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BRAZIL PROFILE

Family Planning Policies and Programmes

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

BRAZIL PROFILE

Family Planning Policies and Programmes

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BRAZIL

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POPULATION DATA

Growth and Projections

In the absence of a reliable vital statistics registration system, the principal sources of information are the national censuses held in 1872, 1890, 1900 and every ten years since 1940. The censuses of 1940 and 1950, although requiring considerable theoretical adjustments, were considered among the most accurate in Latin America and that of 1970 is regarded as of equal or higher quality. Analyses of trends therefore depend largely on these three.

1900 to 1970

From 18 millions in 1900 the population had grown to 52 millions by 1950 and, increasing at a rate of about 2.9 per cent per annum thereafter, it had reached 93 millions in 1970.

Projections from the 1970 census estimated total population at about 115 millions in mid-1978, with 42% under age 15 and 24 million women of fertile age, thus outstripping the population of Japan and amounting to about one-third of the population of the whole of Latin America.

1970 to 2000

The Brazilian Census Bureau made the following projections to the end of the century (in millions):

	Low	High
1970	93.0	93.0
1980	122.2	124.2
1990	159.0	166.9
2000	201.2	222.1

Fertility Rates

The "low" projection assumes a decline of 31% between 1970 and 2000 in the total fertility rate; and the "high" a more conservative 15%.

A study of regional differences in total fertility rates between 1930-40 and 1960-70 showed that the substantial difference which existed before 1930 between north and south grew still greater during the 40 years despite a reduction in regional inbalances in such key socio-economic variables usually

associated with fertility levels as per capita income, urbanisation, urban female economic activity, female literacy and percentage of children in school.

Against the national average total fertility rate of almost 6.0 children per family, the rate for the North-eastern Region stands at 7.8, rising to 9 or more in the rural areas.

A 1978 World Bank report estimated the population of North-east Brazil at 34.5 millions, with 60% of families in rural area in the category of "absolute poverty" (earning less than US$100 per year). The crude birth rate in the region was estimated at close to 50 per thousand, with 33% of the population less than 10 years of age.

The national average crude birth rate is variously estimated at between 34 and 38 per thousand, with the death rate at between 8 and 9. The rate of natural population increase is variously estimated at between 2.5 and 2.8%. With improved measurement techniques now available, it was expected that comparison of the 1980 census results with those of 1970 will allow far closer estimates of these rates.

Unwanted children

As one indicator of social and economic conditions, particularly in the North-east and in the sprawling slums around the main cities, the total of abandoned children throughout the country is frequently quoted in press and other reports at 15 million, but without specification of age limit or degree of abandonment.

Life expectancy

Over the four decades from 1930 to 1970 average life expectancy at birth increased for Brazil as a whole by nearly 30%. But in 1960-70 average life expectancy in the North-east Region was 44.2 years against 61.9 in the south.

Ethnic Origins and Creeds

The 1950 census was the last to investigate ethnic origins, using a system of self-identification open to obvious bias. This gave the following breakdown:

Branco (white) 61.7%

Pardo (Indians and mixed blood) 26.5%

Preto (black) 11.0%

Amarelo (yellow - Asians) 0.6%

Undeclared 0.2%

The 1970 census identified 91.8% of the population as Catholic; 5.2% as Evangelical; 1.3% as Spiritualist; and 1.7% as other religions or undeclared.

Immigration

Between 1551 and 1600 Brazil imported an estimated 60,000 slaves from West Africa and continued to do so until the international slave trade was suppressed in 1853. In 1888 slavery was abolished. Between 1880 and 1900 over one million Europeans, mainly from Italy, Portugal and Spain were imported to work on the central and southern coffee plantations and other agricultural resources which succeeded the declining sugar plantations of the northern coasts on which the former slaves worked. In the 70 years ending in 1957 a total of 4.8 million immigrants entered Brazil - 31.7% from Italy, 30.6% from Portugal, 13.8% from Spain and 4.4% from Japan. Since 1934 immigration has been restricted and by the 1960s its contribution to population growth was negligible.

Urban Growth

The urban population was estimated at 31.2% of the total in 1940. It grew to 45.1% in 1960 and 56.1% in 1970. It was estimated at 60% in 1975 and was expected to increase to about 64% in 1980.

Labour Force

The total labour force was reckoned in 1970 at 29,545,000 (out of a total population of 93,139,000). The proportion engaged in agriculture was estimated at 44.2% (against 65.9% in 1940), in industry at 17.8% (against 10.3%), and in services at 38.0% (against 23.8%).

GOVERNMENT POLICY

The Need for People

Until the early 1970s government spokesmen were insistent on Brazil's need

for more population to fill the empty tracts in a country measuring 2,600 miles from north to south by 2,690 miles at its greatest east-west breadth, to provide labour to produce its potential wealth and to defend its frontiers with 10 other countries and its thousands of miles of seaboard.

In the enthusiasm of the economic "miracle" of the 1960s, with GNP rising at 10% per year, there was insistence in political speeches and the press on Brazil's need to take its place as a world power, with a population outstripping those of the United States and the Soviet Union.

The first years of the 1970s brought the realisation that the economic boom was increasing the gap between rich and poor, both in the Northeast and in the cities, rather than closing it and that the boom itself was levelling off, causing greater unemployment and steeper inflation. More sophisticated techniques of analysis applied to the 1970 census began to bring into focus for planners and eventually for the top levels of government the effects on the country's economy and its structures of a population doubling every 30 years.

1974 Policy Declaration

A slight and sudden modification of the government's unconditionally pro-natalist stance appeared in its policy declaration to the UN World Population Conference in August 1974. Its statement laid down the following principles:

"Available data indicates that Brazil will be able to absorb the foreseeable demographic increments and, further, that this growth is even to be considered a necessary element for economic development, for national security and for the integration of vast empty spaces into national production.....

"Brazil's demographic policy is the sovereign preserve of the Government of Brazil. The Government will accept no interference, either official or private, in is demographic policy.

"Decisions on control of fertility belong within the family nucleus, which

in this respect must not suffer government interference.

"The capacity to control fertility should not be the privilege of affluent families and it therefore behoves the State to provide the information and the means which may be requested by families in reduced circumstances.....

