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INTERNATIONAL FERTILITY RESEARCH PROGRAM

ANNUAL REPORT

September 30, 1978 - September 29, 1979

AID Grant AID/pha-G-1198

Research Triangle Park  
North Carolina 27709  
USA

INTERNATIONAL FERTILITY RESEARCH PROGRAM

BOARD OF DIRECTORS

Sharon Lee Camp, PhD - Chairperson  
Population Crisis Committee  
1120 19th Street, NW  
Suite 550  
Washington, DC 20036

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Programs  
The Johns Hopkins Hospital  
Administration 100  
Baltimore, MD 21205

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President  
International Services Assistance Fund  
749 Chestnut Street  
San Francisco, CA 94133

Mrs. Guadalupe de la Vega  
Planificacion Familiar de CD. Juarez, AC  
Avenida Carlos Amaya y Cartagena  
Ciudad Juarez  
Chihuahua, Mexico

Mailing address:  
P. O. Box 10096  
El Paso, Texas 79991

Hubert de Watteville, MD, Professor  
6 rue Charles Bonnet  
1206 Geneva, Switzerland

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Medical Director  
Planned Parenthood-World Population  
of Los Angeles  
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Los Angeles, CA 90005

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## I. INTRODUCTION

This report reviews the activities of the International Fertility Research Program (IFRP) carried out under AID Grant AID/pha-G-1198 during the period September 30, 1978-September 29, 1979.

The International Fertility Research Program (IFRP) was established in 1973 as a nonprofit foundation under the laws of the State of North Carolina and eventually located in the Research Triangle Park, North Carolina. The IFRP is an autonomous organization governed by a Board of Directors composed of professionals who represent both developing and industrialized countries. At the end of this reporting period, the IFRP staff numbered 99 scientists, professionals, and support personnel from various disciplines and representing many nationalities. The majority of these staff are funded under Contract AID/pha-C-1172.

The IFRP is dedicated to the scientific investigation of fertility with particular emphasis on shortening the time between the development of new fertility control technology and its responsible, widespread use in family planning and health care programs. Private foundations have contributed to the establishment and continued operation of the IFRP. Research contracts are held with the Agency for International Development (Contract AID/pha-C-2979, completed on August 2, 1977, Contract AID 1111, completed on April 30, 1979, Contract AID/pha-C-1191, which will continue through April 29, 1980, and Contract AID/pha-C-1172, which will continue through July 31, 1981). In implementing these contracts, IFRP has established an international network of clinics that are capable of conducting Phase III trials,

introduced as new or improved contraceptive techniques and upgraded the research skills of professionals working in developing countries.

In September of 1977, AID awarded the IFRP an initial grant to expand the initiatives of Research Contract AID/pha-C-2979 and its successor Contract AID/pha-C-1172. Toward the end of the initial grant year, Grant 1198 was extended for four more years with an additional \$7,783,000 of which \$1,600,000 was obligated for the period September 30, 1978-September 29, 1979 and \$1,835,000 has been obligated for the period September 30, 1979-September 28, 1980.

The objectives of the Grant AID/pha-G-1198 are as follows:

- A. Provide limited clinical training, equipment and evaluation services to facilitate incorporating into new or existing programs of LDCs fertility control technologies that have been shown to offer better protection from unwanted pregnancy than technologies in general use in the country.
- B. Provide initial core costs for newly established national fertility research programs in Africa, Asia and Latin America and to strengthen institutional capabilities in LDCs.
- C. Provide limited supplies not available in LDCs for collaborating investigators to continue programs initiated as field trials until other sources of supply can be developed.
- D. Conduct clinical studies of proven fertility control methods, techniques and instruments as a means of encouraging the widespread use of contraceptive methods that will complement those already in general use in a specific country, culture or program.

- E. Provide monitoring and evaluation services to LDCs for programs involving maternity care, family planning, community- and household-based contraceptive distribution and other similar health-related projects, as well as the development and pretest of program management data collection systems and the conduct of acceptor follow-up and contraceptive prevalence surveys.
- F. Provide physicians and other health personnel with information on the newest family planning concepts, methods, surgical techniques and instruments as a means of introducing these concepts and techniques into national programs in LDCs. This activity includes the support of conferences.

Every effort has been made to utilize currently available professional staff and facilities in less developed countries (LDCs) and Subgrants have been made to selected local organizations. The IFRP also has assisted projects with staff salaries, computer processing of data and basic administrative costs. In addition, IFRP has purchased contraceptive equipment and supplies. In such instances, indigenous organizations in developing countries have provided in-kind support for handling, distribution and related activities.

At total of twenty projects were initiated during the reporting period.

## II. Activities (September 30, 1978 - September 29, 1979)

The IFRP has implemented a variety of projects in many countries. Table I summarizes activities conducted under the Grant. An attempt

TABLE 1. ACTIVITIES TO DATE

Region	SIN	Type of Activity	Total Committed	Population (millions)	Birth Rate	Rate of Natural Increase	Infant Mortality Rate	Per Capita GNP (\$)
<b>ASIA</b>			339,472	2,433	30	1.9	105	610
Bangladesh	803	National FRP	63,509(FY78)	85.0	47	2.7	153	110
	903	National FRP	65,329(FY79)					
	811	Supplies	15,870					
Indonesia	920	National FRP	102,906	140.2	33	2.4	137	240
	812	Travel	766					
Malaysia	923	Monitoring & Evaluation	25,863	13.0	31	2.5	41	860
	924	National FRP	65,229					
<b>AFRICA</b>			253,430	43.6	46	2.7	147	440
Morocco	808	Monitoring & Evaluation	21,079(FY78)	18.9	45	3.1	133	540
	908	Monitoring & Evaluation	89,886(FY79)					
Sudan	922	National FRP	87,547	17.1	48	3.1	141	290
	946	Training	8,451					
Tunisia	807	Monitoring & Evaluation	8,551(FY78)	6.0	36	2.3	135	840
	907	Monitoring & Evaluation	28,481(FY79)					
Multi-country	815	Information Dissemination	9,435					

TABLE 1 (continued)

Region	SIN	Type of Activity	Total Committed	Population (millions)	Birth Rate	Rate of Natural Increase	Infant Mortality Rate	Per Capita GNP(\$)
<b>LATIN AMERICA</b>			577,726	344	36	2.7	84	1,100
Brazil	806	Monitoring & Evaluation	98,484	115.4	36	2.8	109	1,140
	936	Clinical Training	8,774					
	981	Monitoring & Evaluation	11,647					
Colombia	801	National FRP	90,183 (FY78)	25.8	33	2.4	90	630
	301	National FRP	91,856 (FY79)					
Guatemala	921	Monitoring & Evaluation	9,916	6.6	43	3.1	75	630
Mexico	802	National FRP	81,414	66.9	42	3.4	66	1,090
	809	Supplies	9,888					
	909	Supplies	57,000					
	932	Information Dissemination	19,895					
	933	Monitoring & Evaluation	59,661					
	935	Training	5,795					
Panama	810	Information Dissemination	23,213	1.8	32	2.6	47	1,310
<b>INTERREGIONAL</b>			614,438					
IFFH	804	Federation of FRPs	39,292 (FY78)					
	904	Federation of FRPs	306,091 (FY79)					
Programmatic	960	Monitoring & Evaluation	43,343					
IJGO	916	Info. Dissemination	7,000					
Maternity Care	905	Monitoring & Evaluation	218,712					

has been made to support projects in countries with high rates of population growth, inadequate public or private family planning programs, limited health services and few local resources. Sometimes, of course, these criteria are modified as a genuine opportunity arises to serve people in need.

Individual subgrants will be discussed in more detail under Section III.

A. National Fertility Research Programs

Funding for three national fertility research programs was renewed or extended and three additional programs were initiated. The six programs listed below have been major instruments in the transfer of research technology from IFRP to developing countries.

- (1) Programa Regional de Investigaciones en Fecundidad (PRIF) in Colombia
- (2) Mexico Biomedical Research Program
- (3) Bangladesh Fertility Research Programme
- (4) Sudan Fertility Control Association
- (5) Malaysia Fertility Research Program
- (6) Indonesia Fertility Research Program (BKSPENFIN)

The IFRP has provided both financial and technical assistance to these programs. The ultimate objective is to help the national programs become self sufficient in conducting appropriate research. PRIF, which is in its second year of funding, has initiated its own research

projects and is beginning to process its data locally. Two programmers from the Malaysia FRP were trained at the IFRP in September of this year and it is anticipated that the majority of data collected under this subgrant will be processed and analyzed in-country.

Key punch to tape trials have been undertaken in Bangladesh and are planned for the Sudan and Indonesia.

All of these programs have had at least one site visit by an IFRP staff member and a three member IFRP evaluation team visited PRIF in October 1978, to conduct a comprehensive review of activities and progress. Similar evaluations are planned for other national programs.

#### B. Monitoring and Evaluation

The IFRP has continued to assist both private and government programs in monitoring and evaluating family planning and maternal and child health services. Several such projects, initiated in FY 78, were completed during the reporting period. In Brazil, a contraceptive prevalence survey was conducted in the state of Sao Paulo. The results of this survey have been widely disseminated at the governmental level. At the request of the Government of Tunisia, the IFRP provided technical assistance in the design, execution and analysis of a household distribution scheme for the delivery of contraceptives to women in rural areas. A similar project, assessing the impact of a household distribution system aimed at increasing contraceptive utilization, was conducted in

Morocco. The results of these studies will assist the governments of both countries in determining the advisability of extending such services nationwide.

Existing IFRP data collection instruments have been used for programmatic reasons to assist both governments and individual hospitals in assessing quality of care. The largest such project is the Interregional Maternity Care Monitoring subgrant. This activity, initiated under the Contract, was shifted to the Grant during FY 79. The Maternity Record and Hospital Abortion forms are presently being used in more than 50 countries. As of September 1979, a unique data bank of 250,000 cases had been accumulated. The Maternity Record has proved to be a valuable entree into various countries in Africa, where studies dealing with contraception are not yet acceptable.

Other activities in this category include a grant to the Government of Malaysia for the analysis of 1977 data on antenatal care, deliveries, and child health collected at health centers and midwifery clinics and the establishment of a workshop in Mexico to monitor the quality of locally manufactured condoms and oral contraceptives. Deficiencies in both products have been detected and corrective measures taken by the manufacturers.

