - Family Planning Component" involves FPIA in a continuing effort with the Medical Women's International Association to promote active participation by women doctors and other medical personnel in family planning programs.

FPIA-15, "Rural Women in Egypt: Videotape" involves FPIA in family planning educational activities related to International Women's Year. This videotape will be used by the Supreme Council of Family Planning in Egypt and in other Middle East countries and also will be a resource for the International Women's Year Conference in Mexico City.

NOTE: Narrative descriptions of current projects and summary information on completed projects can be found at the end of this section.

TABLE 58

## Regional Obligations and Anticipated Obligations: INTER-REGIONAL

<u>Program Year 1 Obligations</u>		<u>Program Year 2 Obligations</u>		<u>Program Year 3 Obligations</u>		<u>Program Year 4</u>		
						<u>Obligations</u>	<u>Anticipated Obligations</u>	<u>Totals</u>
FPIA-01	\$ 19,930	FPIA-01	\$ 436	FPIA-02	\$ 7,145	FPIA-07	193,606	\$193,606
FPIA-02	<u>108,055</u>	FPIA-03	160,518	FPIA-05	23,040	FPIA-13	5,184	60,184
		FPIA-07	154,659	FPIA-06	13,522	FPIA-14	11,050	11,050
Subtotal	\$127,985	FPIA-04	16,030	FPIA-07	26,230	FPIA-15	50,000	50,000
		FPIA-08	<u>46,680</u>	FPIA-11	8,347	FPIA-17	15,000	15,000
		Subtotal	\$378,323	FPIA-12	9,934			
				FPIA-13	<u>48,476</u>			
		Cumulative	\$506,308	Subtotal	\$136,694		Subtotal	\$329,840
		Subtotal		Cumulative	\$643,002		Cumulative	\$972,842
				Subtotal			Total	

NOTE: Project obligations shown are net obligations — i.e., budgets of projects which underspent their approved obligations have been reduced accordingly and these funds have been reprogrammed by FPIA for other projects.

TABLE					
Summary: Project Activity Program Years 1-4 (INTER-REGIONAL)					
	PY 1	PY 2	PY 3	PY 4	PY 1-4*
No. of projects	2	5	7	5	13
Total value of projects	\$127,985	\$378,323	\$136,694	\$329,840	\$972,842
Average value of projects	\$63,992	\$75,664	\$19,527	\$65,968	\$74,834
% earmarked for refunding	----	1%	24%	77%	----

NOTE: Projects funded for more than one year are counted as one project.

PROJECT NO: F P I A -07  
PROJECT TITLE: Family Planning Training for  
Physicians Who Will Work Overseas  
GRANTEE: University of Colorado Medical Center  
RESPONSIBLE PERSON: Dr. Thomas Moulding  
BUDGET: \$193,606.  
APPROVED PROJECT DATES: 1 July 1973 - 30 September 1975  
ANTICIPATED PROJECT LIFE: 3 Years

The goal of this project is to provide physicians who will work in developing countries an opportunity to discuss and explore basic issues relevant to the medical, socio-economic and demographic aspects of family planning. It is hoped that as a result, these physicians will be motivated to promote family planning.

Participants in these training courses are either foreign physicians from the developing countries, who are temporarily in the U.S. for training of various types, or American physicians such as missionary physicians, who are committed to overseas work in developing countries. Objectives of the project are: (1) to support a family planning training center for foreign physicians and missionary physicians who will work in the developing nations; (2) to train approximately 200 physicians through five one-week courses; (3) to provide a second week of intensive practical training in IUD insertions and laparoscopic sterilizations for approximately 50 qualified physicians; (4) to establish relationship with physicians who will work in the developing nations that can be the basis for productive family planning projects supported by FPIA or other funding agencies (a follow-up survey questionnaire sent to each participant will help to maintain this on going communication); and (5) to evaluate the effectiveness of this approach to the training of physicians for family planning work through a post-program survey of past participants and both a pre- and post-program survey of this year's participants designed to ascertain the extent to which physicians actually utilize the skills gained in training.

To date, eight five-day courses have been held for 247 participants. Combining these results with those of FPIA - 02, the total is now 13 courses for 399 participants -- Africa 48, Asia 189, and Latin America 162.

Since the refunding of this project in October 1974, a battery of questionnaires has been constructed, pre-tested with the participants in the October 1974 seminar, analyzed and revised. FPIA staff and the evaluators of this project from Columbia University participated in the construction of the questionnaire and the responses are now being analyzed.

Three more cycles of didactic and practical training will be conducted during this program year.

Based on the three year experience and the Columbia University evaluation, FPIA anticipates refunding this project.

PROJECT NO: F P I A - 13  
PROJECT TITLE: International Family Planning Digest  
GRANTEE: Alan Guttmacher Institute  
RESPONSIBLE PERSON: Frederick S. Jaffe  
BUDGET: \$53,660.  
APPROVED PROJECT DATES: 1 September 1974 - 30 June 1975  
ANTICIPATED PROJECT LIFE: 27 Months

The project supports the publication of a new journal in international family planning. Some 20,000 professionals actively engaged in family planning and population programs around the world have been sent the first issue of International Family Planning Digest, a 16-page publication aimed at making available the latest information on program development, population policy and biomedical and social research to those actively engaged in the field.

The new publication brings together, from a wide variety of sources, information that family planning workers can use in their own programs: reports of new contraceptive developments, evaluations of the factors vital to program success (such as methods of service delivery and approaches to patient recruitment), and studies on the effectiveness, acceptability and safety of various methods of birth control.

The first issue was published in February 1975.

PROJECT NO: F P I A - 15  
PROJECT TITLE: Rural Women in Egypt: Videotape  
GRANTEE: Martha Stuart Communications, Inc.  
RESPONSIBLE PERSON: Martha Stuart  
BUDGET: \$50,000.  
APPROVED PROJECT DATES: 1 January 1975 - 1 April 1975  
ANTICIPATED PROJECT LIFE: 3 Months

This project produced a 30-minute videotape of a group of rural Egyptian women, emphasizing their thoughts and views about family planning and women's rights. The videotape will be used as a resource for family planning training in Egypt and as a resource for decision makers at the International Women's Year Conference in Mexico City.

In addition, the use of videotape as a training tool for family planning educators and media technicians was demonstrated to the members of the Egyptian Supreme Council of Family Planning

The videotape has been scheduled for a presentation in the IWY Tribune in Mexico City in the seminar entitled "Socialization of Process and Self-Concept of Women."

PROJECT NO: F P I A - 17  
PROJECT TITLE: Asian Student Training Workshop on  
Population and Development  
GRANTEE: Asian Students Association  
RESPONSIBLE PERSON: Mr. James Chui, General Secretary  
BUDGET: \$15,000.  
APPROVED PROJECT DATES: 1 April 1975 - 31 July 1975  
ANTICIPATED PROJECT LIFE: 4 Months

This project supports a training workshop on population and development for front-line workers in student community development programs, to be held in Bombay, India.

The Asian Students Association is the only regional organization composed of national student unions, which in turn are formed of student unions of universities and colleges. In Asia where population growth is a serious problem confronting many developing nations, student associations believe that they must participate in developmental projects and community affairs.

There is excellent potential to extend the action plans of the conference to many national student associations. It is anticipated that many student associations will be stimulated by the workshop to include family planning and population education in their programs.

The workshop will be sponsored by the Asian Students Association and hosted by the National Council of University Students of India in conjunction with the Youth and Family Planning Programme Council of India. A field work component of the workshop will be held in Poona, Maharashtra. FPIA support will provide for the travel of selected participants to the workshop.

PROJECT NO: F P I A - 01  
PROJECT TITLE: Survey of Catholic Church Related  
Family Planning Activities  
GRANTEE: International Educational Develop-  
ment, Inc.  
BUDGET: \$20,366.  
APPROVED PROJECT DATES: 15 June 1972 - 14 September 1972

PROJECT NO: F P I A - 02  
PROJECT TITLE: Family Planning Training for Phy-  
sician Who Will Work Overseas  
GRANTEE: University of Colorado Medical Center  
BUDGET: \$115,200.  
APPROVED PROJECT DATES: 1 July 1972 - 30 June 1973

PROJECT NO: F P I A - 03  
PROJECT TITLE: Support for Family Planning Act-  
ivities Within Catholic Organization  
GRANTEE: International Educational Develop-  
ment, Inc.  
BUDGET: \$160,518.  
APPROVED PROJECT DATES: 22 September 1972 - 21 September 1973

PROJECT NO: F P I A - 04 (formerly FPIA/HLF)  
PROJECT TITLE: International Conference on Natural  
Family Planning Services  
GRANTEE: Human Life Foundation  
BUDGET: \$16,030.  
APPROVED PROJECT DATES: 1 June 1973 - 30 June 1973

/Completed Projects/

PROJECT NO: F P I A - 05 (formerly Nigeria - 01)  
PROJECT TITLE: International Interdisciplinary  
Student Seminar on Population  
Dynamics and Family Planning  
GRANTEE: International Federation of Medical  
Students  
BUDGET: \$23,040.  
APPROVED PROJECT DATES: 24 June 1974 - 23 October 1974

PROJECT NO: F P I A - 06  
PROJECT TITLE: Christian Broadcasters Population  
Communications Planning Conference  
GRANTEE: World Association for Christian  
Communications  
BUDGET: \$13,522.  
APPROVED PROJECT DATES: 25 July 1973 - 24 October 1973

PROJECT NO: F P I A - 08 (formerly Philippines-13)  
PROJECT TITLE: MWIA Asian Regional Conference on  
Family Planning  
GRANTEE: Asian Chapter of MWIA  
BUDGET: \$46,680.  
APPROVED PROJECT DATES: 1 July 1973 - 30 June 1974

PROJECT NO: F P I A - 11  
PROJECT TITLE: Organizational Meeting for the  
International Interdisciplinary  
Seminar on Population  
GRANTEE: International Federation of Medical  
Students  
BUDGET: \$8,347.  
APPROVED PROJECT DATES: 12 April 1974 - 19 April 1974

Completed Projects

PROJECT NO: F P I A - 12  
PROJECT TITLE: Family Planning Folk Media Workshop: Bucharest  
GRANTEE: International Educational Development, Inc.  
BUDGET: \$9,934.  
APPROVED PROJECT DATES: 15 August 1974 - 15 November 1974

PROJECT NO: F P I A - 14  
PROJECT TITLE: XIV World Congress of MWIA - Family Planning Component  
GRANTEE: Medical Women's International Association  
BUDGET: \$11,050..  
APPROVED PROJECT DATES: 7 October 1974 - 7 February 1975



Section V: Program Year 5 Plans

This section details FPIA's plans for its fifth year of operations. Proposed activities are presented by FPIA program function and by geographic region.



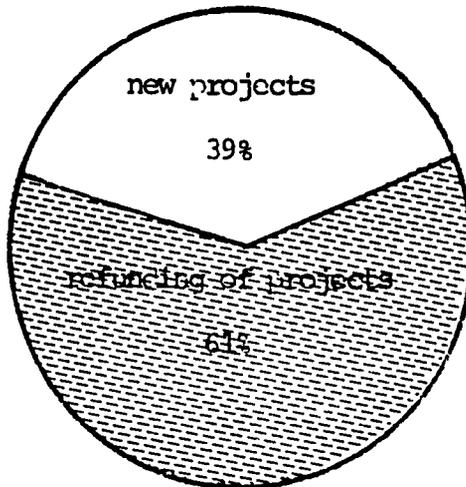
**A. OVERVIEW**

OVERVIEW OF PY-5 PLANS

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## OVERVIEW OF PY-5 PLANS

### Summary of Anticipated Obligations



FPIA plans for PY-5 call for the refunding of 32 projects at a total value of \$1,949,203 and the funding of 47 new projects valued \$1,272,087 -- a total anticipated obligation of \$3,221,290 for the 79 projects scheduled for implementation next program year.

Some 61 percent of the anticipated total obligation is earmarked for the refunding of on-going projects.

PY-5 plans are summarized on functional and regional bases in Tables 60 and 61, respectively, and narrative descriptions of each project can be found in the respective regional sections.

### Highlights of PY-5 Plans

During its first four year of operations, FPIA has amply demonstrated that it is achieving its major purpose -- the provision of assistance to church-related and other private service agencies in the developing countries to enable them to promote and expand family planning programs.

FPIA's project assistance grew steadily in the first four years of operation, leading to significant increases in the numbers of people informed about and accepting contraceptive services. The PY-5 plan calls for continued growth in project grant assistance -- to a level of \$3,221,290. A substantial portion of this amount, some 61 percent, will be required simply to refund ongoing projects which show strong evidence of continuing to perform at maximum levels of productivity. The remaining 39 percent will be required to fund promising new projects -- most of these projects have already been identified, fully developed, and are ready for implementation.

Figure 7 shows how FPIA plans to allocate its project grant assistance by geographic region and by program function.

Concomitant with the anticipated growth in grant assistance, FPIA plans to expand further the distribution of contraceptives and other family planning supplies and equipment. There are several family planning service projects which will require large amounts of contraceptives and FPIA anticipates increased shipments of contraceptives to church-related medical institutions in developing countries.

**TABLE 60**  
**Summary of Program Year 5 Plans by FPIA FUNCTION**

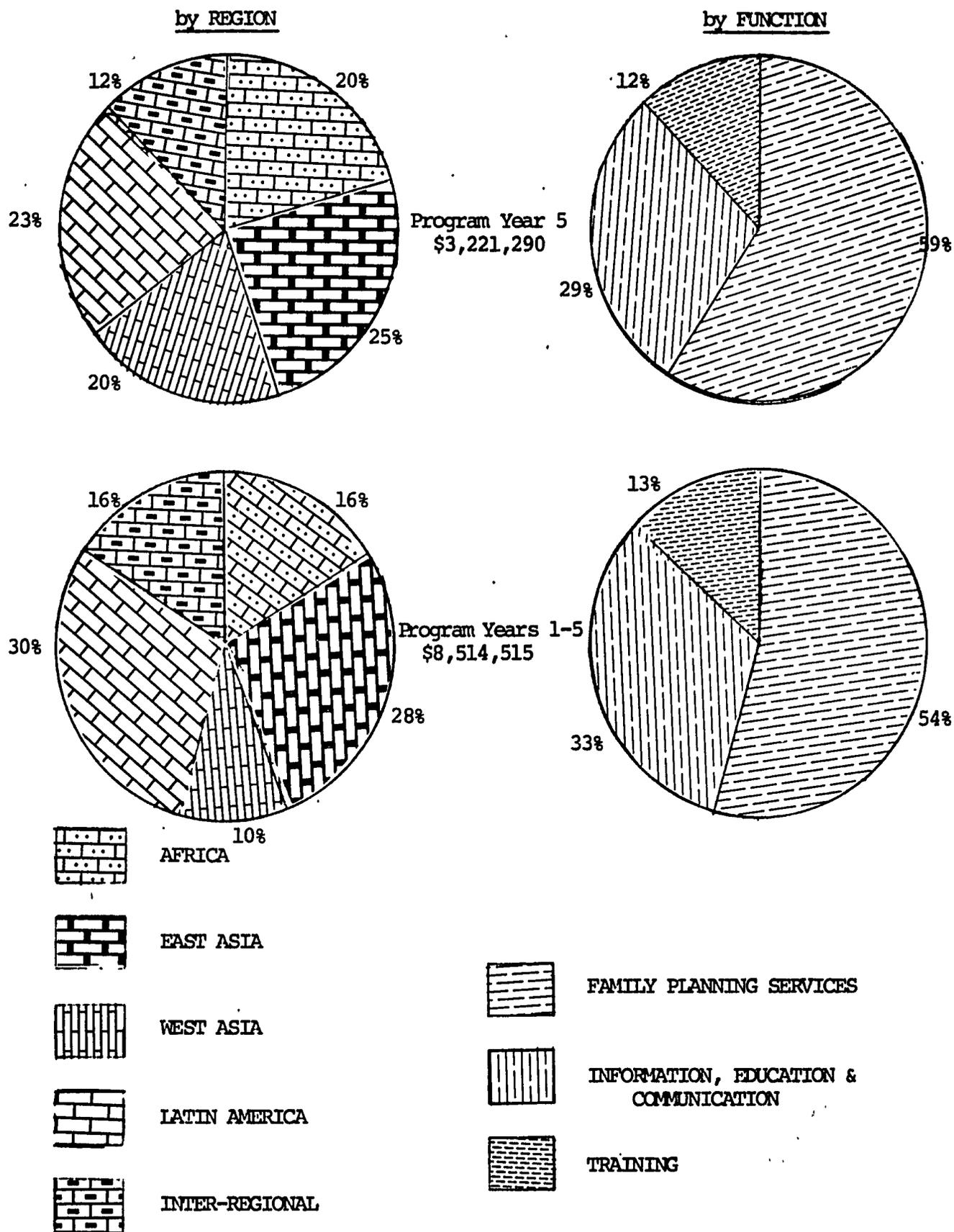
<u>Refunding</u>	<u>IEC</u>	<u>F.P. Services</u>	<u>Training</u>	<u>Total</u>
No. of Projects	8	20	4	32
\$ Value	\$445,000	\$1,157,500	\$346,703	\$1,949,203
Average Value	\$55,625	\$57,875	\$86,676	\$60,912
<u>New Projects</u>				
No. of Projects	21	24	2	47
\$ Value	\$493,987	\$732,100	\$46,000	\$1,272,087
Average Value	\$23,523	\$30,504	\$23,000	\$27,066
<u>All Projects</u>				
No. of Projects	29	44	6	79
\$ Value	\$938,987	\$1,889,600	\$392,703	\$3,221,290
Average Value	\$32,379	\$42,945	\$65,450	\$40,776
% of Total Earmarked for Refunding of Projects	47%	61%	88%	61%

**TABLE 61**  
**Summary of Program Year 5 Plans by REGION**

<u>Refunding</u>	<u>AFRICA</u>	<u>EAST ASIA</u>	<u>WEST ASIA</u>	<u>LATIN AMERICA</u>	<u>INTER-REGIONAL</u>	<u>TOTAL</u>
No. of Projects	6	8	5	11	2	32
\$ Value	\$302,000	\$571,500	\$145,000	\$570,000	\$360,703	\$1,949,203
Average Value	\$50,333	\$71,437	\$29,000	\$51,818	\$180,351	\$60,912
<u>New Projects</u>						
No. of Projects	9	12	20	5	1	47
\$ Value	\$350,000	\$223,500	\$493,587	\$170,000	\$35,000	\$1,272,087
Average Value	\$38,888	\$18,625	\$24,679	\$34,000	\$35,000	\$27,065
<u>All Projects</u>						
No. of Projects	15	20	25	16	3	79
\$ Value	\$652,000	\$795,000	\$638,587	\$740,000	\$395,703	\$3,221,290
Average Value	\$43,466	\$39,750	\$25,543	\$46,250	\$131,901	\$40,775
% of Total Earmarked for Refunding of Projects	46%	72%	23%	77%	91%	61%

FIGURE 7

Program Year 5 and Cumulative Program Years 1-5 Project Obligations

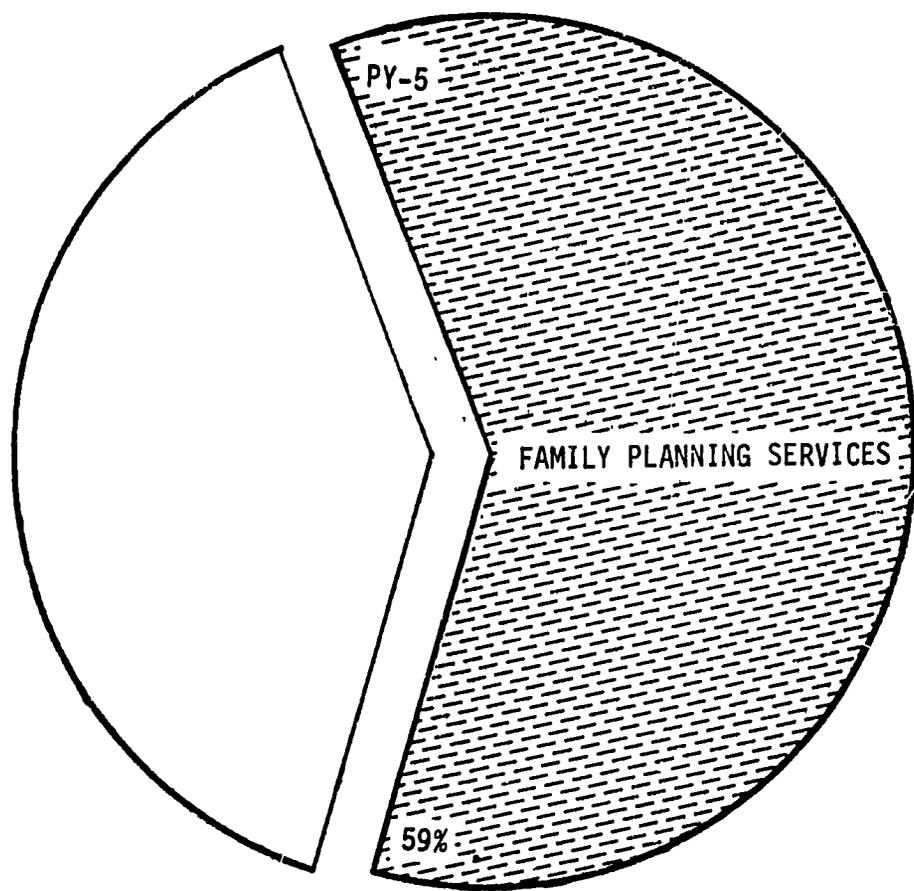


Modest budgetary increases also will be required for FPIA project management, technical assistance, and related costs to monitor the increase in project grants and commodities assistance as well as to offset the cost of inflation.

Details of PY-5 plans can be found in the following pages -- first by program function and then by geographic region.

**B. FEIA FUNCTIONAL PLANS**

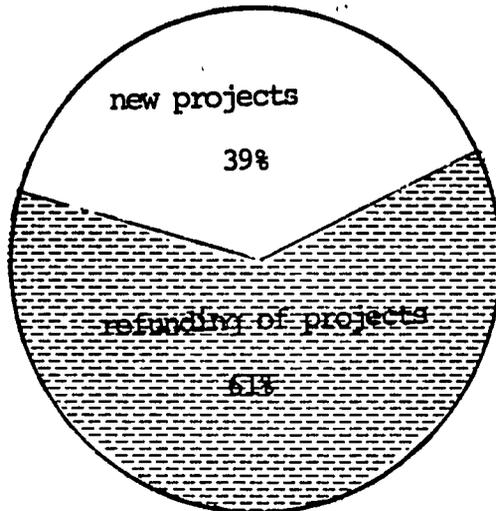




<u>A. FAMILY PLANNING SERVICES</u>	<u>page</u>
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2. TABLE 62 : Anticipated FY-5 Obligations	200
3. FIGURE 8 : Project Funding by Program Year	202
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## FAMILY PLANNING SERVICES

### Summary of Anticipated Obligations



Family Planning Service plans for PY-5 call for the refunding of 20 projects at a total value of \$1,157,500 and the funding of 24 new projects valued at \$732,100 — for a total anticipated obligation of \$1,889,600 for the 44 projects scheduled for implementation next program year.

Some 61 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

All projects to be funded in PY-5 are listed in Table and narrative details on each project can be found in the respective regional sections.

### Highlights of PY-5 Plans

Low cost innovative services continue to be the objectives of the Family Planning Services Unit for PY-5. Projects already underway will expand their delivery of family planning services and new and innovative projects will begin to provide family planning services to increasing numbers of contraceptive users. The Iglesia Ni Cristo Church projects are scheduled to reach a cumulative total of 200,000 new contraceptive acceptors in the Philippines during PY-5: three programs in Ethiopia will, for the first time in the country, provide substantial, organized services to rural couples; major pill and condom programs in Bangladesh and Turkey will expand family planning practice; and, mini-laparotomy and vasectomy medical equipment will be made available throughout Asia, Africa and Latin America to expand utilization of these voluntary sterilization techniques. In addition, hundreds of FPIA-supported church-hospitals will receive updated information on oral contraceptives in an attempt to alleviate unfounded adverse publicity and stimulate greater oral contraceptive distribution.

### East Asia

FPIA's major program emphasis in the Philippines will continue. Project and commodity support valued at approximately one million dollars is projected. Selective projects through the Iglesia Ni Cristo (Philippines-12 and 17), Mary Johnston Hospital (Philippines-09), Philippine General Hospital (PGH) (Philippines-16) and the Interchurch Commission on Medical Care's 50 participating hospitals may yield an even greater percentage of family planning acceptors than the country-wide 25 percent rate now attributed to FPIA-supported projects. Mini-laparotomy and vasectomy kits will be made available to surgically skilled members of the Philippines Medical Women's Association and to the entire membership of the Philippine OB-Gyn Society, in addition to the

physicians receiving training at PGH and Mary Johnston. All members of the Iglesia Ni Cristo mobile health teams will receive training in vasectomy.

A family planning service delivery program through the Indonesia Catholic Health infrastructure (Perdhaki) will be expanded in PY-5. Participating institutions will be offered training opportunities for para-medics and commodities will be made available in coordination with the national family planning program. This is the first involvement of Indonesia's Catholic hospital system in an organized family planning program.

In northern Thailand, the Hilltribes program (Thailand-04) will continue providing contraceptives to indigenous groups where services previously have been non-existent. This project is directed by the McCormick Hospital with the full support of the Government of Thailand's Ministry of Health.