"The government will adopt the measures necessary to:

- reduce the rate of mortality within the country, particularly infant mortality;
- promote the integration into society of groups still on its fringes;
- equilibrate regional rates of growth;
- incorporate the great empty spaces of the country into the process of economic progress;
- promote the harmonious growth of the urban and rural sectors".

This was the first indication that the Federal Government recognised in principle an obligation to provide family planning services to those in need.

A month later, in September 1974, publication of the Second National Development Plan 1975-79 showed that the Government envisaged a steep decline in population growth rates from 1980.

Opposition Prevents Action

These indications of a change in official thinking aroused sufficient opposition to family planning from the Church (Brazil is the world's largest Catholic country), the left wing and other sectors of opinion to inhibit any immediate follow-up action. But they did not re-kindle the frenzies of denunciation of family planning programmes of the late 1960s when a congressional commission was set up to investigate charges that foreign missionaries were trying to de-populate areas of Brazil by "sterilising" the women. It was in this campaign that the IUD was held up to public opinion as a particularly noxious device of birth control, an opinion still widely held a decade later.

Abortive "Breakthrough"

In July 1977 the Social Development Council, under the chairmanship of General Ernesto Geisel, the President, announced a plan to introduce a strictly limited family planning component into an ambitious MCH programme.

The programme provided for health care for an estimated 750,000 pregnant or nursing mothers in the four years from 1978 to 1981. It was reckoned that 10% of these should be categorised as "high risk pregnancy" cases - cases in which pregnancy either endangered the mother's health or indicated the birth of a sub-normal or disabled child, and these conditions were spelt out in detail to doctors carrying out the programme.

Of the 75,000 high risk pregnancy cases, it was estimated that 70% would be too poor to buy contraceptives, i.e. about 54,000. It was estimated that orals would be provided free of charge to about 80% of these and other contraceptives, unspecified, to the remaining 20%. A sum of Crs.24,600,000 (equivalent to $1,700,000 at the mid-1977 rate of Crs.14.70 to $1) was budgeted for purchase of orals, providing an average of about $40 worth of orals each for the 42,880 women apparently envisaged as qualifying for them in the four-year programme.

Supplies were to be distributed through CME, created in 1971 as the official agency for drug distribution to the public health system, thus enabling this organism to handle contraceptives for the first time and possibly opening the way for preferential tariff treatment of imported contraceptive materials, raw or processed.

Provision was also made for 194 training courses during the four years for 5,820 doctors, nurses and social workers and for 2,775 health auxiliaries of lower level.

The ministry of health was insistent that the family planning component of the general programme would be carried out under close medical control and instructions were issued to executants to respect scrupulously the religious

beliefs and practices of those qualifying for family planning assistance. It was emphasised in official statements that the programme was not intended as a measure of population control but as a means to improve MCH in the poorest strata.

It was laid down that IUDs would not be included in the programme, being considered to be abortifacients.

External Influences Barred

Apparently in response to charges that family planning was being imposed on Brazil, the Ministry of Health issued a directive a month later, in August 1977, laying down that health care entities engaged in the high risk pregnancy programme "will refrain from affiliation with or acceptance of any type of assistance from national, foreign or international bodies for the development of health activities based on principles contrary to those of the government health programmes for human reproduction".

This appeared to be of particular significance for BEMFAM which since 1965 had pursued a successful policy of collaboration with local and state health systems disposed to permit or provide family planning services; but it was reported that officials reassured BEMFAM on this score.

Action Halted

The intended programme was vigorously attacked by Church leaders, some sections of the medical profession, even a women's organisation and other sectors of opinion. In some cases these attacks may have used the family planning issue as a means to attack the government.

Since a new President was due to take office in early 1978 no further action was taken in 1977.

New President Urges Need for Family Planning

The new President, General Joao Baptista Figueiredo, addressing the first meeting of his cabinet on 19 March 1979, declared: "In present conditions in

Brazil the success of social development programmes depends in large measure on family planning, but with respect for the freedom of decision of each couple. While the principles and methods of responsible parenthood are well known to those of higher income, they are unknown to precisely those who are economically less fortunate. It behoves the State to make this knowledge available to all families". President Figueiredo is a Catholic, unlike his predecessor, a Lutheran.

In his basic directives to his Ministers, President Figueiredo charged the huge Ministry of Welfare and Social Assistance and the Ministry of Health to undertake family planning education for parents, but without interfering in their right to decide the number of their children. In response to their request, BEMFAM provided these two ministries with quantities of educational material.

The President also charged the Council for Social Development to support family planning programmes undertaken by individual official organisms.

"Democratisation" of Family Planning

But the "High Risk Pregnancy Programme", as it was known, was shelved. The Minister of Health announced in 1979 that the programme required to be thought through anew.

Continued public debate on the Federal Government's involvement tended to focus on the issues of whether and how to "democratise" family planning i.e. to make it available to the poor. But other issues and tensions in Brazil the problem of gradually transferring ultimate political power from military to civilian hands, problems arising from the growing gulf between rich and poor, inflation and unemployment - distracted political attention from the family planning problem which, by the fierce debates it had always generated, had demonstrated its intractability.

Social Security Agency's Plan

Shortly before the announcement of the High Risk Pregnancy Programme the Federal social security agency INPS (Instituto Nacional de Previdencia Social) drew up a plan to provide contraceptive services to its 16 million subscribing beneficiaries. But, like the Ministry of Health's plan, it had failed to materialise by late 1979.

Government's Acquiescent Attitude

From the late 1960s the Federal Government had raised no objection to the agreements (convenios) which BEMFAM was concluding with municipalities and eventually with state governments, as well as with other official organisations to collaborate in supplying family planning services. By 1978 the Association had such agreements with 10 state governments, 511 municipios, two military organisations and 116 other public and private entities.

With 15 years' experience of running clinics in 15 of the 22 states and particularly its experience since 1975 of mass programmes of community-based distribution in four north-eastern states, BEMFAM was well placed to provide technical expertise to those at the federal centre who were pressing for a national programme. A possible alternative for the Federal authority was to leave the problem of providing family planning services to the state governments, which possess delegated authority in health and education as in other fields, and to limit itself to laying down norms and to co-ordinating expenditure.

