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Through September, 1980

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## SUMMARY

This report describes activities funded by the International Fertility Research Program during the first three years of the five-year Grant 1198 from the Agency for International Development.

Activities funded to meet the objectives of the Grant are as follows:

Objective 1. To provide clinical training, equipment and evaluation services to introduce new and appropriate methods of contraception to LDCs.

Seven projects have been carried out in Mexico, Brazil and Argentina to train health personnel to provide contraceptive services, including surgical female sterilization by minilaparotomy, and IUD insertion. These activities have helped to develop essential clinical skills for many health care providers previously uninvolved with family planning and have enabled them to become actively involved in providing family planning services.

Objective 2. To provide core costs for national fertility research programs and to strengthen institutional capabilities in LDCs.

In a major effort to develop and strengthen research capabilities in the area of reproductive health in developing countries, the IFRP has supported national fertility research programs in Colombia, Mexico, Bangladesh, Indonesia, Sudan, Malaysia and Thailand. In the coming year, similar programs are planned for Egypt, Mali and Tunisia. The International Federation for Family Health also funded by the IFRP, serves to coordinate the interests of these individual programs. The national fertility research programs have assumed leading roles, not only in conducting country-relevant contraceptive technology research, but in the promotion of active, strong family planning programs in the countries where they are located.

Objective 3. To provide limited supplies of contraceptives to continue programs.

Under this objective the IFRP has provided tubal rings for the Bangladesh and Mexican female sterilization programs. Additional supplies were also provided to many of the Mexican national family planning program projects. These supplies and equipment have enabled family planning services in the recipient countries to be extended to many poor women who otherwise would have been without protection from unwanted pregnancy.

Objective 4. To conduct clinical studies to introduce proven family planning methods to areas where they have not been previously used.

Projects funded under the Grant have included a postpartum IUD comparative study in Mexico and a clinical trial of copper IUDs in Brazil, the first-ever multicenter university hospital evaluation of metal-bearing IUDs. A series of small programmatic contraceptive technology studies aimed at training and increasing awareness of appropriate methods for local use were also carried out under this objective.

Objective 5. To provide monitoring and evaluation services for programs of maternity care, family planning and contraceptive distribution systems.

An assessment of contraceptive needs and services in Sao Paulo State, Brazil, has received international recognition, and has made an important contribution to family planning policy in Brazil, where results of the study have been presented to the Senate. A similar project is underway in North-eastern Brazil.

In Tunisia and Morocco, studies to improve accessibility of contraception through household distribution systems have provided valuable guidance to the national family planning programs in making services more widely available to those in need.

In the world's largest hospital monitoring program, data are collected on obstetric care and treatment for incomplete abortion in almost 50 countries. These data provide a unique reservoir of information for research on a wide range of topics related to the care of pregnant and parturient women, as well as information that the participating hospitals use to improve services.

Data from a study of contraceptive use, breast-feeding and abstinence in Lagos, Nigeria, is providing valuable information on how modern contraceptives replace traditional methods in an African city that serves as a model for a continent with high population growth rates, high maternal and child mortality, and the where modern contraceptive use is extremely low.

Objective 6. Dissemination of family planning information.

A number of seminars and conferences have been sponsored to provide information on family planning and high-risk pregnancies. In addition, we have supported the publication and distribution of information related to family planning/contraceptive technology, including the International Journal of Gynaecology and Obstetrics, and technical bulletins for pharmacists and private physicians, a cost-effective method of increasing services and improving the quality of care.

These activities have helped to meet IFRP's goals of improving the welfare of people in the developing world by promoting reproductive health.

## I. INTRODUCTION

In September 1977, AID awarded the IFRP a grant (pha-G-1198) of \$655,208 to provide funding for a variety of population and family planning related activities. Toward the end of the initial grant year, this grant was extended for an additional four years, with increased funding of \$7,783,000. Of this amount, \$1,600,000 was obligated for the period September 30, 1978-September 29, 1979; \$1,835,000 was obligated for the period September 30, 1979-September 29, 1980; and an additional \$1,800,000 has been obligated through August 31, 1981.

The objectives of the Grant are:

1. To 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.
2. To provide initial core costs for newly established national fertility research programs in Africa, Asia and Latin America and to strengthen institutional capabilities in LDCs.
3. To 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.
4. To 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.

5. To 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 pre-testing of program management data collection systems and the conduct of acceptor follow-up and contraceptive prevalence surveys.
6. To 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 publication of an international medical journal and the support of conferences.

This report summarizes activities funded by the IFRP to carry out the objectives of the Grant, and describes plans and priorities for activities from now to the end of the Grant period. Activities are organized according to objective. Some activities, however, meet more than one of the Grant objectives. These will be summarized in the area of major focus, and other objectives will be noted.

Each completed or ongoing activity is designated by one or more Study Index Numbers (SINs) and a project title. SINs indicate the funding period for each activity. The "800" series were assigned to projects funded in fiscal year 1978; the "900" series to projects in fiscal year 1979; and the "000" series to projects in fiscal year 1980.

Following the project summary, the level of funding for each SIN is provided and broken down by actual project (Subgrant) costs and by costs incurred by the IFRP in developing, monitoring and providing data collection forms, equipment, contraceptive supplies, data processing, and technical assistance in carrying out project activities.