#### C. Training and Dissemination of Information

A third area of activity mandated by the Grant is to provide health personnel with information on and training in the latest family planning concepts and techniques.

The IFRP continues to play an important role in providing on-site training to physicians. The Autonomous University of San Luis Potosi, Mexico, requested IFRP assistance for a seminar on family planning and minilaparotomy aimed at recently graduated physicians. A similar subgrant was given to the Government of Mexico for the training of district health service chiefs working in rural areas. Because medical students in Mexico do not receive instruction in family planning, these seminars are an important means of increasing the level of knowledge and skill among physicians. The incorporation of such training into the medical school curriculum would have a more lasting impact, and a subgrant aimed at developing such a program is planned for FY 80.

Ten Brazilian physicians were trained in the use of the laproscator by Dr. Leonard Laufe of the IFRP. Emphasis was placed on instruction on the suprapubic endoscopy technique and the open laparoscopy approach with air insufflation.

To further promote the rapid dissemination of fertility research results, the IFRP jointly with the International Federation of Gynaecology and Obstetrics (FIGO), publishes the INTERNATIONAL JOURNAL OF GYNAECOLOGY & OBSTETRICS (IJGO). It was decided not to shift support for the publication of the Journal from the Contract to the Grant as originally planned. However, a small subgrant was given to the IJGO Editorial office to support the staff and facilities needed to improve the efficiency of the editorial review and manuscript management process.

D. Supplies and Equipment

The IFRP occasionally receives requests for supplies and equipment from programs or individuals who are unable to obtain them from other sources. The terms of the Grant allow us to respond to such requests. During the past year the IFRP was able to assist the Government of Mexico by providing applicators and tubal rings for use in the family planning programs of the Mexico Social Security Institute and the Social Security Institute for Government Workers. The provision of this equipment enabled these programs to introduce the newest sterilization technology.

E. Grant Administration

As the result of a reorganization in April 1978, responsibility for the management of the Grant was given to the Special Projects Department, headed by Dr. Peter J. Donaldson. Centralization of responsibility for the development and monitoring of subgrants has substantially improved the efficiency with which they are handled. The creation of a Special Projects Task Force, which approves or disapproves subgrant concept proposals, provides a mechanism for review which was missing during the first year of the Grant.

### III. SPECIFIC SUBGRANT REPORTS

#### A. GOVERNMENT OF MEXICO BIOMEDICAL GRANT: SIN 11002

(June 1, 1978 - November 30, 1979)

The Government of Mexico requested support for the development and implementation of a biomedical research program to coordinate activities for the achievement of a greater acceptability and continuity in the use of contraceptives. The subgrant was funded under SIN 802 from June 1, 1978 to May 31, 1979. Because activities could not be initiated immediately after the subgrant was signed, it was necessary to extend the subgrant until November 30, 1979.

Studies on maternity care monitoring, hospital abortion, injectable contraceptives, postpartum IUD insertion, and the analysis of voluntary surgical contraception data have proceeded to date.

Because several government hospitals are involved in the collection of data for this program, progress has not been quite satisfactory and it appears that the target number of cases initially proposed for all studies will not be met. However, the quality of data received is acceptable and is now being sent at scheduled intervals. There are no plans to renew this subgrant.

B. Sao Paulo Contraceptive Prevalence Survey: SIN 11006

(May 1, 1978 - July 31, 1979)

At the request of AID/W, the IFRP investigated the feasibility of a contraceptive prevalence survey in the State of Sao Paulo, Brazil. In May 1978, a subgrant agreement for a contraceptive prevalence survey was signed with Dr. Milton Nakamura, Chairman, Department of Obstetrics and Gynecology, Pontificia Universidade Catolica de Campinas (PUCC). Local support of the project included field work and coding; the IFRP staff provided assistance with data processing and analysis. The project was coordinated with the US Center for Disease Control (CDC) with Dr. Leo Morris of CDC actively participating in the project. Dr. Nakamura and others at PUCC donated time to supervise field activities and to monitor the project's financial and administrative details.

The objective of the survey was to provide Brazilian policy makers with information on the use of contraceptives as a first step in building a program using modern contraceptive technology in an appropriate family planning delivery system. Contraceptive data gathered by the survey includes information about the variation in: a) contraceptive use by urban and rural areas; b) methods by area; c) use by demographic characteristics including education, employment status and income; and d) use and methods by access to contraceptives, including location, convenience and cost.

The cooperation of PUCC in this research has proven most valuable.

Nursing students conducted the field interviews. The survey's

affiliation with a Roman Catholic University, dedicated to the promotion of human and social welfare, provided additional legitimization of the project. One indication of the acceptance of the research is the keen interest in the results.

The results were presented at a meeting in Campinas on January 31. Faculty members from many Catholic Universities in Brazil attended the meeting. A press conference was held in Sao Paulo on February 1. Dr. Nakamura presented the survey results at a Symposium in Brasilia on October 3-5 on demographic problems "Simposio Sobre Problemas Demograficos Brasileiros." Using the survey results, he made a forceful case for extending family planning services to the poor.

Papers based on the survey results are now in preparation. Two papers have been submitted to Family Planning Perspectives. These papers are on sterilization and access to contraception. A third paper will be submitted to Studies in Family Planning.

C. COLOMBIA REGIONAL FERTILITY RESEARCH PROGRAM: SIN 901  
(April 1, 1979 - March 31, 1980)

The Colombian Regional Fertility Research Program received a second year of support, from April 1979 to March 1980, and funds are provided under SIN 901.

During the second year of this regional program, studies that were not finalized during last year's subgrant are now being completed. PRIF (Programa Regional de Investigaciones en Fecundidad) has also embarked on several independent research

projects involving maternity care monitoring, distribution of barrier contraceptives by traditional birth attendants, and the acceptability of female sterilization.

As an organization that conducts high quality fertility management research, PRIF continues to influence the Colombian medical community and government decision makers in the best way to provide comprehensive family planning and maternal child health services in a cost-effective manner. Another seminar on advances in obstetrics and gynecology will be held during this second year of support, following the success of previous seminars held in 1977 and 1978.

A two-day seminar was held to upgrade the research skills of the PRIF contributors in Colombia and to review techniques for initiating and monitoring fertility research studies.

Narrative and financial reports are completed on schedule and it is anticipated that IFRP will provide a third year of support for this program.

D. BANGLADESH FERTILITY RESEARCH PROGRAMME: SIN 903

(April 1, 1979 - March 31, 1980)

Since its establishment in July 1976, the Bangladesh Fertility Research Programme (BFRP) has become the institutional mechanism for evaluating contraceptive methods and delivery systems. The results are influencing health leaders and assisting them in making immediate programmatic decisions about their use.

During this reporting period, 34 studies were active in 19 centers. The areas of research included female sterilization, IUD, female barrier, oral contraceptives, maternity care monitoring and hospital abortion. Besides these specific IFRP-assisted studies, the BFRP has coordinated and carried out various projects such as studies on the long-term effects of pill use, injectable contraceptives, follow-up of vasectomy cases and community-based distribution of pills under the auspices of PIACT, UNFPA and BAVS.

In keeping with its goal of increasing the level of the awareness of the medical profession in Bangladesh of new advances in fertility management, drugs, procedures and equipment, the BFRP has organized various conferences, seminars and workshops. Such BFRP-sponsored meetings have focused on subjects relating to problems and issues of health and family planning programs, eg, "introduction and adaptation on contraceptive technology," "nonsurgical female sterilization by quinacrine pellet," "aspect of integrated family planning, nutrition and parasite control program, to name a few.

Eighteen technical reports based on research and survey conducted by BFRP were written during this period and distributed to various local and foreign agencies.

Government and international agencies have publicly recognized that the BFRP is making an important contribution toward changing attitudes of the physicians in regard to the family planning issues of the country as well as disseminating information about

new advances in fertility management to service providers in Bangladesh. It is anticipated that IFRP will provide a third year of support for this program.

E. INTERNATIONAL FEDERATION FOR FAMILY HEALTH: SIN 904  
(January 1, 1979 - December 31, 1979)

This subgrant provides a second year of support for the International Federation for Family Health (IFFH).

The objectives of this subgrant activity are as follows.

1. Continue development of the International Federation for Family Health (IFFH) by developing guidelines for fertility management demonstration programs, implementation of fertility management research, maternity care monitoring, and community health program evaluation to be conducted by member organizations and providing a centralized forum for the exchange of ideas and experiences that will ensure the rapid dissemination of information on fertility control technology.
2. Develop an institutional structure for the international federation capable of independent activity.

The Federation is actively seeking diversified sources of support. A major accomplishment during this period was the acquisition of a UNFPA grant for the development of Country Projects for Maternity Care Monitoring. Several other proposals are under consideration by various agencies.

It is anticipated that a third year of support will be granted to the IFFH. A major activity during the next year will be the establishment of an overseas office.

F. INTERREGIONAL MATERNITY CARE MONITORING: SIN 905  
(November 22, 1978 - November 21, 1979)

This subgrant provides support for the collection, analysis and reporting of data on deliveries and abortions (both spontaneous and induced). The data collected are used to demonstrate the need for, and effectiveness of, postpartum and postabortion contraceptive service programs and will provide information about maternity care services in a large number of developing countries.

The data collected so far has proven useful in many ways. The following are examples of special analyses that have been carried out.

1. Analysis of Maternity Record data from a maternity hospital in Tehran, Iran, has shown that women who experience child loss are much less likely to accept postpartum contraception than women who have lost no children. This is most true of the current delivery, but is also true to a lesser extent of the penultimate child, and of all previous children.
2. Analysis of data from several hospitals in Cairo, Egypt, shows that breast-fed infants have a higher survival rate than infants who were not breast-fed, and this remains true when such social factors as education are controlled.

3. Data from Campinas, Brazil, show that, in Campinas, postpartum sterilization is rarely available except with a concurrent cesarean section, suggesting that its availability is restricted to women with the knowledge and/or the means to arrange for cesarean section. However, sterilization alone does not account for the phenomenally high cesarean section rate in Brazil.