\* The Korean pill distribution program (Korea-06) supervised by the Korean National Council of Churches will be evaluated during PY-5 to ascertain the country-wide possibility of using church-home visitors as contraceptive educators and distributors.

The Korean Medical Women's Association will continue with its plans to culminate International Women's Year with a country-wide conference on family planning in coordination with the Medical Women's International Association.

Previous field visits by FPIA technical staff to Laos are expected to result in the implementation of service and IEC programs through Asian Christian Service, which plans to integrate family planning in its rural development programs.

### West Asia

In PY-5, the Christian Health Care Project (Bangladesh-03) will provide family planning services to an estimated 34,000 contraceptors. The Bangladesh Government also is expected to adopt the FPIA-developed model (Bangladesh-01) to provide family planning services through village level organizations. In Nepal, the Nepal Women's Organization will expand its contraceptive education and distribution program to provide services by women for women in a total of 10 districts. In Pakistan and Sri Lanka, innovative service projects will be expanded to increase family planning availability and accessibility.

New initiatives in the region will focus on adding family planning to ongoing health and social service programs. In Bangladesh, family planning will be oriented around functional literacy centers in a project directed by the Bangladesh Rural Advancement Committee and a village level health/family planning infrastructure will be developed by the Gonoshastaya Kendra. In Nepal, the United Mission plans to develop a model family planning maternal and child health care program, using villagers, to extend services to remote hill area. In Pakistan, family planning will be added to the vocational training programs of the All Pakistan Women's Organization and the Health Clinics of the Red Crescent Society. In Turkey, FPIA will support a national condom distribution project, using normal commercial channels, to make contraceptives available throughout the country.

## Africa

With the recent addition of a regional field representative in Africa, PY-5 should see an expansion of service programs in this region. Presently, FPIA funds eight programs in Africa, all but two of which provide contraceptive services. Those exceptions include the first non-physician family planning training program in Ethiopia whose trainees will provide the bases for a country-wide rural family planning service corps and, the Family Life Education Program which the recent Columbia University evaluation reported to be the most successful family planning project in the country. Significantly, this program with government support, is now considering a plan for coordinating service activities through family planning church-related hospitals. If this proposal is implemented, church hospitals, which now provide 55 percent of the total health care in the country, could establish a single program format and commodity distribution system enabling many more Kenyan couples to receive contraceptive services. Project requests already received from Botswana, Nigeria, Lesotho and Sudan will be developed to emphasize contraceptive distribution and services, and the training of rural health workers.

## Latin America

FPIA is in a position to assert a major leadership role in the development of family planning programs in Latin America. With well over 50 percent of its regional program budget already allocated to Catholic lay organization programs during PY-4, FPIA has established its credibility in working with such church-related groups. This reputation has permitted three FPIA-funded service projects in Peru to remain functional despite the cessation of services of other family planning groups. In PY-5, FPIA will attempt to bridge the gap between IEC and services and will emphasize, wherever possible, contraceptive distribution projects. Examples of this direction include the prospective funding of a Church World Service project in Peru to coordinate family planning and distribute commodities to all its related hospitals, and a major pill and condom distribution program in Colombia.

TABLE 62

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 Program Year 5 Plan: FAMILY PLANNING SERVICES
 

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<u>Anticipated Refunding</u>	<u>Amount</u>
AFRICA	\$ 15,000
Ethiopia-02	
Ghana-02	65,000
Kenya-03	70,000
Zaire-01	12,000
EAST ASIA	26,500
Indonesia (Perdhaki)	
Korea-06	46,500
Philippines-09	33,000
Philippines-12	300,000
Philippines-17	49,500
Thailand-04	12,000
WEST ASIA	75,000
Bangladesh-03	
Jordan-03	8,000
Nepal-01	15,000
Pakistan-01	35,000
Sri Lanka-01	12,000
LATIN AMERICA	55,000
Colombia-04	
Dominican Republic-02	20,000
Ecuador-03	50,000
Peru-04	132,000
Peru-05	126,000
INTER-REGIONAL	
None	

Anticipated New Projects

AFRICA

Africa Development Fund	130,000
Botswana (Mobile Units)	24,700
Ethiopia (Community Service)	11,000
Kenya (NOCK/FP Service)	60,000
Lesotho (Training/Service)	24,300
Nigeria (Abak Clinics)	30,000

EAST ASIA

Indonesia (DGI)	20,000
Philippines (Community Women)	30,000
Philippines (Medical Women)	20,000
Philippines (Minilap)	20,000
Thailand (KWAE)	6,000

WEST ASIA

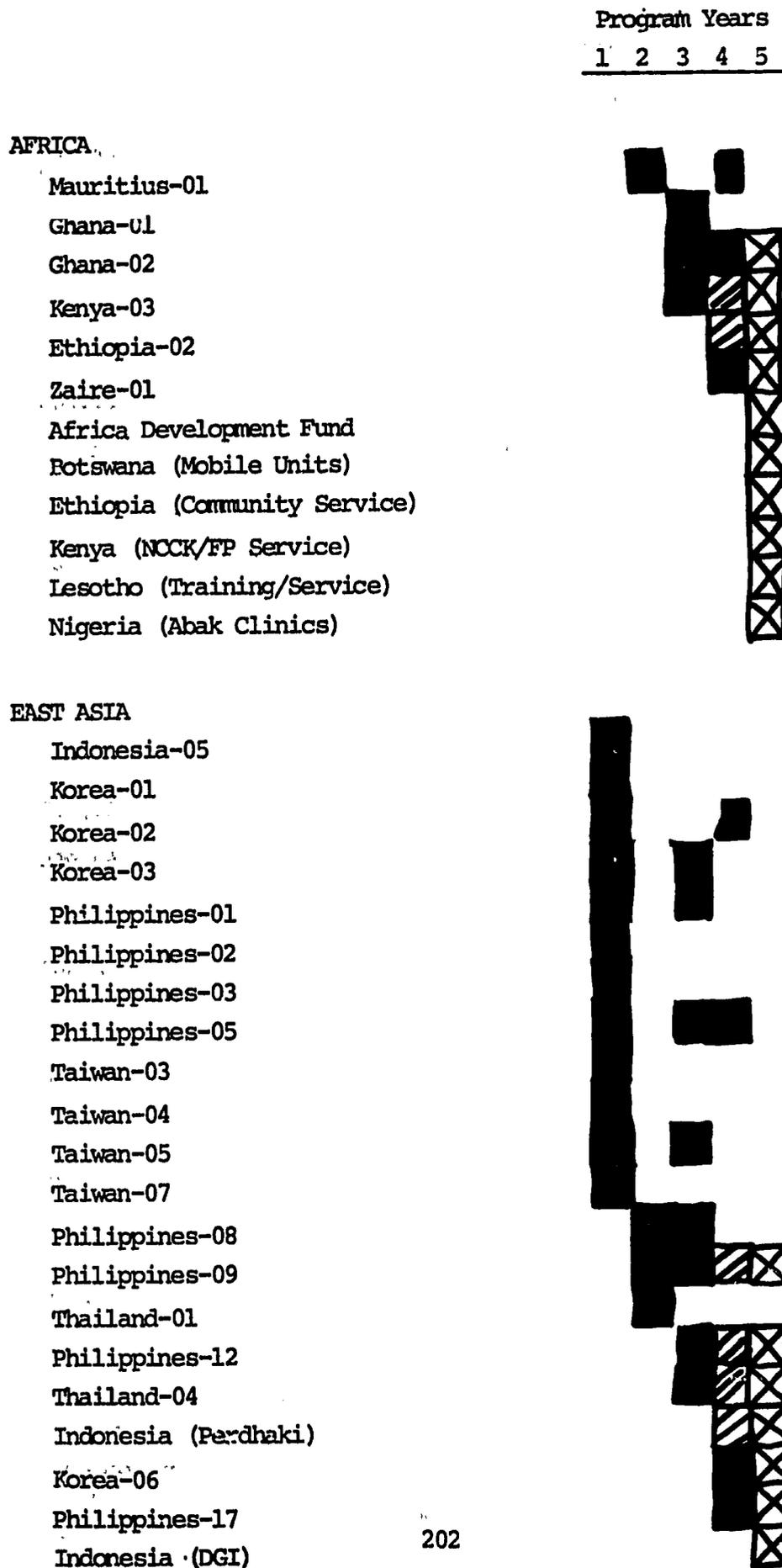
Bangladesh (BRAC)	25,000
Bangladesh (G.K.)	15,000
Bangladesh (Women's Rehabilitation)	50,000
Egypt-02	15,400
Jordan (Rural Hospital)	4,000
Lebanon (CDF)	20,000
Nepal (Mission)	20,000
Pakistan (Red Crescent)	25,000
Pakistan (Slum)	16,700
Pakistan (Women's)	35,000
Sri Lanka (Sarvoodhya)	25,000
Syria (Church Women)	5,000
Turkey (Condom)	100,000

Subtotal 732,100

TOTAL 1,889,600

**FIGURE**

**Obligations, Anticipated Obligations and PY-5 Plans: (F.P. SERVICES)**

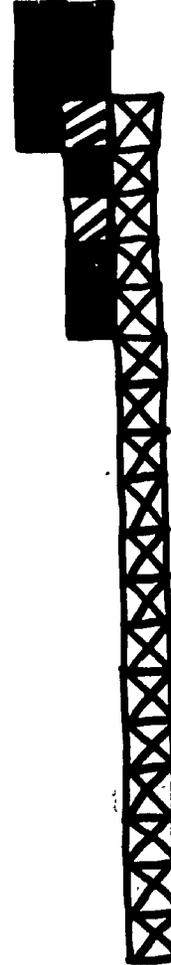


Philippines (Community Women)  
Philippines (Minilap)  
Thailand (Kwae)  
Philippines (Medical Women)



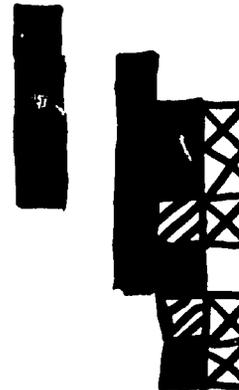
WEST ASIA

Bangladesh-01  
Bangladesh-02  
Nepal-01  
Bangladesh-03  
Jordan-03  
Pakistan-01  
Sri Lanka-01  
Bangladesh (ERAC)  
Bangladesh (G.K.)  
Bangladesh (Women's Rehabilitation)  
Egypt-02  
Jordan (Rural Hospital)  
Lebanon (CDF)  
Nepal (Mission)  
Pakistan (Red Crescent)  
Pakistan (Slum)  
Pakistan (Women's)  
Sri Lanka (Sarvoodhya)  
Syria (Church Women)  
Turkey (Condom)



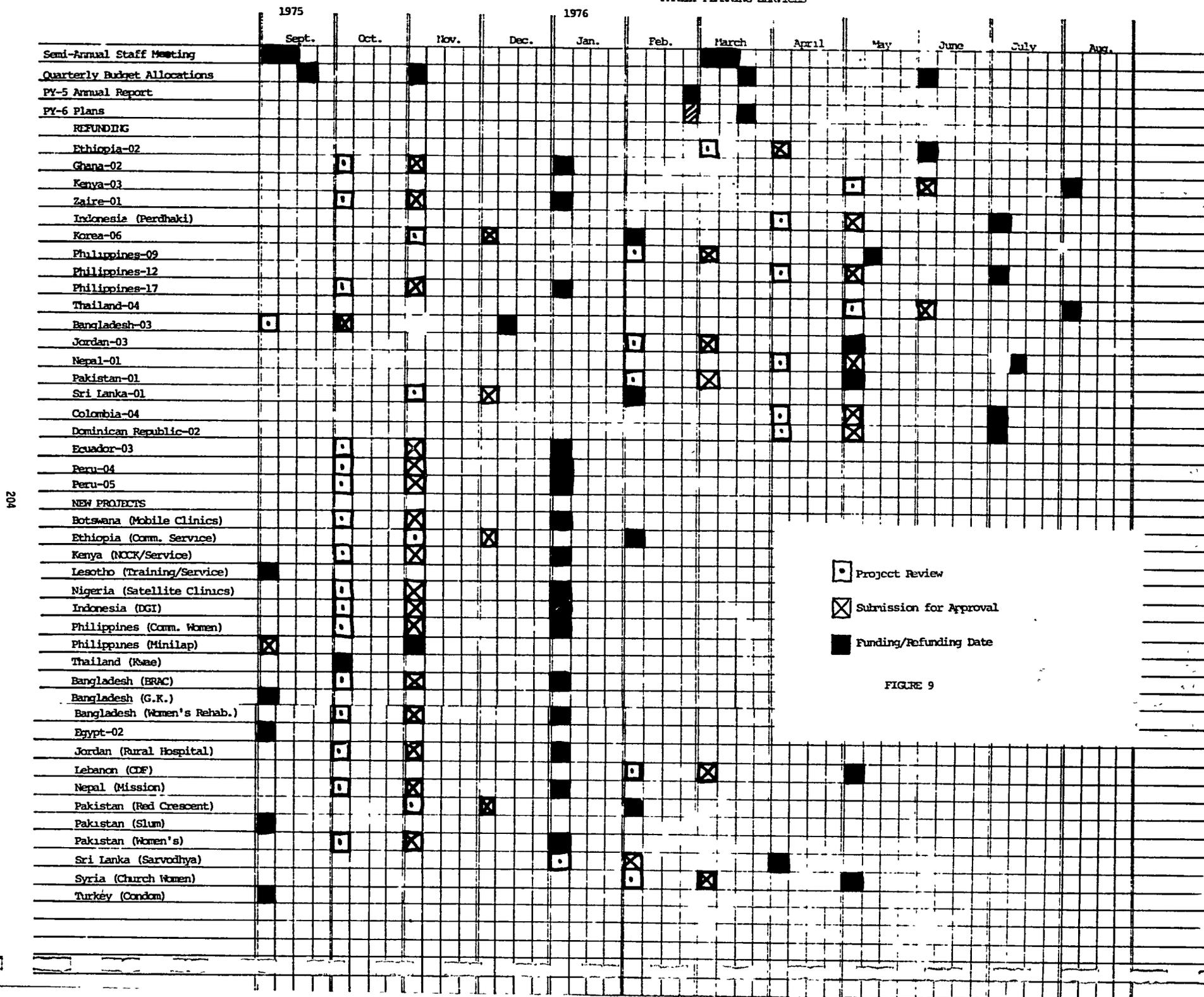
LATIN AMERICA

Dominican Republic-01  
Haiti-01  
Peru-04  
Peru-05  
Dominican Republic-02  
Ecuador-02  
Colombia-04  
Ecuador-03



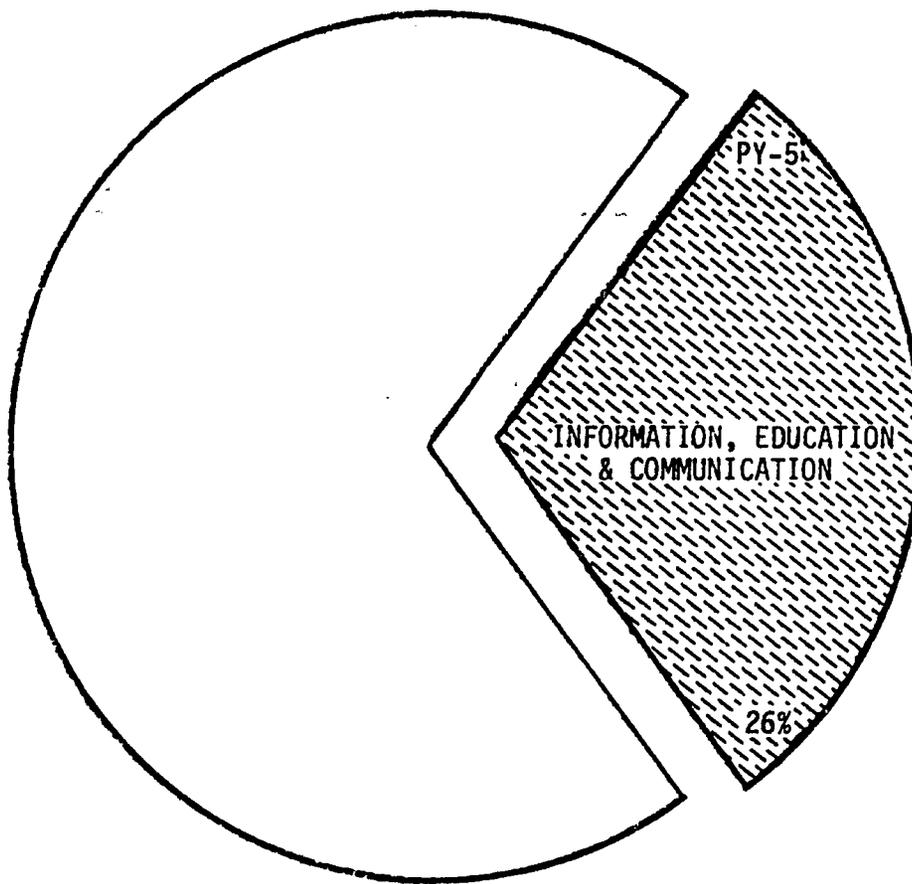
 OBLIGATIONS  
 ANTICIPATED OBLIGATIONS  
 PY-5 PLANS

FAMILY PLANNING SERVICES



□ Project Review  
 ⊗ Submission for Approval  
 ■ Funding/Refunding Date

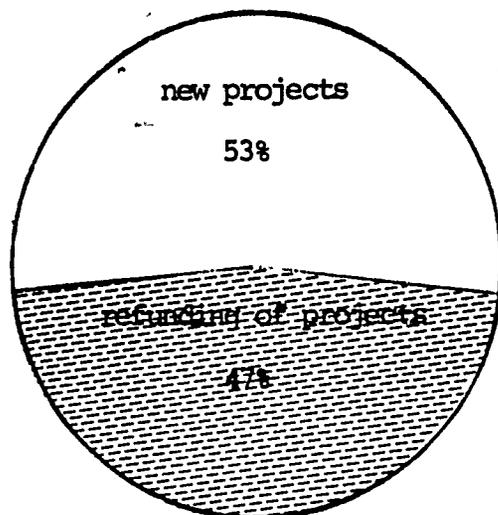
FIGURE 9



<b><u>B. INFORMATION, EDUCATION &amp; COMMUNICATION</u></b>	<b><u>page</u></b>
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## INFORMATION, EDUCATION & COMMUNICATION

### Summary of Anticipated Obligations



IEC plans for PY-5 call for the refunding of 8 projects at a total value of \$445,000 and the anticipated funding of 21 new projects valued at \$493,987 -- for a total anticipated obligation of \$938,987 for the 29 projects scheduled for implementation next program year.

Some 47 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

All projects to be funded in PY-5 are listed in Table 6<sup>3</sup> and narrative details on each project can be found in the respective regional sections.

### Highlights of PY-5 Plans

Assistance to a number of successful IEC projects, particularly in Latin America, will continue and plans for new projects will reflect an increase in support to women's groups as a result of International Women's Year activities. New IEC efforts will reach out into new countries attempting to apply successful program models to new programming areas.

### Africa

In Kenya, work will continue on the development and refinement of the sex education syllabus for youths (Kenya-02) and teachers will be trained to use it in their classrooms. Based on some initial experiences with the syllabus, audio-visual aids will be developed. In two countries, Ethiopia and Ghana, FPIA will initiate IEC projects with women's groups. PY-5 also will see the conclusion of the series of regional workshops with Protestant and Catholic communicators.

### East Asia

The Asian Christian Service in Laos operates a number of rural development projects and FPIA plans to assist the organization to integrate family planning IEC activities into this program. In the Philippines, an IEC program with a service component will be organized for college students in Manila, a group not yet served by any family planning program, and Wesleyan College will apply its experience in population curriculum development to out-of-school situations. Students in Thailand will become more actively involved in family planning through their direct participation in a motivational campaign and mass media IEC efforts will be intensified through support of a mass media coordinating council. In Indonesia, support will continue for the development of new printed materials for family planning patient recruitment.

### West Asia

In the Middle East, there will be projects with such groups as the Coptic Church and the YMCA as well as an IEC program for voluntary sterilization. In Nepal and Sri Lanka, agencies working in the rural areas will be assisted to utilize their organizational infrastructure for family planning IEC activities. In Pakistan, there are plans for a program to help overcome any potential opposition to family planning from Muslim religious leaders.

### Latin America

Responsible parenthood will continue to be the focus of programs in Latin America -- with the Responsible Parenthood Association in Bolivia, the YMCA in Ecuador and the Centro de Integracion Familiar in Guatemala. A regional workshop of church leaders to discuss the role of women in family planning also is planned.

### Educational Materials

As more IEC materials are being produced locally by FPIA-funded projects, increased efforts will be made to achieve a maximum inter-change between projects so that all may learn from the materials and experiences of each other. Also, sufficient sample copies of these locally produced materials will be mailed to FPIA project-related agencies and collaborating institutions. Plans include expanded mailings to project grantees of all new IEC materials produced by other national and international family planning agencies. A special focus of these mailings to Catholic and Protestant institutions will be the latest articles and statements concerning religious factors in family planning. New materials resulting from International Women's Year and emphasizing the expanding role of women in the planning and implementation of family planning programs will be selected and distributed.

A review of current and new educational materials will be conducted throughout the year. FPIA plans to expand the present stock of audio-visual hardware to include the latest and best equipment fitted to the needs of projects. Increasing the variety and selection of audio-visual software to meet the cultural needs of our various projects in Africa, Asia and Latin America will have top priority.

### Publications

Four issues of the FPIA Newsletter will be published to continue informing all FPIA projects, project related agencies and collaborating institutions of the programs, plans, and progress of FPIA and its projects.

radio dramas and broadcasts on family planning, thus contributing to the national effort to reach the rural population.

### Rural Projects

Two projects in Thailand will aim to make family planning services more readily available to rural populations. Family planning information and services will continue to be provided to the hill tribes people (Thailand-04) living in the mountainous areas in the northwest of the country. The Kwae River Christian Hospital will introduce family planning services into its mobile "under fives" clinic program operating in two provinces. This particular project will help assess the value and effectiveness of an "integrated" approach to family planning in rural areas of Thailand where general health care facilities are scarce. In this project, family planning will be provided as an integral part of a child health care program.

FPIA's first project in Laos is planned to enable the Asian Christian Service to integrate family planning activities in its ongoing rural development programs.

### Information, Education and Communication

In the Philippines, a project to provide family planning services to students in the Greater Manila area will be an innovation in the national program; a special students clinic will be established and this will be the first time this segment of the population will be served.