THE LEGAL SETTING

Advertising

Despite political uncertainties, the Federal Congress embarked in 1978 on the process to eliminate a Penal Code provision forbidding advertisement of "any procedure, substance or object designed to ..... prevent pregnancy".

Abortion

A similar Penal Code ban on advertisements relating to abortion was to remain unchanged. Abortion itself is illegal except in cases of danger to the mother's life or of rape.

Orals

Until early 1979 the import in quantity of any contraceptive device was banned. Then the grant to BEMFAM of a limited import licence for one consignment of 500,000 oral cycles indicated that the ban might be lifted or modified.

Nationally produced orals are available from pharmacies at a cost for one year's protection of about US$10. On October 8 1976 the Ministry of Health revoked a 1970 regulation which obliged pharmacists to retain for record all prescriptions for contraceptives, in the same way as for psychotropic drugs. The new regulation permitted doctors to issue prescriptions for contraceptives valid for 12 months and pharmacists to fulfil these within the period of validity.

Sperm Barriers

Locally produced condoms and spermicides are available commercially but their quality has not won wide acceptance.

Sterilisation

Sterilisation requires the signatures of three physicians but is then subject to further legal restrictions whose import is far from clear. It is in any case banned for purely contraceptive purposes. But sterilisations are performed, notably in Sao Paulo, and private practitioners have not normally been penalised for sterilising women who can afford their services.

THE COMMERCIAL SECTOR

It was estimated that about 50 million cycles of orals were sold in Brazil in 1978, mainly in the more prosperous southern and central regions. This compares with 3.4 million cycles supplied in 1978 by BEMFAM, which conducts the

country's only broadly based programme.

A 1978 sample survey of women aged 15 to 49 in Sao Paulo, the richest state, gave the following percentages of family planning practice:

Currently using contraception		63.9%
Methods: orals	27.8%	
sterilisation	16.1%	
withdrawal	7.3%	
condom	6.6%	
rhythm	5.2%	
others	0.9%	
Currently not using contraception		36.1%

Because of the limited subsidised programmes in Sao Paulo, this high level of contraceptive practice was evidently maintained largely from the commercial sector and private practice. The percentage of women recorded as accepting sterilisation - presumably mostly belonging to the prosperous middle classes - threw new light on the felt needs of Brazilian women.

SOCIEDAD CIVIL DE BEM-ESTAR FAMILIAR NO BRAZIL: BEMFAM

Founded at the 15th Brazilian Congress on Obstetrics and Gynaecology held in November 1965 in Rio de Janeiro. Associate member of IPPF from March 1967; full member from October 1971.

Objective

BEMFAM's fundamental objective was set as being:

To achieve the setting up of a nationwide family planning programme capable of providing medical and educational assistance to the entire population, and particularly to the more destitute, preferably under the auspices and responsibility of the Federal Government, with free distribution as necessary of contraceptives and information on the various contraceptive methods and with an educational and training infrastructure capable of building the concept of responsible parenthood into the cultural patterns of the population.

Strategies

To attain this objective, BEMFAM described its strategy as being to persuade the population in general and its leaders in particular of the importance of identifying population problems, and their impact on the health of the community and on the nation's social and economic development; and to convince people of the value of family planning as a contribution to the solution of these problems and as an approach to responsible parenthood.

In the wake of the Brazilian policy announcement at the World Population Conference and the reflections on population contained in the Second National Development Plan BEMFAM outlined a new strategy for itself at the end of 1974, in a booklet entitled "Novas Taticas".

Constant Aim - A National Programme

Although it has been drawn by prevailing circumstances into becoming the nation's only broadly based programme and the largest supplier of subsidised contraceptives, BEMFAM's policy and the programmes it undertakes have remained directed to the Association's overall aim to bring about a national family planning programme.

The Association's gradual acceptance by authority as "an entity of public utility" has been charted by the decrees of official recognition which it has won - first from the Federal Government in April 1971, which conferred tax exemption, and since then (and until the end of 1978) from nine of the 22 states and 16 strategically important municipios (roughly equivalent to US counties).

MAIN PROGRAMME THRUSTS

After establishing or helping to establish family planning services in half a dozen university medical schools, BEMFAM's plan of action quickly developed on the following lines:

Education of National Leaders

By the end of 1978 11 seminars, usually of four days each, had been held with a total of 1,098 participants, breaking down as follows: medical leaders 25%; Federal Senators and Deputies 23%; high ranking civil and military officials 11%; professionals of the social sciences 10%; Professors of Medicine 10%; journalists 6%; religious leaders 4%; other leading personalities 11%.

Family Planning Education for Professionals

University Encounters, Student Meetings, Seminars for Professionals and a monthly series of 3-week courses intended for people directly or indirectly engaged in family planning work. By the end of 1977, 139 such events had been organised, attended by a total of 2,669 university-level men and women.

These two programmes represented a heavy investment in counteracting dogmatic and emotional hostility to birth control by awakening in opinion leaders and key professionals an awareness of population problems and providing a grounding in the principles and practice of family planning. They were reinforced by other means to reach the influential, such as the lectures delivered by Dr Walter Rodrigues, Executive Secretary of BEMFAM, to the Escola Superior de Guerra (Superior War College), the intellectual dynamo of the armed forces.

The Media

These approaches to the elite, regarded as crucial in bringing about gradual government acceptance of the need for family planning, were slowly extended in range through the press, radio and television, but with sharp reversals as fresh campaigns of hostility broke out from time to time. By 1978, after more than 12 years of effort, BEMFAM was regularly logging large numbers of press articles and of radio and TV programme items which dealt knowledgeably and positively with population problems and family planning. Photostats of selected articles, distributed through categorised mailing lists, were used to maintain the interest and knowledge of those who had attended any of the

Association's various courses.

BEMFAM meanwhile had throughout been producing quantities of explanatory and motivational materials for women already using or likely to use its clinics. These included the innovative "Joao e Maria" strip cartoon booklets.