Similarly, although the law regarding sterilization in Honduras specifies that age multiplied by parity must equal at least 80, it appears that physicians circumvent this rule by sterilizing at cesarean section.

4. Comparison of data collected using the Maternity Record and Hospital Abortion Record in Campinas, Brazil, with a contraceptive prevalence survey in the same area shows that information obtained from the two sources is complementary, particularly in the area of sterilization. The three data sets emphasize the need to know more about access to sterilization in Brazil since it is clearly very limited, especially for abortion patients.
5. Analysis of Maternity Record data from five Latin American countries shows that adolescents (<18 years) have a tendency toward smaller infants than women over 18 years of age. Much of this difference is accounted for by other factors also associated with youth, ie, nulliparity, being unmarried, fewer years of education, failure to seek antenatal care, and others.

6. Analysis of Latin American data sets also shows that teenagers are less likely to have used contraception before the pregnancy, but that the most important variable is gravidity. Women who have never been pregnant are least likely to have contracepted; women who have been pregnant are much more likely to have used contraception, even if the pregnancy terminated in abortion, stillbirth, neonatal death or later infant death. Thus, teenagers' failure to contracept is largely (but not entirely) attributed to their greater probability of nulligravidity. Postpartum contraceptive acceptance is mostly related to the survival of the child, and, in this regard, teenagers are not significantly different from older women.
7. Comparison of postpartum and postabortion contraceptive acceptance data from three hospitals in Chile shows some disparity in the hospitals' provision of services in spite of an explicit goal of the Chilean government that all abortion patients and 40% of obstetric patients should be provided with contraception.
8. Two studies were concluded that randomly assigned selected incomplete abortion patients to one of four treatment categories (inpatient vs outpatient and sharp vs suction curettage). In one study, there was no difference in the complication rates between patients treated as inpatients and those treated as outpatients. Clearly, outpatient treatment places less strain on the limited resources that

most hospitals have. Surprisingly, there was also almost no difference in complication rates between sharp and suction curettage, although fewer complications are expected with suction. In this hospital, however, suction was a new procedure and differences may appear later in the second study.

9. Analyses of data in the form of Consultant Reports were provided to ten hospitals in Latin America (in Chile, Honduras, El Salvador, Brazil, Peru, Colombia). These analyses show that good postabortion contraceptive services are rare in most of these Latin American countries.

G. TUNISIA HOUSEHOLD DISTRIBUTION PROJECT: SIN 907  
(October 1, 1978 - July 31, 1979)

The Household Distribution Project in Tunisia was designed to deliver contraceptive services to fertile married women residing in rural areas. Such a delivery system is likely to be more acceptable than stationary clinics in this traditionally Muslim society. The objectives of the program were to measure the changes in contraceptive prevalence and fertility behavior among eligible women within the study area, and to evaluate the efficacy and cost-effectiveness of a household distribution system of contraceptives.

The IFRP's technical assistance with this project culminated in 1979 with the preparation of a final report (PFAD: Household Distribution of Contraceptives in Bir Ali ben Khalifa, Tunisia).

Among the major findings included in the report is a near-tripling of the rate of contraception in the project area, from a reported baseline level of 7% to 18% following two years of intensive household distribution. The pregnancy rate at the close of the project (17%), is one-sixth lower than that reported at the baseline survey in 1976. The traditional preference for male children, however, remains strong and affects both future childbearing plans and current contraceptive behavior.

Other activities in support of this project carried out by the IFRP during the period of this subgrant included the following.

1. Continued data analysis of follow-up visit questionnaires (up to five for each of nearly 4000 respondents) as received from the field.
2. Assistance in the design and printing of a questionnaire administered during a final survey round in the project area; computer loading and data analysis on receipt of completed questionnaires.
3. Translation and editing of the medical report of the project as produced during the visit of the PFAD Medical Director in June 1979.

This project was conducted at the request of the Government of Tunisia, which through the Office National du Planning Familial et de la Population (ONPFP) provided all training and some in-country operating funds. Remaining in-country support was provided by USAID. All IFRP expenditures were for IFRP costs.

During 1980, the ONPFP will be setting goals for the next five years, taking into consideration the results of various experiences in household and community-based distribution of contraceptives. The success of the PFAD project in bringing family planning to a traditional, rural population without alternative access to such services will cause it to be noted seriously as the Government of Tunisia seeks to find effective means of bringing down its high rate of population growth.

H. MOROCCO HOUSEHOLD DISTRIBUTION PROJECT: SIN 908

(October 1, 1978 - September 30, 1979)

The Morocco Household Distribution Project, a 30-month research and service program of the Moroccan Ministry of Health and the IFRP, is attempting to increase the use of contraception throughout the Province of Marrakech. Objectives of the program are to extend family planning services to urban and rural areas of Morocco, to measure levels of and changes in contraceptive prevalence and the continuation rate among acceptors of oral contraceptives supplied through the program, and to develop in-country training, management and program evaluation skills required for the successful implementation and expansion of the family planning program throughout Morocco. The IFRP has been requested by AID/W to provide technical assistance to this project; all Grant funds are used for IFRP-related expenses. Local costs to support the program in Morocco are provided by the Government of Morocco and USAID/Rabat.

The project is testing the acceptability and cost-effectiveness of a household-based contraceptive delivery system. Home visits to married women are made by trained paramedical personnel; eligible respondents are offered oral contraceptives or condoms and referrals are made for IUD insertions. A questionnaire on fertility and contraceptive behavior is completed for each woman at the time of the first visit. At the follow-up visit, approximately three months after the initial contact, contraceptives are once again offered and additional information gathered.

IFRP activities in support of this project include questionnaire design, in-country technical support, data analysis and the evaluation of the household distribution program on contraceptive prevalence, acceptance and continuation rates.

Results obtained thus far are based on approximately 46,000 respondents from urban Marrakech. Half of the women interviewed indicated previous experience with family planning, and over two-thirds of those offered oral contraceptives accepted them at the initial contact. Follow-up data available thus far show that 90% of the women who accepted pills at the first household visit were continuing to use them at the second visit. An important finding of the program is that the effectiveness of contraceptive distribution is independent of the sex of the household interviewer, a fact which may become important as household distribution spreads throughout the Kingdom.

Survey work in rural Marrakech is reportedly nearing completion; data for the entire Province--as many as 250,000 households--

should be available during 1980. In addition to demonstrating the technical and administrative feasibility of such a delivery system, the project, through the collection of a large data set on the fertility and contraceptive behavior of Moroccan women, will afford a unique opportunity to describe the current demographic situation in Marrakech and assess the implications of household availability of contraceptives. As decisions relating to the extension of similar service delivery systems to other provinces are made, the results from Marrakech will doubtless assume prototype importance as the Government of Morocco seeks to strengthen its overall family planning activities.

I. MEXICO TUBAL RINGS: SIN 909

(October 11, 1978 - December 31, 1978)

Under the terms of this subgrant, the IFRP supplied the National Coordination of the Family Planning Program in Mexico with the following equipment:

120 double-puncture ring applicators, single-ring capability with loading cone, cleaning brush and instruction sheet;

40 double-puncture ring applicators, double-ring capability with loading cone, cleaning brush and instruction sheet;

147 tubal rings, package of 250.

This equipment, requested by the National Coordination, is used in the Family Planning Program of the Mexican Social Security Institute and the Social Security Institute for Government Workers. Both programs provide free services to female members

throughout Mexico. Thus, the equipment supplied by the IFRP made a significant contribution to the ability of both social security institutes to extend voluntary, surgical female sterilization services to women who would otherwise be without access to this method. The provision of this equipment enabled the above-mentioned programs to introduce the latest sterilization technology into the country.

The National Coordination provided all the additional costs associated with the provision of sterilization services using this equipment. This Subgrant is a clear example of an activity in which a modest contribution by an AID intermediary enabled the Coordination to substantially increase its ability to supply contraceptive services to those most in need.

This Subgrant is also an example of the IFRP's responsiveness to urgent requests for assistance from the governments of developing countries most in need of family planning services. While other agencies may have been a more appropriate source of supplies, the IFRP's well-established relationship with the National Coordination enabled it to respond in a way that was not possible for other organizations. In short, this Subgrant provided crucial assistance that had an immediate impact on increasing the availability of contraceptive services.

J. US-FIGO OFFICE SUPPORT FOR THE INTERNATIONAL JOURNAL OF GYNAECOLOGY AND OBSTETRICS (IJGO): SIN 916

(October 1, 1978 - September 30, 1979)

Subgrant 916 provided first-year funding to the US-FIGO IJGO Editorial Office. The project was designed to support staff and facilities necessary for the Editor (Harold Kaminetzky, MD) to obtain a larger number of manuscripts for review, to improve the efficiency of the review process and to develop effective manuscript management procedures in his office. These objectives have been met during this reporting period. The number of manuscripts received from the FIGO Editorial Office increased by 60% over FY 1978 (from 75 to 120). The addition of several new reviewers, the implementation of review guidelines and the development of effective office procedures have significantly improved the efficiency of the editorial review and manuscript management process. These accomplishments have contributed to the achievement of a regular publication schedule and the development of a broader base of authors seeking to publish their work in the IJGO.

It is anticipated that these efforts will continue during FY 80 to ensure that the publication schedule is maintained and the editorial quality is further refined and improved. Informal negotiations are underway with a potential non-AID funding source for possible future support.

K. INDONESIA FERTILITY RESEARCH PROGRAM: SIN 920

(January 1, 1979 - December 31, 1979)

The Badan Kerja Sama Penelitian Fertilitas Indonesia (BKS PENFIN) is an organization dedicated to the coordination of research in various aspects of human fertility throughout Indonesia.

Founded by a group of Indonesian physician-researchers in January 1977, the BKS PENFIN is recognized by the National Family Planning Coordinating Board (BKKBN), as an agency contributing to the Indonesian family planning program through applied research.

On January 1, 1979, the BKS PENFIN began activities in an anticipated three-year project to be supported by the IFRP. These activities are designed to answer research questions of importance to the family planning and maternal and child health programs in Indonesia, as well as to strengthen the research skills of contributor physicians. The goal of the BKS PENFIN is to serve as a mechanism for the testing of new contraceptive technology, the evaluation of service delivery programs, the initiation of appropriate training projects, and the dissemination of relevant research results.