## II. ACTIVITIES

Objective 1. To provide clinical training, equipment and evaluation services to introduce new methods of contraception.

1. SINs 932, 032 Mexico: Training for Health Jurisdiction Chiefs

The initial subgrant to the Direccion General de Salud Materno Infantil y Planificacion Familiar of the Secretariat of Health and Welfare, which ran from October 1, 1978 to March 15, 1979, provided training in biomedical, social and administrative aspects of the Mexican national family planning program to district health service chiefs working in rural Mexico. This training served as a basis for the expansion of the family planning program into rural areas not previously served by the national family planning program. A total of 168 health chiefs received training. Because of the success of the first seminars, a second subgrant was provided to continue training for the physicians who serve as medical directors for 17 Mexican States. The first seminar under SIN 032 was held in April 1980, and provided training for 66 participants. However, as a result of changes within the Mexican national family planning program, it was necessary to cancel the second subgrant before all project activities were completed.

Total expenditures:

SIN 932	\$17,090	(Subgrant = \$16,166; IFRP = \$974)
SIN 032	\$3,517	

2. SIN 935 Mexico: Training Seminar on Family Planning and Minilaparotomy

This subgrant provided funding to the Autonomous University of San Luis Potosi to conduct a 3-day seminar during July 1979 to train graduate physicians who staff rural health facilities in family planning methods and minilaparotomy. At the end of the seminar, each of the 26 trainees was provided with a minilap kit, a supply of Lippes Loop IUDs, oral contraceptives, condoms and vaginal tablets to initiate their work in rural areas. In April 1980, IFRP staff made a site visit to San Luis Potosi to evaluate the impact of the training.

One result of SIN 935 has been the incorporation of a regular family planning rotation into the curriculum of the San Luis Medical School. This is an important development because with few exceptions, the postgraduate training apparently had not been successful in encouraging the physicians to become interested and active in providing family planning services to the communities in which they work.

Total expenditures:

\$5,795 (Subgrant = \$1,702; IFRP = \$4,093)

3. SIN 936 Brazil: Physician Training Project

This project introduced the lapractor and its new methods of use to physicians performing female sterilizations in Rio de Janeiro and Belem and helped to diffuse sterilization technology

throughout Brazil. A follow-up visit to assure program maintenance is planned by PIEGO staff who participated in the training and provision of equipment. AVS also provided a lapracator kit to each of the two hospitals involved.

Total costs:

\$4,691 (IFRP = \$4,691)

4. SIN 974 Mexico: Training in Contraceptive Technology for Graduating Physicians of the Universidad de Yucatan

Under this subgrant, 18 physicians graduating from the Universidad de Yucatan received training during March 1980 in the use of oral contraceptives, barrier methods, female sterilization by minilap and IUDs. Dra. Thelma C. de Cetina, Head of the Department of Reproductive Biology was responsible for project implementation. Three Mexican physicians served as instructors. At the end of the seminar, physicians received Spanish copies of monographs on oral contraceptive use and brochures on the mini-laparotomy technique. An evaluation elicited positive comments from most participants, especially those from rural areas. Several participants requested that such seminars be held on a regular basis. This training has enhanced knowledge of the importance of providing contraceptive services as a public health measure.

Total costs:

\$4,959 (Subgrant = \$1,533; IFRP = \$3,426)

5. SIN 975 Mexico: Training Fellowships

This subgrant provided travel and living expenses for two resident physicians at the Hospital Universitario in Torreon, Coahuila, Mexico, to spend a week in Bogota, Colombia, attending a training course in research methodology at the Corporacion Centro Regional de Poblacion. This training introduced staff from their hospital to some of the latest contraceptive techniques. It is anticipated that a new family planning clinic will open in the near future enabling doctors to make use of the training and providing potential new collaborators for IFRP research studies.

Total costs:

\$2,233

6. SIN 045 Brazil: IUD Management for Residents

IUD use in Brazil is negligible. Doctors are unfamiliar with insertion techniques and have little experience in managing IUD patients. This project provided a week-long training course in the management of the IUD patient for Chief Residents from selected Brazilian medical schools as a means of introducing the IUD into medical practice.

Training was conducted at the Human Reproduction Center in Sao Paulo. Participants were provided with a variety of publications on IUDs and a supply of IUDs for their practices. As a result of this program, Brazilian physicians acquired the knowledge and

skills to provide IUDs as a contraceptive choice for their patients.

Total costs:

\$9,835 (Subgrant = \$6,594; IFRP = \$3,241)

7. SIN 058 Argentina: Contraceptive Training for Rural Private Physicians

Argentina's western provinces have a notably higher rate of infant mortality than their coastal counterparts. Migration from rural to urban centers, especially among skilled workers and professionals, and immigration of unskilled laborers from neighboring countries increase the inequality between the developed and less developed regions of the country. Because the government views the population of 26 million as insufficient in number, it is reluctant to support family planning services--especially in the less developed areas.

This project introduces recent contraceptive technology to physicians in the Argentine interior. Three courses, each for 20 physicians, are being conducted in the western provinces. Emphasis is on clinical contraceptive practices and the management of side effects. The first course took place in mid-October 1980.