TABLE 63  
Program Year 5 Plans: IEC

<u>Anticipated Refunding</u>	<u>Amount</u>
<b>AFRICA</b>	
Kenya-02	\$ 90,000
<b>EAST ASIA</b>	
Indonesia-06	60,000
<b>WEST ASIA</b>	
None	-----
<b>LATIN AMERICA</b>	
Colombia-02	45,000
Costa Rica-01	20,000
Costa Rica-02	20,000
Dominican Republic-03	30,000
Haiti (IEC)	50,000
<b>INTER-REGIONAL</b>	
FPIA-13	<u>130,000</u>
Subtotal	\$445,000
<u>Anticipated New Projects</u>	
<b>AFRICA</b>	
Ethiopia (Women's)	25,000
Ghana (Women's)	25,000
UNDA-WACC Workshop	20,000
<b>EAST ASIA</b>	
Laos (Christian Service)	25,000
Philippines (KKFI)	8,500
Philippines (Wesleyan)	23,000
Thailand (Mass Media)	10,000
Thailand (Students)	15,000

Anticipated New Projects

WEST ASIA

Egypt-01	18,487
Egypt (Sterilization)	7,000
Egypt (YMCA)	15,000
Middle East-02	12,000
Nepal (Farmers)	15,000
Pakistan (Mullah)	20,000
Sri Lanka (IMS)	50,000

LATIN AMERICA

Bolivia (ABES)	30,000
Latin America (ICR)	50,000
Latin America (Church Related Women)	30,000
Ecuador (YMCA)	30,000
Guatemala (CIF)	30,000

INTER-REGIONAL

FPIA (Women's Conferences)	35,000
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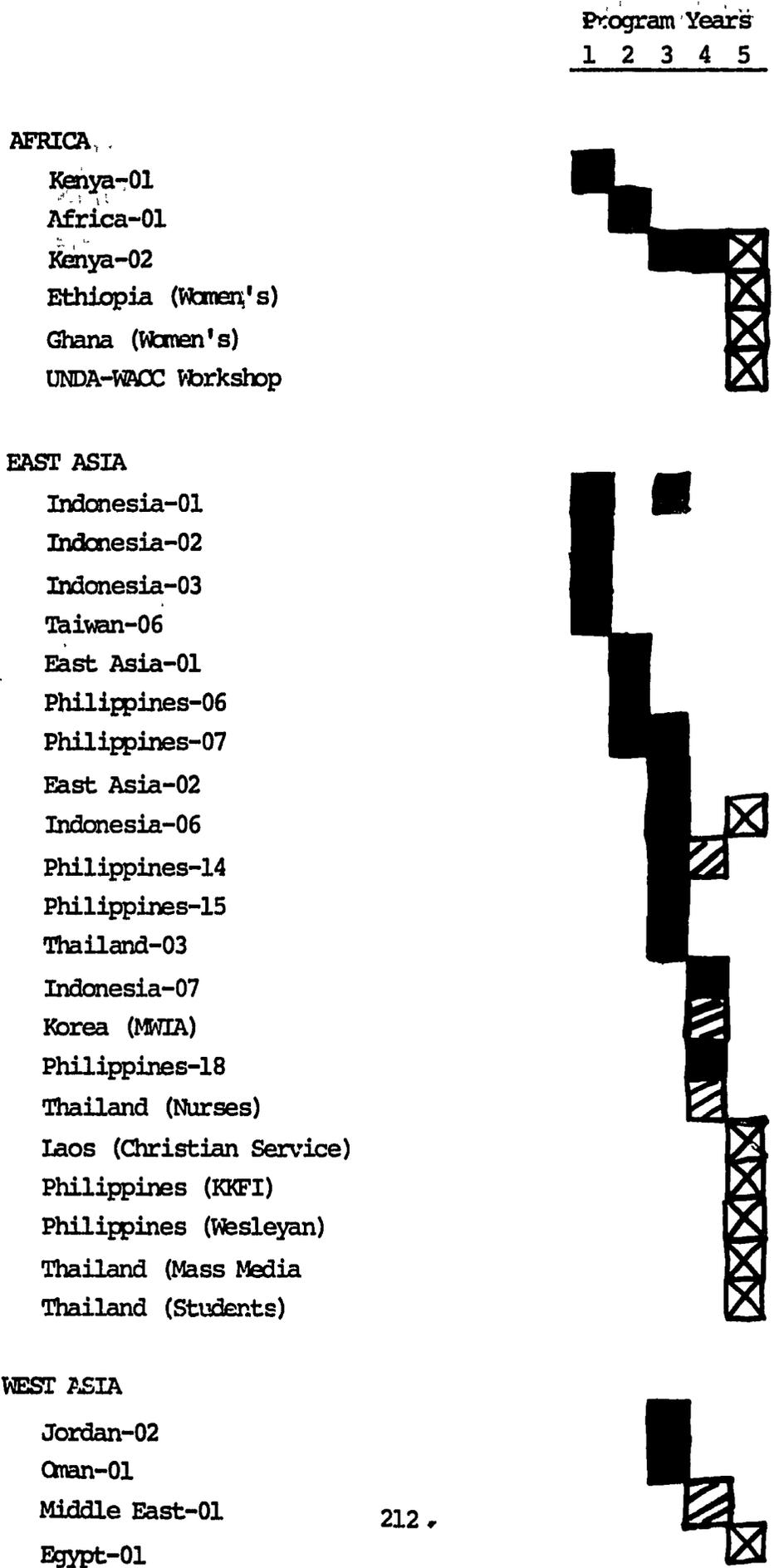
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Subtotal \$493,987

TOTAL \$938,987

FIGURE 10

Obligations, Anticipated Obligations and PY-5 Plans: (IEC)



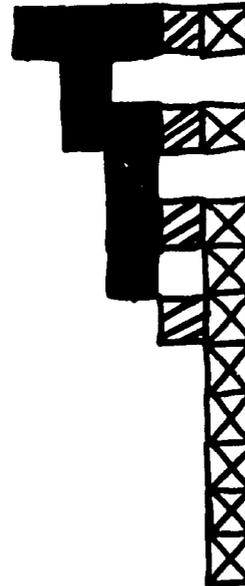
1 2 3 4 5

Egypt (Sterilization)  
Egypt (YMCA)  
Middle East-02  
Nepal (Farmers)  
Pakistan (Mullah)  
Sri Lanka (IMS)



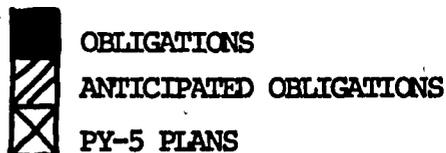
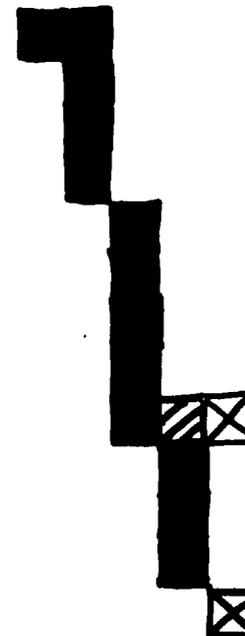
LATIN AMERICA

Costa Rica-01  
Latin America-01  
Colombia-02  
Latin America-02  
Costa Rica-02  
Dominican Republic-03  
Haiti (IEC)  
Bolivia (ABES)  
Latin America (ICR)  
Latin America (Church Related Women)  
Ecuador (YMCA)  
Guatemala (CIF)

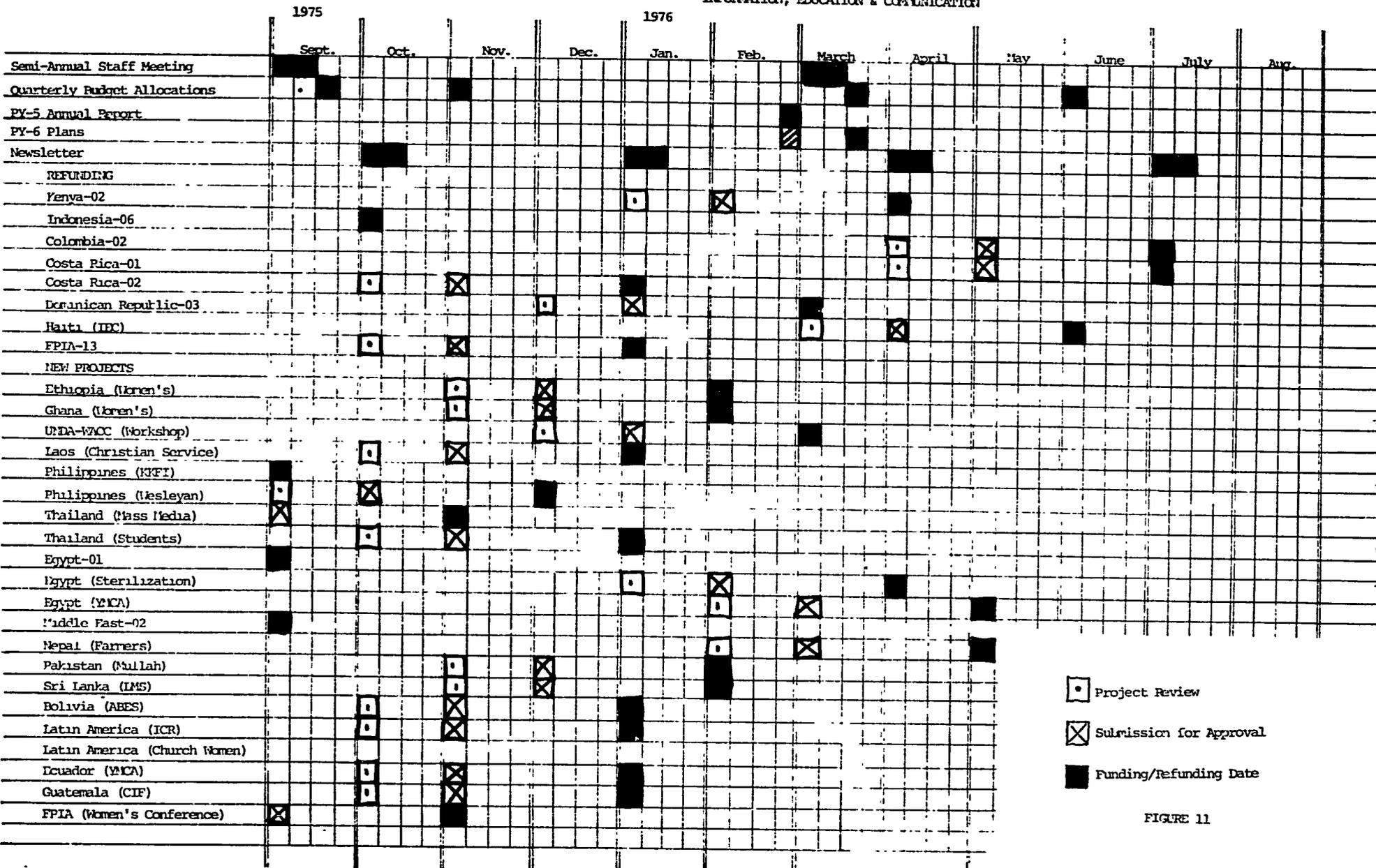


INTER REGIONAL

FPIA-01  
FPIA-03  
FPIA-04  
FPIA-08  
FPIA-05  
FPIA-06  
FPIA-11  
FPIA-12  
FPIA-13  
FPIA-14  
FPIA-15  
FPIA-17  
FPIA (Women's Conferences)



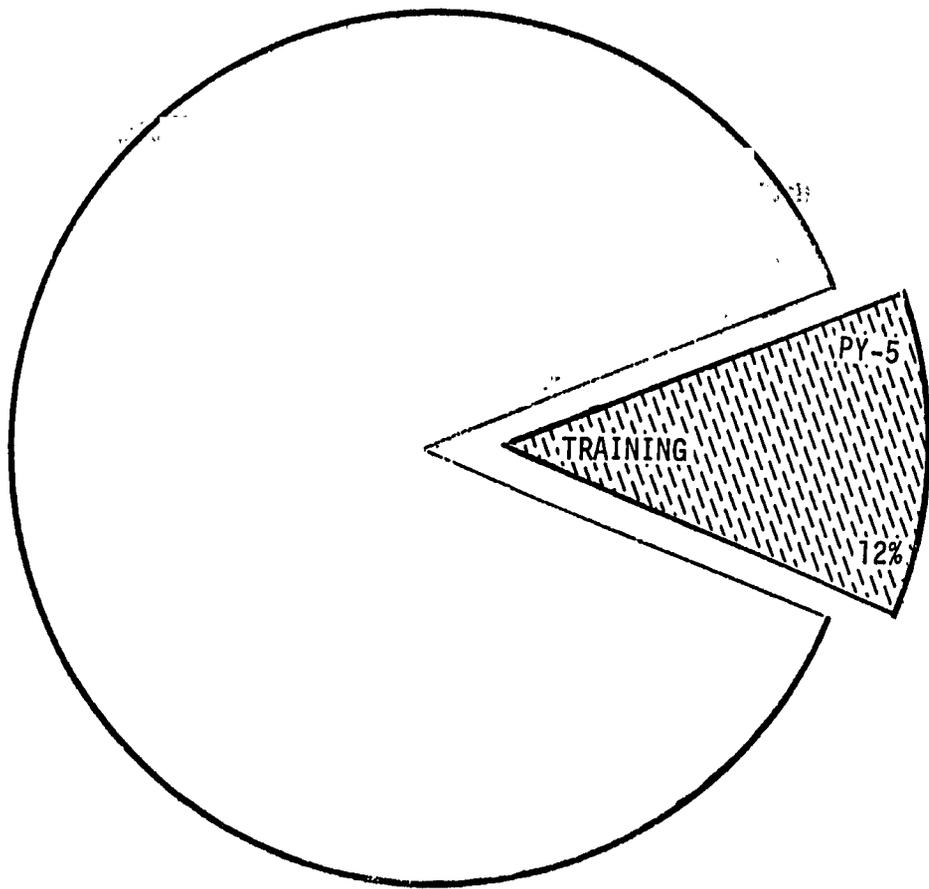
INFORMATION, EDUCATION & COMMUNICATION



□ Project Review  
 ⊗ Submission for Approval  
 ■ Funding/Refunding Date

FIGURE 11

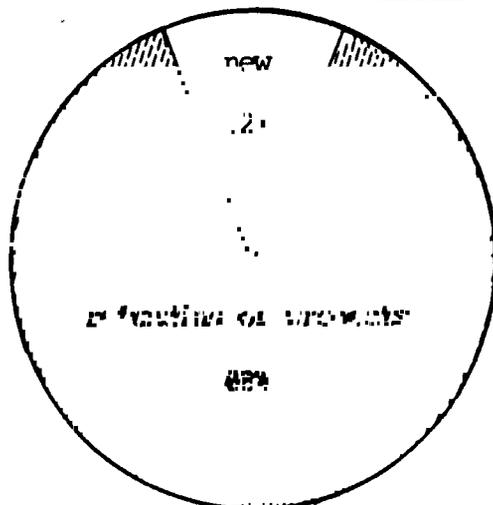
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<u>C. TRAINING</u>	<u>page</u>
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## TRAINING

### Summary of Anticipated Obligations



Training plans for PY-5 call for the refunding of four projects at a total value of \$346,703 and the funding of two new projects valued at \$46,000 -- for a total anticipated obligation of \$392,703 for the six projects scheduled for implementation next program year.

Some 88 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

All projects to be funded in PY-5 are listed in Table and narrative details on each project can be found in the respective regional sections.

### Highlights of PY-5 Plans

FPIA will concentrate efforts during PY-5 to assess and strengthen the leadership and resource potential of its prototype projects through regional based training and technical assistance. This will not only fortify the projects' capabilities for better quality control, but provide a critically lacking expertise for stimulating and assisting other motivated, but less skilled, institutions and agencies to develop family planning programs. Illustratively, FPIA-07, "Family Planning Training for Physicians Who Will Work Overseas," will continue during PY-5 its offerings of basic courses in family planning for the socially conscious physician working in developing countries. However, the project staff also will direct efforts towards the development of "in-country programs through on-site technical assistance to FPIA-07 graduates. Similarly, Philippines 16, "Training Center for Surgical Sterilization," will continue, through the training physicians, its activities for institutionalizing surgical sterilization in Filipino medical schools, family planning agencies and hospitals. During PY-5, the Center will assess the possibilities of expanding its national focus to a regional one so as to provide other Asian Countries the resources necessary for developing voluntary surgical sterilization programs.

The team approach for fostering continuity of care will also be emphasized. Training programs (in-service or formal) will feature the multidisciplinary approach. This approach hopefully will integrate both medical and non-medical concerns in relating to patients on both human and technical levels. This is exemplified in the project, "The Family Health And Welfare Training Center Ethiopia-01, which provides for inputs from various socially as well as medically oriented personnel in planning and delivering in-service training in maternal and child health/family planning.

Medical students, residents and fellows will continue their orientation in family planning through Peru-06's, "Studies in Human Fertility." During PY-5, this clinic-based training will focus on the provision of service as it relates to projected consumer demand and in light of political constraints in Peru.

Technical support for evaluating training will be strengthened through the formulation of systems that will computerize training related data for all FPIA projects. Guidelines for the development of training projects and other projects with training components also will be updated so as to better project and account for the cost of all training activities.

A reorganization and reassessment of FPIA's functional structure has led to the incorporation of all technical specialists under one division thus, augmenting FPIA's capabilities for reviewing, developing and evaluating training aids and materials. Particular emphasis will be given to monitoring of IEC projects for this purpose.

It is anticipated that the skills of all FPIA technician specialists will be utilized to coordinate training activities with internationally based training organizations during the year. These efforts will be carried out in collaboration with New York University's International Health Program, the Carolina Population Center, the University of New Jersey's Medical Center, the New York Downstate Medical Center and other national and international training facilities.

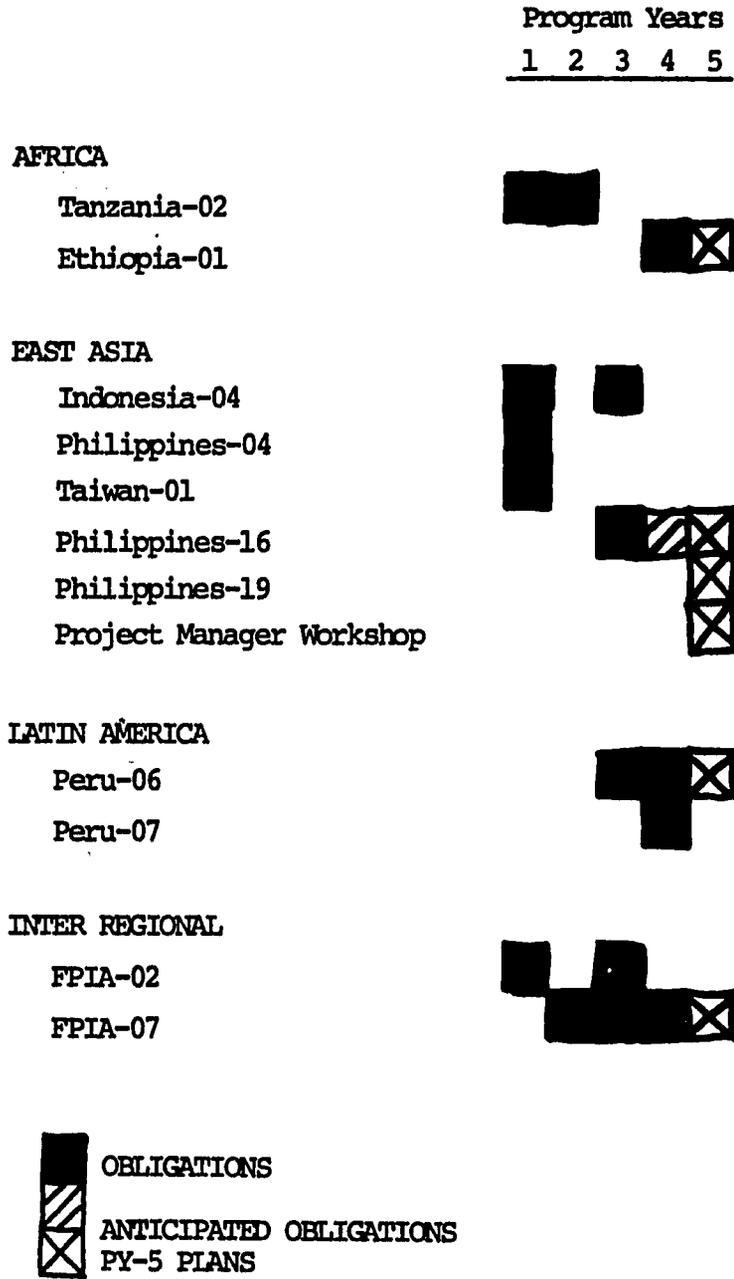
TABLE 64

## Program Year 5 Plans: TRAINING

<u>Anticipated Refunding</u>	<u>Amount</u>
AFRICA	
Ethiopia-01	\$ 50,000
EAST ASIA	
Philippines-16	44,000
WEST ASIA	
None	---
LATIN AMERICA	
Peru-06	22,000
INTER-REGIONAL	
FPIA-07	<u>230,703</u>
Subtotal	\$346,703
<u>Anticipated New Projects</u>	
AFRICA	
None	---
EAST ASIA	
Philippines-19	6,000
Project Manager Workshop	40,000
WEST ASIA	
None	---
LATIN AMERICA	
None	---
INTER-REGIONAL	
None	---
Subtotal	\$ 46,000
TOTAL	\$392,703

FIGURE 12

Obligations, Anticipated Obligations and PY-5 Plans: (TRAINING)



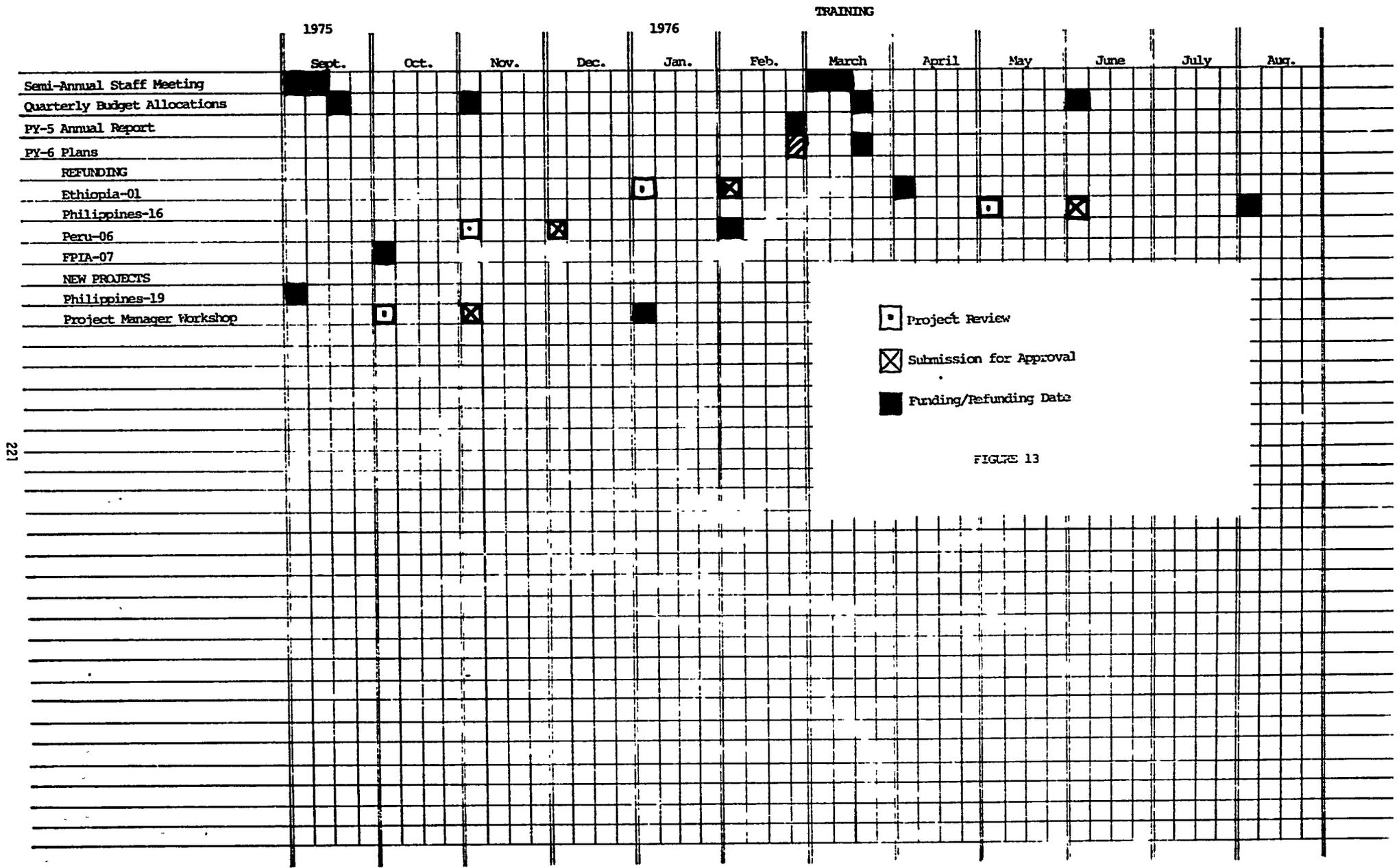


FIGURE 13



**MANAGEMENT AND PROJECT SUPPORT**

D. MANAGEMENT AND PROJECT SUPPORT

page

1. Narrative Highlights

225

## MANAGEMENT AND PROJECT SUPPORT

The improvement of management and project support (MPS) activities will continue during PY-5. The systematic analysis of MPS and other activities, initiated during PY-4, will be repeated periodically, its goal being the development of an integrated system for all aspects of FPIA operations.

Based on the experience gained in PY-4 with regard to the revised project rating system and proposal format, procedures for project development and project review will be refined. With the completion of the evaluation manual for grantees, work will begin on the development of an evaluation methodology for use by FPIA staff with regard to project grants, materials and technical assistance, and overall FPIA management. The project information system also will be revised so as better to meet the needs of project management and monitoring. The revision will attempt to include in the system, in addition to many of the current items, data regarding financial management, project review and rating, procurement and distribution, and evaluation. A system of periodic feedback will be established, not only to FPIA regional and headquarters staff, but to FPIA-assisted agencies and institutions.

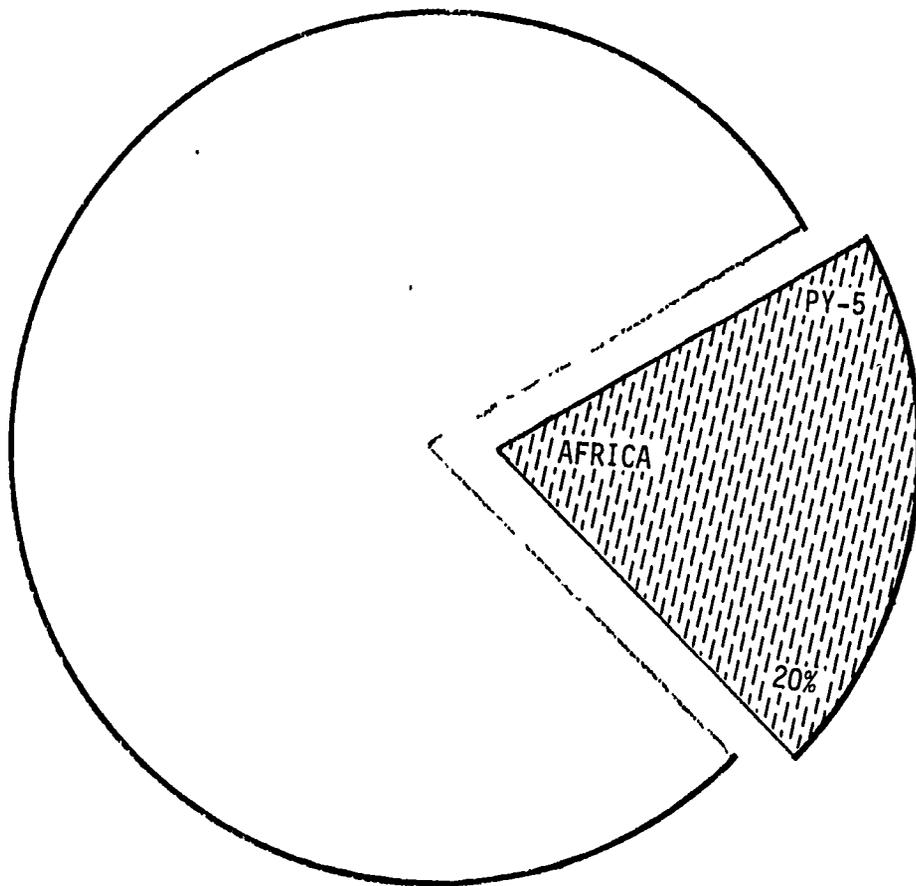
FPIA will continue to develop and implement improvements in the procurement and distribution of commodities. A new agreement with Church World Service will provide for more efficient and accountable operations. A mass mailing to agencies listed in FPIA's master file will provide an opportunity to test the concept of prepackaging, and the revised computer program and format will enable FPIA to monitor the distribution of supplies better. The Procurement and Distribution section also will begin development of a manual for grantees with regard to inventory control, ordering procedures, end-use evaluation of commodity distribution, etc.