Clinics

The first clinic was set up at the end of 1965. By early 1975 the number directly supported by BEMFAM had reached 105, located in 15 of the 22 states. Apart from the evident humanitarian purpose, the aim of this widespread network of clinics was to demonstrate to public authorities the need to satisfy a pressing demand, particularly from the poorer strata.

The process of convincing local authorities to take over the clinics was accelerated as the community-based distribution programme got under way in 1974, with prospects of steeply increasing demands on whatever resources BEMFAM could muster.

At the end of 1978 the Association had only 11 clinics of its own, in rented premises and generally in the poorer sections of cities; and was providing supplies and in some cases supervision as well to a further 17 run by government authorities and 49 run by other institutions.

Further closures of BEMFAM's own clinics due in 1978 were suspended because it was expected that all available clinics would be needed to help in the big training programme for doctors, para-medicals and social workers envisaged in the abortive Federal High Risk Pregnancy Programme.

BEMFAM continued to supply orals to all the 77 clinics with which it was associated at the end of 1978 and to collect and process their records. Limited provision of IUDs from the BEMFAM clinic in Sao Paulo was interrupted in 1978 after a freshly orchestrated campaign against this method.

Figures of acceptors and orals distributed in the clinic programme are quoted below, in comparison with the increasing figures of the community-based

distribution programme.

Community Based Distribution

The first of these mass programmes was launched in 1973 in one state of the poverty-stricken North-eastern Region of Brazil and by 1977 similar programmes had started up in four other states. Originally described by BEMFAM as "State Programmes for the Mobilisation of Community Resources for Family Planning", they are the responsibility of the respective State Governments and, in this early stage, are largely run by BEMFAM under technical assistance agreements Where a state government is initially reluctant to take responsibility for a programme, BEMFAM tries to build up a CBD system through a network of agreements with nunicipios until it reaches the point of acceptance by the Government.

PROGRAMME DETAILS

Community Development

Beginning experimentally in 1973 in the state of Rio Grande do Norte, BEMFAM's community-based programmes had by 1976 become the Association's major thrust. These programmes were intended to demonstrate to the Federal and State Governments that family planning programmes could be operated economically, without elaborate medical infra-structure, and that they responded to an urgent need felt at the community level.

The introduction of community-based distribution of orals into the State of Rio Grande do Norte without provoking ruinous reactions was regarded as a major achievement.

The State Governor visited the Central Office of IPPF in 1973 and IPPF's Secretary-General shortly afterwards visited the state to discuss the details of the project. A formal agreement between the State Government and BEMFAM provided that family planning education would be carried out on a voluntary basis, but with official backing, by teachers and community leaders and that orals would be distributed by volunteer nurses, auxiliary nurses and midwives, with BEMFAM providing the necessary training and continuing supervision of the programme.

The State Governor called an initial meeting of the mayors of all 150 municipalities in the state, to explain the project and obtain their support. From August 1973 to the end of the year 34 intensive three-day training courses were organised for 539 persons from the communities involved - 245 teachers, 158 community leaders, 96 nurses and auxiliaries and 40 midwives.

As the phased programme began to get underway a campaign of opposition was organized by religious leaders and in the press, and the legality of distributing oral contraceptives without prescription was challenged.

The programme was delayed in the early months of 1974 while arrangements were made to meet some of the substantial objections raised. Provision was made

for some medical back-up and seven local supervisors were appointed to provide supplies of orals to the 205 distribution points, to collect their records of acceptors and generally to oversee the programme locally. Despite the delays, the programme attracted 45,000 acceptors in its first 18 months, with an estimated drop-out rate of about 30%. According to the Brazilian Bureau of Statistics women of reproductive age in the state numbered 356,000 in 1978.

With adjustments that continue to be made in the light of experience, the programme has served as a model for agreements with other Northeastern States. In August 1975 a programme was started up in Paraíba, the neighbouring state to the south, with 564,000 women of fertile age in 171 municipalities; and in 1976 in the next two states to the south - Pernambuco, with 1,230,000 women of fertile age in 164 municipalities; and Alagõas, with 368,000 women of fertile age in 94 municipalities. The population of the four states was estimated in 1978 at 13 millions.

Plans to extend the programme in 1978 to Piauí were postponed because funding then available from UNFPA was not endorsed by the Federal Government. The programme got under way in April 1979, with funding from Columbia University. The necessary agreement with the state government had been signed in April 1978.

Territorially one of the largest states in the Northeast Region, Piauí is one of the poorest, with high infant mortality and illegal abortion rates, and a total fertility rate in its extensive rural areas of 9 or more children per family.

Contacts were under way in 1979 with other states and particularly with Goiás, the state which contains the federal capital of Brasilia.

Medical Back-Up

A major adjustment to the CBD programme was the introduction in 1978 of regular medical back-up for all the 1,000 distribution posts in the four north-eastern states. The physicians collaborating in the programme are selected by the state departments of health in agreement with the local mayors. Each is paid by BEMFAM a retainer of US$50 per month. This has caused some

dissatisfaction among the educators and distributors who carry the main weight of the programme and who are responsible for referring women to the doctors. The educators and distributors are also selected in agreement with local mayors. They volunteer for the job and are allowed to do it in their official working time.

Foreign Experts' Endorsement

An Overall Programme Evaluation carried out in October 1978 on behalf of IPPF paid particular attention to the Northeastern CBD programme. The evaluation team consisted of Dr.Hans C.Blaise, IPPF consultant, Dr.Lois Monteiro of Brown University, USA, Dr.Axel Mundigo of the Ford Foundation and Population Council, Dr.Jorge Pailles of the Argentine FPA and Sr.Diego Maruri, a volunteer from Ecuador.

The team concluded that BEMFAM's CBD strategy "is ideally suited for areas where the unmet need is high and infra-structure of existing health and community services poor in human and financial resources.

"To BEMFAM's greatest credit is the fact that it has concentrated on the Northeast of Brazil, where a population now approaching 35 million people finds itself in a condition of development vastly inferior to that prevailing in the more industrialised and wealthier southern and central areas .....

"Among the things that impressed the mission were the dedication and efficiency of the (BEMFAM) co-ordinating staff in each state, the genuine interest of distributors and educators who work in the field, and the value they attach to their work with the community.