During the period January through September 1979, the BKS PENFIN initiated studies on maternity care, hospital abortion, systemic contraceptives, and postpartum IUDs. Plans were made for the evaluation of a male sterilization training program, and for the initial stages of a data processing capability. Central Office staff provided contributor physicians in 12 teaching hospitals

throughout Indonesia with training in research methodology and the use of standardized data collection instruments.

L. HOSPITAL ABORTION AT SELECTED CENTERS IN GUATEMALA: SIN 921  
(January 1, 1979 - December 31, 1979)

The Asociacion Pro-Bienestar de la Familia de Guatemala requested IFRP assistance in the documentation of incomplete abortions admitted to several hospitals throughout the country. Two hospitals in Guatemala City and seven in the provinces were selected; a total of 3000 cases were anticipated over a one-year period.

This subgrant was funded from January 1 to September 30, 1979. Due to changes in government regulations with reference to family planning programs and the collection of data in Guatemala, this project ran into difficulties and data could not be collected at all the centers proposed. At present 884 hospital abortion cases have been recorded and forms mailed to the IFRP for processing, from four centers that are still participating in the study (two in the capital and two in the provinces). An extension of this subgrant to December 31, 1979, has been requested and approved. This extension should allow documentation of the 3000 cases initially requested.

M. MALAYSIA MATERNAL AND CHILD HEALTH RECORDS: SIN 923  
(August 1, 1979 - July 31, 1980)

The Maternal and Child Health Division of the Ministry of Health of the Malaysian Government requested that the IFRP assist them in the analysis of existing data on antenatal care, delivery, and

child health which had been collected from health centers and midwifery clinics during 1977. These records provide valuable information on approximately 30% of all deliveries in Malaysia for that year.

Taken together with data on deliveries attended in hospitals and by traditional birth attendants which is being collected by the Malaysia Fertility Research Programme (IFRP SIN 924), this project will provide a comprehensive picture of maternity care in peninsular Malaysia. Analysis of these data will be useful to health planners in devising strategies for improving MCH services.

During the period August to September 1979, staff from the Ministry of Health began to recruit and train personnel to code and keypunch the existing records.

N. MALAYSIA FERTILITY RESEARCH PROGRAMME: SIN 924  
(August 1, 1979 - July 31, 1980)

The Malaysia Fertility Research Programme (MFRP) has been established within the Research and Evaluation Division of National Family Planning Board (NFPB) of Malaysia. The NFPB was established in 1966 as a government agency charged with the promotion of family planning practice, training of health personnel for delivery of family planning services, the conduct of research on contraceptive methods, and the evaluation of the national family planning program. The NFPB activities have resulted in a rapid rise in demand for and use of various contraceptive methods. The

need for scientific evaluation of these methods and their delivery resulted in a request from the NFPB for the IFRP's assistance in establishing the Malaysia Fertility Research Programme.

On August 1, 1979, the MFRP received a subgrant award from the IFRP to fund the first year of an anticipated three-year program. First year activities will include monitoring of maternity care in selected state hospitals and by traditional birth attendants, monitoring of hospital-treated abortions, conducting sterilization training courses, and conducting studies of systemic contraceptives.

During the period August to September 1979, the MFRP made plans for the initiation of its research and training projects. In addition, two Malaysian computer programmers received training at the IFRP as a first step toward the development of an in-country data processing and analysis capability.

0. MEXICO HEALTH CHIEFS: SIN 932  
(October 16, 1978 - July 31, 1979)

At the request of the Government of Mexico, a subgrant was awarded to the Desarrollo e Investigacion de la Planificacion Familiar (DIPLAF) to provide support for the training of rural health chiefs through a series of seminar/workshops. The grant covered the period October 16, 1978 through March 15, 1979. This grant period was extended to May 15, 1979, and again until July 31, 1979, due to difficulties in programming the meetings at a time suitable to the greatest number of participants.

Three two-day seminars for rural health chiefs were held: November 9-10, 1978, Chihuahua; April 24-25, 1979, Guanajuato; and May 15-16, 1979, Cholula. One hundred seventy-two rural health chiefs (50% of all chiefs at this level) participated in these events. Chiefs of the Maternal-Infant and Family Planning Departments of the various States, as well as personnel of the Secretariat of Health and Welfare were also well-represented at each seminar.

The opportunity for health personnel from the lowest to highest levels to interact together facilitated direct communication, the exchange of information regarding problems and needs, and a better awareness of program directions. A major accomplishment of these meetings was the provision of information to the health personnel at the rural level, who do not have easy access to policies and directives from the National and State levels, with reference to the nature and objectives of the National Family Planning Program. Specific aspects, such as development of projects, administration, supervision, provision of services, and goal-setting were covered. The rural health chiefs were able to participate in the determination of goals for their own geographic areas.

The seminar elicited great interest and gave the rural health chiefs, most of whom are general practitioners, a chance to update their knowledge and reaffirm positive attitudes toward family planning.

All narrative and financial reports have been received, and the Program is now considered complete.

P. MEXICO CONTRACEPTIVE QUALITY ASSURANCE: SIN 933  
(January 1, 1979 - December 31, 1979)

The Government of Mexico through the National Family Planning Coordination Program (Coordinacion del Programa Nacional de Planificacion Familiar) requested support from the IFRP for the establishment of a contraceptive quality control workshop.

During the first year of support, administrative and technical staff have been hired for the project and the necessary laboratory equipment has been purchased.

The quality control workshop has looked into two products that are essential to the Mexican family planning program: oral contraceptives and condoms. It has come to their attention that the pills, manufactured by a local firm, fragment as they are removed from the wrapper. The program communicated this problem to the agencies that use these oral contraceptives so that the necessary measures could be taken.

Another problem identified by this project was the poor quality of condoms manufactured by Kopsa. Corrective measures are being taken. The IFRP is considering a second year of support for the project.

Q. TRAINING SEMINAR ON FAMILY PLANNING AND MINILAPAROTOMY: SIN 935  
(July 1, 1979 - June 30, 1980)

The Autonomous University of San Luis Potosi, Mexico, requested IFRP assistance in the development and implementation of a three-day seminar aimed at physicians who staff rural health facilities. Under Mexican law all graduating physicians are required to provide one year of social service at hospitals and health centers throughout the country.

The School of Medicine at San Luis Potosi admits approximately 110 students each year; 98 graduated June 30, 1979. Participation in the postgraduate seminar was voluntary; once volunteers had signed-up, 20 trainees were selected according to the percentage of good grades received. The program, which focused on family planning methods and minilaparotomy was scheduled for three days: the first day offered lectures and films; on the second and third days, the trainees were divided into three smaller groups for demonstrations and discussions. Three Mexican physicians were invited to lecture: one from Mexico City, one from Durango and one from the University at San Luis Potosi. The subjects covered included: problems and solutions in rural medicine; objectives of work in rural health centers; oral contraception; barrier methods; use of IUDs; minilaparotomy in rural areas; and films on minilaparotomy and IUD insertion.

At the end of the seminar the trainees were issued a certificate of attendance and each was provided with a minilap kit, a number of Lippes Loop IUDs, oral contraceptives, condoms and vaginal

tablets to initiate their work in rural areas. A simple form was designed which the physicians will complete on a quarterly basis with information on the family planning acceptors they see during one year of social service.

Given the paucity of family planning training received in medical schools, the purpose of this seminar was to provide graduating physicians an opportunity to increase their knowledge of the subject, ask questions with lecturers that work, or have worked, in the same environment. This purpose was indeed accomplished. It was also important to provide the trainees with basic material to initiate their work, although the State Health Department should continue to supply them with all the necessary tools. Toward the end of this one-year project a sample of rural health centers will be visited in order to interview the trainees and obtain their impressions on the impact that the three-day seminar on family planning and minilaparotomy had on their year of social service.

R. BRAZILIAN PHYSICIAN TRAINING PROGRAM: SIN 936  
(July 20, 1979 - September 30, 1979)

The purpose of the Brazilian Physician Training Program was to introduce the lapractor and its new methods of use to the San Francisco Hospital in Rio de Janeiro and at the Maternidade de Provo in Belem, State of Para. Local arrangements were made by Dr. Helio Aguinaga. Equipment was supplied from two sources--AVS made two institutional grants of lapractor kits, one to each institution. PIEGO also sent a kit that was to be kept in Rio.

Adjunctive equipment that was to be introduced could not be prepared in time, hence, the suprapubic trocars and open laparoscopy trocars will arrive after the training program. However, the staff has been apprised of how these are to be used.

The training session in Rio lasted for four days and consisted of demonstrating the components of the lapracator kit, how to use it and how to properly maintain it. Nursing personnel were brought into this activity to make certain that the equipment would be well maintained. Patient load was limited at this institution but cases of standard laparoscopy using the lapracator and suprapubic laparoscopies were performed to instruct the staff. Precautions, shortcomings and indications for the use of lapracator were clearly defined and minilaparotomy was also emphasized as a complementary procedure to a female sterilization program.

The program in Belem was equally well organized. Dr. Aguinaga, from Rio, had made appropriate arrangements with Dr. Paulo Castro, the Director of the Maternidade de Provo and Dr. Nelson Santos who was a member of the staff. Castro was trained at the PIEGO program and received his field training in Colombia while Santos had been exposed to endoscopic procedures in Santiago, Chile and proved to be a very competent operator.

During each of the five days of training, five patients were available for the demonstration of multiple procedures. Postpartum sterilization was emphasized in this institution, which has a high cesarean section rate for the (unstated) purpose of sterilization. The majority of the cases were performed under local

anesthesia using the lapractor with the standard trocar. All possible surgical complications were demonstrated, such as banding the round ligament by accident, how to maintain the light source when it failed and how to handle transected tubes, which occurred in one case. Fortunately, we were able to band each end of the tube without difficulty. Another point that was clearly emphasized was what to do when one encounters unsuspected pelvic adhesive disease. Such a case did appear and it was demonstrated that such patients do not have to be sterilized.

Drs. Castro and Santos were extremely responsive to this program and incorporated medical students, junior residents and staff to observe. There is little doubt that this institution will carry on very effectively in using the equipment. It is predicted that this institution will be doing a minimum of 1000 procedures per annum.