In regard to FPIA's financial operations, PY-5 will see the completion of the computerization of all financial reports. Should the requested additional staff position in the Financial Management (FM) section be approved, FPIA's assistance to field projects will be strengthened greatly, especially in the area of budget preparation, disbursements, fiscal accounting and audit. The FM section also will be testing the feasibility of other methods of disbursement to grantees where there is evidence that neither bank cables nor drafts are satisfactory. A financial manual also will be developed for use by the grantees and should aid in upgrading and standardizing grantee financial management practices.



**C. FPIA REGIONAL PLANS**

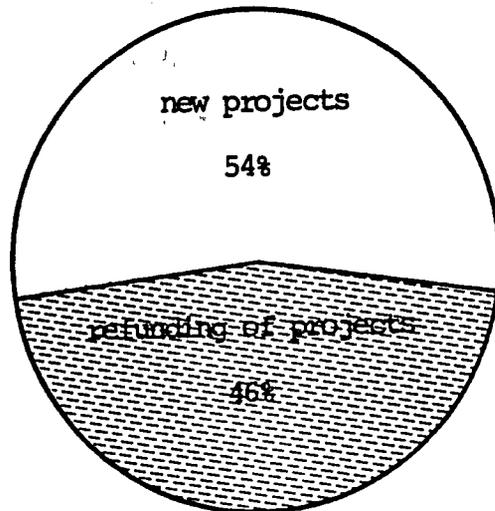




<u>E. AFRICA</u>	<u>page</u>
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## AFRICA

### Summary of Anticipated Obligations



PY-5 plans for Africa call for the refunding of six projects at a total value of \$302,000 and the anticipated funding of nine new projects valued at \$350,000 -- for a total anticipated obligation of \$652,000 (Table 65 ).

Some 46 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

Narrative details on projects to be funded can be found at the end of this section.

### Highlights of PY-5 Plans

A number of important program developments took place in PY-4 and it is expected that these will have major implications for FPIA programming in African countries during PY-5.

In Ethiopia, the Family Guidance Association was officially and legally recognized by the government, a major event given the long-standing church and political opposition to family planning in that country. The Republic of Togo started a Family Planning Association with representation as well as financial and administrative support from the government. Law makers in France repealed many of that country's strictures pertaining to contraception and abortion and these sweeping changes are expected to have a positive influence on family planning programming potential in Francophone Africa. Lastly, a Population Commission was formed in Nigeria, which could result in the drafting and implementation of a population policy in a country where matters of population control and family planning are sensitive issues.

With the Africa regional FPIA office now established in Accra, Ghana, it is also expected that current and potential grantees will benefit from the closer and more immediate management technical assistance available to them.

All PY-4 Africa projects, except for Mauritius-01, are scheduled for refunding during the year.

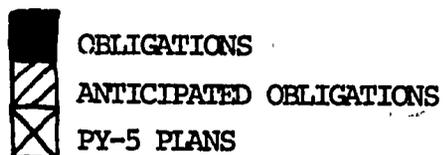
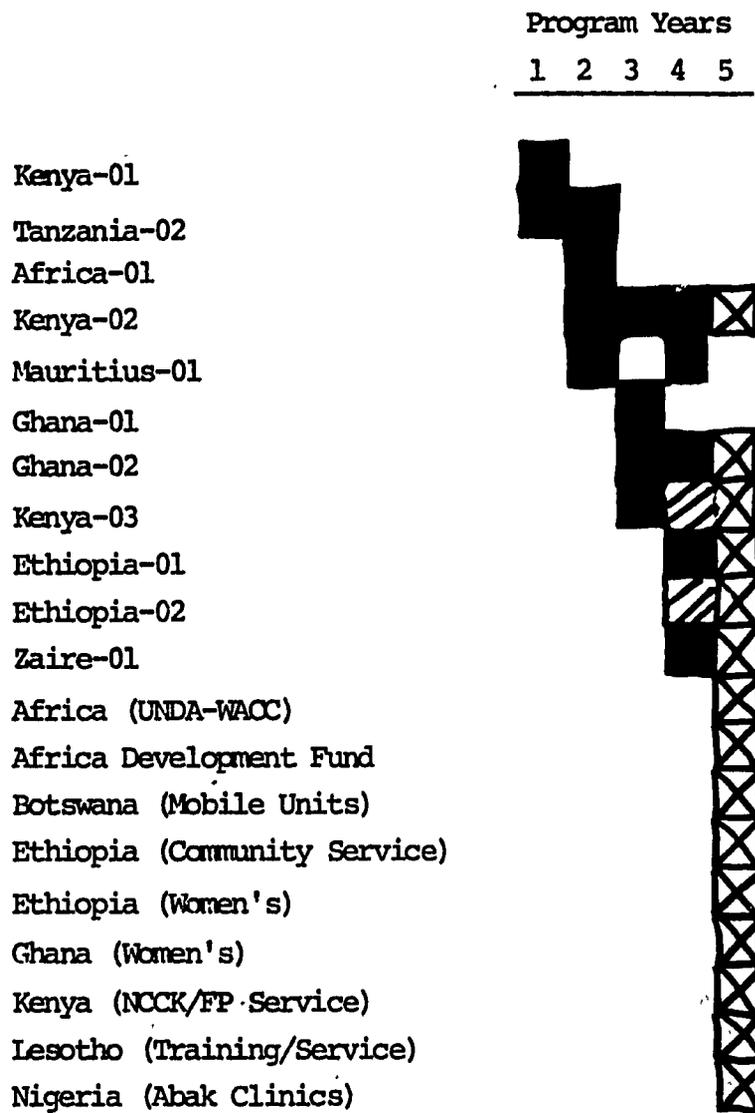
In terms of new programs, the emphasis in the region will be on making family planning services more widely available, especially in rural areas, and initiating IEC projects with various women's organizations.

TABLE 65  
Program Year 5 Plans: AFRICA

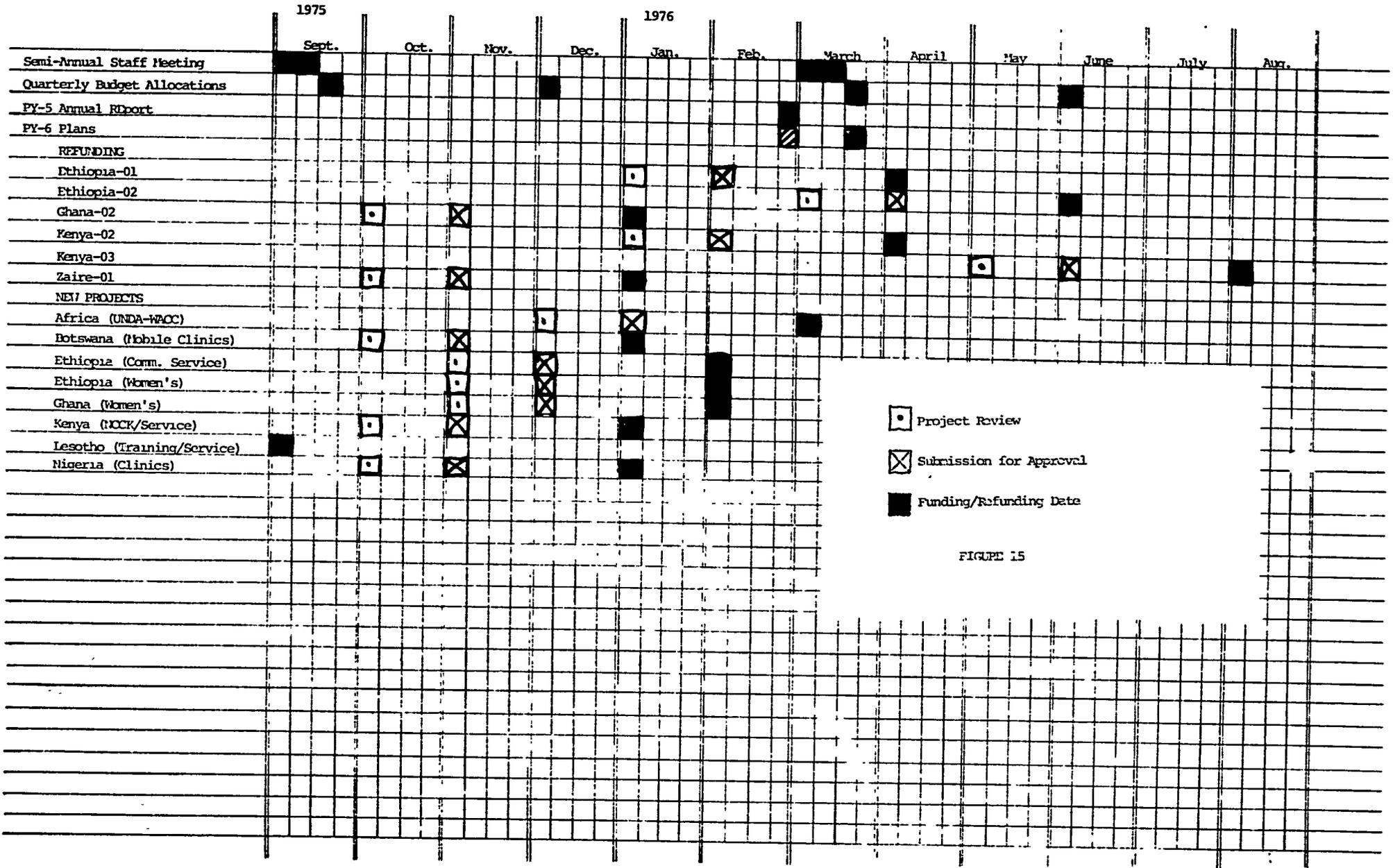
<u>Anticipated Refunding</u>	<u>Amount</u>
Ethiopia-01	\$ 50,000
Ethiopia-02	15,000
Ghana-02	65,000
Kenya-02	90,000
Kenya-03	70,000
Zaire-01	<u>12,000</u>
Subtotal	\$302,000
<u>Anticipated New Projects</u>	
Africa (UNDA-WACC)	20,000
Africa Development Fund	130,000
Botswana (Mobile Units)	24,700
Ethiopia (Community Service)	11,000
Ethiopia (Women's)	25,000
Ghana (Women's)	25,000
Kenya (NCK/FP Service)	60,000
Lesotho (Training/Service)	24,300
Nigeria (Abak Clinics)	<u>30,000</u>
Subtotal	\$350,000
TOTAL	\$652,000

FIGURE 14

Obligations, Anticipated Obligations and PY-5 Plans: (AFRICA)



AFRICA



- ◻ Project Review
- ⊗ Submission for Approval
- █ Funding/Refunding Date

FIGURE 15

PROJECT NO: Ethiopia-01  
PROJECT TITLE: Family Helath and Welfare  
Training Center  
GRANTEE: Family Guidance Association  
of Kenya  
BUDGET: \$50,000.  
ANTICIPATED REFUNDING DATE: 1 April 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project will continue support for the family planning training program initiated in Program Year 4.

PROJECT NO: Ethiopia-02  
PROJECT TITLE: Comprehensive MCH/Family  
Planning Education and  
Services  
GRANTEE: Soddo Hospital  
BUDGET: \$15,000.  
ANTICIPATED REFUNDING DATE: 1 June 1976  
ANTICIPATED PROJECT LIFE: 2 Years

This project will continue support for the family planning program at Soddo Hospital and its six satellite clinics.

PROJECT NO: Ghana-02  
PROJECT TITLE: Comprehensive Family Planning  
Service Delivery  
GRANTEE: Christian Council of Ghana  
BUDGET: \$65,000.  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 5 Years

This project will continue support for the family planning IEC and service program of the Christian Council of Ghana, initially funded in Program Year 3.

PROJECT NO: Kenya-02  
PROJECT TITLE: Family Life Education Program  
of the NCKK  
GRANTEE: National Christian Council  
of Kenya  
BUDGET: \$90,000.  
ANTICIPATED REFUNDING DATE: 1 April 1976  
ANTICIPATED PROJECT LIFE: 5 Years

This project will support, for a fourth year, the Family Life Education Program of the National Christian Council of Kenya.

PROJECT NO: Kenya-03  
PROJECT TITLE: Family Planning Services and Manpower Development in a Rural Hospital  
GRANTEE: Chogoria Hospital  
BUDGET: \$70,000.  
ANTICIPATED REFUNDING DATE: 1 August 1976  
ANTICIPATED PROJECT LIFE: 5 Years

This project will continue technical, financial and material support for the integrated family planning/MCH program at Chogoria Hospital and its satellite clinics.

PROJECT NO: Zaire-01  
PROJECT TITLE: Bulape Community Health Project - Family Planning Program  
GRANTEE: Institut Medical Chretien Du Kasai  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 2 Years

This project will support the second year of operations of the family planning program at Bulape Hospital.

PROJECT NO: Africa (UNDA - WACC)  
PROJECT TITLE: Population Workshop  
GRANTEE: World Association for Christian Communication  
BUDGET: \$20,000.  
ANTICIPATED STARTING DATE: 1 March 1976  
ANTICIPATED PROJECT LIFE: 6 Months

This project is a follow-up activity to the FPIA-06 project involving Protestant and Catholic communicators in London in 1973, and represents the fourth in a series of workshops to implement the conclusions of that conference. This workshop will probably be held in Nairobi, Kenya, in March, 1976 and will cover all of East Africa. The workshop will bring together about 50 Protestant and Catholic broadcast and communications experts to assess the needs and opportunities

for Church sponsored family planning communication activities within the continent.

The World Association for Christian Communication (WACC) has its headquarters in London and is a working fellowship, international and multimedia, of communication agencies, churches and individuals concerned with the use of media in the development of nations. WACC has already successfully organized and implemented the projects FPIA-06, East Asia-02 and Latin America-02 in London, the Philippines and Peru, respectively, and plans to conduct a similar workshop in the Middle East in 1975.

PROJECT TITLE: Africa Development Fund  
BUDGET: \$130,000.

This project will support various family planning programs of church related and private service organizations in Africa which will be developed and implemented as opportunities arise during the program year.

PROJECT NO: Botswana (Mobile Units)  
PROJECT TITLE: Introduction of a Family  
Planning Program in Rural  
Botswana  
GRANTEE: Association of Medical  
Missions for Botswana  
BUDGET: \$24,700.  
ANTICIPATED STARTING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project will provide the Anglican Diocese of Botswana with assistance to operate a mobile family planning unit for eight or nine villages in the Bobirwa area, in the eastern tip of Botswana. The mobile unit, to be staffed with one registered nurse, one nurse-midwife, one nursing assistant and one driver, will make available curative and preventive health services including family planning for a population of 7,500 residents within an 80 mile radius of Bobonong, the central village in the Bohirwa area.

PROJECT NO: Ethiopia (Community Service)  
PROJECT TITLE: Community Improvement and  
Family Planning  
GRANTEE: Seventh-Day Adventist Church  
(Soddo Hospital)  
BUDGET: \$11,000.  
ANTICIPATED STARTING DATE: 1 February 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project represents the first attempt to provide MCH/FP at the rural level in Ethiopia, utilizing local inhabitants as volunteers. It will include weekly "road-to-health" classes for mothers who have children under five-years-of-age, home improvements, agricultural classes, MCH/FP information and education, and the provision of family planning services through a centrally located clinic facility and the accessible services of Soddo Hospital.

Specific objectives of this project will be: (1) provide information and education in family planning to 700 rural inhabitants; (2) provide MCH/FP services for 350 couples; (3) conduct weekly classes for village men and women in self-help, community-based programs, agricultural development and improvement, and MCH/FP; and (4) disseminate educational materials and distribute non-medical contraceptives to rural inhabitants.

PROJECT NO:	Ghana (Women's)
PROJECT TITLE:	Africa Women's Organizations and Family Planning
GRANTEE:	Ghanaian Women's Association
BUDGET:	\$40,000.
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	2 Years

The Ghanaian Women's Association, the coordinating body of Ghanaian Women's Groups will sponsor a workshop on "The Role of Women's Groups in Family Planning". Participants will be invited from other Franco-phone African nations and East Africa following a survey of their service activities and perceptions of family planning. The workshop will be divided into two parts. The first will consist of three sessions to discuss the types of family planning services women need, how women's organizations can mobilize women to gain these services and how women's organizations can deliver services. The second part is a project development working session for those women's groups desiring to undertake family planning program activities. It is planned that of 30 organizations attending, ten will be prepared to undertake program activities in 1976.

PROJECT NO:	Kenya (NCKK/FP Service)
PROJECT TITLE:	Coordinated Hospital Family Planning Program
GRANTEE:	National Christian Council of Kenya
BUDGET:	\$60,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	4 Years

This project will provide support to the National Christian Council of Kenya for the coordination of a family planning program with missionary hospitals. This project is an outgrowth of the Kenya-02 Family Life Education Program.

PROJECT NO:	Lesotho (Training/Service)
PROJECT TITLE:	Comprehensive Family Planning Services and Training in a Mountain Village
GRANTEE:	Lesotho Red Cross Society
BUDGET:	\$24,300.
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project will establish the operational guidelines for rural based family planning education and services that can be replicated at the 11 Lesotho Red Cross Society health centers in mountainous regions of Lesotho. To achieve this goal the following objectives are envisaged during the first 18 months: (1) establish a prototype, rural-based family planning service providing patient information and counseling; medical and contraceptive services and family planning clinician skills development; (2) provide family planning clinical services to five hundred new acceptors from the existing MCH clinic population and patients referred via outreach efforts; (3) select and set-up family planning programs at two additional Lesotho Red Cross clinics based on the prototype model; (4) provide a program of didactic and practical training in family planning for one physician and two nurse-midwives; (5) develop and implement a Lesotho Red Cross in-service seminar to: plan the replication of the demonstration service at the remaining eight Red Cross clinics; and, assess manpower, facility and related requirements for utilizing Red Cross clinic satellites as contraceptive distribution centers.

The project initiates the integration of family planning with the existing Lesotho Red Cross health services e.g., pre-school, curative maternity, antenatal, post-natal, health education, nutrition and first aid. The project will utilize village chiefs, traditional birth attendants, and health outreach workers to assess community needs for service expansion and to provide manpower for recruiting contraceptors from the unmet rural population.

A multidisciplinary health team will be used to train licensed Red Cross nurses and midwives as family planning clinicians. This team will also set performance standards which all family planning training programs can use and they will assist other family planning groups in the standardization of a national family planning data retrieval and reporting system.

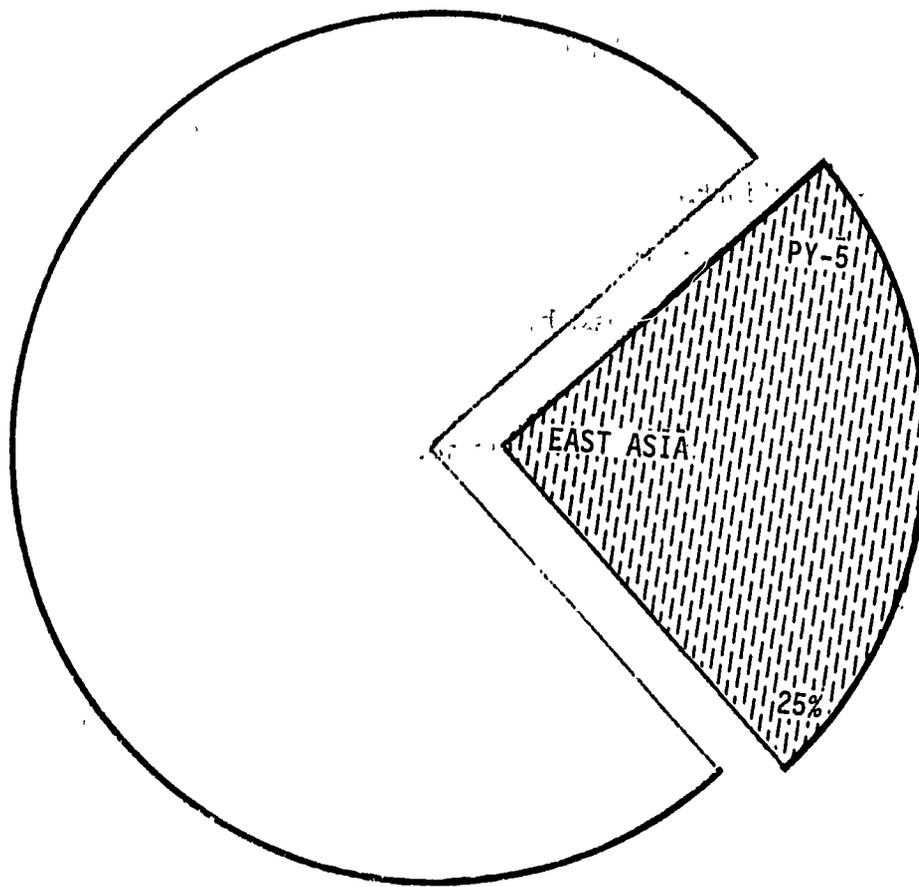
PROJECT NO:	Nigeria (Abak Clinics)
PROJECT TITLE:	Abak Satellite Clinics
GRANTEE:	The Women's Clinic of Uyo
BUDGET:	\$30,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

The Southeastern portion of Nigeria is basically devoid of government or private family planning facilities. The Women's clinic located in the Abak Division of the South Eastern State (Province) of Nigeria, is a private clinic operated by Dr. D.P. Essien and has offered medical and limited family planning services to predominately rural patients for several years. In addition to Dr. Essien, who received her medical training in London, the clinic is presently staffed by a nurse and clerical assistant. Services offered include free family planning advice and counsel; provision of contraceptives, i.e. pills, IUD's and condoms; abortion up to the eighth week of pregnancy, and tubal ligations (both couples consenting).

The inhabitants of Abak Division are extremely poor, characterized by a high rate of illiteracy. Approximately 12 to 15 patients per week request contraceptive services, but are not assisted due to their inability to pay normal charges.

With the assistance of FPPIA, the Women's clinic plans to establish seven satellite clinics within a maximum range of 33 kilometers from the project center located at Abak. It is envisioned that each clinic will be run by a nurse-midwife trained in family planning, and supervised by Dr. Essien, a staff nurse and two nurse aids. Family planning services cited above will be offered free to all patients.

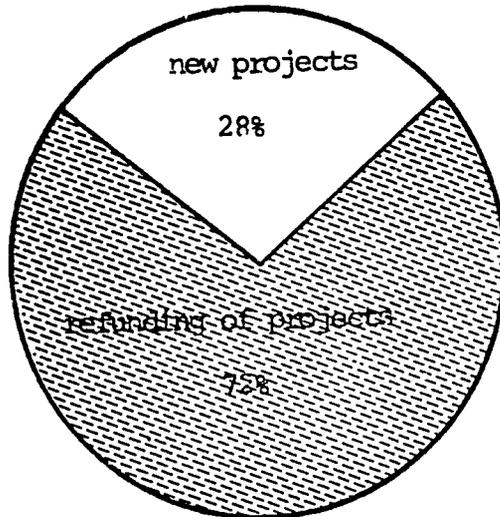
The specific objectives of this project are: (1) provide family planning services to people who have not been able to afford them previously through seven rural-based clinics; (2) recruit 1,500 new contraceptors in the first project year; (3) promote an increased awareness of family planning through the distribution of educational materials.



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## EAST ASIA

### Summary of Anticipated Obligations



FY-5 plans for East Asia call for the refunding of 8 projects at a total value of \$571,500 and the anticipated funding of 12 new projects valued at \$223,500 -- for a total anticipated obligation of \$795,000. (Table 66).

Some 72 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

Narrative details on projects to be funded can be found at the end of this section.

### Highlights of PY-5 Plans

In PY-5, FPIA will continue consolidating the considerable expansion in program activity achieved in PY-3 and PY-4.

The Regional Office will continue to provide limited technical assistance not only to organizations implementing FPIA-sponsored projects but also to other private agencies and organizations engaged in population and family planning related activities. The impact of FPIA-sponsored projects in the past has been such that many organizations apply to FPIA for technical assistance and guidance in the design and implementation of their family planning projects. FPIA also plans to develop a pool of local experts and resource persons in East Asia who can be called on, from time to time, to supplement the technical assistance activities of Regional Office and Headquarters staff.

FPIA projects in PY-5 will fall mainly into the following categories: promotion of simpler methods of voluntary sterilization as a safe and acceptable method of contraception; work with women's groups; the development of projects for youth groups; a further expansion of family planning projects in rural areas; continuation of working relationships with church groups, especially Catholics; and the development of effective IEC techniques and approaches. It should be noted that many projects will encompass more than one of these categories.