"Furthermore, the integration of CBD posts with other community-oriented programmes such as MOBRAL (literacy), Projecto Rondon (community development), INAN (nutrition), EMATER, FUNRURAL (agricultural extension), etc., the "horizontality" achieved by the CBD approach, the close working relationship with the local medical infra-structure, the concern for the well-being of the

clients being served, and the enormously supportive attitude of the local "prefeitos" (mayors) are all important factors attesting to the success that BEMFAM has had in anchoring its programmes within the community infra-structure."

Structure

In each of the states an agreement (convenio) between the state government and BEMFAM legitimises the programme and particularly the backing of the health, education and other state departments. In addition, BEMFAM negotiates an individual convenio with each municipio under which the prefeito undertakes to ensure local support.

The IPPF evaluation team reported that there was no shortage of volunteers for the programme: the volunteers found their CBD work more interesting and rewarding than that of their regular job.

Training

Having spread the programme to practically all areas of the four northeastern states by the end of 1977, BEMFAM concentrated in 1978 on two main thrusts:

- to train large numbers of physicians to provide back-up to each of the 1,000 distribution posts;
- to extend commitment to the programme by drawing in other workers in community development and also umbanda (local spiritist religion) leaders; to provide intensive family planning education in the context of community development to prefeitos and their deputies; and to freshen the training ("re-cycle", in BEMFAM's terminology) of the "volunteer" workers.

By the end of 1978 a total of 726 doctors had undergone intensive two-day training in 29 separate courses in family planning, with particular reference to oral contraceptives, and 483 had been enlisted by the end of the year to provide back-up to the distribution points.

The initiation of this ambitious programme was delayed for several months as BEMFAM awaited the launching of the Federal Government's High Risk Pregnancy

Programme, announced in 1977, which included a massive training component for doctors. As no action appeared, BEMFAM went ahead and the first trained doctors began to treat referrals from May 1978. By the end of the year 3,126 referrals had been recorded.

This training programme greatly extended and deepened BEMFAM's contact with the medical profession in Brazil and was regarded as a precursor to the further programmes that will be required when methods other than orals come into general use.

In this connection, the IPPF evaluation team commented upon the quality of the training given to distributors and the care with which, on the evaluators' observation, the distributors tried to ascertain acceptors' contra-indications.

During 1978 in the four states a total of 1,708 educators, distributors and supervisors as well as fieldworkers in other community development agencies were "recycled" or trained for the first time (870 distributors, 638 educators, 147 workers from other agencies and 53 supervisors).

The 1978 state-by-state figures for these training programmes were:

State	No. of Municipios	Doctors trained	Doctors enlisted	Educators	Distributors	Others
Rio Grande do Norte	150	196	120	204	298	18
Paraíba	171	182	147	223	267	113
Pernambuco	164	226	161	99	167	22
Alagôas	94	122	55	112	138	47
	579	726	483	638	870	200
					1,708	

The programme was launched in Piauí in April 1979, immediately after the installation of the new government. A total of 463 "volunteers" had been

trained by the end of June - 222 educators, 156 distributors, 79 community leaders and 6 from other agencies. 125 doctors and 150 paramedicals in the state health service also received training. BEMFAM's own supervisory staff in the state were given 27 days of intensive training.

Paraná Programme

Another CBD programme, operated on much the same lines as those in the northeastern states but functioning under the aegis of a women's welfare agency, was started in 1975 in the southern state of Paraná, south of São Paulo. BEMFAM supplies contraceptives and I & E materials and normally participates in the training of educators, distributors and medical personnel (but not in 1979 because of lack of funds). The programme uses BEMFAM's system of record-keeping and its data is included in BEMFAM's totals of acceptors, contraceptives distributed, etc.

Conducted by the Conselho Londrinense de Assistancia a Mulher - CLAM (the Londrina Council for Assistance to Women), the programme had reached 204 of Paraná's 288 municipios by mid-1979. As in the case of the northeast programmes, it is based on agreements with individual municipios and also with rural co-operatives, trade unions and other community organizations. It is also integrated with a state campaign for the prevention of gynaecological cancer.

Acceptor Data

In collaboration with the Center for Population and Family Health of Columbia University, which is assisting in the continuing evaluation of the whole CBD programme, a relatively elaborate system of record-keeping has been devised for the CBD programme. The system was designed for computer processing, but initial reliance on a local university computer failed to produce the required results. A contract was therefore made in 1978 with a commercial firm in Rio de Janeiro. It was hoped that this would provide the rapid and accurate analysis which the IPPF evaluation team recommended as essential to the good management of the programme.

Hitherto the system has not provided a clear idea of the numbers of continuing

acceptors. But detailed figures for new acceptors and for numbers of oral cycles distributed gave the following picture of the progress of the CBD programmes, as compared with the clinic programme:

CBD

	Distribution Posts	New Acceptors	Oral Cycles Distributed: Total for year	Oral Cycles Distributed: Monthly Average
1976	695	136,782	1,183,313	98,609
1977	1,024	137,220	1,509,622	125,801
1978	963	158,900	1,974,880	164,573

State Totals for 1978

Women of Fertile Age				
356,000	Rio Grande do Norte	20,994	352,682	29,390
564,000	Paraíba	22,955	273,752	22,813
1,230,000	Pernambuco	65,396	827,828	68,986
368,000	Alagôas	21,325	154,367	12,905
	Northeast States	130,670	1,609,129	134,094
With CLAM -	Paraná	28,230	365,751	30,479
	1978 TOTALS	158,900	1,974,880	164,573

The corresponding figures for clinics run or supported by BEMFAM were:

CLINICS

	No. of Clinics			
1976	86	79,776	2,166,324	180,527
1977	69	71,122	1,713,940	142,828
1978	77	60,936	1,391,402	115,950

OVERALL TOTALS - CBD AND CLINICS

1976		216,558	3,349,637	279,136
1977		208,342	3,223,562	268,630
1978		219,836	3,366,282	280,524

(The above figures, taken from BEMFAM's annual reports to IPPF, are frequently subject to revision, as records are further processed.)