These courses will provide much needed training to physicians who are the source of family planning services for people in the interior of the country.

**Total costs:**

\$23,074 (Subgrant = \$18,024; IFRP = \$5,050)

Objective 2. To provide support for establishing national fertility research programs and to strengthen institutional capabilities in LDCs.

1. SINS 801, 901, 001 Colombia: Programa Regional de Investigaciones en Fecundidad (PRIF)

Three subgrants have provided support to PRIF and enabled it to develop as an agency to plan and coordinate research in all aspects of human fertility and to conduct appropriate training through a network of Colombian government and university hospitals.

During the initial funding period, the following goals were achieved:

- a. An organized research network in Colombia to promote, advise, develop and carry out research, training and dissemination of knowledge in family planning and population was established.
- b. In-country data processing and analysis, including the appointment and training of a data collection coordinator and the transfer of IFRP's computer programs to PRIF was begun.
- c. A series of studies aimed at answering important scientific and programmatic issues related to family planning and health programs in Colombia were completed.

d. A series of monographs were published and contacts were expanded with public health and government personnel to increase awareness of new advances in fertility management.

A second subgrant provided continued support for activities begun during the first year of funding. Additional studies begun during the second year included maternal and perinatal mortality, an evaluation of auxiliary health personnel as birth attendants for low-risk pregnancies, an analysis of female sterilization using tubal rings, and the provision of quality-assurance services to the Family Planning and Maternal and Child Health Programs.

Under the second subgrant, administration of PRIF was strengthened, and efforts to develop financial autonomy were initiated. In addition, transfer of computer technology was completed. A program evaluation team found that PRIF played an important role in upgrading knowledge of research methodology among staff of hospitals in the country, and in providing information through publications and meetings on research conducted through PRIF.

Currently, PRIF is seeking funding from a variety of sources.

The current subgrant (SIN 001) provides funds for studies of IUD insertion by paramedics, evaluation of women sterilized with tubal rings and dissemination of information through the publication and distribution of conference proceedings and monographs.

Total costs:

SIN 801	\$83,556 (Subgrant = \$63,162; IFRP = \$20,394)
SIN 901	\$76,884 (Subgrant = \$65,663; IFRP = \$11,221)
SIN 001	\$73,204 (Subgrant = \$60,600; IFRP = \$12,604)

2. SIN 802 Mexico: Biomedical Research Program

The objectives of this subgrant to the Government of Mexico were to conduct a series of studies dealing with important scientific and programmatic issues related to family planning and health programs in Mexico; to develop in-country capabilities for data processing and analysis; and to raise the level of awareness of the Mexican medical profession regarding advances in fertility management, drugs and procedures. To meet these objectives, studies in female sterilization, IUDs, injectables, barrier methods and monitoring of obstetric deliveries and hospital abortions were completed in a number of Mexican hospitals. Analyses of data from these studies were used to prepare a series of reports for the Government of Mexico. Results of many of the studies were reported at international meetings, and many of the physicians who participated in these studies gained expertise in methods of fertility management as a result of this subgrant.

Total costs:

\$52,495 (Subgrant = \$27,391; IFRP = \$25,104)

3. SINS 803, 903, 003 Bangladesh Fertility Research Programme

The IFRP has provided three subgrants to the BRFP, an autonomous unit of the Government of Bangladesh responsible for the planning and coordination of research in the field of fertility control. During the funding period, the BFRP has become a viable organization with a network of physicians engaged in a variety of

research projects dealing with IUDs, oral contraceptives, sterilization, menstrual regulation, maternity care and hospital abortion. Among BFRP's accomplishments are the publication of 25 papers, the organization of conferences and seminars to share research findings and the provision of technical support to the government in dealing with population problems. All of this has helped improve health and family planning services. The BFRP is a widely acclaimed authority in the field of contraceptive technology research in Bangladesh. One result of its success has been additional funding from other international population assistance agencies.

Total costs:

SIN 803	\$ 63,120 (Subgrant = \$11,937; IFRP = \$21,625)
SIN 903	\$ 72,477 (Subgrant = \$37,961; IFRP = \$34,616)
SIN 003	\$109,844 (Subgrant = \$65,797; IFRP = \$44,047)

4. SINS 804, 904      Interregional: International Federation  
for Family Health (IFFH)

The IFFH was established to serve the interests of national fertility research programs. Since its creation, it has grown to include fertility research programs in 13 developing countries and four international technical assistance agencies. The objectives of the organization are:

1. To assist in the development of national fertility research programs;

2. To develop guidelines for the formulation and implementation of fertility research and the related areas of maternity care, community health and program evaluation;
3. To develop standard study designs and data analysis and reporting procedures in the areas of fertility research;
4. To serve as a source of advice in fertility management technology to governmental and nongovernmental groups; and
5. To provide a centralized forum for the exchange of ideas and experiences to ensure rapid dissemination of information on fertility control technology.

Approval is currently being sought for funding to locate a secretariat in Bandung, Indonesia. This move emphasizes the developing country orientation of the IFFH, and will, it is hoped, encourage support from other donor organizations.