### Voluntary Sterilization

Several projects in the Philippines will be instrumental in making voluntary sterilization more easily available throughout the country. At the moment, sterilization services are available primarily in the Greater Manila area and a few other urban centers. The Philippines General Hospital Training Center for Surgical Sterilization (Philippines-16) will continue to train doctors

from institutions throughout the country as well as some doctors from other Asian countries. Members of the Philippines' Medical Womens Association and the Obstetrical and Gynaecological Association of the Philippines will be trained in the use of mini-laparotomy techniques and provided with the necessary medical equipment so that they can offer their patients this method of birth control. The Inter-Church Commission on Medical Care (ICCMC), with 50 member institutions, will be assisted in the addition of voluntary sterilization (both male and female) to their other fertility control services. The greater percentage of the ICCMC member agencies are situated in rural areas; this project therefore will enable voluntary sterilization to be made more readily available to the rural population of the country. The voluntary sterilization projects of Mary Johnston Hospital (Philippines-09) and the Iglesia Ni Cristo (Philippines-17) will also be continued.

### Womens' Groups

In Korea, FPIA's project with the Korean National Council of Churches (Korea-06) will not only continue the close working relationship with this particular church group but it will also fulfill FPIA's goal of involving women more actively in the provision of family planning. Church women workers will be trained to distribute oral contraceptives and conduct follow-up work and referrals.

The Korean Medical Women's Association "Conference on Population and Family Planning" (Korea-MWIA) will lead to an expansion in the number of women physicians involved in the national population effort and will better equip them to provide information and services to rural women.

In the Philippines, the FPIA-assisted project with the Ladies of Charity (Philippines-19) will, for the first time, involve a large and important organization of Catholic women in family planning education and motivation. Some 1,500 members of the organization will be trained to work with an average of 20 families each; these volunteer workers will discuss all methods of contraception and make referrals to existing family planning service facilities.

### Church Groups

In Indonesia, work with church groups will continue through the project of the Catholic Association of Voluntary Health Services (Indonesia-Perdhaki) Representatives from the Association will be trained in family planning and member institutions of the Association will be supplied with contraceptives and family planning IEC materials for distribution. FPIA's assistance to the DGI (Indonesia-06) will continue to provide family planning information and services in the North Celebes, a high priority area as yet not included in the government family planning program.

The family planning film produced with FPIA support by the Jesuits Engaged in Social Communications in East Asia (JESCOME/Philippines-14) will be distributed throughout the region to stimulate positive action by Catholic groups in family planning and population. JESCOME also will expand its program of

radio dramas and broadcasts on family planning, thus contributing to the national effort to reach the rural population.

### Rural Projects

Two projects in Thailand will aim to make family planning services more readily available to rural populations. Family planning information and services will continue to be provided to the hill tribes people (Thailand-04) living in the mountainous areas in the northwest of the country. The Kwae River Christian Hospital will introduce family planning services into its mobile "under fives" clinic program operating in two provinces. This particular project will help assess the value and effectiveness of an "integrated" approach to family planning in rural areas of Thailand where general health care facilities are scarce. In this project, family planning will be provided as an integral part of a child health care program.

FPIA's first project in Laos is planned to enable the Asian Christian Service to integrate family planning activities in its ongoing rural development programs.

### Information, Education and Communication

In the Philippines, a project to provide family planning services to students in the Greater Manila area will be an innovation in the national program; a special students clinic will be established and this will be the first time this segment of the population will be served.

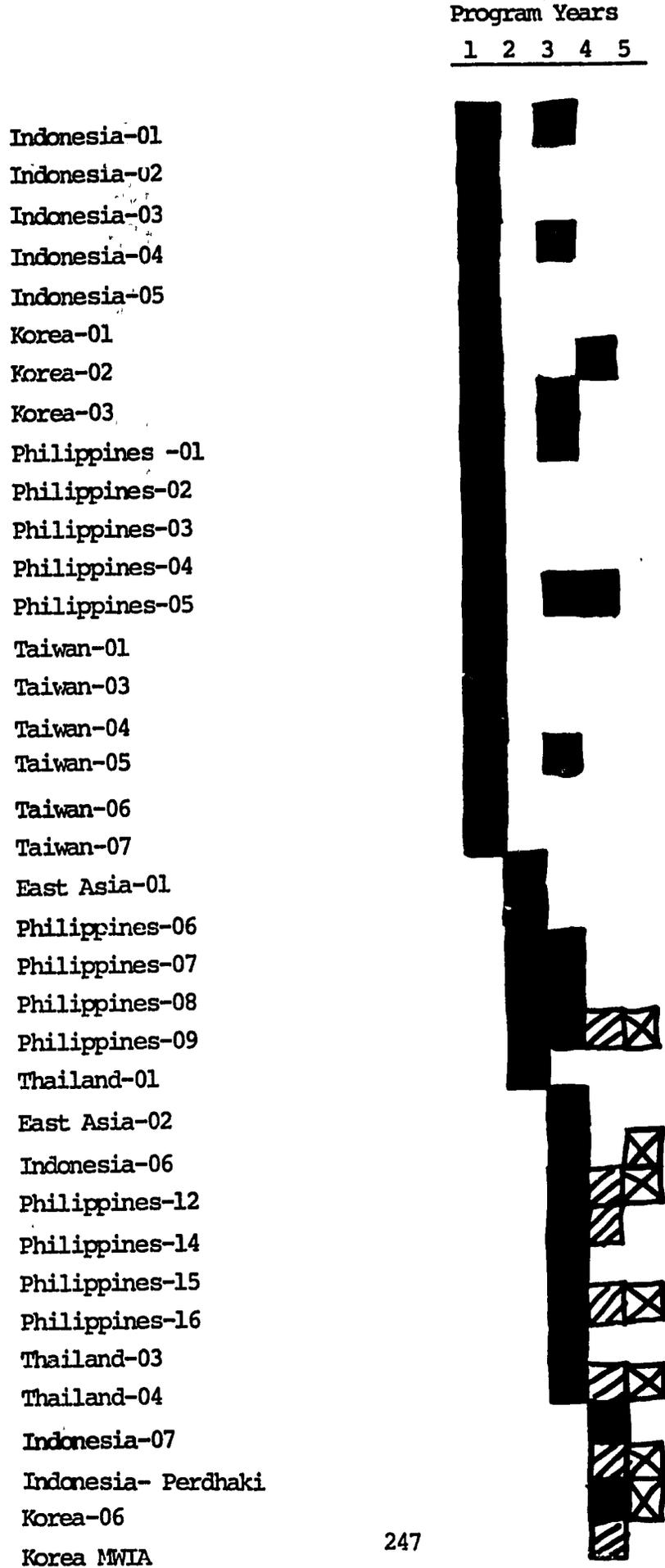
TABLE 66

## Program Year 5 Plans: EAST ASIA

<u>Anticipated Refunding</u>	<u>Amount</u>
Indonesia (Perdhaki)	\$ 26,500
Indonesia-06	60,000
Korea-06	46,500
Philippines-09	33,000
Philippines-12	300,000
Philippines-16	44,000
Philippines-17	49,500
Thailand-04	<u>12,000</u>
Subtotal	\$571,500
<u>Anticipated New Projects</u>	
Indonesia (DGI)	20,000
Laos (Christian Service)	25,000
Philippines (Community Women)	30,000
Philippines (KKFI)	8,500
Philippines (Medical Women)	20,000
Philippines (Minilap)	20,000
Philippines (Wesleyan)	23,000
Philippines-19	6,000
Project Manager's Workshop	40,000
Thailand (Kwrae)	6,000
Thailand (Mass Media)	10,000
Thailand (Students)	<u>15,000</u>
Subtotal	\$223,500
TOTAL	\$795,000

FIGURE 16

Obligations, Anticipated Obligations and PY-5 Plans: (EAST ASIA)



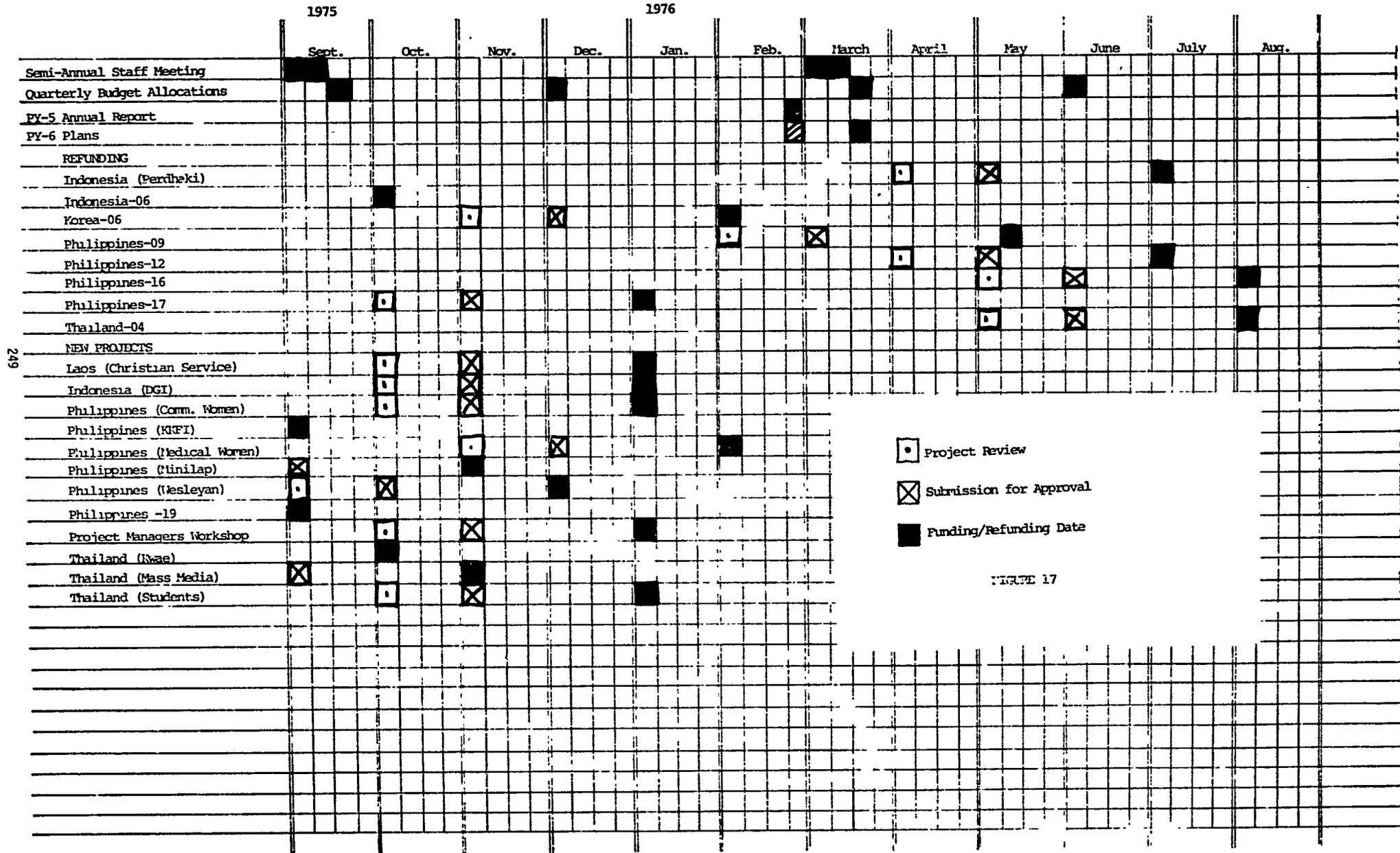
	1	2	3	4	5
Philippines-17				■	⊗
Philippines-18				▨	
Thailand (Nurses)					
Indonesia (DGI)					
Laos (Christian Service)					
Philippines (Community Women)					
Philippines (KKFI)					
Philippines (Medical Women)					
Philippines (Minilap)					
Philippines (Wesleyan)					
Philippines-19					
Project Manager's Workshop					
Thailand (Kwae)					
Thailand (Mass Media)					
Thailand (Students)					


**OBLIGATIONS**  

**ANTICIPATED OBLIGATIONS**  

**PY-5 PLANS**

EAST ASIA



249

- Project Review
- ⊗ Submission for Approval
- Funding/Refunding Date

FIGURE 17

----- PROJECTS FOR REFUNDING -----

PROJECT NO: Indonesia (Perdhaki)  
PROJECT TITLE: Integrating Family Planning  
Into the Catholic Health  
Delivery System in Indonesia  
GRANTEE: Association of Voluntary Health  
Services  
BUDGET: \$26,500.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project continues support for the family planning program of Catholic medical facilities in Indonesia.

PROJECT NO: Indonesia-06  
PROJECT TITLE: Printed Materials for Family  
Planning Patient Recruitment  
GRANTEE: Division on Health and Responsible  
Parenthood, Council of Churches  
in Indonesia  
BUDGET: \$60,000.  
ANTICIPATED REFUNDING DATE: 1 October 1975  
ANTICIPATED PROJECT LIFE: 2 Years

This project continues support for the family planning printed materials program of the Council of Churches in Indonesia.

PROJECT NO: Korea-06  
PROJECT TITLE: Family Planning Delivery System  
Through Women's Church Organizations  
and Church Institutions  
GRANTEE: Korean National Council of  
Churches  
BUDGET: \$46,500.  
ANTICIPATED REFUNDING DATE: 1 February 1976  
ANTICIPATED PROJECT LIFE: 2 Years

This project supports the second year of operations of the contraceptive referral and distribution program of the Korean National Council of Churches.

PROJECT NO: Philippines-09  
PROJECT TITLE: Pilot Subsidized Sterilization  
Clinic  
GRANTEE: Mary Johnston Hospital  
BUDGET: \$33,000.  
ANTICIPATED REFUNDING DATE: 15 May 1976  
ANTICIPATED PROJECT LIFE: 4 Years

This project provides continued support for the successful sterilization clinic at Mary Johnston Hospital in Manila.

PROJECT NO: Philippines-12  
PROJECT TITLE: Mobile Family Planning Clinic  
Expansion  
GRANTEE: Gabriel Medical Assistance  
Group  
BUDGET: \$300,000.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project will provide continuing assistance for the family planning program of the Iglesia Ni Christo church in the Philippines.

PROJECT NO: Philippines-16  
PROJECT TITLE: Training Center for Surgical  
Sterilization  
GRANTEE: Bio-Medical Research Associates,  
Inc.  
BUDGET: \$44,000.  
ANTICIPATED REFUNDING DATE: 1 August 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project will provide a third year of support for the surgical sterilization training center at the University of the Philippines' General Hospital.

PROJECT NO:	Philippines -17
PROJECT TITLE:	Voluntary Sterilization Project of the Iglesia Ni Christo
GRANTEE:	Gabriel Medical Assistance Group
BUDGET:	\$49,500.
ANTICIPATED REFUNDING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project continues support for the Voluntary sterilization program of the Iglesia Ni Christo Church in the Philippines.

PROJECT NO:	Thailand -04
PROJECT TITLE:	Family Planning Services for the Hill Tribes of Northern Thailand
GRANTEE:	McCormick Hospital Family Planning Program
BUDGET:	\$12,000.
ANTICIPATED REFUNDING DATE:	1 August 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project will continue to provide family planning information and contraceptive services for the hill tribes in Northern Thailand.

----- NEW PROJECTS -----

PROJECT NO:	Indonesia (DGI)
PROJECT TITLE:	Family Planning in Communi- ty Development
GRANTEE:	Division on Health and Re- sponsible Parenthood, Coun- cil of Churches in Indonesia
BUDGET:	\$20,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project will introduce family planning as an integral part of community development. Working within the existing social service/community development structure, volunteer church women will be trained as family planning field workers who will coordinate their efforts with social and community development workers.

PROJECT NO:	Laos (Christian Service)
PROJECT TITLE:	Production of IEC materials for the Laos Family Planning Program
GRANTEE:	Asian Christian Service
BUDGET:	\$25,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	1 Year

The Laotian family planning program is relatively new and both the Government family planning commission and private social work agencies are in need of family planning posters, pamphlets, slides, other educational materials and other audio-visual materials. This project plans to produce indigenous materials that are simple and fit within the Laotian context.

PROJECT NO:	Philippines (Community Women)
PROJECT TITLE:	Mother's Clubs and Family Planning
GRANTEE:	Women's Benevolent Society
BUDGET:	\$30,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	2 Years

The Philippines Women's Benevolent Society has 20,000 members in 200 different communities; it offers child care and home economics courses in schools and community centers. The Society proposes to develop Mother's Clubs in three communities where social and health services, including family planning, are almost entirely lacking. Working through the female leadership of the village and those women already participating in PWBS programs, the organization will undertake a needs survey to identify all married women who express an interest in learning more about health care for children, nutrition and family planning.

Following the survey, PWBS Chapters will elect a central committee to serve as "trainers" (at least 1 per 100 members). The "trainers" will receive a three-week course at PWBS headquarters (Manila) in nutrition, health and family planning and, upon return to their communities, will organize meetings in schools or church facilities. It is assumed that about half of the women attending (2,000 in each of 3 communities) will wish to accept family planning. The town meetings will be used to distribute pills to the prospective 3,000 acceptors (1000 per community) in this pilot project.

PROJECT NO:	Philippines (KKFI)
PROJECT TITLE:	A Pilot Project to Provide FP IEC & Services to College Students
GRANTEE:	Kapatiran Kaunlaran Foundation Inc. (KKFI)
BUDGET:	\$8,500.
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project will provide marriage counselling, family planning IEC and services through a Methodist church-related organization to students from 23 colleges and universities in Metropolitan Manila. The establishment of a family planning clinic for college students is a pilot project and a bold attempt to serve a target group which, to date, has been largely ignored.

PROJECT NO:	Philippines (Medical Women)
PROJECT TITLE:	Medical Women and Family Planning
GRANTEE:	Philippines Medical Women's International Association
BUDGET:	\$20,000.
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	1 Year

The Philippines Chapter of the Medical Women's International Association serves patients in 5,000 health service locations. Thus far, the delivery of family planning service has been incorporated in only 2,000 of these locations. The PMWA proposes to coordinate the introduction of family planning services (pills, I.U.D. and condoms) in at least 10% of the uncovered locations (300). The organization will use its good offices to effect changes in policy at private and group-practice institutions. It will also use its medical skills to train its members in the latest concepts of family planning service delivery.

PROJECT NO:	Philippines (Mini-Lap)
PROJECT TITLE:	Mini-lap Sterilization Program for Private Hospitals and Clinics
GRANTEE:	Medical Women's Association
BUDGET:	\$20,000.
ANTICIPATED STARTING DATE:	1 November 1976
ANTICIPATED PROJECT LIFE:	2 Years

This project will make available a relatively simple and inexpensive sterilization service (mini-laparotomy through private hospitals and clinics. The PMWA in cooperation with the Obstetrical/Gynecological Society will form regional teams to train private doctors in that procedure; trainees will be provided the necessary equipment after training.

This project will be undertaken with the cooperation of the National Training Center for Surgical Sterilization (Philippines-16).

PROJECT NO:	Philippines - Wesleyan
PROJECT TITLE:	Population Education for the Out-Of-School Population
GRANTEE:	Wesleyan Population Center
BUDGET:	\$23,000.
ANTICIPATED STARTING DATE:	1 December 1975
ANTICIPATED PROJECT LIFE:	2 Years

This project will support a pilot population education program for the out-of-school population in eight barrios in Nueva Ecija province. The need for this type of program is based on the requirement of local governments to have applicants for marriage undergo a seminar on population and family planning.

PROJECT NO:	Philippines-19
PROJECT TITLE:	Training Program for Catholic Population Commu- nicators
GRANTEE:	Ladies of Charity of the Philippines, Inc.
BUDGET:	\$6,500.
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	1 Year

This project will integrate family planning educational and motivational into the community service program of the Ladies of Charity, a major Catholic voluntary lay organization of married women. Because of its longstanding tradition in support of charitable activities, the Ladies of Charity association is a respected and influential force at the community level. Its official involvement in family planning, especially considering the fact that the Philippines is a predominantly Catholic country, could have an important impact on potential acceptors and may stimulate other Catholic organizations to lend their active support to family planning programs in the Philippines.

PROJECT NO: East Asia (Workshop)  
PROJECT TITLE: Project Managers' Workshop  
BUDGET: \$40,000.  
ANTICIPATED STARTING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 3 Months

This project will support a management training seminar for directors of FPJA - funded projects in East Asia.

PROJECT NO: Thailand (KWAE)  
PROJECT TITLE: Mobile Outreach Family Planning Program of the Kwae River  
GRANTEE: Kwae River Christian Hospital (Hospital Using The "Under Fives" Clinic)  
BUDGET: \$6,000.  
ANTICIPATED STARTING DATE: 1 October 1975  
ANTICIPATED PROJECT LIFE: 3 Years

The project will enable the Kwae River Christian Hospital to introduce family planning services to the population of Sangklaburi and Thong Pha Phom Districts, Kanchanaburi Province in Northwest Thailand. Family planning information and services will be introduced to mothers participating in 10 already established and 2 proposed "Under Fives" clinics operated by the hospital mobile unit in various villages in the two districts. Family planning and contraceptive services previously have been available in the hospital so the project represents an attempt to take a relatively new concept and service out into the villages. Currently, the villagers are generally reluctant to travel for medical services, except in emergency, because of the extremely high cost and the practical difficulties involved.

PROJECT NO: Thailand (Mass Media)  
PROJECT TITLE: Effective Utilization of Mass Media for Family Planning IEC  
GRANTEE: Mass Media Council for Family Planning  
BUDGET: \$10,000.  
ANTICIPATED STARTING DATE: 1 November 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project will provide administrative support for the Mass Media Council for Family Planning. The composition of the Council includes family planning Government officials, media representatives, advertisers and advertising agencies, heads of private family planning agencies and other persons of influence. This project has strong Government support and is expected to be a multi-agency effort -- both Government and private.

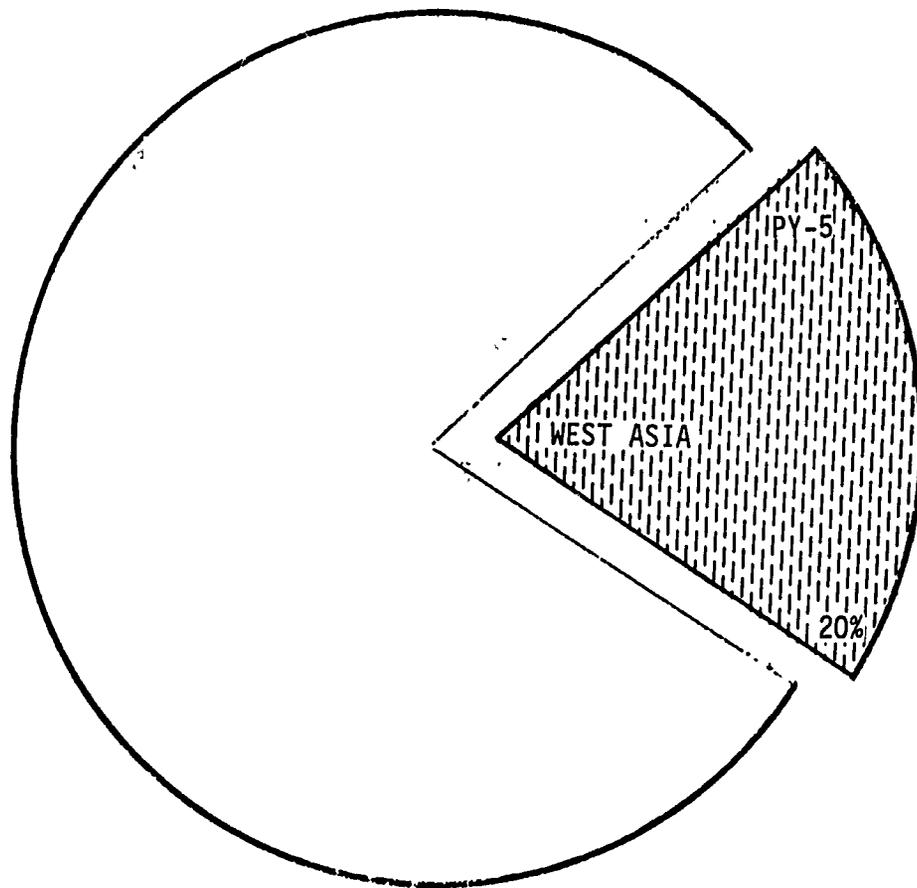
In Thailand, mass media have, to date, not been actively nor effectively used in family planning IEC.

PROJECT NO:	Thailand (Students)
PROJECT TITLE:	Student Participation in Family Planning IEC
GRANTEE:	Church of Christ of Thailand
BUDGET:	\$15,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

Northeast Thailand is one of the poorest areas in the country. This project will utilize the students of a Protestant school to conduct an IEC campaign on family planning, while at the same time undertaking other social services to improve the quality of life of the people.

The students will be trained in family planning IEC; referrals for clinical services will be made to the Christian hospital in the region.