Although unable to provide precise figures for continuing acceptors, BEMFAM estimated these in the CBD and clinic programmes at:

369,548 in December 1977

421,913 in December 1978

Additional Contraceptives

In 1979 BEMFAM began preparations to introduce condoms and spermicides into the CBD programmes. This involved initially the creation and pre-testing of I & E materials for educators, distributors and acceptors and materials for the necessary training courses.

Outreach

The intensive I & E backing provided by BEMFAM to these programmes is described below in the I & E section. The IPPF evaluators, while attesting to the quality and effectiveness of the educational and motivational campaigns, concluded that BEMFAM could improve the outreach from the distribution posts by enlisting satisfied clients as motivators and particularly by more intensive efforts to enlist the collaboration of the fieldworkers of other development and extension agencies.

A detailed description by the evaluators of the operations of the distribution posts is attached as an annexe.

IEC PROGRAMME

Main Thrusts

From its inception BEMFAM's considerable I&E programme has been devoted to making political and other leaders aware of the demand for family planning and to demonstrating its practicality. Since the mid-1970s the progress of community-based distribution has required the close involvement of the I&E programme in community development, adding another dimension to BEMFAM's outlook.

As the only large-scale family planning programme in Brazil, BEMFAM has also carried a prime responsibility for producing materials for the information of contraceptive acceptors, for the motivation of others, for the use of medical and other personnel working in the programme, and for a variety of training programmes.

In general, the I&E programme has presented family planning in its psycho-social context; BEMFAM does not consider that it is called on in present national circumstances to focus on demographic problems.

Education for Leaders and Professionals

A crucial element in the programme has been the regular series of courses and seminars held for specific groups, all directed to providing basic education in family planning and to countering the misapprehensions and misinformation in which opposition has shrouded it.

The most long-standing of these is the continuing series of three-week courses held every month by BEMFAM's Centro de Treinamento e Aperfeiçamento (CTA) for medical, para-medical, educational, social welfare and other workers directly or indirectly concerned with family planning education or services, particularly among the most needy classes.

By the end of 1978 some 2,500 professionals, drawn from all the 22 states, had attended these courses and were regarded as constituting a most valuable network of proselytisers. Contact was maintained with them by mailing selected BEMFAM publications. But by 1979 no formal evaluation had been made of their worth as proselytisers. Many were known to be

active in family planning programmes.

A new development in 1978 was the promotion by BEMFAM of a separate institution, CENTREME, to serve as a centre for the training of the medical profession. This was intended to help doctors to respond to the Federal Government's call on the medical profession to provide education for responsible parenthood, particularly to the needier classes. By its nature it was expected also to draw BEMFAM closer to the universities, restoring the initial relationship which had been sundered in the late 1960s as family planning became a focus for controversy. The first two-week course, in early 1979, was attended by 50 doctors.

Into the Community

The Seminars for National Leaders which BEMFAM had successfully conducted in the 1970s gave way in late 1978 to a series of seminars in family planning and community development for municipal leaders. Lasting three days each, these seminars were conducted in the states of Alagoas, Pernambuco, Paraíba and Rio Grande do Norte. A total of 230 prefeitos or their deputies attended. The opening of some seminars were attended by the state governors. Most prefeitos are elected and BEMFAM reported that their keen interest in these seminars reflected their desire to add family planning to the development process. (The prefeitos of large municipios or those regarded as strategically important are nominated by the government.)

In the same four states, as well as in Rio de Janeiro, some 455 leaders of the umbanda cult attended five seminars towards the end of 1978. These practitioners of this spiritist cult, revered as healers, were described by the IPPF evaluators as having "great penetration and influence amongst the most needy classes".

BEMFAM expressed surprise at their interest in attending the seminars, which were organised in collaboration with the presidents of the state federations of the cult. BEMFAM was asked to produce an explanatory document on family planning which would illustrate its concordance with umbanda principles. Many of the seminarists asked for distribution posts to be opened in their communities.

Another approach to introducing family planning to the most needy was a course in August 1978 for 75 social workers and 17 trainees of the Fundacão de Educacão do Menor (FEEM) - a foundation for young people's and children's education. They asked for educational materials on responsible parenthood to be made available to all the foundation's workers.

Finally, in December 1978, three 3-day seminars were held, in Alagoas, Pernambuco and Rio Grande do Norte, for 95 officials of 58 institutions connected with community development. These resulted in immediate requests from many of these institutions for BEMFAM's collaboration in integrating family planning into their programmes.

This intensive series of educational activities in late 1978, typical of BEMFAM's élan in pursuit of new openings, marked the beginning of a new chapter in the Association's I&E programme - concentration on integrating family planning into community development.

Community Programmes

It required the preparation of quantities of new printed materials and revision of those already in use. Much experience had already been gained of community needs by the training of educators and distributors in the four north-eastern states as well as from the functioning of two I&E programmes already well established in these states.

One of these is the Jornal do Programa, a monthly publication in each state which provides educators, distributors, enlisted doctors as well as prefeitos and many others concerned with the CBD programmes with news of progress and with a means to express their views.

The other is a weekly half-hour radio programme for each state, half compiled by BEMFAM in its Rio de Janeiro headquarters and half by the BEMFAM staff in each state. Usually emitted on Sunday mornings and known as "Planning the Family", the programme was broadcast during 1978 by five stations in Pernambuco, four in Rio Grande do Norte and three each in Paraíba and Alagoas. An ample evaluation of the programme was due to be carried out in 1980. A limited evaluative study was made in 1978 by Professor Donald Bogue of Chicago University.

Film

A 25-minute, 16 mm film was produced in December 1978 showing how family planning is received in the community, with the accent on community development in general. The film shows the structure and functioning of the CBD programme, with explanations by those who conduct it. Three TV spots of between 30 and 60 seconds were produced in conjunction with the film.

Print

Other materials produced in support of the CBD programme are:

- regularly renewed posters which are prominently displayed at and around distribution posts;
- fliers promoting the radio programme;
- a popular leaflet on the Pill;
- "João e Maria"
- leaflets on contraceptive methods, containing basic advice on methods;
- cards intended to be handed to other women by satisfied CBD clients, this being an experiment in extending the outreach of the programme.