The above information has been relayed to Dr. Hugh Davis of PIEGO who will most likely make a follow-up visit within a year to make certain that the program is maintained. In addition, future requests for equipment and Falope rings will be monitored in order to determine the continuation of the procedures introduced during this training program.

S. SUDAN THESIS: SIN 946

(July 4, 1979 - November 2, 1979)

This subgrant provides technical support to Dr. Abdel Gerais of the Sudan Fertility Control Association and the University of Khartoum. Dr. Gerais is a recipient of a Fulbright-Hays Award

for Senior African Scholars. He is using these funds to help support a three-month stay at the IFRP to complete his MD thesis, a comparative study of high- vs low-dose oral contraceptives. The data on which the thesis is based were collected at Khartoum General Hospital under AID/pha-C-1172. The subgrant provides support for data processing and editorial assistance.

T. PROGRAMMATIC STUDIES: SIN 960  
(March 1, 1979 - July 31, 1980)

This programmatic subgrant is designed to fund 39 studies from March 1979 through February 1980 in the areas of IUD, FS, MS, Barriers, Systemics and Menstrual Regulation not covered under specific country subgrants.

Any study approved under this subgrant should answer at least one of the long-range objectives: (1) the collection of baseline data for the purpose of program monitoring; (2) the introduction of contraceptive technologies new to the participating programs; (3) the response to AID requests for involving local leaders in family planning efforts and; (4) the identification of a pool of contributors which can be tapped from participation in IFRP research clinical trials when needed.

The subgrant was originally scheduled to terminate in February 1980. Due to delays in initiating studies, approval has been obtained to extend the subgrant through July 1980.

1. As of September 30, 1979, eight studies totaling 3900 cases have received the approval of the IFRP Programmatic Subgrant

Studies Committee, the in-house review for this subgrant.

The following chart provides details:

Study Area	No. of Cases	City/ Country	Subgrant Objective
<u>a</u>			
IUD	200	Merida, Mexico	1
	200	Vera Cruz, Mexico	1
	200	Sao Paulo, Brazil	2
	250	Brasilia, Brazil	2
	300	Valencia, Venezuela	1,4
Female Sterilization	2000	Honduras	1
Male Sterilization	500	Cebu City, Philippines	1
Systemics	250	Sao Paulo, Brazil	1

Additional studies are being identified by the Regional Coordinator for Africa and the Middle East who is currently in the field.

2. In general, the subgrant is meeting its objectives. SubSahara Africa is seen as a priority area and the identification of studies for this area is underway.
3. Not applicable.
4. Not applicable.

U. BRAZIL COORDINATING ACTIVITIES FOR BEMFAM EVALUATION: SIN 981  
(September 7, 1979 - November 30, 1979)

The Brazilian Society for Family Welfare (BEMFAM) has asked the IFRP, with assistance from the Center for Disease Control and the

Center for Population and Family Health at Columbia University, to evaluate its family planning program in the Northeast of Brazil.

The purpose of this subgrant is to provide support for preproject coordinating activities between the various implementing agencies. During this period, representatives will meet to discuss the technical aspects of the project and determine areas of responsibility. Once plans have been finalized, a detailed subgrant proposal for the BEMFAM evaluation will be prepared and submitted to AID.

#### IV. PROGRAM PRIORITIES AND FUTURE DIRECTIONS

The Grant objectives specified above provide the broad framework for establishing programmatic priorities. However, because they are abstract, they are of limited value in the formulation of guidelines that can be used on a day-to-day basis to plan, develop, implement, monitor and evaluate specific Subgrants.

The purpose of the Grant is to provide services that will create an immediate impact on the health and welfare of people in developing countries. The Grant should provide resources for worthwhile projects that cannot be funded under the research contract. A portion of the Grant money should be allocated to permit a flexible response to unforeseen opportunities or emergencies that are almost certain to arise. Our programmatic priorities need to be concrete enough to provide guidance in our day-to-day work but not so rigid that they limit our responsiveness to new requests for help from overseas.

##### A. National Fertility Research Programs

The national fertility research programs are the Grant activity for which the IFRP is best known. The first of these programs was started in India and was supported by private donations, because of the restriction against spending AID funds in that country. What began as a means to permit the funding of important family planning research and service activities in a particular country has developed into a programmatic model of broad applicability.

National fertility research programs provide the institutional mechanism for evaluating contraceptive methods and delivery systems with results that can influence health leaders and lead to immediate programmatic decisions about their use. It is important to keep this orientation in mind because it provides a basis for the continued support for national fertility research programs. The implications of this perspective should be clear. In the past, we have supported national fertility research programs to carry out studies that, in some instances, were of more interest to the international community than to the members of a particular national program. In the future, national fertility research programs should be encouraged to call on the IFRP for financial and technical support of contraceptive technology studies that are of primary interest in their country or region.

The principal justification of the national fertility research program is that rapidly done, careful evaluations of new methods will lead to an increased diffusion of contraceptive technology within a particular country or region. These programs help increase the diffusion of fertility control technology by establishing the safety and acceptability of methods that are not widely used in a particular country, although they are popular in other places. National fertility research programs, then, have a primary screening or "FDA" function.

Additional benefits accrue from the working relationship between the IFRP and the national programs. The IFRP gains invaluable experience in program management, which is integrated into other activities and shared with Federation members by means of the

IFFH Secretariat. This experience is also useful in project identification and need assessment in developing countries.

Another objective of the national fertility research programs should be training. New or improved contraceptive technology will achieve the widest dissemination possible only when the providers are trained in its use and in the treatment of any associated side effects. Members of national fertility research programs provide valuable services by training their colleagues in the latest procedures and techniques of fertility control.

There are a number of other activities that particular national fertility research programs or particular members of a given program may wish to undertake. The provision of health care, in particular adequate maternal and child health services, is an overriding need in many developing countries. The roots of the IFRP's Maternity Record lie in the attempt to improve the clinical and administrative management of delivery services and prenatal and postpartum care, as a means of lowering maternal and infant mortality and morbidity. The limited resources available must be used to the maximum advantage. In turn, it is hoped that this will improve the environment for family planning. The IFRP will continue to support the monitoring of maternity care services especially in places such as Africa where an indirect approach may be most effective.

Substantial resources are needed to support the national fertility research programs. Over the next two years, efforts should be aimed at strengthening existing programs, especially

those in countries with high rates of population growth and only limited services. Priority countries for future NFRP activities and increased support are the Philippines and Brazil. Beyond these places the IFRP should initiate new national fertility research programs only when there is a compelling case for their existence. Rather, efforts should be directed toward reinforcing existing programs to gain greater impact, visibility and outside support through the IFFH.

The IFRP is committed to continue support to the IFFH, the federation of national fertility research programs, because it enables the national fertility research programs to better carry out their mission. The IFFH coordinates the work of the national fertility research programs, especially as this relates to the development of diverse funding. But, it is important to avoid duplication between what the IFRP is able to do for national fertility research programs and what the IFFH can do. At the present time, a reasonable division of labor seems clear. The IFRP has the skills and resources to provide technical assistance in the design and implementation of contraceptive field trials, as well as in the area of program monitoring and evaluation. The IFFH is better able to coordinate activities among the national fertility research programs, to draft proposals that enable these groups to obtain funding from other donors or to undertake some of the service activities of interest to the national programs.

## B. Monitoring and Evaluation

The Maternity Care Monitoring (MCM) Project has already proved valuable in improving the health and family planning care available to women in several countries. Moreover, the MCM data represent a unique and valuable resource for cross-cultural research. In the future, attention will be focused on two kinds of projects. First, monitoring the maternity care services provided by both licensed and traditional nurses and midwives, as well as other paramedic and traditional health personnel. Second, analysis of the key issues in the delivery of maternity care services, including the linkage of family planning with obstetric care, that lend themselves to modification either by providers, administrators or national health planners. This will be a high priority of future maternity care monitoring activity. Finally, maternity care monitoring activities should concentrate more on abortion surveillance. In many countries, especially in Latin America, the problems associated with the treatment of illegal abortions are very serious, and the need for postabortal contraceptive advice is great. The information collected through Hospital Abortion studies should have an impact on the treatment of women who experience incomplete or illegal abortion.

Examples of other monitoring or evaluation subgrants for developing country family planning programs are those that have supported our work in Tunisia and Morocco. The Brazilian Contraceptive Prevalence Survey is another. Partly as a result of the success of the Sao Paulo survey, the Brazilian Society for

Family Welfare (BEMFAM) has requested IFRP assistance in conducting an evaluation of its community-based distribution program. A small subgrant has provided support for preproject coordinating activities. In the future, the Grant will continue to support activities that fit the needs of particular programs whether they are contraceptive prevalence surveys, the analysis of forms or data, or the design of new, simplified record-keeping systems that can be hand-tabulated in the field.

Because contraceptive research seems unlikely to result in significant breakthroughs of the type experienced in the past, the evaluation of existing and new service delivery programs has become and will continue to be important. The national fertility research programs will be encouraged to undertake this type of evaluation, and the IFRP will be alert to opportunities to provide services to specific countries or programs to assist them in learning how to improve the delivery of family planning services.

#### C. Quality Assurance

Another activity that should be funded by a Subgrant is the development of quality assurance laboratories. The QA laboratory in Mexico, operated by the Mexican government, has demonstrated the utility of regional centers for the testing and quality control of contraceptive devices. A laboratory in the Philippines, perhaps shared with PIACT, is a natural extension of existing activities and relationships. Such quality assurance laboratories follow naturally on the IFRP's interest in improving the

quality, availability and acceptability of contraceptive technology. When a new or improved method of contraception is introduced into a country or region, it is absolutely imperative that a mechanism for the continued evaluation of its quality be made available. Although the provision of quality control services is extremely important, it seems likely that only a few such laboratories will be supported during the life of the present Grant.

D. Programmatic Studies

The IFRP has been particularly successful in conducting and supporting Phase III clinical trials of contraceptives. Some of the studies that were undertaken in the past were more programmatic than scholarly in orientation. That is, clinical trials of particular methods in a given locale were conducted not because of a demand for new data from the world community, but because of the need to introduce a method into the delivery system of a particular country or to collect data relevant to the program of a particular country or clinic. Now, however, research funds increasingly are being used for high-quality studies of broad interest. As a result, new investigators without experience in the conduct of Phase III clinical trials, but with an interest in expanding the range of contraceptive services they offer their clients, are not eligible for our contract support. Grant funds can be used to support investigators undertaking such programmatic studies, and studies of this type should be encouraged.