Total costs:

SIN 304	\$ 33,562 (Subgrant = \$11,937; IFRP = \$21,625)
SIN 904	\$221,117

Pending AID approval:

SIN 004	\$197,589 (Subgrant = \$120,263; IFRP = \$77,326)
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5. SINS 020, 020 Indonesia Fertility Research Program (BKS PENFIN)

IFRP support has enabled BKS PENFIN to develop as an organization to plan and coordinate research in various aspects of human fertility and conduct appropriate training projects. Initial support was used for the establishment of an office, identification of contributing centers and training of personnel in data

collection. In addition, a limited number of program evaluation and research projects were conducted during the subgrant period. Research projects included studies in maternity care, hospital abortion, female sterilization surveillance, IUDs and systemics. Training activities and conferences were also supported, as were initial steps in developing in-country data analysis capability. Now in its second year of funding, BKS PENFIN is expanding its contributor network to conduct studies aimed at finding the most appropriate contraceptives and family planning delivery systems for the rural and urban populations of Indonesia with limited access to modern contraceptive services. Under SIN 020, transfer of computer programs for local analysis of maternity record data has also been completed.

Results of research conducted through the BKS PENFIN have been disseminated to government policymakers and members of the medical community. The BKS PENFIN and its members have been requested to advise the government of Indonesia on a variety of issues related to contraception and maternal and child health. This project promises to become increasingly important as Indonesia moves to manufacture more of its devices in-country.

**Total costs:**

SIN 920	\$55,944 (Subgrant = \$36,933; IFRP = \$19,011)
SIN 020	\$87,694 (Subgrant = \$52,144; IFRP = \$35,540)

6. SIN 812 Indonesia Travel Grant

This subgrant provided funds for the Secretary General of BKS PENFIN to visit centers participating in maternity care monitoring studies supported by the Indonesian Fertility Research Program to assist contributors with problems in data collection.

Total costs: \$767

7. SINs 922, 022 Sudan Fertility Control Association

Over a number of years, the IFRP has supported fertility researchers in the Sudan who merged their efforts in March 1975 to form the SFCA.

Two subgrants have supported the development of the SFCA to coordinate research and to conduct appropriate training projects. Under the current subgrant, a variety of new activities have begun in addition to ongoing studies in maternity and hospital abortion care, and research in IUDs, systemics and female sterilization. New efforts will extend work from urban centers into rural areas. The SFCA publishes a quarterly newsletter and information booklets, sponsors regular discussions on fertility control technology and maternal and child health and holds an annual membership conference. All these activities help to acquaint Sudan's coders, especially those concerned with health and economic development, regarding the consequences of excessively rapid population growth. A phased system to develop local data processing and analysis capability is being carried out.

Total costs:

SIN 922 \$54,896 (Subgrant = \$28,778; IFRP = \$26,188)  
SIN 022 \$87,684 (Subgrant = \$52,144; IFRP = \$35,540)

8. SIN 924 Malaysia Fertility Research Programme

In 1966, the Malaysian National Family Planning Board (NFPB) was established to coordinate government and private sector family planning activities. This subgrant provides support for the NFPB to establish a Fertility Research Programme to conduct three projects and to hold a meeting of its collaborating investigators in order to report on these projects and establish priorities for future activities. The first project consists of monitoring the maternity care services provided by hospitals and by the country's traditional birth attendants. The second project provides clinical training to local physicians to introduce them to the latest techniques of female sterilization. The third project consists of two systemic contraceptive studies.

Total costs:

\$70,990 (Subgrant = \$48,361; IFRP = \$22,629)

9. SIN 925 Thailand Fertility Research Association

Thailand's national family planning program was started in 1968 within the Ministry of Public Health, and has a large and active research unit for monitoring program activities. This subgrant provides core administrative support and funding to develop a component for applied biomedical research in areas of interest to

Thailand's national family planning program. Projects underway include: (1) monitoring of abortions at district hospitals, (2) clinical field trials of injectable contraceptives and techniques of female sterilization, and (3) monitoring of deliveries attended by traditional birth attendants.

During the initial year of funding, the TFRA has recruited a full-time staff, established a functioning advisory committee, developed a network of research collaborators, translated IFRP data collection forms into Thai, provided training to collaborating physicians and initiated a number of research studies. Data processing and analysis for the TFRA is being done in Thailand through facilities of the National Statistical Office.

These activities have all served to strengthen the research capability of the Family Health Division within the Ministry of Health, and have provided valuable clinical research experiences, particularly for family planning providers in provincial cities and rural areas. As a result, areas of the country previously uninvolved with family planning research have been reached.

Plans for a proposed continuation of funding include clinical trials of new methods of sterilization and IUD studies. Maternity care monitoring activities will attempt to give complete coverage of all institutional maternity care in a single province.

Total costs:

\$55,902 (Subgrant = \$42,949; IFRP = \$12,953)

Objective 3. To provide limited supplies of contraceptives to continue programs initiated as field trials.

1. SIN 811 Bangladesh Female Sterilization Program Tubal Rings Supplies

In order to assist the nationwide female sterilization program of the BFRP, this subgrant provided 10,000 tubal ring packs.