Materials produced for professionals and opinion leaders include:

- "Boletim BEMFAM", the Association's regular bulletin;
- "Modern Methods of Contraception" which describes the main methods;

- "Family Planning and Brazilian Development", a book which analyses recent social and political developments and has been widely circulated to federal and state officials, members of congress, the mass media, the medical profession, municipal leaders, etc.
- two booklets containing respectively evidence given by Dr. Walter Rodrigues, Executive Secretary of BEMFAM, before the US Senate and a lecture he delivered to the Escola Superior de Guerra;
- "Planejamento Familiar", a journal originally produced for the clinic training programme but now extended to a wider audience;
- "Colecão CTA", a series of booklets emerging from the monthly training courses and dealing with various aspects of family planning - the 1978 issue dealt with the juridical aspects of family planning in Brazil.

In addition to these materials BEMFAM produces ad hoc items required for its numerous training courses and for seminars, conferences, etc. In 1979 new materials were required for the training and "re-cycling" of CBD personnel to prepare them for introduction into the programme of condoms and spermicides. Materials had to be produced at speed early in the year for the sudden start-up of the programme in Piauí after a year of delay caused by the failure to obtain UNFPA funding.

Need for Assessment

BEMFAM pre-tests its I&E materials with the target groups for which they are destined. The IPPF evaluators were impressed by the practicality of the materials, particularly those aimed at the poorest classes. While acknowledging the validity of the pre-testing, they suggested however that their impact when in actual use should be evaluated.

EVALUATION

The Mass of Data

The IPPF evaluators pointed out that the BEMFAM record keeping system must cope with more than 200,000 new acceptors a year and something like twice that number of continuing acceptors, spread over nearly 1,000 communities served by CBD and 77 clinics. They concluded that "the data

collected by BEMFAM were found to be of excellent quality. The Association has a clear, unified system in place, with good forms and instructions, a system that is followed conscientiously right down to the individual distributor. A series of checkpoints, along with adequate training and supervision, helps to achieve reliable data collection."

Need for Analysis

The evaluators added that the system serves very well for the monitoring function which is important in establishing BEMFAM as a credible provider of family planning services and in measuring performance. But because of the sheer bulk of data "the extent to which data are cross-tabulated, comparative analyses are made, and evaluation research is done for both programme planning and research purposes is limited". They approved of BEMFAM's efforts to contract a reliable system of computerisation and suggested that the universities might be drawn in to participate in research.

To improve its evaluative capacity BEMFAM had already in 1978 sent a young demographer to Paris, with Ford Foundation funding, to undertake a two-year course of study. This student had undertaken to work for at least two years, on returning from Paris, in BEMFAM's evaluation department.

In addition to evaluation of I&E materials and the CBD radio programmes, the evaluators suggested a number of areas in BEMFAM's extensive programmes which might benefit from specific research, such, for example, as extending the outreach of CBD distribution points and of clinics, the later "productivity" of graduates from BEMFAM's regular training and orientation courses, the enlistment of these graduates as well as other people as volunteers, etc.

STAFF

As of mid-1979 BEMFAM had nearly 1,000 persons on its payroll, the great majority being newly enlisted doctors in the CBD programme receiving an emolument of $50 per month each.

At the end of 1978 the full-time staff numbered 415 - 275 of them in the field and 140 in the BEMFAM centre in Rio de Janeiro. Of the

headquarters staff, 20% were professionals, 40% were classified as technical staff and a further 40% as support staff.

The departmental breakdown of staff at mid-1979 was shown as:

IEC	54	
Medical/clinical	713	(including the CBD doctors)
CBD	107	
Training	16	
Evaluation	17	
Fund raising	2	
Administration & general services	24	
	933	

Turnover running at a relatively high rate of 25% was found by the IPPF evaluators to be due mainly to low salaries both at the centre and in the field, in general some 30% below the salaries for equivalent positions in other non-commercial organisations.

EXPENDITURE & FUNDING

Problem for IPPF

Until the mid-1970s BEMFAM depended on IPPF for virtually all its finance, owing to deep suspicion of, and sharp political antagonism towards any bilateral funding from abroad. The increasing demands of BEMFAM's constantly expanding programme posed a problem for IPPF, both in respect of the large amounts required, far outstripping the average requirements of the other 90-odd member Associations, and because there appeared no certainty of BEMFAM ever becoming self-supporting.

New Sources of Income

But from 1976, and particularly with the July 1977 announcement of the High Risk Pregnancy Programme, the climate rapidly became more propitious for other sources of funding. This change of climate happened to coincide with the adoption by UNFPA of rigorous criteria

for the award of its funds - criteria which virtually eliminated Brazil from large-scale programme support.

Nevertheless BEMFAM was able, as shown in the following table, to expand its programme at speed, with steeply rising contributions from a number of sources. IPPF however remained the major source.

(thousands of US dollars)

	1977	1978	Estimate 1979	Budget 1980
Total expenditure	4,110.5	4,728.3	5,939.4	7,438.8
IPPF cash	2,614.5	2,735.4	2,726.3	3,160.0
IPPF commodities	1,308.4	736.5	708.6	1,250.0
IPPF total	3,922.9	3,471.9	3,434.9	4,410.0
Other income	491.2	1,295.7	2,535.7	3,028.8

The "commodities" funded by IPPF consist mainly of oral contraceptives.

Import of Contraceptives

Until 1979 regulations prevented the import of manufactured contraceptives in quantity. BEMFAM, whose programmes depended almost entirely on orals, was obliged to purchase them locally. As the largest single purchaser in the country it invited annual tenders from manufacturers and, in consultation with the IPPF Central Office, placed orders for 12 months' supply at a time.

Import duties on raw materials at times drove the price paid by BEMFAM up to around US$0.33 per cycle. Some relaxation of the duties permitted the price to fall in 1978 to around $0.20.

In 1979 there appeared indications that the government might relax the ban on imported contraceptives, which would enable IPPF to supply cost-free oral contraceptives, at an economy of some $750,000 a year. Relaxation of the import ban would also be significant for the supply of reliable and high quality condoms and spermicides, which BEMFAM was beginning to introduce into its programmes from 1979.