#### E. Indigenous Investigators

The need to increase the availability and acceptability of contraceptive techniques is so great that it is appropriate for the IFRP to designate a portion of its resources precisely for this type of activity. This priority provides funding for two types of activity. First, we want to support physicians, nurses, midwives and other service providers who work among the poorest segments of a population, usually in rural areas without access to hospital facilities. Since the majority of women live in rural areas, it is important that those who serve them have the opportunity to study the impact of their services. This can be accomplished by means of "action" research projects that use nonexperimental technologies and concentrate on the provision and evaluation of services. These projects should be well defined and simple to evaluate. A second type of activity that deserves support is the work of the young faculty member at a hospital or medical school. As a rule, international agencies such as the IFRP concentrate their work among a few highly trained, well-known researchers. A relatively small amount of money earmarked for junior faculty or staff who have a strong interest in family planning and the development of improved contraceptive technology could go a long way toward strengthening the infrastructure on which future family planning programs must build. If possible, it would be desirable to provide a small amount of core support (say \$2500) to investigators in rural areas who wish to pursue a worthwhile activity but who lack the resources to do so.

## F. Information and Training

Major activities in this category are training sessions and support of conferences, workshops and seminars. Training activities performed by the IFRP staff have proven particularly important for several countries. Those countries that are an especially high priority for the IFRP are the ones most likely to lack adequately trained physicians and auxiliary staff. Training by IFRP staff should be encouraged, but only in those countries with a documented need and a lack of other resources. In the immediate future, the countries of Africa are especially in need of the type of assistance we offer. The needs of Africa, coupled with the strengths of the IFRP staff, make a physician training program there particularly appropriate. In other regions the needs are less acute and therefore of lower priority. In many cases, the requirements for training can be met by people available in the region. Whenever possible, training should be implemented by local personnel, especially those in a teaching role who will, in turn, train others, particularly auxiliary workers.

Conferences and seminars have been an important channel for the diffusion of IFRP research and a valuable mechanism for shaping population policy in many countries. While support of these activities should continue, closer attention needs to be paid to the type of conference and seminar that receives support. In the past, for practical reasons, we concentrated on seminars and conferences for physicians. In the future, more attention should be devoted to conferences where nurses, midwives and paramedic personnel can learn about recent developments in contraceptive

technology and obstetrical care that are of particular relevance to them. In addition, assistance should be provided to countries without well-established family planning traditions where a conference on maternal and child health can be a useful tool to increase awareness of the population problem. The "Viel Concept" of seminars or short courses for medical, nursing, midwifery students and others who will become providers of health and family planning services is precisely the sort of new direction that is appropriate.

#### G. Supplies and Equipment

While the provision of supplies and equipment not available in developing countries but essential for the continuation or initiation of programs of interest is important, this activity is not a major program priority. There are many sources of supplies and equipment including members of the United Nations family of agencies and other AID intermediaries. Nevertheless, from time to time, the need for immediate support to meet emergencies or to provide assistance where other channels of help are inappropriate or unavailable will arise. It is important to keep in mind the focus of the Grant on the needs of the poorest.

#### H. Summary

Several themes run through these priorities. Perhaps the most important is the necessity to focus Grant activities on a limited number of needy countries and, within those countries, to make sure our activities are directed toward the population that is in the greatest need. In addition, it is important that a good

share of these resources go to people who have an interest and commitment in family planning and improved maternal/child health, but who lack the resources to carry out the programs they see as necessary.

It is important to remember that it is most cost-effective to join with others, whether they be other international organizations or in-country groups. The IFRP should look for opportunities where it can collaborate with other donor agencies and with institutions already providing services to carry out particular projects. This is especially important in the case of national fertility research programs; such programs should not function as freestanding organizations. To have a strong impact, they must have links to the national family planning organization, if one exists, and to the policy and decision-making apparatus in a particular country.

In the final analysis, the success of IFRP, its continued funding and ability to support activities in the developing world, depend on the accuracy with which it reads the needs of those for whom the help is intended. For guidance, the priorities of AID, Congress and those working in AID missions must be taken into consideration and effort made to respond to directions that AID determines to be especially important.

V. FINANCIAL REPORTS

GRANT AID/PHA-G-1198  
 FISCAL YEAR '79 BUDGETS & EXPENDITURES\* \*\*  
 OCTOBER 1, 1978 - SEPTEMBER 30, 1979

	801 PRIF		
	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 3,554.00	\$ 2,990.54	\$ 563.46
Fringe Benefits	1,492.00	1,181.00	311.00
Text Processing	1,729.00	1,734.74	(5.74)
Computer Usage	2,669.00	2,295.20	373.80
Data Entry	455.00	417.71	37.29
Graphics	41.00	27.27	13.73
Direct Dept. Indirect	2,018.00	1,957.03	60.97
Professional Fees		1,300.00	(1,300.00)
Travel - Foreign	1,901.00	2,084.58	(183.58)
Supplies - Medical	(220.00)	(220.00)	
Printing	75.00	74.91	.09
Grants	21,971.00	21,332.76	638.24
Contracted Labor	201.00	201.00	
<b>TOTALS</b>	<b>\$ 35,886.00</b>	<b>\$ 35,376.74</b>	<b>\$ 509.26</b>

	802 Mexico Biomedical Research		
	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 4,263.00	\$ 1,995.88	\$ 2,267.12
Fringe Benefits	1,815.00	788.19	1,026.81
Text Processing	81.00	95.32	(14.32)
Computer Usage	8,008.00	1,139.81	6,868.19
Data Entry	3,000.00	3,742.52	(742.52)
Duplicating	231.00	210.81	20.19
Direct Dept. Indirect	1,353.00	1,173.60	179.40
Professional Fees	500.00		500.00
Travel - Foreign	319.00	584.14	(265.14)
Supplies - Medical	119.00		119.00
Printing	3,260.00		3,260.00
Fixed Assets - Medical	446.00		446.00
Freight	203.00	14.20	188.80
Grants	29,660.00	15,378.99	14,281.01
Durable Supplies - Medical	506.00		506.00
<b>TOTALS</b>	<b>\$ 53,764.00</b>	<b>\$ 25,123.46</b>	<b>\$ 28,640.54</b>

\*Since FY 78 projects were reported on in last year's annual report, only the FY 79 portion of expenditures are reported in this section.

\*\*The budgets shown are only the FY 79 portion of the total subgrant budgets. The budgets have been restated in the Cost Accounting Standards format.

## 803 BFRP

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 5,644.00	\$ 7,084.15	\$ (1,440.15)
Fringe Benefits	2,396.00	2,797.61	(401.61)
Text Processing	1,514.00	1,525.06	(11.06)
Computer Usage	1,216.00	1,289.30	(73.30)
Data Entry	3,553.00	3,272.27	280.73
Duplicating	6,053.00	5,520.31	532.69
Graphics	864.00	572.61	291.39
Direct Dept. Indirect	3,634.00	3,452.51	181.49
Professional Fees	500.00		500.00
Grants	13,142.00	6,246.65	6,895.35
Information Dissemination	10.00	9.60	.40
Durable Supplies - Office	50.00	49.95	.05
Supplies - Research Studies	3.00	3.10	(.10)
Printing	166.00	166.02	(.02)
Equipment - Maintenance	29.00	28.50	.50
Travel - Foreign	711.00	710.74	.26
<b>TOTALS</b>	<b>\$ 39,485.00</b>	<b>\$ 32,728.38</b>	<b>\$ 6,756.62</b>

## 804 IFHR

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,789.00	\$ 2,854.78	\$ (65.78)
Fringe Benefits	1,050.00	1,127.38	(77.38)
Text Processing	857.00	2,487.73	(1,630.73)
Computer Usage	357.00		357.00
Duplicating	1,533.00	2,336.62	(803.62)
Graphics	41.00	250.86	(209.86)
Direct Dept. Indirect	2,636.00	852.68	1,783.32
Travel - Domestic	354.00	776.06	(422.06)
Travel - Foreign	422.00		422.00
Supplies - Office	5.00	5.25	(.25)
Printing	146.00	146.68	(.68)
Information Dissemination	5.00	5.00	
<b>TOTALS</b>	<b>\$ 10,195.00</b>	<b>\$ 10,843.04</b>	<b>\$ (648.04)</b>

## 806 Sao Paulo

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 11,225.00	\$ 10,743.86	\$ 481.14
Fringe Benefits	4,727.00	4,242.86	484.14
Text Processing	2,080.00	3,316.98	(1,236.98)
Computer Usage	9,676.00	9,106.06	569.94
Date Entry	863.00	792.75	70.25
Direct Dept. Indirect	6,194.00	6,480.59	(286.59)
Professional Fees	700.00	1,175.00	(475.00)
Travel - Domestic	537.00	535.19	1.81
Travel - Foreign	3,321.00	3,321.51	(.51)
Printing	1,263.00		1,263.00
Freight	477.00	477.20	(.20)
Grants	5,095.00	3,000.00	2,095.00
Other Purchased Services	1,950.00	2,095.00	(145.00)
TOTALS	\$ 48,108.00	\$ 45,287.00	\$ 2,821.00

## 807 Tunisia

	FY 79 Budget	Expenditures	Unexpended Balance
Text Processing	\$ 67.00	\$ 66.72	\$ .28
Computer Usage	16.00	15.57	.43
TOTALS	\$ 83.00	\$ 82.29	\$ .71

## 810 Panama Seminar

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,129.00	\$ 1,253.26	\$ 875.74
Fringe Benefits	904.00	494.93	409.07
Duplicating	574.00	523.19	50.81
Graphics	33.00	21.81	11.19
Direct Dept. Indirect	1,384.00	812.61	571.39
Travel - Foreign	479.00	479.08	(.08)
Grants	6,457.00	6,457.00	
Consultant Fees	1,000.00	1,000.00	
Conference Expense	5,906.00	5,905.92	.08
<b>TOTALS</b>	<b>\$ 18,866.00</b>	<b>\$ 16,947.80</b>	<b>\$ 1,918.20</b>