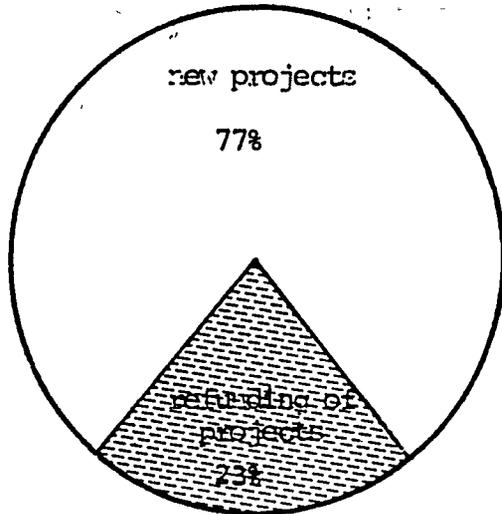
G. WEST ASIA

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1. Narrative Highlights
2. TABLE : Anticipated PY-5 Obligations
3. FIGURE : Project Funding by Program Year
4. FIGURE : Task/Time Chart
5. Narrative Descriptions of PY-5 Projects

## WEST ASIA

### Summary of Anticipated Obligations



PY-5 plans for West Asia call for the refunding of 5 projects at a total value of \$145,000 and the anticipated funding of 20 new projects valued at \$493,587 -- for a total anticipated obligation of \$638,587. (Table 67 ).

Some 23 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

Narrative details on projects to be funded can be found at the end of this section.

### Highlights of PY-5 Plans

FPIA hopes to obtain approval for a West Asia Regional Representative in PY-5. The staff person, based in the field, will be responsible for all FPIA activities in the region and will concentrate on commodities distribution, management technical assistance to ongoing FPIA projects and project development assistance leading to the funding of new projects in the region.

Program activity in West Asia during PY-5 will focus on the implementation of new projects planned and developed during PY-4. New projects will also be developed with organizations which contacted FPIA during PY-4 but which, due to lack of sufficient FPIA staff time, have yet to be assisted in developing acceptable formal proposals for project funding. Assistance will be provided to these organizations to plan and develop effective programs to achieve their family planning objectives. FPIA will also provide ongoing projects with technical assistance in the management aspects of project implementation. Project personnel will be guided in using project objectives and plans of action as management tools to improve the implementation of projects.

### Bangladesh

In Bangladesh there are many private, voluntary, church-related institutions working in relief and rehabilitation, agricultural development, food production and health services; these organizations are now making the transition from disaster relief to development oriented programs. Previous FPIA technical assistance has been directed towards encouraging these organizations to add family planning to their activities and advising them on the development of effective family planning programs. Several of these organizations now are ready to implement planning information and services projects, several of which FPIA expects to fund during PY-5.

The Gonoshastaya Kendra has organized a health center in which villagers are trained as paramedics to provide all the basic health services for a number of surrounding communities. These paramedics, stationed in sub-centers surrounding the main medical facility, are responsible for the total health care of the area. With FPIA assistance, village women will be trained as family planning counselors to work under the direction of the sub-centers to guide village women in the practice of family planning. The goal of the Gonoshastaya Kendra is to develop a system by which the medical care of the population of an area, including provision of family planning services, can be undertaken effectively and efficiently with minimum expenditure and the employment of limited medical manpower.

FPIA has been assisting the Bangladesh Women's Rehabilitation Foundation (BWRP) to add family planning to its complex of women's development activities. Women now receive training in handicraft production, farming, garment making, non-formal education and secretarial skills. In their proposed project, BWRP will train women in a vocational trade plus family planning, following which the women will return to their village to help organize women's self-sufficiency and family planning programs. Through this project the number of women family planning workers and the practice of family planning in rural villages will be greatly increased. The Bangladesh Rural Assistance Committee (BRAC) has organized a regional development project in Northeastern Bangladesh emphasizing agricultural and cooperative development and functional literacy. FPIA plans to assist BRAC to train paramedics who will work out of contraceptive depots established in the functional literacy centers. This should help make family planning services more widely available throughout the area.

Several other new project possibilities have developed as a result of the family planning Project Development Workshop for Voluntary Agencies in Bangladesh (Bangladesh-02). FPIA will be working with the agencies that participated in the workshop and help them refine the proposals developed at the workshop. FPIA will consider several of these project for funding and will assist these organizations to present proposals to other donor organizations.

### Pakistan

In PY-3, the Pakistan Population Planning Council suggested to FPIA the development of new project proposals with several organizations, which were contacted and assisted in the project proposal preparation the next year. Proposals have now been received from the Social Welfare Society in Rawalpindi, the All Pakistan Women's Association and the Pakistan Red Crescent Society. During PY-5, these organizations will be assisted in further developing their proposals and preparing them for implementation. The Social Welfare Society of Rawalpindi has established a handicraft training center and maternity home in a poor urban slum area. FPIA will assist it in providing family planning services in this slum area through Lady Home Visitors who will be accompanied by local village women. These women will be taught, on-the-job and through short training programs, the basic skills necessary for the provision of family planning services in the community. After one year, it is expected that they can take on the entire responsibility for the provision of family planning in this urban slum area.

Pakistan Medico International (PMI) began a project in PY-4 (Pakistan-01) to provide family planning services in the refugee resettlement and slum areas of Karachi. During PY-5 the organization will initiate a motivational program designed to change the opinion of Muslim religious leaders towards family planning. Family planning programs in Pakistan have difficulty due to the resistance of these religious leaders at the grass-roots level. PMI will hold five-day seminars for village "Mullahs" to overcome their opposition to family planning and encourage their participation in national family planning programs. The All Pakistan Women's Association has established a number of women's training and industrial centers in the rural areas. Villages have requested the extension of new centers to other areas. Delegations of women from these new villages will be trained at the present center, in one or more vocational skills and in the establishment of family planning outreach programs, so that they can return to their village to establish combined vocational training/family planning programs in the rural areas of Pakistan. In another new project, the Red Crescent society will be assisted in adding family planning to the basic health services provided at its 163 clinics, MCH centers and dispensaries. This will make the Red Crescent a major new provider of family planning services in Pakistan.

The Christian Hospital Association of Pakistan has proposed a project which will involve all of its 59 member institutions in the provision of family planning services. All patients and visitors at the hospitals and clinics will be informed about and encouraged to adopt a method of family planning. This project will be developed during PY-5; however, funding constraints may delay its implementation until PY-6.

#### Sri Lanka

In Sri Lanka, FPIA expects to assist organizations working in agricultural and rural development to add family planning information and services to their ongoing programs. These projects are intended to broaden the base of support for family planning in the country and to provide services through groups which have not previously participated in Sri Lanka's family planning program. The Lanka Mohila Samiti (Sri Lanka Women's Organization) has a training center at which representatives from village women's organizations learn about rural community and agricultural development and health. These women, after training, return to their villages where for two years they act as village development organizers. FPIA will add family planning to the training that these women receive and will help the Lanka Mohila Samiti teach the women to organize family planning services at the village level. In a similar program, FPIA will work with Sarvodhya, a Buddhist social action movement aimed at organizing villagers and promoting self-improvement. The Sarvodhya movement will train its village workers to consider the future population size of a village in planning for its development and to assist the villagers to plan their families.

#### Nepal

FPIA activities in Nepal will focus on the more remote hill areas of the country. The Women's Family Planning Project (Nepal-01) initially funded

in PY-3, utilizes the district and village level organizational structure of the Nepal Women's Organization (NWO) to train women in family planning and provide family planning services through the NWO village units. Women from four districts were trained and deployed during PY-4. During PY-5, training seminars will be held in six additional districts, bringing to 10 the number of districts where the organization will be providing contraceptive services.

FPIA also expects to work with the United Mission to Nepal (UMN) to expand its community health program to provide family planning services in remote villages. The UMN will train local villagers to work with the village compounder (local drug supplier) to encourage women to practice family planning and to guide them in the use of contraceptives. UMN teams of visiting paraprofessionals and physicians provide medical back-stopping for its community-based health and family planning programs. The Nepal Farmers' Organization has an organizational structure for communicating with farmers throughout the country. In this project, the farmers' organization will add family planning to its agricultural information and rural development programs.

### Turkey

In Turkey, FPIA will initiate a low cost contraceptive distribution program with the Development Foundation of Turkey (DFT) early in PY-5. The DFT's marketing project will import and supply condoms to pharmaceutical wholesalers, who will in turn distribute the condoms to retailers through established commercial channels in five different geographic areas of the country. The goal of the project will be to develop a marketing system utilizing existing commercial networks, thus maximizing the accessibility of condoms to Turkey's rural population.

### Middle East

In the Middle East, FPIA will support the expansion and replication of the integrated family planning services projects in Jordan (Jordan-03) and Egypt (Egypt-02) and initiate a similar approach in Lebanon through the Community Development Foundation. These activities are being conducted at the community level, organized and implemented by community-based staff and in the context of other development activities. Late in PY-5, field evaluations of this approach will be undertaken in each of these countries to review the applicability of this family planning approach to the entire region. These results will be written up and communicated through seminars and regional training activities.

The information and educational activities -- development of core curriculum (Egypt-01), radio programming (Middle East-02) and policy consultation (Middle East-01) -- will lay the foundation for the development of community level service and education programs conducted by church-related agencies throughout the region. The broad purpose of these activities is to develop a commitment to family planning as a family welfare service among the clergy and lay leadership (deacons, seminary graduates, community parish leaders) and affiliated benevolent societies (particularly women's groups operating service programs) and define their prospective family planning service delivery and leader-

ship roles in the community.

It is assumed that PY-5 and PY-6 shall begin to see a far more aggressive role for both Evangelical and Orthodox churches among their own constituencies and non-Christian constituencies in developing both public support for family planning and the sponsorship of family planning services through associated agencies and women's groups. FPIA will support a selected number of projects to demonstrate the potential of church-related agencies in the delivery of family planning services.

### Commodities

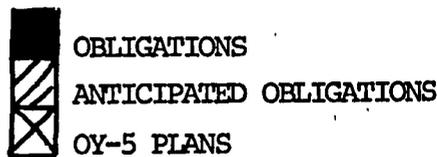
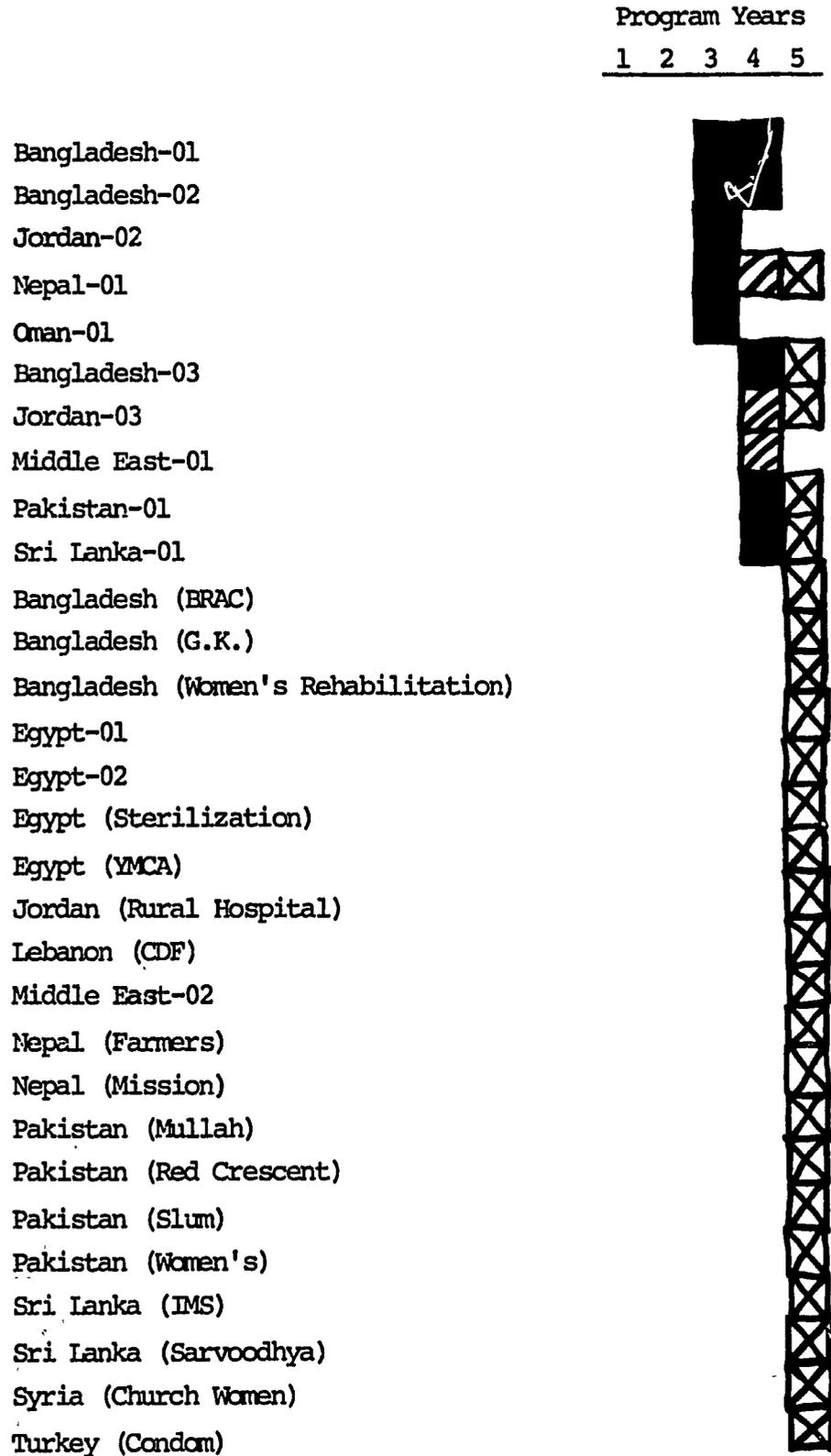
FPIA expects a considerable expansion in the distribution of family planning commodities, particularly oral contraceptives in West Asia during PY-5. The number of organizations with which FPIA is in regular contact expanded considerably during the past year. Several organizations, including the Christian Hospital Association and the Red Crescent Society of Pakistan, are major new centralized organizations which intend to provide contraceptives to all of their affiliates. Similar structures exist in Bangladesh and Sri Lanka. These organizations have indicated their desire to distribute contraceptives and have requested FPIA commodity assistance. In India, the Christian Medical Association (CMAI) has indicated that the government may soon relax its prohibition on the duty-free import of oral contraceptives. If this is confirmed, FPIA expects to provide contraceptives to the 260 member hospitals of the CMAI Family Planning Project.

TABLE  
Program Year 5 Plans: WEST ASIA

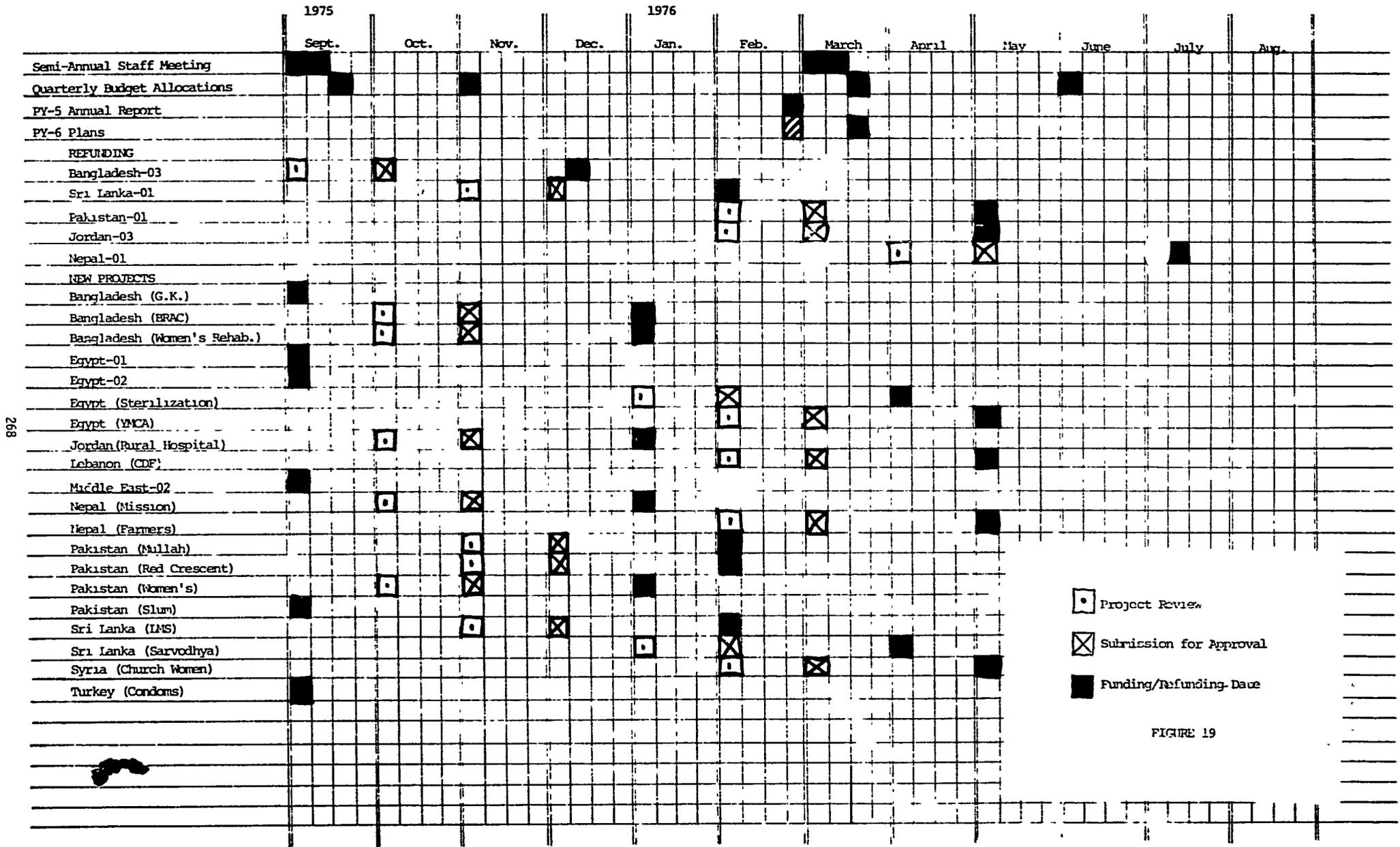
<u>Anticipated Refunding</u>	<u>Amount</u>
Bangladesh-03	\$ 75,000
Jordan-03	8,000
Nepal-01	15,000
Pakistan-01	35,000
Sri Lanka-01	<u>12,000</u>
Subtotal	\$145,000
<u>Anticipated New Projects</u>	
Bangladesh (BRAC)	25,000
Bangladesh (G.K.)	15,000
Bangladesh (Women's Rehabilitation)	50,000
Egypt-01	18,487
Egypt-02	15,400
Egypt (Sterilization)	7,000
Egypt (YMCA)	15,000
Jordan (Rural Hospital)	4,000
Lebanon (CDF)	20,000
Middle East-02	12,000
Nepal (Farmers)	15,000
Nepal (Mission)	20,000
Pakistan (Mullah)	20,000
Pakistan (Red Crescent)	25,000
Pakistan (Slum)	16,700
Pakistan (Women's)	35,000
Sri Lanka (IMS)	50,000
Sri Lanka (Sarvodhya)	25,000
Syria (Church Women)	5,000
Turkey (Condom)	<u>100,000</u>
Subtotal	\$493,587
TOTAL	\$638,587

FIGURE

Obligations, Anticipated Obligations and PY-5 Plans: (WEST ASIA)



WEST ASIA



□ Project Review  
 ⊗ Submission for Approval  
 ■ Funding/Refunding-Date

FIGURE 19

----- PROJECTS FOR REFUNDING -----

PROJECT NO:	Bangladesh-03
PROJECT TITLE:	Christian Health Care Project
GRANTEE:	National Council of Churches: Bangladesh
BUDGET:	\$75,000.
ANTICIPATED REFUNDING DATE:	17 December 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project will continue support for the Christian Health Care Program of the National Council of Churches: Bangladesh. The project establishes family planning services in 15 hospitals and clinics throughout Bangladesh.

PROJECT NO:	Jordan-03
PROJECT TITLE:	Maternal Health and Welfare
GRANTEE:	Near East Ecumenical Committee for Palestine Refugees.
BUDGET:	\$8,000.
ANTICIPATED REFUNDING DATE:	May 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project will continue support for the Maternal Health and Welfare project of the Near East Ecumenical Committee for Palestine Refugees.

PROJECT NO:	Nepal-01
PROJECT TITLE:	Women's Family Planning Project
GRANTEE:	Nepal Women's Organization
BUDGET:	\$15,000.
ANTICIPATED REFUNDING DATE:	15 July 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project continues support for the family planning project of the Nepal Women's Organization.

PROJECT NO:	Pakistan-01
PROJECT TITLE:	Pakistan Medico International Family Planning Program
GRANTEE:	Pakistan Medico International
BUDGET:	\$35,000
ANTICIPATED REFUNDING DATE:	May 1976
ANTICIPATED PROJECT LIFE:	3 Years

This will continue FPIA support for the Pakistan Medico International family planning program for a second year. The project provides family planning services in three areas of Karachi.

PROJECT NO:	Sri Lanka-01
PROJECT TITLE:	Family Life Educational and Service Centers
GRANTEE:	Young Women's Christian Association of Sri Lanka
BUDGET:	\$12,000
ANTICIPATED REFUNDING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project provides continued support to the YWCA of Sri Lanka for its Family Life Education and Service Centers.

----- NEW PROJECTS -----

PROJECT NO:	Bangladesh (BRAC)
PROJECT TITLE:	Rural Development Family Planning Program
GRANTEE:	Bangladesh Rehabilitation Assistance Committee
BUDGET:	\$25,000.
ANTICIPATED STARTING DATE:	1 January 1975
ANTICIPATED PROJECT LIFE:	2 Years

The Bangladesh Rehabilitation Assistance Committee was originally established to provide relief and rehabilitation for the people of the Sylhet area. Initial programs emphasized housing, medical care, etc. Although the need for relief for the people continues, BRAC has now shifted its priorities in favor of development oriented programs. Present activities include work in functional literacy, cooperative development, agricultural improvement, fisheries development, women's programs (including a vocational training center for women), medical care and public health.

This project will assist BRAC to set up four family planning clinics as part of the present medical centers. Paramedical workers will be trained to work out of these clinics to provide family planning and general health services for villagers. Simultaneously, the functional literacy program will begin using family planning materials

in the functional literacy classes. In each village, the functional literacy center will provide the focus for the family planning paramedics; family planning and health care cabinet will be located in each center and will be kept stocked with contraceptives and simple medicines. The functional literacy teacher will also help distribute contraceptives to family planning clients.

The objectives of this project are: (1) train and deploy 20 family planning and general health paramedics during the first year; (2) establish contraceptive and medicine depots in 240 villages at functional literacy centers; (3) provide high quality regular family planning and general health services to 240 villages through the use of paramedics trained by BRAC; (4) to integrate family planning into the functional literacy materials used by the BRAC teams; and (5) recruit 180 acceptors per village for a total of 43,200 acceptors during the project year.

FPIA will supply to the project: 15,000 gross condoms, 170,000 cycles of oral contraceptives, 10,000 bottles of Enko, medical equipment valued at \$6,000 and IEC materials (including projectors) worth about \$3,000.

PROJECT NO:	Bangladesh (G.K.)
PROJECT TITLE:	Gonoshastaya Kendra Family Planning Project
GRANTEE:	Gonoshastaya Kendra Medical Center
BUDGET:	\$20,000
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	3 Years

The Gonoshastaya Kendra is a demonstration medical center established in a rural area near Dacca. Its purpose is to evolve a system by which the medical care of the population of an area can be undertaken efficiently and effectively with minimum expenditure and the employment of limited medical manpower. FPIA will support the family planning aspects of this program which will consist of: (1) training local family planning counselors who will be stationed in each village; (2) establishing family planning/preventive health subcenters staffed by Gonoshastaya Kendra trained para-professionals; and (3) providing medical backstopping, program direction, and training facilities at the Gonoshastaya Kendra.

The objectives for this project are: (1) establish seven sub-centers staffed by family planning/health para-professional workers in seven unions of Savar Thana; (2) train 35 para-professional family planning/health workers to staff the sub-centers; (3) recruit, train and deploy 100 family planning counselors - two per village in villages surrounding the sub-centers; (4) establish depots for the distribution of oral contraceptives in each sub-center and in each village with a family planning counselor; and (5) convince 2,500 women to begin practi-

cing family planning during the course of the project year.

PROJECT NO:	Bangladesh (Women's Rehabilitation)
PROJECT TITLE:	Womens Vocational Family Planning Project
GRANTEE:	Bangladesh Womens Rehabili- tation Foundation
BUDGET:	\$50,000
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	4 Years

The Bangladesh Womens Rehabilitation Foundation, (BWRF) originally established for the rehabilitation of liberation war - affected women, now provides training and education for women in vocational and professional fields. Women receive training in handi-crafts, poultry and livestock farming, garment making, non-formal education and secretarial skills, at 33 centers. Following training they work at BWRF production workshops where they earn wages and learn additional skills to enable them to achieve economic independence.

In this project, BWRF will train women in one vocational trade plus family planning for a period of three months. Each woman, subsequent to her training, will be encouraged and guided to undertake the production of articles as part of her economic work, and simultaneously to educate her neighbors in family planning. These workers will be regularly supplied with contraceptives and family planning educational materials as well as a vocational kit containing equipment and raw materials to undertake production work. It is expected that with the acquired skill, these women will exert a strong influence on other women with whom they come in contact and be able to guide them in practicing family planning.