Total costs: \$15,870

2. SIN 809 Mexico - Tubal Rings

Under this subgrant, the IFRP supplied the Department of Maternal-Child Health and Family Planning of the Government of Mexico with 20,000 tubal rings.

These rings were used in the Government of Mexico's program of voluntary surgical contraception, which provides free services to women throughout Mexico. The tubal rings supplied by the IFRP made a significant contribution to the ability of the Government of Mexico to extend voluntary female surgical contraceptive services to poor women who would otherwise be without access to this method.

Total costs: \$9,428

3. SII 909 Mexico Voluntary Surgical Contraceptive Supplies

Under 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 was 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 throughout Mexico.

Total costs: \$67,198

4. SINS 933, 033 Mexico: Contraceptive Quality Assurance

These subgrants provided funds to test the quality of contraceptive pills, condoms, IUDs, foams and suppositories manufactured in Mexico for use in the national family planning program. This project serves as a model program for a key, although frequently ignored, element in national family planning programs where the provision of contraceptives services is made less effective by loss of quality control. It is anticipated that the government

of Mexico and/or other funding sources will cover a substantial portion of the costs of this program after the current IFRP subgrant expires. While not a direct provision of supplies, this project provides for a supply of high-quality contraceptive drugs and devices manufactured in-county, and is, therefore, included under Objective #3.

Total costs:

SIN 933	\$57,841 (Subgrant = \$54,982; IFRP = \$2,859)
SIN 033	\$66,199 (Subgrant = \$63,492; IFRP = \$2,706)

5. SIN 972 Mexico: Veracruz Provision of Equipment

The "Hospital General" in Veracruz, Mexico, is the largest provider of family planning and contraceptive services in the city of Veracruz and its environs. IFRP provided a Wolf teaching device adaptable to their laparoscope. The IFRP had a Wolf teaching device in stock that it was able to donate and the device is currently being used for teaching physicians in the training program.

Total costs: \$653

6. SIN 973 Mexico: Merida Provision of Supplies

Dr. H. Noguchi of the Instituto de Investigaciones Regionales in Merida, Yucatan, was given 1000 tubal rings and 700 tubes of Neo Sampoo for use in the clinic's program. These supplies have become increasingly difficult to obtain in Mexico. This donation

has enabled the Institute to offer contraceptive services not otherwise readily available.

Total costs: \$1,895

Objective 4. To conduct clinical studies of proven contraceptive methods to introduce methods that have not been used previously in the particular culture.

1. SIN 980 BRAZIL: IUD Evaluation Project

The Campinas Center for Research and Control of Maternal and Infant Diseases (CEMICAMP) is a private nonprofit foundation affiliated with the Universidade Estadual de Campinas that promotes research in public health problems of women and children, including various aspects of family planning. This subgrant to CEMICAMP provides support and supplies 10,000 copper IUDs for a clinical trial of these devices. This project will provide an opportunity to introduce IUDs as a contraceptive method in Brazil, where they are little used. Twelve hospital centers throughout Brazil will participate in a one-year program to insert approximately 10,000 IUDs, following patients at 3, 6, 9 and 12 months after admission. For physicians inexperienced in IUD insertion, training will be provided at four designated hospital centers. Data on side effects and continuation will be collected on simplified IUD records and processed at CEMICAMP. The information provided by this project will play the central role in the evaluation of this method for Brazil's family

planning effort. This is the only data available for South America's largest country on the continent and side effects of IUD use.

Total costs:

\$77,432 (Subgrant = \$58,900; IFRP = \$18,532)

2. SIN 952 Mexico: Postpartum IUD Comparative Study

The IFRP is assisting the Coordinacion del Programa Nacional de Planificacion Familiar in documenting and analyzing 3000 postpartum IUD insertions. The three devices compared, all available locally, are the TCU-220-C, the Progestasert and the Lippes Loop D. One thousand insertions of each device will be done at seven hospitals in Mexico City. Cases will be followed for one year. Results of such a study will provide the national program with data for the selection of the most acceptable IUD for their postpartum program.

Total costs:

\$46,139 (Subgrant = \$39,824; IFRP = \$6,315)

3. SIN 960 Interregional: Programmatic Studies

This in-house subgrant enables the IFRP to fund contraceptive technology studies that do not fall within specific research strategies or are not a part of any national fertility research program. Long-range objectives of this subgrant are to collect baseline data for program monitoring; to introduce contraceptive

technologies new to participating centers; to involve local leaders in family planning efforts; and to identify and develop a pool of researchers that can be tapped to participate in IFRP clinical trial research. To date, twenty such studies have been approved and are ongoing.

Total costs: \$43,892

4. SIN 946 Khartoum General Hospital Data Analysis

This subgrant provided funding for analysis of data in conjunction with a doctoral thesis being done by a Sudanese physician from the University of Khartoum, who was awarded a Fulbright-Hays Award to spend three months at the IFRP.

Total costs: \$ 8,997

Objective 5. To provide monitoring and evaluation services to LDCs for programs involving maternity care, family planning, contraceptive distribution systems and related projects.