## 812 Indonesia Travel

	FY 79 Budget	Expenditures	Unexpended Balance
Grants	\$ 766.00	\$ 766.50	\$ (.50)
<b>TOTALS</b>	<b>\$ 766.00</b>	<b>\$ 766.50</b>	<b>\$ (.50)</b>

## 815 Panislamic Conference

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 548.00	\$ 544.98	\$ 3.02
Fringe Benefits	233.00	215.21	17.79
Computer Usage	1,350.00	1,177.19	172.81
Graphics	1,630.00	1,079.78	550.22
Direct Dept. Indirect	329.00	333.11	(4.11)
Travel - Foreign	831.00	130.67	700.33
Printing	93.00	93.25	(.25)
Conference Expense	2,116.00	2,447.50	(331.50)
<b>TOTALS</b>	<b>\$ 7,130.00</b>	<b>\$ 6,021.69</b>	<b>\$ 1,108.31</b>

## 901 PRIF

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 4,014.00	\$ 1,253.16	\$ 2,760.84
Fringe Benefits	1,709.00	494.87	1,214.13
Text Processing	340.00	28.59	311.41
Computer Usage	2,497.00	274.05	2,222.95
Data Entry	414.00	88.26	325.74
Graphics	30.00		30.00
Direct Dept. Indirect	1,424.00	633.86	790.14
Travel - Foreign	821.00		821.00
Supplies - Research Studies	83.00	83.00	
Printing	160.00	66.10	93.90
Fixed Assets - Medical	910.00		910.00
Freight	17.00		17.00
Grants	69,915.00	33,220.09	36,694.91
<b>TOTALS</b>	<b>\$ 82,334.00</b>	<b>\$ 36,141.98</b>	<b>\$ 46,192.02</b>

## 903 BFRP

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 6,877.00	\$ 4,151.09	\$ 2,725.91
Fringe Benefits	2,928.00	1,639.30	1,288.70
Text Processing	2,650.00	3,574.32	(924.32)
Computer Usage	3,377.00	604.16	2,772.84
Data Entry	400.00	2,608.95	(2,208.95)
Duplicating	10.00	2.40	7.60
Graphics	200.00	659.86	(459.86)
Direct Dept. Indirect	1,383.00	1,863.76	(480.76)
Professional Fees	500.00		500.00
Travel - Foreign	5,386.00	1,825.40	3,560.60
Supplies - Medical	236.00		236.00
Printing	750.00	34.04	715.96
Fixed Assets - Medical	1,800.00		1,800.00
Grants	36,155.00	33,779.38	2,375.62
Consultant Fees	100.00		100.00
Other Expense		13.50	(13.50)
<b>TOTALS</b>	<b>\$ 62,752.00</b>	<b>\$ 50,756.16</b>	<b>\$ 11,995.84</b>

## 904 IFFH

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 84,974.00	\$ 40,019.55	\$ 44,954.45
Fringe Benefits	36,509.00	15,804.19	20,704.81
Text Processing	8,000.00	3,641.05	4,358.95
Computer Usage		249.14	(249.14)
Duplicating	4,000.00	3,543.50	456.50
Graphics	3,000.00	643.50	2,356.50
Direct Dept. Indirect	21,634.00	1,469.99	20,164.01
Professional Fees	6,000.00	1,541.75	4,458.25
Travel - Domestic	3,000.00	2,034.81	965.19
Travel - Foreign	51,000.00	21,974.56	29,025.44
Supplies - Office	1,000.00	180.05	819.95
Printing	2,000.00	425.25	1,574.75
Freight		65.00	(65.00)
Publications		25.75	(25.75)
Information Dissemination		4.68	(4.68)
Other Expense		13.39	(13.39)
<b>TOTALS</b>	<b>\$ 221,117.00</b>	<b>\$ 91,636.16</b>	<b>\$ 129,480.84</b>

## 905 Maternity Record

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 54,591.00	\$ 41,109.03	\$ 13,481.97
Fringe Benefits	23,239.00	16,234.43	7,004.57
Text Processing	5,308.00	8,521.19	(3,213.19)
Computer Usage	15,606.00	3,936.81	11,669.19
Data Entry	12,076.00	12,401.57	(325.57)
Duplicating	1,143.00	1,156.38	(13.38)
Graphics	9,501.00	9,887.04	(386.04)
Direct Dept. Indirect	31,165.00	19,706.89	11,458.11
Travel - Domestic	800.00	277.17	522.83
Travel - Foreign	4,124.00	4,424.49	(300.49)
Supplies - Office		38.78	(38.78)
Printing	6,167.00	8,821.43	(2,654.43)
Freight	286.00	60.00	226.00
Data Purchases	26,903.00	547.35	26,355.65
Other Purchased Services		20.00	(20.00)
<b>TOTALS</b>	<b>\$ 190,909.00</b>	<b>\$ 127,142.56</b>	<b>\$ 63,766.44</b>

907 Tunisia

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 8,559.00	\$ 9,671.56	\$ (1,112.56)
Fringe Benefits	3,644.00	3,819.42	(175.42)
Text Processing	3,982.00	12,467.25	(8,485.25)
Computer Usage	3,670.00	1,694.14	1,975.86
Data Entry	1,998.00	1,887.79	110.21
Duplicating	288.00	253.45	34.55
Graphics	783.00	1,047.05	(264.05)
Direct Dept. Indirect	4,078.00	4,468.35	(390.35)
Travel - Domestic	315.00	208.44	106.56
Travel - Foreign	1,202.00	1,168.87	33.13
Information Dissemination		466.00	(466.00)
<b>TOTALS</b>	<b>\$ 28,519.00</b>	<b>\$ 37,152.32</b>	<b>\$ (8,633.32)</b>

908 Morocco

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 10,697.00	\$ 3,474.63	\$ 7,222.37
Fringe Benefits	4,554.00	1,372.17	3,181.83
Text Processing	4,963.00	57.19	4,905.81
Computer Usage	24,469.00	2,815.28	21,653.72
Data Entry	7,200.00	5,276.66	1,923.34
Graphics	1,821.00	736.21	1,084.79
Direct Dept. Indirect	2,921.00	1,805.24	1,115.76
Travel - Domestic	252.00		252.00
Travel - Foreign	1,490.00	1,490.62	(.62)
Printing	12,986.00	3,048.80	9,937.20
Freight	16,094.00	2,633.25	13,460.75
<b>TOTAL</b>	<b>\$ 87,447.00</b>	<b>\$ 22,710.05</b>	<b>\$ 64,736.95</b>

909 Mexico Tubal Rings

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 59.00	\$ 71.81	\$ (12.81)
Fringe Benefits	25.00	28.36	(3.36)
Direct Dept. Indirect		43.29	(43.29)
Supplies - Medical	67,055.00	67,054.94	.06
<b>TOTALS</b>	<b>\$ 67,139.00</b>	<b>\$ 67,198.40</b>	<b>\$ (59.40)</b>

916 IJGO Editorial Office

	FY 79 Budget	Expenditures	Unexpended Balance
Text Processing		\$ 95.78	\$ (85.78)
Grants	\$ 7,000.00	3,125.00	3,875.00
<b>TOTALS</b>	<b>\$ 7,000.00</b>	<b>\$ 3,210.78</b>	<b>\$ 3,789.22</b>

920 Indonesia

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 6,928.00	\$ 1,258.77	\$ 5,669.23
Fringe Benefits	2,950.00	497.09	2,452.91
Text Processing	3,102.00	438.45	2,663.55
Computer Usage	2,653.00	270.94	2,382.06
Data Entry	3,744.00	3,135.60	608.40
Duplicating	84.00	76.66	7.34
Direct Dept. Indirect	1,469.00	733.40	735.60
Professional Fees	1,385.00		1,385.00
Travel - Domestic	134.00		134.00
Travel - Foreign	4,598.00	147.88	4,450.12
Supplies - Medical	762.00		762.00
Printing	1,792.00		1,792.00
Data Purchaes	407.00		407.00
Grants	63,583.00	39,170.77	24,412.23
Durable Supplies - Medical Research	3,548.00	3,547.05	.95
Other Expense		.50	(.50)
<b>TOTALS</b>	<b>\$ 97,139.00</b>	<b>\$ 49,277.11</b>	<b>\$ 47,861.89</b>

921 Guatemala Hospital Abortion

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 1,264.00	\$ 93.42	\$ 1,170.58
Fringe Benefits	538.00	36.89	501.11
Text Processing	655.00		655.00
Computer Usage	92.00	49.83	42.17
Data Entry	488.00	220.81	267.19
Direct Dept. Indirect	520.00	45.17	474.83
Printing	130.00	130.00	
Data Purchases	6,000.00		6,000.00
<b>TOTALS</b>	<b>\$ 9,687.00</b>	<b>\$ 576.12</b>	<b>\$ 9,110.88</b>

922 Sudan FRP

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 4,321.00	\$ 2,965.21	\$ 1,355.79
Fringe Benefits	1,840.00	1,170.99	669.01
Text Processing	1,028.00	2,401.95	(1,373.95)
Computer Usage	20,611.00	102.77	20,508.23
Data Entry	1,410.00	334.75	1,075.25
Duplicating	4.00	2.68	1.32
Graphics	240.00	1,276.10	(1,036.10)
Direct Dept. Indirect	1,104.00	1,061.10	42.90
Professional Fees	1,000.00		1,000.00
Travel - Domestic	144.00	160.13	(16.13)
Travel - Foreign	3,943.00	2,279.50	1,663.50
Supplies - Medical	270.00	270.24	(.24)
Printing	520.00	108.40	411.60
Freight	280.00		280.00
Grants	50,157.00	21,541.60	28,615.40
<b>TOTALS</b>	<b>\$ 86,872.00</b>	<b>\$ 33,675.42</b>	<b>\$ 53,196.58</b>

## 923 Malaysia MCH

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,755.00	\$ 33.93	\$ 2,721.07
Fringe Benefits	1,173.00	13.40	1,159.60
Text Processing	194.00	219.23	(25.23)
Computer Usage	2,300.00		2,300.00
Direct Dept. Indirect	246.00	17.37	228.63
Professional Fees	637.00		637.00
Travel - Foreign	1,165.00	55.50	1,109.50
Grants	17,020.00	4,500.00	12,520.00
<b>TOTALS</b>	<b>\$ 25,490.00</b>	<b>\$ 4,839.43</b>	<b>\$ 20,650.57</b>