PROJECT NO:	Egypt-01
PROJECT TITLE:	Population and Family Welfare Program for Coptic Christians
GRANTEE:	Bishopric of Public Ecumenical and Social Services, Coptic Church of Egypt
BUDGET:	\$15,360.
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	2 Years

The Family Life Education Division of the Coptic Church of Egypt conducts an integrated program of training, seminars, educational materials development and research on major policy issues con-

cerned with family welfare for sharing within the church and the (regional) Middle East Council of Churches. Under this grant, the Division will develop a special population and family welfare program which will integrate five key messages (world population crisis, negative impact of over-population on the community, support of the Church to family planning activities, a Christian approach to planned parenthood, the facts of family planning) into seven Coptic Church programs. These programs include course work for seminary students and graduates; programs for leading laity and clergy; rural outreach services; guidance for Coptic affiliated benevolent societies; university students' families, and the Church School classes conducted for adolescents.

The first year objectives are: (1) develop a five part core Population Consciousness curriculum. (2) integrate 15 hours of Population Consciousness curriculum into the graduate Family Life Education courses serving seminary graduates, "returned" priests, and leading laity. (3) integrate 6 to 10 hours of the Population Consciousness curriculum into the Marriage Preparation courses serving newly engaged couples. (4) conduct 8 Regional Population Consciousness seminars for 200 clergy members (25 at each seminar). (5) introduce (on a pilot basis) a Population Consciousness curriculum into the Sunday School classes for adolescents in 2 parishes.

PROJECT NO:	Egypt-02
PROJECT TITLE:	Planning Motherhood in an Arab Village
GRANTEE:	Coptic Evangelical Organization for Social Services (CEOSS)
BUDGET:	\$18,487
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	3 Years

This project will integrate a family planning education and service program into community development work being conducted by the Coptic Evangelical Organization for Social Services (CEOSS) in six villages in Middle Egypt (Minia Province). The project will be conducted for the total community, sub group (males and females separately) and individual levels. Family planning information, education, and service will be integrated into the ongoing community development program which focuses on literacy, economic skill development, health and sanitation. The program will be conducted by resident male and female educators specifically selected and trained to take this role within the CEOSS total community approach.

The objectives of the first fifteen months of the project are: (1) conduct home visits to all homes in each village (about 9,000 homes); (2) conduct 12 general town meetings in each of 6 villages on family planning and the religious point of view; (3) conduct 60 special "women only" education and exchange meetings 10 times in each of six villages led by female CEOSS staff and female doctors;

(4) serve 2,300 women in 15 months with family planning services (Pills, I.U.D.) in weekly family planning sessions of 3 - 6 hours in each of six villages; and (5) follow up each of 2,300 women acceptors in the clinic and at home visits to maintain their motivation, answer questions, distribute supplies, and develop their role as "educators" in family planning in the village.

PROJECT NO:	Egypt (Sterilization)
PROJECT TITLE:	Voluntary Agency Sterilization Referral Program
GRANTEE:	Fertility Control Society
BUDGET:	\$7,000
ANTICIPATED STARTING DATE:	1 April 1976
ANTICIPATED PROJECT LIFE:	2 Years

The Fertility Control Society of Egypt was incorporated April 1975 as a voluntary sterilization association of physicians and citizens committed to providing low cost, accessible sterilization services to Egyptians. The Supreme Council of Family Planning of Egypt and the Family Planning Association are not currently, nor will they prospectively provide sterilization services under their program for a variety of religious and political reasons. Therefore, to develop awareness of the new services and a strong formal referral system from family planning, other health and social services to the FCS centers, the FCS proposes to conduct regional workshops for voluntary and selected government agencies. Each of four regional workshops will be followed-up by a regional committee (elected at the workshop) to coordinate and set referral priorities. These committees will operate at least nine months after each workshop to monitor and stimulate referral to FCS services. Once the services are well known, the need for these committees will cease.

PROJECT NO:	Egypt (YMCA)
PROJECT TITLE:	Family Planning Outreach through Church Related Groups
GRANTEE:	YMCA of Egypt
BUDGET:	\$15,000
ANTICIPATED STARTING DATE:	1 May 1976
ANTICIPATED PROJECT LIFE:	2 Years

The YMCA of Egypt operates community service programs in the poverty areas of the four largest cities of Egypt. These programs employ the volunteer services of 1,000 men and reach 10,000 families. The YMCA would like to develop from among its volunteer staff and male constituency, 100 male community family planning educators. These educators will lead discussions about family planning

and health and the responsibilities of men in the family in male meeting places such as coffee houses and game parlours. Each educator will develop a regular evening "circuit" of 10 meeting places where he will encourage discussions, provide contraceptive information and distribute educational materials. Once established, the educator also will distribute condoms.

PROJECT NO:	Jordan (Rural Hospital)
PROJECT TITLE:	Family Planning Through a Rural Hospital Center
GRANTEE:	Southern Baptist Hospital
BUDGET:	\$12,000
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	2 Years

This project will be undertaken by the Southern Baptist Hospital of Ajloun, Jordan, to consolidate and expand the volume and range of family planning services available in the surrounding area. The project will develop hospital staff skills in rendering all aspects of family planning service. It will improve the quality of family planning care rendered by providing staff to do education, follow-up, and outreach work in the hospital's constituent communities. The project will increase the number of acceptors of family planning among women delivering children at the hospital, receiving post-abortion care or seeking other medical treatment for themselves or others. The project will inform the staff of the professional agencies (both governmental and non-governmental) and lay opinion leaders about family planning in general and the availability of services at the Ajloun Hospital.

The specific objectives of the project are as follows:

- (1) recruit 600-725 new acceptors of contraception in one year.
- (2) improve the quality of contraceptive care by: training the professional staff at Ajloun Hospital in family planning technology, following up all post-partum cases and new acceptors who fail to return for check-up at the hospital, introducing four hours of family education into the Ajloun Nursing School Curriculum, providing standardized family planning education to 8,000 female outpatients and post-partum patients.
- (3) increase the level and accuracy of information regarding family planning methods and available services in both the lay and professional communities surrounding Ajloun; and (4) identify community "opinion leaders" who might later be employed as community advisory boards.

PROJECT NO:	Lebanon CDF
PROJECT TITLE:	Community Level Family Planning
GRANTEE:	Community Development Foundation
BUDGET:	\$20,000
ANTICIPATED STARTING DATE:	1 May 1976
ANTICIPATED PROJECT LIFE:	2 Years

The Lebanese affiliate of the Community Development Foundation works in two high fertility areas in Lebanon. Each of these areas has established "community committees" who guide self-help programs in sanitation, functional literacy and health -- supported half by community contributions and half by CDF funds. In project year one, the community committees will select couples to be trained in health and family planning and conduct town meetings about family planning, do home visiting, refer couples to family planning services, and by month six of the project-provided there is community acceptance--begin to distribute contraceptives.

This is a pilot project of a type not currently being undertaken in Lebanon, and in only a few other locations in the Arab and African states. The staff of the project will serve as trainees and a detailed description of its "methodology" will serve as the curriculum of a training course at the CDF Regional Training facility, located in Beirut. CDF proposes to bring representatives from its community committees in six African and three Middle Eastern countries to Beirut for training in community development, including community level family planning. The training activity will begin late in the year and continue into the second year of the project.

PROJECT NO:	Nepal (Farmers)
PROJECT TITLE:	Farmers Family Planning Project
GRANTEE:	Nepal Farmers Organization
BUDGET:	\$25,000.
ANTICIPATED STARTING DATE:	1 May 1976
ANTICIPATED PROJECT LIFE:	2 Years

The Nepal Farmers Organization is responsible for articulating the interests of farmers at the national level and working for the improvement of their living and working conditions. Farmers at the village level are members of the organization. They elect representatives to the District Farmers Organization, which in turn elects the members of the national level organization. The Nepal Farmers Organization has an organized structure for communicating with farmers throughout the country.

The NFO has recently become convinced of the need to help farmers plan their families to improve their economic status. In this project, the farmers organization will add family planning to its agricultural information and rural organization programs. It will organize meetings of farmers to discuss agriculture and family planning at the district level, and use its field organizers to provide family planning services. At the local village level, farmers organization meetings to promote improved agricultural methods and organize cooperatives will also promote family planning. Cooperatives organized by the NFO will distribute contraceptives along with seeds, fertilizer and agricultural machinery.

PROJECT NO:	Nepal (Mission)
PROJECT TITLE:	Community Health Family Planning Project
GRANTEE:	United Mission to Nepal
BUDGET:	\$20,000
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	2 Years

The United Mission to Nepal (UMN) has developed a village oriented community health program to provide basic health services in the hill regions of Nepal. Village health committees have been formed to supervise and advise on health problems. Women volunteer health aides provide basic services and act as health educators and motivators for the community. Local compounders (pharmacists) stock medicines and provide a higher level of medical care. Villagers who cannot be treated in the village and emergency cases are referred to the UMN hospital or to the nearest government Health Post. An advisory team from the nearby UMN hospital visits each compounder regularly to conduct special clinics and deal with problem cases.

The volunteer health aides and compounders will be given a training program in Maternal and Child Health and Family Planning. Orientation programs in FP/MCH will be held for the village health committees. Health aides will discuss family planning with village women, refer women to the compounders for services and follow-up all couples practicing family planning. Nearby villages without compounders will be encouraged to nominate health aides for training in FP/MCH to extend the effective reach of the projects. UMN will establish MCH/FP programs in seven new villages (with compounders) and 15 outreach villages during the first project year.

PROJECT NO:	Pakistan (Mullah)
PROJECT TITLE:	Motivating Religious Leaders (Mullahs) Towards Planned Parenthood
GRANTEE:	Pakistan Medico International
BUDGET:	\$20,000
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	3 Years

This project will be carried out by Pakistan Medico International, which will initiate a motivational program designed to change the opinion of the religious leaders in the province of Sindh (population 12 million) towards the practice of family planning. Family planning programs in Pakistan have difficulty due to the resistance of religious leaders, at the grass-roots level. Since Pakistan is an Islamic state (about 90% Muslims), this project will concentrate on overcoming the moral and religious opposition of these grass-roots' religious leaders.

The objective is to hold 50 five-day seminars, for 50 Mullahs each, over the course of a year and thereby, through the life of the project, reach the majority of the local religious leaders in the province. Prior to this project there will be a two month pilot project to experiment with and define final program content. Proper follow-up and evaluation of the results in family planning within the different communities where the Mullahs live will be done after the first year and every six months thereafter.

PROJECT NO:	Pakistan (Red Crescent)
PROJECT TITLE:	Contraceptive Distribution Program
GRANTEE:	Red Crescent Society of Pakistan
BUDGET:	\$43,000.
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	3 Years

The Pakistan Red Crescent/Red Cross maintains 163 maternity and child welfare centres, female hospitals and free dispensaries in addition to its extensive emergency relief work at times of disaster. Most of the centers and dispensaries are small one or two room clinics where basic health services are provided to the poorest segment of the society. Since free medical care is provided, these services are understaffed and over-utilized.

This project will provide specific staff at selected Red Crescent centers and dispensaries to inform people about family planning and to provide family planning services. Family planning information will be given to all eligible persons who attend the facilities and oral contraceptives and condoms will be distributed to all persons who indicate intent to practice. It is expected that during the first project year, 40 Red Crescent Centers will serve 48,000 family planning patients and distribute 72,000 cycles of oral contraceptives and 15,000 gross of condoms.

PROJECT NO:	Pakistan (Slum)
PROJECT TITLE:	Basic Family Planning Services in an Urban Slum
GRANTEE:	Social Welfare Society/Rawalpindi
BUDGET:	\$16,700
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	3 Years

The Social Welfare Society (SWS) is a charitable organization which runs a handicrafts training program for indigent women in the principal slum area of Rawalpindi, as well as a medical, antenatal, delivery

and postnatal center, and a Dai (village midwife) training center.

In this project SWS will use Lady Home Visitors (LHV) to provide family planning information and services in the slum areas surrounding the SWS center, and train Dais to provide continuous family planning coverage for the people of the community. Dais will be recruited from the poorest segments of the community and trained by working with the LHV's to provide family planning services in their communities. They will then return to their community where they will be responsible for the family planning care of the area near their homes.

PROJECT NO:	Pakistan (Women's)
PROJECT TITLE:	Womens Industrial Family Planning Project
GRANTEE:	All Pakistan Womens Organi- zations
BUDGET:	\$65,000.
ANTICIPATED STARTING DATE:	1 January 1975
ANTICIPATED PROJECT LIFE:	3 Years

The All Pakistan Womens Organization (APWO) is dedicated to the advancement of the welfare of Pakistani women through the improvement of their legal, political, social and economic status. They have started rural pilot projects in two areas near Karachi (Sakhi Dod Goth and Hagi Dil Both Goth) to help village women increase their independence and contribute to the tasks of national development. An industrial home teaches the women cottage industries, poultry farming, and improved agriculture; and an MCH center teaches improved health and hygiene and family planning. In these multipurpose centers; the MCH section takes care of health and the industrial section enables them to earn a supplementary income.

In this project, the family planning component of the program will be increased and the multi-purpose rural projects used as the basis for expanding family planning/industrial training activities to other areas. Women from other villages will be brought into the centers for training in cottage industries and family planning. Several women from each new village will attend together so that they can support one another and reinforce the training. Following training, they will return to their villages to set-up a mini-center focusing on economic advancement and family planning for the community. Staff from the main center will visit the mini-centers regularly to reinforce the training and deal with any problems which have developed. This project will be fully coordinated with the government population planning project, which will provide medical back stopping for the family planning activities.

PROJECT NO:	Sri Lanka (IMS)
PROJECT TITLE:	Training of Women Extension Workers in Rural Development and Family Planning
GRANTEE:	Lanka Mahila Samiti
BUDGET:	\$50,000.
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	3 Years

The Sri Lanka Women's Organization (Lanka Mahila Samiti - IMS) will integrate family planning education into the curriculum of its Kaduwela training center. The center trains representatives from village women's organization units in handicrafts, food production, nutrition, village health and other rural development programs. These women are nominated by their village unit to be trained at the center and then return to their village to teach the other members of the unit and other people of the village. The women agree as a condition of their training to work for two years in their villages transmitting the knowledge they gained at the center.

In this project women from the village units will be taught the relationship between family planning and village development, nutrition and agriculture. They will be trained in village health needs, emphasizing family planning needs in the context of the village situation. They will be trained to conduct family planning educational sessions in the village and to refer women in need of family planning to government clinics for services.

PROJECT NO:	Sri Lanka (Sarvodaya)
PROJECT TITLE:	Rural Development and Family Planning
GRANTEE:	Sarvodaya Society of Sri Lanka
BUDGET:	\$25,000.
ANTICIPATED STARTING DATE:	1 April 1976
ANTICIPATED PROJECT LIFE:	3 Years

Sarvodaya is a social action movement applying the traditional principles of Buddhism and the non-violence movement of India in a new and practical way by cooperative works, intellectual and economic renewal and social integration with local communal planning and discussion. They are organizing local planning and self help projects in which a community considers all of its material and spiritual problems as a whole and takes communal actions to resolve them. The village is encouraged to consider all of its resources and constraints and plan its development to maximize benefits to all of its people. Within this framework, family planning is an area to which Sarvodaya plans to devote greater attention.

At the movement's training center in Colombo, curricula will be developed, linking family planning to community planning. The relationship between family size and health and economic benefits to

the family and numbers of people in the community and communal resources available will be stressed. In the Sarvodhya field projects, communities will be urged to consider their future population size in relation to the resources they expect to have available. Health workers referred from the villages will receive training in family planning at the center and will provide family planning services in the villages when they return. The production of informational materials on the Sarvodhya approach to family planning will also be a part of the project.

PROJECT NO:	Syria (Church Women)
PROJECT TITLE:	Church Women and Family Planning
GRANTEE:	Syrian Orthodox Church
BUDGET:	\$5,000.
ANTICIPATED STARTING DATE:	1 May 1976
ANTICIPATED PROJECT LIFE:	2 Years

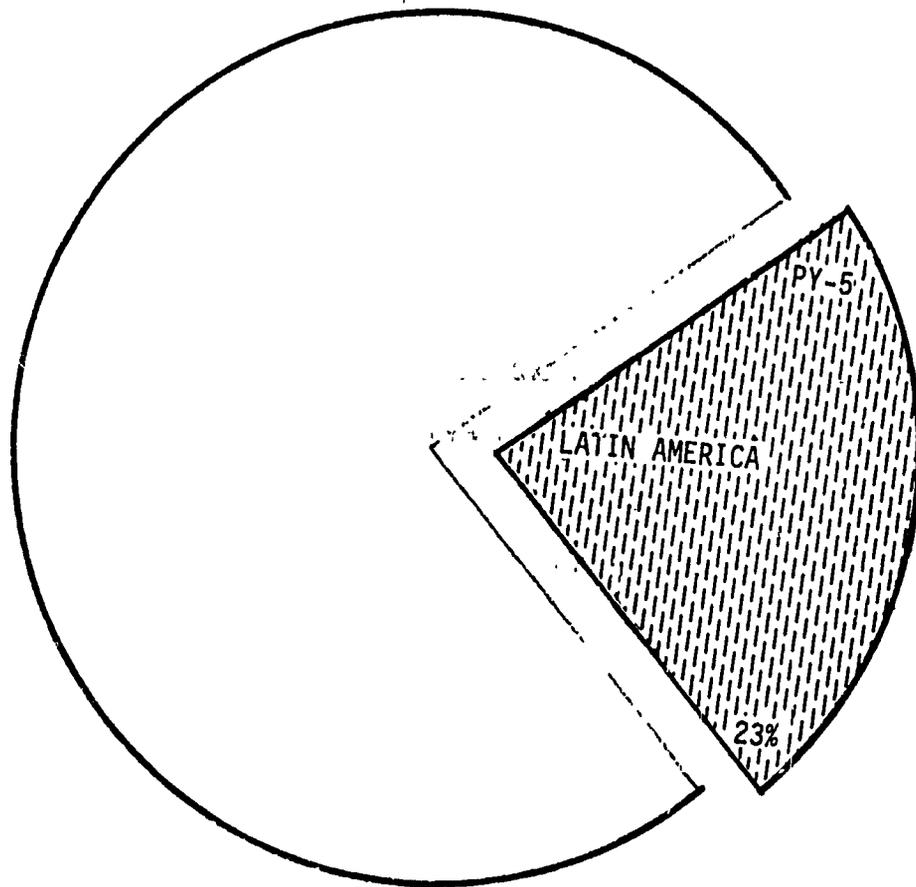
The women's division of the Syrian Orthodox Church will be attending the FPIA sponsored workshop on Population Middle East-01 to get ideas about how to integrate the concept and facts of planned parenthood and family planning into its social service and family life education program. Following this consultation in June 1975, the women's division will devise a "plan of action" stating the policy and operational role of family planning in each of its direct and coordinated (with other women's groups) activities. FPIA's grant will support one pilot education program to be conducted at the parish level in three communities and one service project to be co-sponsored by the National Federation of Syrian Women. Either or both of these activities may be expanded in the project's second year.

PROJECT NO:	Turkey (Condom)
PROJECT TITLE:	Commercial Distribution of Condoms in Turkey
GRANTEE:	Development Foundation of Turkey
BUDGET:	\$100,000.
ANTICIPATED STARTING DATE:	1 September 1975
ANTICIPATED PROJECT LIFE:	18 Months

The Development Foundation of Turkey, through its marketing project, will import and supply condoms to pharmaceutical wholesalers, whose normal commodity lines have not routinely included condoms. Wholesalers will distribute to retailers through their established channels in five different geographic and demographic area. The areas will include rural, urban, and satellite city populations. Specific marketing

techniques will be designed upon completion of a pattern and preference survey of about 2,000 potential purchasers in the five areas.

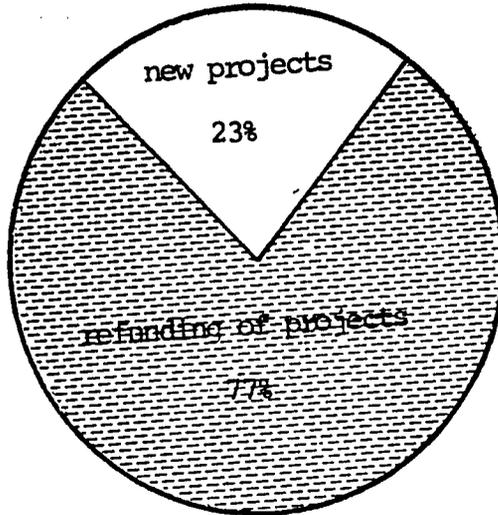
Project staff will supervise the designs for promotional strategy, advertising, brand name testing, and personnel training. They will work with the wholesalers' indigenous sales force and will monitor and record financial data on condom sales. Project findings will be widely disseminated to government and private sector individuals and agencies. They will be urged to adopt measures in their own spheres of influence which will remove bottlenecks in condom distribution and accelerate broad availability of this non-medical contraceptive. The primary goal of the project shall be to develop a marketing system, utilizing existing commercial networks, which will maximize the accessibility of condoms to Turkey's population.



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## LATIN AMERICA

### Summary of Anticipated Obligations



PY-5 plans for Latin America call for the refunding of 11 projects at a total value of \$570,000 and the anticipated funding of 5 new projects valued at \$170,000 -- for a total anticipated obligation of \$740,000. (Table ).

Some 77 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

Narrative details on projects to be funded can be found at the end of this section.

### Highlights of PY-5 Plans

PY-5 will be a year of consolidation in the Latin America region. New projects will be developed as resources permit, but the emphasis will be on strengthening present programs as models, developing training capabilities and providing needed technical assistance.

It is expected that the Catholic Church-related organizations will continue their leadership role in family education and family planning in many countries. FPIA will continue to work with these organizations in Peru, Colombia and Costa Rica, and begin work with new Church-related projects in Guatemala, and perhaps El Salvador and the Dominican Republic. These Church-related programs range from limited oral contraceptive programs in Peru to educational and motivational programs in Colombia and Costa Rica. FPIA believes it is most important for family planning organizations to continue developing working relationships with Catholic organizations in Latin America; changes in the Church's role in this field are already tangible.

In 1974 and early 1975, the attitude of some governments in Latin America, previously opposed quite strongly to family planning, changed positively; both Mexico and Brazil now support voluntary family planning activities. In PY-5, FPIA will explore possibilities for assisting programs in these two countries by initiating new contacts and following up on previous requests.

FPIA's Regional Office will be working to develop a consultant bank of local experts who can be available for short-term technical assistance to family planning projects throughout the region. Areas of concentration will include project management, record keeping, medical standards and processes, local staff development, project development, and fund-raising or resources development.

FPIA will also expand its working relationships with women's groups in Latin America. These will include: groups of women physicians; Church cooperatives run by women; women's groups that work with unwed mothers, etc. Though "machismo" is a predominant socio-cultural fact in Latin America, there are numerous well developed women's organizations that provide a potential local infrastructure for the development of family planning programs.

Finally, FPIA will explore possibilities for the development of local and regional training potential for family planning managers, medical staff and community outreach workers.