Other Funding Agencies

The Ford Foundation, with funding of relatively small projects, was the only contributor apart from IPPF to BEMFAM's expenditures until 1977. Development Associates Inc began in that year to support much of the training and orientation activity while the Pathfinder Fund began to support the CBD operations in Pernambuco and Alagoas. Columbia University, which was collaborating with BEMFAM in designing its data system and in evaluation, stepped in, in 1979, to permit the launch of the CBD programme in Piauí State, originally due to be supported by UNFPA.

Funding from these agencies developed as follows:

(thousands of US dollars)

	1977	1978	Budget 1979
Development Associates Inc (supporting training of doctors and "volunteers" in CBD programmes)	89.6	357.3	550.0
Pathfinder Fund (supporting CBD operations in Pernambuco and Alagoas States)	24.7	562.5	783.5
Columbia University (for the launch of the Piauí CBD programme)	-	-	890.3
Ford Foundation	181.6	17.8	-

A new contributor from 1980 was expected to be FPIA (Family Planning International Assistance Inc), supporting a project to introduce a form of CBD jointly with clinical operations into the urban environment of Rio de Janeiro.

Domestic Support

BEMFAM has had little success in raising funds in Brazil despite growing wealth in central and southern Brazil. But the CBD programmes depend heavily on the personnel and premises made available by the states and municipios; and the great majority of clinics in the BEMFAM network depend on premises and other facilities made available by local government or other institutions. BEMFAM estimated these in 1977 to be worth

US$3.5 millions - an estimate which the IPPF evaluators thought somewhat high.

VOLUNTEERS

Apart from the "volunteers" in the CBD programmes, who are in effect placed at the disposal of the programmes by the states or municipios - although they actually volunteer for the job - the role of volunteers in BEMFAM has been less evident than in other member Associations of IPPF. The Board of Directors at the centre represents the only level at which policy and programme decisions are endorsed by volunteers; and only two of the Board's members come from outside Rio de Janeiro.

Throughout Brazil officials of the health services and other people who have attended the CTA courses or other of BEMFAM's orientation seminars and conferences provide informal volunteer support. In each state in which there is considerable programme activity there is usually a volunteer to whom BEMFAM can apply for guidance and assistance.

The IPPF evaluators made a series of recommendations for the strengthening of the volunteer structure and particularly for the creation at the centre of a system which would allow policy formulation by volunteers representing the different areas of Brazil and a wide range of professional interest.

EVALUATORS' ENDORSEMENT

The IPPF evaluation team described in their report dated 26 January 1979 the particular and confusing circumstances in which BEMFAM has had to operate and in general endorsed those divergences in its modus operandi from the norms characterising most other family planning associations.

The team agreed, in particular, that BEMFAM had been well advised to concentrate hitherto almost exclusively on making oral contraceptives available and to avoid promoting controversial methods such as the IUD or sterilisation. Such promotion would, the team agreed, have served only to strengthen the opposition to family planning as a whole.

The team also accepted the wisdom of BEMFAM's concentration on promoting family planning as a human right and as an essential element in family health and welfare, avoiding involvement in the controversies on Brazil's overall population problem.

The team pointed out that, in a period of transition, BEMFAM must be ready to adjust to possibly large-scale changes in the family planning situation, such, for instance, as possible diversion of foreign funding to an eventual government programme. But it acknowledged the flexibility and sensitivity BEMFAM had already demonstrated, such as its quick action in remedying the lack of medical back-up in the CBD programmes, and its response to the increasing interest in family planning of the medical profession by promoting the creation of a separate, high-level training institution - CENTREME. In fact BEMFAM's history has been one of rapid and usually well-judged seizure of successive openings, from its early years when, for instance, the law did not permit the Association to circulate information on family planning and it had then to depend for spreading of the family planning message on IPPF News, produced especially in Portuguese by IPPF's central office and mailed to individuals in Brazil in unmarked covers.

Annexe

How the CBD Posts Function

Extract from the report of the IPPF Evaluation Team which visited Brazil in October 1978

Typically, a CBD post is located at any of the following places: in the "prefeitura" or town hall, in the local health center, or in the local community social center along with technical-educational, nutrition and other services. In all cases the CBD post is located next to medical services which can screen women who appear to have health conditions for which the pill is not recommended and give adequate back-stopping to users complaining of side effects.

The post itself consists of a desk (sometimes in a hall, sometimes in a small room) manned by a distributor who, in most cases, is an employee of the Health Secretariat, the Mayor's office or some other official organization, but in some cases has no connection to any such organization. During hours announced on a nearby wall poster, the distributor will give out free contraceptives (one cycle to new users and three cycles to continuing users).

The distributor who manages the post has been trained by BEMFAM to pay attention to women who should not take the pill. We were told by one of the distributors that she asks women wearing long skirts to lift them to make sure they do not hide varicose veins. Most distributors are aware that if a new user reports serious side effects due to carelessness on her part, the result will be catastrophic for their own work since rumors run wild in small communities.

The distributors are often backstopped by an educator, also a member of either the department of health or education or labor, who devotes a small part of her time to do community education in family planning.

The posts have abundant information about family planning, contraceptives, etc. all over the walls. In fact, family planning posters are displayed all over the centers where these posts operate, and BEMFAM's posters are the only posters which are displayed in these centers, making them quite obvious.

Typically the distributor is a person who was formerly doing secretarial, administrative or auxiliary work and who by changing to this more person-to-person type of activity has taken a considerable career, if not financial, step forward. The majority claim that this is probably the most interesting work they have ever done, since it has given them a chance to become personally involved in community-oriented services with a rewarding human relations component. Therefore, the level of motivation among distributors is generally high....

No other health or social programs appear to make much use of posters, therefore the family planning posters stand out as a result. It is significant to note that the posters promote the concept of family planning without any reference to BEMFAM as an organization. This is useful in integrating family planning with other community programs and in creating the conditions for the eventual transfer of responsibility for family planning programs to the government.

BRAZIL

States with BEMFAM activity

Legend:

cl. - Clinic(s) run or supported by BEMFAM

CBD - CBD programme established by 1979