1. SIN 806 Brazil: Contraceptive Prevalence Survey in the State of Sao Paulo

This subgrant to the Catholic University of Campinas (PUC) supported a contraceptive prevalence survey in the State of Sao Paulo, Brazil. The study provided data on contraceptive use, including information on the characteristics of acceptors and users of contraception in the metropolitan area of Sao Paulo, as well as in other urban and rural areas in Sao Paulo State. In

addition, an analysis of selected factors related to the use of contraception was carried out.

A number of reports and papers have been prepared using data from the survey:

1. In January/February 1979, a Portuguese report was presented at a conference held in Campinas.
2. An oral debriefing of the results of the survey was presented at AID, Washington in April 1979.
3. A written report was presented to AID in June 1979.
4. Two papers based on the results of the survey have been published. One appeared in the March/April 1980 issue of INTERNATIONAL FAMILY PLANNING PERSPECTIVES AND DIGEST, and a second appeared in the July 1980 issue of STUDIES IN FAMILY PLANNING.

The results of the survey have been used on many occasions to influence opinions concerning family planning. Results have been presented to the Brazilian Senate.

Total costs: \$109,253 (Subgrant = \$57,370; IFRP = \$51,883)

2. SIN 807. 907, 007 Tunisia: Household Distribution of Contraceptives

Three subgrants have supported the evaluation of a pilot project to make family planning available to women living in a dispersed settlement pattern in a rural area of Tunisia. A corps of

locally recruited canvassers visited all households within the project area, encompassing a total population of approximately 40,000. Oral contraceptives were offered to all eligible women; IUDs and sterilizations were made available at no charge.

At the start of the project, overall contraceptive prevalence was 6.6 percent. Following two years of intensive household distribution, the level of contraceptive use increased to 17.7 percent. A decline of nearly one sixth in the pregnancy rate was reported.

The pilot project represented a major departure from the clinic-based national family planning program. It demonstrated the feasibility of this type of delivery system for rural Tunisia, with extra-medical personnel providing a vital link between the household and the health infrastructure. The success of this experiment has led the Government of Tunisia to implement similar projects in other areas of the country.

Total costs:

SIN 807 = \$ 8,343  
SIN 907 = \$36,385  
SIN 007 = \$22,487

3. SINS 808, 908, 008 Morocco: Household Distribution Project

These subgrants provided for data analysis and evaluation of an AID-sponsored pilot research and action activity to enable the Ministry of Public Health, Government of Morocco, to develop high-quality household-based distribution of contraceptive

services. The project was designed to test the acceptability and cost-effectiveness of such a delivery system in both urban and rural sectors of Marrakech Province. It is expected to reach over 200,000 households before completion. The project has provided a variety of baseline data, continuation rates among acceptors and other detailed program information, and valuable field experience that will be used by the Government in the anticipated expansion of national family planning activities. Preparation of the final report is currently underway.

Total costs:

SIN 808 = \$21,078  
SIN 908 = \$26,869  
SIN 008 = \$42,109

4. SIN 905, 005 Interregional: Maternity Care

Support is provided for the collection, analysis and reporting of data on obstetric deliveries and spontaneous and induced abortion using an IFRP developed single-sheet Maternity Record and Hospital Abortion Record and their variations. The data collected have helped demonstrate the need for, and the effectiveness of, postpartum and postabortion contraceptive service programs and provide information about maternity care services in a wide variety of developing countries. The data are also useful in highlighting ways of securing the best use of the limited resources available for maternal and child health care and the most appropriate provision of contraceptive resources.

Data have been collected on more than 300,000 deliveries and 40,000 incomplete abortions. In addition to regularly providing computer-generated standard statistical tables to all participating institutions, a number of special analyses of these data have been carried out. Among the areas that have been examined in depth are teenage pregnancy, breast-feeding and child mortality, acceptance of postpartum and postabortion contraception, accessibility of postpartum sterilization, cesarean deliveries and maternal mortality. During this past funding year, IFRP Research staff also prepared a major report on incomplete abortion in Latin America, based on data collected through the Hospital Abortion studies. This report is being translated into Spanish for wide distribution throughout Latin America.

At the outset of the maternity care studies, data were collected only in major urban hospitals, many of them teaching hospitals with a particular interest in research. However, most women in developing countries have their babies in smaller maternity centers, or at home, and, during the past year, a number of studies using a shorter, simpler version of the maternity record have been carried out in maternity centers in rural areas to give a broader view of maternity care in various countries. Also, under the current subgrant, two pilot studies were initiated, one in Egypt and one in Brazil, to systematically collect data from traditional birth attendants.

A major effort has been made during the current funding period to begin the transfer of maternity record data processing and

analysis capabilities to selected countries. Transfer of software and associated training have so far been completed in Colombia, India, Indonesia, Korea and Venezuela.

Total costs:

SIN 905 = \$158,674

SIN 005 = \$364,042

5. SIN 921 Guatemala: Hospital Abortion Study

IFRP assisted the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM) to document incomplete abortion cases admitted to two hospitals in Guatemala City and two in the provinces; 2495 cases of incomplete abortion had been recorded and submitted to the IFRP for processing and analysis. A final report is being completed by APROFAM and will be published as a monograph. The report will supply evidence on the medical costs of hospital abortion and provide a framework for the ongoing attempt to improve maternal and child care and increase immediate postabortal contraceptive use in Guatemala.