TABLE 68

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 Program Year 5 Plans: LATIN AMERICA
 

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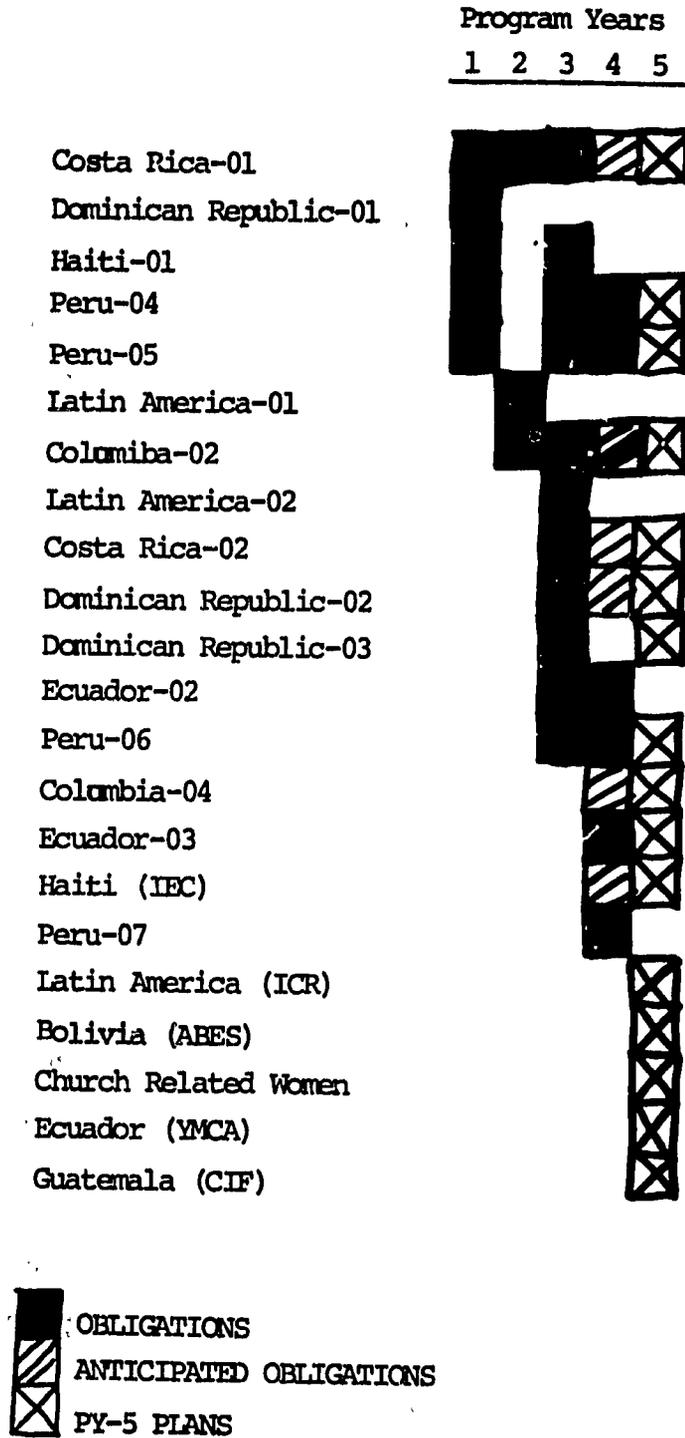


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<u>Anticipated Refunding</u>	<u>Amount</u>
Colombia-02	\$ 45,000
Colombia-04	55,000
Costa Rica-01	20,000
Costa Rica-02	20,000
Dominican Republic-02	20,000
Dominican Republic-03	30,000
Ecuador-03	50,000
Haiti (IEC)	50,000
Peru-04	132,000
Peru-05	126,000
Peru-06	<u>22,000</u>
	Subtotal \$570,000
<u>Anticipated New Projects</u>	
Latin America (ICR)	50,000
Bolivia (ABES)	30,000
Church Related Women	30,000
Ecuador (YMCA)	30,000
Guatemala (CIF)	<u>30,000</u>
	Subtotal \$170,000
	TOTAL \$740,000

FIGURE 20

Obligations, Anticipated Obligations and PY-5 Plans: (LATIN AMERICA)



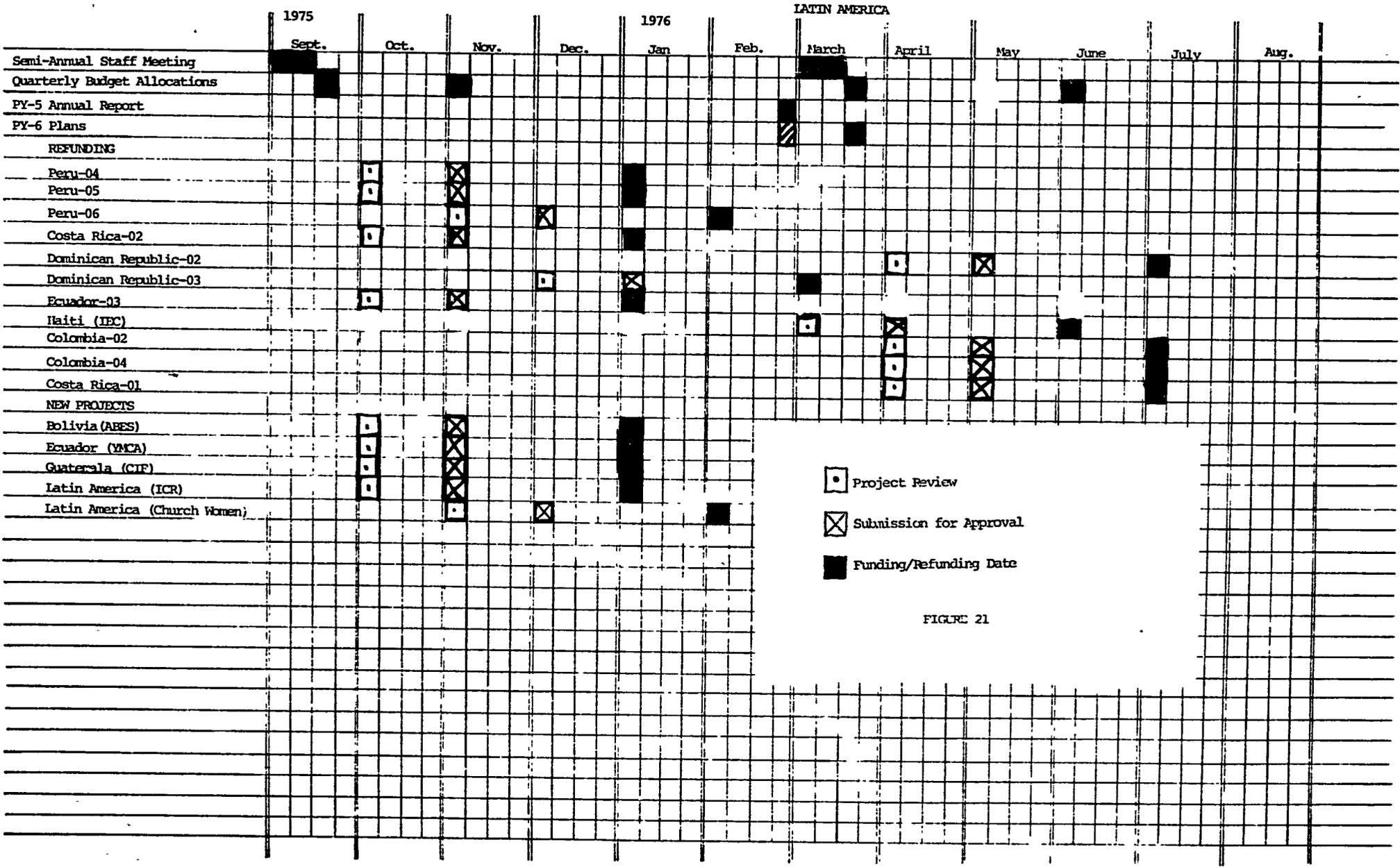


FIGURE 21

----- PROJECTS FOR REFUNDING -----

PROJECT NO: Colombia-02  
PROJECT TITLE: Education of the Colombian  
Campesino for Responsible  
Parenthood  
GRANTEE: Fundacion Promocion de  
Proyectos Colombianos  
BUDGET: \$45,000.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 4 Years

This project continues with the fourth year of funding for the IEC materials production program with PROCOL and Accion Cultural Popular in Colombia.

PROJECT NO: Colombia-04  
PROJECT TITLE: Program for the Distribution  
of Contraceptives in Rural  
Areas of Colombia  
GRANTEE: Fundacion Promocion de  
Proyectos Colombianos  
BUDGET: \$55,000.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project continues with the second year of funding for the distribution of contraceptives in rural areas of Colombia by PROCOL.

PROJECT NO: Costa Rica-01  
PROJECT TITLE: Family Planning and Responsible  
Parenthood  
GRANTEE: Centro de Orientacion Familiar  
BUDGET: \$20,000.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 5 Years

This project continues funding for the family planning educational courses and radio program, Dialogo, with the Centro de Orientacion Familiar in San Jose, Costa Rica. This is expected to be the final year of funding for this project.

PROJECT NO: Costa Rica-02  
PROJECT TITLE: Educational Courses for Responsible Parenthood  
GRANTEE: Centro de Integracion Familiar  
BUDGET: \$20,000.  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project continues funding of the educational courses in responsible parenthood by the Centro de Integracion Familiar in San Jose, Costa Rica. This is expected to be the final year of funding for this project.

PROJECT NO: Dominican Republic-02  
PROJECT TITLE: Responsible Parenthood and Family Planning  
GRANTEE: Instituto Nacional de Educacion Sexual  
BUDGET: \$20,000.  
ANTICIPATED REFUNDING DATE: 1 July 1976  
ANTICIPATED PROJECT LIFE: 2 Years

This project will provide another year of support for the responsible parenthood and family planning program of the Instituto Nacional de Educacion Sexual.

PROJECT NO: Dominican Republic-03  
PROJECT TITLE: Education in Responsible Parenthood  
GRANTEE: Instituto Nacional de Educacion Sexual  
BUDGET: \$30,000.  
ANTICIPATED REFUNDING DATE: 1 March 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project continues with the second year funding of the educational courses and IEC materials production by the Instituto Nacional de Educacion Sexual in the Dominican Republic.

PROJECT NO: Ecuador-03  
PROJECT TITLE: Family Planning Program  
GRANTEE: Centro Medico de Orientacion y Planificacion Familiar  
BUDGET: \$50,000.  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project continues with the second year of funding for the family planning education and clinical services provided through the auspices of CEMOPLAF in Ecuador.

NEW PROJECTS

PROJECT NO: Haiti (IEC)  
PROJECT TITLE: Information, Education and  
Communication Materials  
Development & Production  
GRANTEE: Centre d'Hygiene Familiale  
BUDGET: \$50,000.  
ANTICIPATED REFUNDING DATE: 1 June 1976  
ANTICIPATED PROJECT LIFE: 2 Years

The project continues the second year of funding for the IEC materials development and production program of the Centre d'Hygiene Familiale in Haiti.

PROJECT NO: Peru-04  
PROJECT TITLE: Lay Apostolate Responsible  
Parenthood Program  
GRANTEE: Asociacion de Trabajo Laico  
Familiar  
BUDGET: \$132,000.  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 5 Years

The project continues the fourth year of funding for the responsible parenthood education program and clinic services by the Asociacion de Trabajo Laico Familiar in the cities and rural areas of Peru outside of Lima.

PROJECT NO: Peru-05  
PROJECT TITLE: Responsible Parenthood  
in the Marginal Areas of  
Lima  
GRANTEE: Asociacion de Desarrolls  
Integral de la Familia  
BUDGET: \$126,000.  
ANTICIPATED STARTING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 5 Years

This project continues the fourth year of funding for the responsible parenthood education program and clinic services by the Asociacion de Desarrollo Integral de la Familia in the marginal areas surrounding Lima, Peru.

PROJECT NO: Peru-06  
PROJECT TITLE: Studies of Human Fertility  
GRANTEE: Department of Obstetrics & Gynecology of the University Cayetano Heredia  
BUDGET: \$22,000.  
ANTICIPATED REFUNDING DATE: 1 February 1976  
ANTICIPATED PROJECT LIFE: 3 Years

This project will support continuation of the family planning training program at the University Cayetano Heredia.

PROJECT NO: Latin America (ICR)  
PROJECT TITLE: Population Communications Development  
GRANTEE: Inter-Caribbean Centre for Re-Development  
BUDGET: \$50,000.  
ANTICIPATED STARTING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 2 Years

The objectives of the project are; (1) to initiate a process of indigenous population programming in the Caribbean; (2) to further understanding and cooperation in Caribbean population activities between persons involved in regional and international population activities; and (3) to create an agency to implement the above stated objectives.

This is an integrated two year project comprising two major areas of activity -- (1) a study project to compile a list of coordinating programs and organizations (6 months); (2) a research program on population related consumer concerns (2 years); (3) a research project on Caribbean folk arts population communications and an encounter of folklore and theatre specialists (1 year).

The project information technical service unit will organize a data bank and a clearing house and a training and production unit. Other basic activities will include undertaking and assisting special projects in the areas of: (1) youth involvement in family planning and social change; (2) women's co-responsibility for family planning and social change; (3) care and protection of children (4) the production of educational materials on population and family planning;

(5) The promotion and development of cultural activities which engender proper respect for the values and family planning aspirations which Caribbean peoples believe vital for their individual and community betterment.

PROJECT NO:	Bolivia (ABES)
PROJECT TITLE:	Responsible Parenthood
GRANTEE:	Asociacion Boliviana de Educacion Sexual
BUDGET:	\$30,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

This is a three year program by the Asociacion Boliviana de Educacion Sexual which aims to integrate responsible parenthood and family planning as a regular part of the educational program in Bolivia. In the first year, the objectives are: (1) 12 training courses for high school teachers in family planning and responsible parenthood; (2) 50 short courses for groups of community leaders, parents, school principals, professionals, labor leaders, etc., to motivate them towards family planning and prepare the way for official programs in both formal and informal education within this area; (3) the formation of a special committee with representatives of both the government and the Asociacion Boliviana de Educacion Sexual to revise school curricula in family planning and sex education; and (4) to execute a KAP type study of 1,400 teachers, 6,000 students and 5,000 parents, as bases for the preparation of materials and programs to meet national needs.

PROJECT NO:	Latin America (Church Women)
PROJECT TITLE:	Latin America Regional Church Women Project
BUDGET:	\$40,000.
ANTICIPATED STARTING DATE:	1 February 1976
ANTICIPATED PROJECT LIFE:	1 Year

FPIA and its Latin America grantees will organize a workshop of Church men and women organization leaders to discuss the role of women in family planning. Stress will be placed on the question of how the Latin American society supports or undermines different modes of communication about family planning and family planning service delivery. Participants will be asked to "devise" the best models for reaching women with trusted and credible family planning services.

Some \$20,000 of the project budget will be devoted to follow-up activities to test the proposed models. One "model" under active discussion is post partum home visiting programs. Under this proposal, church women in Peru and El Salvador will pay a visit to new mothers in their parishes to find out what their needs are (e.g. nutrition, literacy, family planning). The home visitors will function as para-social workers -- making referrals, distributing contraceptives and developing data on which to base the development of special post-partum services to be provided by the church related voluntary societies.

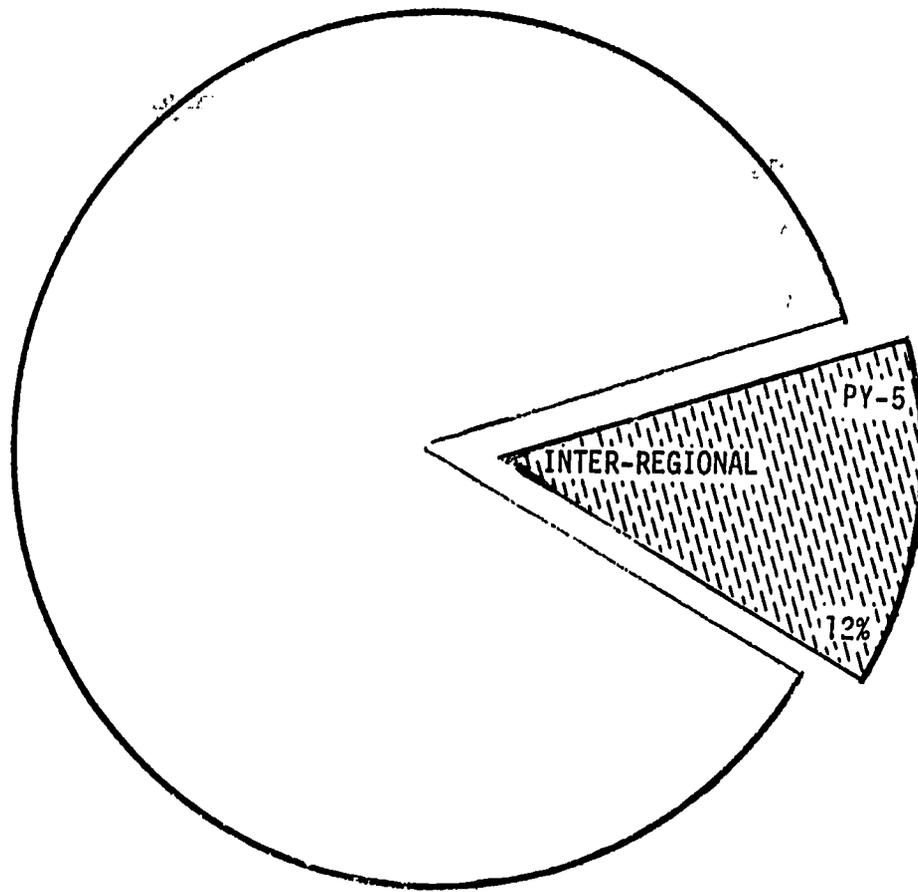
PROJECT NO:	Ecuador (YMCA)
PROJECT TITLE:	Family Planning Education Program
GRANTEE:	Asociacion Cristiana de Jovens de Quito
BUDGET:	\$30,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

The present family planning program of the Asociacion Cristiana de Jovenes (YMCA) in Quito is centered around short courses (10 hours) on sex education and family planning presented sporadically for the past three years to groups of adults and young factory workers. The projected expansion of this effort would include; the regularization and extension of these courses in Quito; the initiation of several experimental courses in surrounding communities; the creation of a marriage counseling service with medical consultation and planned future expansion into a family planning clinic; development of a mobile unit providing clinical services in coordination with the courses presented; and a systematic review of the literature and materials in sex education and family planning available in Ecuador for use in the project. The program will be coordinated with the government family planning program of Ecuador and provide referrals to existing clinical services.

PROJECT NO:	Guatemala (CIF)
PROJECT TITLE:	Educational Courses for Responsible Parenthood
GRANTEE:	Centro de Integracion Familiar
BUDGET:	\$30,000.
ANTICIPATED STARTING DATE:	1 January 1976
ANTICIPATED PROJECT LIFE:	3 Years

The "Centro de Integracion Familiar" is a private, non-profit autonomous institution in Guatemala City, which promotes human values for better family integration. In 1972, it initiated a program to promote family integration by developing and conducting informal, out-of-school, courses covering the following topics: literacy, hygiene, human relations, home economics, nutrition, cooking, child care, development, and group dynamics. These six-month courses are taught by social workers who live in the project area. .

The project will expand this existing program by adding courses in sex education, family planning, and responsible parenthood aimed at an enlarged target group including adolescents, young adults and married couples. In addition to this informal instruction, pre-marriage counseling services are planned, as well as an expanded youth program.

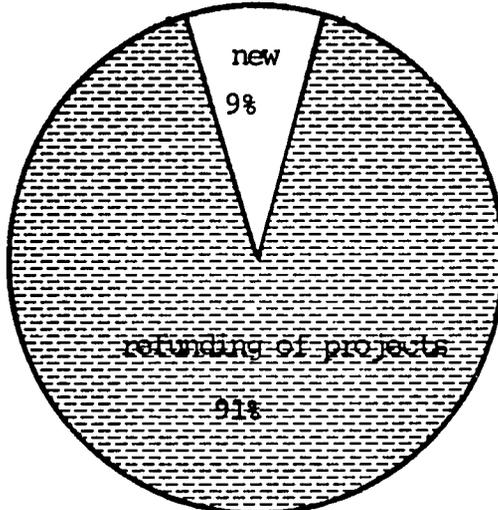


I. INTER-REGIONAL

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## INTER-REGIONAL

### Summary of Anticipated Obligations



PY-5 Inter-regional plans call for the refunding of two projects at a total value of \$360,703 and the anticipated funding one new project valued at \$35,000 — for a total anticipated obligation of \$395,703. (Table ).

Some 91 percent of the anticipated total obligation is earmarked for the refunding of ongoing projects.

Narrative details on projects to be funded can be found on the next page.

### Highlights of PY-5 Plans

The two continuing projects are in training and in IEC; both will be funded for at least one more year.

The training program for U.S. and foreign physicians who will work overseas will continue at the University of Colorado Medical Center. Because of the large demand for more intensive orientation and practical experience, some courses may be given for two-week periods.

The International Family Planning Digest will continue with the publication of new developments in family planning that will be of interest to professionals working in family planning programs in developing countries.

The new inter-regional project will emphasize women's work and their decision-making role and responsibility in family planning programs. The planned conference/workshop will be a follow-up to the International Women's Year Conference in Mexico.

TABLE 69

Program Year 5 Plans: INTER-REGIONAL

<u>Anticipated Refunding</u>	<u>Amount</u>
FPIA-07	\$230,703
FPIA-13	<u>130,000</u>
Subtotal	\$360,703
<u>Anticipated New Projects</u>	
FPIA (Women's Conferences)	<u>35,000</u>
TOTAL	\$395,703

----- PROJECTS FOR REFUNDING -----

PROJECT NO: FPIA-07  
PROJECT TITLE: Family Planning Training  
for Physicians Who Will Work  
Overseas  
GRANTEE: University of Colorado Medical  
Center  
BUDGET: \$230,703.  
ANTICIPATED REFUNDING DATE: 1 October 1975  
ANTICIPATED PROJECT LIFE: 3 Years

This project will provide another year of support for the family planning training center at the University of Colorado.

PROJECT NO: FPIA-13  
PROJECT TITLE: International Family Planning  
Digest  
GRANTEE: Alan Guttmacher Institute  
BUDGET: \$130,000.  
ANTICIPATED REFUNDING DATE: 1 January 1976  
ANTICIPATED PROJECT LIFE: 27 Months

This project will support another four issues of the International Family Planning Digest.

----- NEW PROJECTS -----

PROJECT NO: FPIA (Women's Conference)  
PROJECT TITLE: East-West Asia Women's  
Organization Grantee Workshop  
BUDGET: \$35,000.  
ANTICIPATED STARTING DATE: 1 November 1975  
ANTICIPATED PROJECT LIFE: 3 Months

FPIA is supporting family planning activities being carried out by 5 women's organizations in East and West Asia (Pakistan, Nepal, Sri Lanka, Korea, Thailand). In addition, five women's organizations in three other countries (Bangladesh, Philippines, Indonesia) are developing education and service projects for possible funding. These organizations have common organizational development problems, are engaged in common substantive programs (handicrafts, health training) and share the political concerns of women's groups trying to influence policy and service delivery in their countries. The purpose of the workshop will be three-fold: (1) identify the ways in which they may work to support each others work through information sharing, common purchase of essential goods, policy solidarity; (2) define the varied roles of women's organizations in family planning (defining what services women need most, how women's organizations can utilize women to gain family planning services from their governments, how women's organizations can deliver family planning services); and (3) instruct grantees and prospective grantees in FPIA grant procedures through development and review of proposals, conducting program evaluation, budgeting, and alternative funding.



**D. PROPOSAL FOR AN AMENDMENT TO GRANT AID/csd 3289**



## PROPOSAL FOR AN AMENDMENT TO GRANT AID/csd 3289

To implement its plan of work for Program Year 5 (1 September 1975 through 31 August 1976), FPIA proposes that an amendment be made to Grant AID/csd 3289 to provide for the following:

1. Extension of the current life of the Grant through 31 August 1976.
2. Two million monthly cycles of oral contraceptives, in kind.
3. An additional \$6,172,140 to continue the development and support of family planning programs in developing countries.

FPIA's total PY-5 budget request, compared with the current PY-4 budget, are detailed in Table 70. It is noteworthy that of the total increment of \$2,100,750 for PY-5 (compared to the PY-4 budget), \$1,659,192 or 79 percent of the total is for increased project grant (subgrant) activities or commodities assistance to family planning programs in developing countries.

TABLE 70  
Budget Analysis for Program Year 5

	<u>PY-4</u> <u>Budget</u>	<u>Projected</u> <u>Unobligated</u> <u>PY-4 Budget</u> <u>31 Aug 75</u>	<u>Proposed</u> <u>PY-5</u> <u>Budget</u>
Salaries	\$ 550,580	\$ -0-	\$ 639,460
Fringe Benefits	53,470	-0-	63,950
Consultants	25,000	-0-	15,000
Travel	125,000	-0-	135,000
Other Direct Costs	321,400	-0-	305,000
Sub-Total	1,075,450	-0-	1,158,410
Sub-Grants	1,857,000	-0-	3,221,290
Commodities:			
Contraceptives (oral)*		-0-	-0-
Equipment and Supplies	275,000	-0-	500,000
Freight	110,098	-0-	180,000
Sub-Total	2,251,098	-0-	3,901,290
Total Direct Costs	3,326,548	-0-	5,059,700
Indirect Costs	744,842	-0-	1,112,440
Total	4,071,390	-0-	6,172,140

\*Two million monthly cycles of oral contraceptives are requested to be provided in kind.

Section VI: Appendix

This section present a summary of the major findings, conclusions and recommendations from the Report Of The Evaluation Of Family Planning International Assistance by the International Institute for the Study of Human Reproduction at Columbia University, 28 February 1975.



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

VOLUME ONE: FINDINGS, CONCLUSIONS & RECOMMENDATIONS

Directed & Coordinated By:  
Martin E. Gorosh, Dr. P.H.  
Donald W. Helbig, MD, MPH  
Susan C. Scrimshaw, Ph.D.

INTERNATIONAL INSTITUTE FOR THE  
STUDY OF HUMAN REPRODUCTION  
COLUMBIA UNIVERSITY  
60 HAVEN AVENUE  
NEW YORK, N.Y. 10032

28 FEBRUARY 1975

Members of the Evaluation Team

International Institute for the Study of Human Reproduction

Karen Dobrusky, MPH  
Rhonda F. Einhorn, ScM  
Martin E. Gorosh, Dr.P.H.  
Donald W. Helbig, M.D., MPH  
Emily C. Moore, Ph.D.  
Jose Oliva, STM  
Bernard Pasquariella, M.A.  
Susan C. Scrimshaw, Ph.D.  
Alan M. Sear, Ph.D.  
Samuel M. Wishik, M.D., MPH  
David Wolfers, M.B.B.S., D.T.P.H.

Others

Odette Alarcon, M.D. (USAID/Ecuador)  
Douglas Huber, M.D. (USAID/Washington)  
Thomas Poffenberger, Ph.D. (Univ. of Michigan)  
Roger Rochat, M.D. (Center for Disease Control)  
Jack Smith, M.S. (Center for Disease Control)  
Anne Tinker, M.A. (USAID/Washington)

**I. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS  
AND RECOMMENDATIONS**

## I. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

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

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

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

### A. Findings

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

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

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

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

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

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

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

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

Objective 1

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

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

Objective 2

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

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

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

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

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

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

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

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

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

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

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

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

Project examples:

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

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

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

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

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

Project examples:

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

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

Criterion of accomplishment - The new activity is consolidated.

Project examples:

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

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

Criterion of accomplishment - Documented evidence of achievement.

Project examples:

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

B. Conclusions

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

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

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

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

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

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

### C. Recommendations

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

#### Recommendations with Policy Implications

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

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

Recommendations with Operational Implications

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

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

Recommendations with Organizational Implications

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