## 924 Malaysia FRP

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,904.00	\$ 926.40	\$ 1,977.60
Fringe Benefits	1,236.00	365.84	870.16
Text Processing	1,500.00	228.76	1,271.24
Computer Usage	1,422.00		1,422.00
Data Entry	1,260.00		1,260.00
Direct Dept. Indirect	564.00	406.29	157.71
Professional Fees	500.00		500.00
Travel - Domestic	83.00		83.00
Travel - Foreign	4,631.00	3,466.83	1,164.17
Supplies - Office	32.00	31.88	.12
Printing	472.00		472.00
Fixed Assets - Medical	1,241.00	1,241.26	(.26)
Freight		533.93	(533.93)
Grants	48,361.00	12,280.00	36,081.00
Durable Supplies - Medical	167.00	278.06	(111.06)
<b>TOTALS</b>	<b>\$ 64,373.00</b>	<b>\$ 19,759.25</b>	<b>\$ 44,613.75</b>

932 Mexico Health Chiefs

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 731.00	\$ 442.28	\$ 288.72
Fringe Benefits	311.00	174.66	136.34
Direct Dept. Indirect	173.00	249.13	(76.13)
Grants	18,690.00	6,165.78	12,524.22
<b>TOTALS</b>	<b>\$ 19,905.00</b>	<b>\$ 7,031.85</b>	<b>\$ 12,873.15</b>

933 Mexico Quality Control

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 1,096.00	\$ 685.13	\$ 410.87
Fringe Benefits	466.00	270.56	195.44
Text Processing	38.00	76.26	(38.26)
Direct Dept. Indirect	295.00	434.93	(139.93)
Travel - Foreign		422.91	(422.91)
Freight	200.00	89.50	110.50
Grants	57,839.00	50,708.52	7,130.48
Durable Supplies - Medical	1,981.00		1,981.00
<b>TOTALS</b>	<b>\$ 61,915.00</b>	<b>\$ 52,687.81</b>	<b>\$ 9,227.19</b>

935 Training Mexican Physicians

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 973.00	\$ 821.45	\$ 151.55
Fringe Benefits	414.00	324.39	89.61
Text Processing	350.00	257.31	92.69
Duplicating		28.75	(28.75)
Graphics	250.00	343.57	(93.57)
Direct Dept. Indirect	121.00	516.04	(395.04)
Travel - Foreign	981.00	619.89	361.11
Supplies - Medical	265.00	96.41	168.59
Printing	300.00	101.65	198.35
Grants	1,702.00	1,474.10	227.90
<b>TOTALS</b>	<b>\$ 5,356.00</b>	<b>\$ 4,583.56</b>	<b>\$ 772.44</b>

936 Brazil Physician Training

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,728.00	\$ 1,835.49	\$ 892.51
Fringe Benefits	1,161.00	724.86	436.14
Travel - Foreign	2,384.00	1,045.67	1,338.33
Durable Supplies - Medical	930.00	372.48	557.52
<b>TOTALS</b>	<b>\$ 7,203.00</b>	<b>\$ 3,978.50</b>	<b>\$ 3,224.50</b>

946 Khartoum Data Analysis

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,926.00	\$ 697.76	\$ 2,228.24
Fringe Benefits	1,246.00	275.55	970.45
Text Processing	2,750.00	266.88	2,483.12
Computer Usage	300.00	152.60	147.40
Graphics	360.00		360.00
Direct Dept. Indirect	363.00	260.04	102.96
<b>TOTALS</b>	<b>\$ 7,945.00</b>	<b>\$ 1,652.83</b>	<b>\$ 6,292.17</b>

960 Programmatic Studies

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 4,553.00	\$ 35.90	\$ 4,517.10
Fringe Benefits	1,938.00	14.18	1,923.82
Computer Usage	3,517.00		3,517.00
Data Entry	936.00		936.00
Direct Dept. Indirect	1,977.00	23.09	1,953.91
Travel - Foreign	3,000.00	484.00	2,516.00
Supplies - Medical	1,884.00		1,884.00
Printing	750.00		750.00
Fixed Assets - Medical	1,188.00		1,188.00
Freight	200.00		200.00
Data Purchases	23,400.00		23,400.00
<b>TOTALS</b>	<b>\$ 43,343.00</b>	<b>\$ 557.17</b>	<b>\$ 42,785.83</b>

981 Brazil: Coordinating for BENFAM

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 2,753.00	\$ 695.31	\$ 2,057.69
Fringe Benefits	1,172.00	274.58	897.42
Text Processing	225.00	85.78	139.22
Direct Dept. Indirect	1,860.00	203.80	1,656.20
Travel - Domestic	470.00		470.00
Travel - Foreign	2 414.00		2,414.00
<b>TOTALS</b>	<b>\$ 8,894.00</b>	<b>\$ 1,259.47</b>	<b>\$ 7,634.53</b>

990 Subgrant General

	FY 79 Budget	Expenditures	Unexpended Balance
Subgrant General	\$ 73,004.00	\$ 49,191.38	\$ 23,812.62
<b>TOTALS</b>	<b>\$ 73,004.00</b>	<b>\$ 49,191.38</b>	<b>\$ 23,812.62</b>

997 1198 General & Administrative

	FY 79 Budget	Expenditures	Unexpended Balance
General & Administrative	\$ 153,609.00	\$ 142,632.41	\$ 10,976.59
<b>TOTALS</b>	<b>\$ 153,609.00</b>	<b>\$ 142,632.41</b>	<b>\$ 10,976.59</b>

SUMMARY - GRANT AID/PHA-G-1198

Totals by Line Item

	FY 79 Budget	Expenditures	Unexpended Balance
Salaries	\$ 233,855.00	\$ 137,709.33	\$ 96,145.67
Fringe Benefits	99,670.00	54,382.91	45,287.09
Text Processing	41,413.00	41,576.54	(163.54)
Computer Usage	103,806.00	25,172.85	78,633.15
Data Entry	37,797.00	34,179.64	3,617.36
Duplicating	13,920.00	13,654.75	265.25
Graphics	18,794.00	16,545.66	2,248.34
Direct Dept. Indirect	88,845.00	49,003.87	39,841.13
Professional Fees	11,722.00	4,016.75	7,705.25
Travel - Domestic	6,089.00	3,991.80	2,097.20
Travel - Foreign	95,123.00	46,716.84	48,406.16
Supplies - Office	1,037.00	255.96	781.04
Supplies - Medical	70,371.00	67,201.59	3,169.41
Printing	31,030.00	13,216.53	17,813.47
Fixed Assets - Medical	5,585.00	1,241.26	4,343.74
Freight	17,757.00	3,873.08	13,883.92
Data Purchases	56,710.00	547.35	56,162.65
Grants	447,513.00	259,147.14	188,365.86
Contracted Labor	201.00	201.00	
Durable Supplies - Medical	3,584.00	650.54	2,933.46
Durable Supplies - Medical Research	3,548.00	3,547.05	.95
Durable Supplies - Office	50.00	49.95	.05
Supplies - Research Studies	86.00	86.10	(.10)
Information Dissemination	15.00	485.28	(470.28)
Publications		25.75	(25.75)
Equipment Maintenance	29.00	28.50	.50
Other Purchased Services	1,950.00	2,115.00	(165.00)
Consultants	1,100.00	1,000.00	100.00
Conference Expense	8,022.00	8,353.42	(331.42)
Other Expense		27.39	(27.39)
Subgrant General	73,004.00	49,191.38	23,812.62
General and Administrative	153,609.00	142,632.41	10,976.59
<b>TOTALS</b>	<b>\$ 1,626,235.00</b>	<b>\$ 980,827.62</b>	<b>\$ 645,407.38</b>

AID/pha-G-1198  
Fiscal Year 1979 Expenditures  
Summary by Subgrant

	FY 79 Budget	Expenditures	Unexpended Balance
801 PRIF	\$ 35,886.00	\$ 35,376.74	\$ 509.26
802 Mexico Biomedical	53,764.00	25,123.46	28,640.54
803 BFRP	39,485.00	32,728.38	6,756.62
804 IFFHR	10,195.00	10,843.04	(648.04)
806 Sao Paulo	48,108.00	45,287.00	2,821.00
807 Tunisia	83.00	82.29	.71
810 Panama Seminar	18,866.00	16,947.80	1,918.20
812 Indonesia Travel	766.00	766.50	(.50)
815 Panislamic Conference	7,130.00	6,021.69	1,108.31
901 PRIF	82,334.00	36,141.98	46,192.02
903 BFRP	62,752.00	50,756.16	11,995.84
904 IFFH	221,117.00	91,636.16	129,480.84
905 Maternity Record	190,909.00	127,142.56	63,766.44
907 Tunisia	28,519.00	37,152.32	(8,633.32)
908 Morocco	87,447.00	22,710.05	64,736.95
909 Mexico Tubal Rings	67,139.00	67,198.40	(59.40)
916 IJGO Editorial Office	7,000.00	3,210.78	3,789.22
920 Indonesia	97,139.00	49,277.11	47,861.89
921 Guatemala	9,687.00	576.12	9,110.88
922 Sudan	86,872.00	33,675.42	53,196.58
923 Malaysia MCH	25,490.00	4,839.43	20,650.57
924 Malaysia FRP	64,373.00	19,759.25	44,613.75
932 Mexico Health	19,905.00	7,031.85	12,873.15
933 Mexico Quality Control	61,915.00	52,687.81	9,227.19
935 Mexico Physicians	5,356.00	4,583.56	772.44
936 Brazil Physician Training	7,203.00	3,978.50	3,224.50
946 Khartoum Data Analysis	7,945.00	1,652.83	6,292.17
960 Programmatic Studies	43,343.00	557.17	42,785.83
981 Brazil: Coordinating BENFAM	8,894.00	1,259.47	7,634.53
990 Subgrant General	73,004.00	49,191.38	23,812.62
997 General & Administrative	153,609.00	142,632.41	10,976.59
TOTALS	\$ 1,626,235.00	\$ 980,827.62	\$ 645,407.38