Total costs: \$6,388

6. SIN 923 Malaysia: Maternal and Child Health Records

This subgrant provides support for the MCH Division of the Ministry of Health of the Malaysian Government to analyze records of antenatal, delivery and child health care collected from the country's health centers, sub-health centers and midwifery clinics during 1977. These records were redesigned in 1975 to

collect information to improve MCH services provided by the intermediate service organization between hospitals and traditional birth attendants (TBAs). Monitoring the maternity care services provided by hospitals and by the TBAs using the maternity record and a TBA record is included in the activities of the Malaysia Fertility Research Program. This grant covers processing of the MCH records of the intermediate service organizations to complete the country's entire maternity care services, including TBAs, midwifery clinics, health centers and hospitals.

Total costs:

\$26,502 (Subgrant = \$17,020; IFRP = \$9,482)

7. SIN 041 Nigeria: Survey of Contraceptive Use, Breast-feeding and Abstinence

Dr. Paulina Makinwa, a demographer at the Center for Social, Cultural and Environmental Research at the University of Benin is receiving support to conduct a survey of 3000 households in Lagos, Nigeria. The study examines how modern contraceptive use is replacing traditional child-spacing practices of prolonged breast-feeding and postpartum abstinence.

Changes occurring now in Lagos are likely to occur in the near future in other African cities, making it essential to understand the process by which traditional practices are abandoned and modern ones initiated to replace them. This is especially true of practices affecting maternal and child health and childbearing in

a country with the largest and most rapidly growing population in Africa.

Among the data to be provided by the survey are 1) the proportion of women in Lagos who are currently contracepting, 2) the proportion protected by the traditional practices of prolonged breast-feeding and sexual abstinence, and 3) the proportion in need of modern contraception. Information on use of contraception and the practices of breast-feeding and sexual abstinence--by age, parity, education and other socioeconomic indicators--will make possible a determination of future contraceptive needs as the population becomes more modern.

Contraceptive accessibility is also being examined, as are the reasons cited for nonuse among women who have either reached their desired family size or wish to space future births. An important objective of the proposed study is to measure the effect of breast-feeding on birth intervals among women in Lagos, both as an alternative and in addition to conventional contraception.

Total costs:

\$83,815 (Subgrant = \$39,334; IFRP = \$44,481)

8. SIN 044 Brazil: Family Planning Needs and Program Evaluation

The northeast is the poorest region of Brazil. It is the largest area of poverty in South America and is known internationally for its periodic droughts.

In an area characterized by low income and high fertility, there may be many women interested in preventing future pregnancies but without the resources to purchase contraceptives. In five states in the northeast of Brazil, Alagoas, Paraiba, Pernambuco, Rio Grande do Norte and Piaui, the Brazilian Society for Family Welfare (BEMFAM) maintains statewide community-based contraceptive distribution programs. BEMFAM has operated family planning clinics since the mid-1960s and since 1973 it has operated a community-based distribution program. The CBD program offers only oral contraceptives. Therefore, over time, BEMFAM's family planning services have relied increasingly on oral contraceptives.

No information is available on the impact of the program on contraceptive use. The IFRP is providing assistance to BEMFAM to conduct a contraceptive prevalence survey in Northeastern Brazil. Data from the survey will be used:

1. To assess the need for family planning;
2. To provide baseline data to be used to evaluate the effectiveness of programs planned for areas that do not currently have one;
3. To serve as a control for comparisons with states in which there is a family planning program; and
4. As a comparison with other states without a program but at different levels of economic development.

Total costs:

\$262,730 (Subgrant = \$198,614; IFRP = \$64,116)

Objective 6. To provide physicians and health personnel with information on family planning and contraceptive techniques in order to enhance knowledge and skills for conducting successful population/family planning programs.

1. SINS 810, 971 Panama: High-Risk Pregnancy and Family Planning Training Project

Under SIN 810, a seminar was organized by the Ministry of Health of Panama, to provide information to improve the level of maternal care in Panama and to incorporate the latest contraceptive technology into the country's family planning services.

The participants were largely government-employed obstetricians-gynecologists from the city of Panama and the provinces of Colon, Chiriqui, Veraguas, Azuero, Bocas del Toro, Cocolé, Darien and San Blas.

Topics included the relationship between high-risk pregnancy and family planning, recent developments in contraception and management of high-risk pregnancies. Particular emphasis was placed on maternal and contraceptive care of teenagers.

A second seminar on High-Risk Pregnancy and Family Planning was organized in response to a request from the Ministry of Health as a result of the success of the first seminar. The aim was to provide and update information that would improve the level of maternal care

in Panama and incorporate the latest contraceptive technology into their family planning services.

These seminars help to provide information to enable physicians to better identify and more effectively manage high-risk pregnancies and to make better use of contraceptive technology in averting inappropriate pregnancies.

Total Costs:

SIN 810	\$17,922 (Subgrant = \$6,457; IFRP = \$11,465)
SIN 971	\$25,804 (Subgrant = \$16,019; IFRP = \$9,785)

2. SIN 815 Nonregional Pan-Islamic Conference on Motherhood

The Pan-Islamic Conference on Motherhood was held under the auspices of the International Islamic Center of Al-Azhar University. The objective of the conference was to promote motherhood as a central concern in Islam and to introduce the concept of how family planning affects maternal health. The IFRP's role was limited to travel and per diem support of the keynote speaker, the IFRP Regional Coordinator, and six IFRP collaborating investigators from Islamic countries.

Total costs: \$6,949

3. SINS 916, 016 Office Support for the International Journal of Gynaecology and Obstetrics (IJGO)

The International Journal of Gynaecology and Obstetrics (IJGO) is published jointly by the IFRP and the International Federation of

**Gynaecology and Obstetrics with funds from AID Contract**

pha-C-1172. However, these two subgrants provided funding for the staff and facilities for the Editor of the IJGO to communicate with authors and reviewers of papers submitted for publication. Negotiations are underway to transfer publication and distribution rights to Elsevier/North Holland. The probable date of transfer is January 1, 1981.

Total costs: SIN 916 = \$3,291  
SIN 016 = \$8,395

**4. SIN 049 Colombia: Printing of Information Booklet for Illiterates**

The Maternal Child and Family Planning Division of the Ministry of Health of Colombia requested IFRP's assistance in printing and pretesting a booklet for illiterate pill users in Colombia. A thousand copies of the pamphlet were printed and pretested in several communities in Colombia.

The pamphlet will be redesigned, according to the needs of the Ministry of Health, and pretested again.

Total costs: \$576

**5. SIN 050 Egypt: Technical Bulletins for Pharmacists and Private Physicians**

This subgrant to Dr. Mahmoud Fathalla at Assiut University in Egypt supports the development, publication and distribution of technical bulletins that provide information on contraceptive

methods, contraindications, side effects and ways to manage them, promotional ideas and national and international special interest stories that relate to family planning/contraceptive technology. An Egyptian manager-editor with appropriate support staff will coordinate, publish and distribute the bulletins. Information of a local nature will be combined with monthly mailings of articles, studies, sales material, etc, from the Technical Services Unit (PIACT/Seattle). The bulletins will be distributed to some four thousand pharmacies, all fifth-year pharmacy students and some six thousand private physicians.

In addition, IFRP will conduct a pre- and postproject survey of pharmacists' and physicians' family planning knowledge and attitudes.

Total costs: \$42,662 (Subgrant = \$38,015; IFRP = \$4,647)

6. SIN 052 Mexico: Seminar on Human Reproduction--Present and Future

This subgrant provided funding to the Mexican Asociacion Para el Estudio de la Reproduccion Humana for a three-day seminar on human reproduction for physicians, paramedics and nurse/midwives who work in the government, social security and private sectors. One hundred participants were invited to attend from Nuevo Leon and surrounding states. Topics discussed included population growth in Mexico, health and human reproduction, evaluation of the Mexican program, advances in male and female reproductive biology, vasectomy and attitudes thereto, intrauterine devices,

female sterilization, hormonal and barrier methods, sex education and the use of paramedic personnel as providers of family planning services. It is hoped that the seminar will have a favorable impact on the attitudes and practices of the participants toward family planning in an area where this subject has received much adverse publicity.

Total costs:

\$37,049 (Subgrant = \$25,065; IFRP = \$11,984)

SIN 053 Mexico: Workshops for Deans of Medical Schools

Under this subgrant, Deans from 24 medical schools throughout Mexico met with members of the Coordinacion Nacional del Programa de Planificacion Familiar to discuss the design of a family planning training program for implementation in the medical school curriculum.

The Coordinacion, in collaboration with the Mexican Association of Faculties and Schools of Medicine, will prepare prototype manuals, models and audiovisual materials for use in the development of the training program that will be implemented in the 4th, 5th and 6th years of medical school. The program will cover approximately 40 hours of coursework.

The careful planning and preparation accomplished by the Coordinacion and the contributions of the medical school deans during the workshop were and continue to be vital to the success of this program.

Total costs:

\$14,902 (Subgrant = \$10,830; IFRP = \$4,072)

8. SIN 076 Mexico: Manual for Vasectomy Counseling

Although studies have shown that vasectomy is an acceptable family planning method in Latin America, service is not widely available because of the paucity of information provided to men seeking a permanent family planning method. Most publications deal with techniques and medical care but few face the issue of the attitude men have toward vasectomy, their fears, and perceptions. Support is being provided to the Asociacion Pro Salud Maternal (APSAM) for translation of a manual presently available in English. The manual is being translated in Mexico and adapted to the Latin American environment. The manual will be distributed to family planning providers, both government and private, throughout Latin America.

Total costs:

\$10,891 (Subgrant = \$3,200; IFRP = \$7,691)

### III. PLANS AND PRIORITIES

The Grant supports projects that improve reproductive health. In allocating Grant resources, the overall goal of the IFRP to develop and make available to all people realistic and appropriate fertility regulation choices must be kept in mind.

Priority is given to those projects that enhance activities funded under the research contract. These include the support of national fertility research programs that provide an institutional mechanism for evaluating contraceptive methods and delivery systems in order to influence programmatic decisions regarding the diffusion of safe, effective means of fertility control in a particular country. The International Federation for Family Health serves as an international coordinating mechanism for these national programs.

Monitoring of maternity care and treatment of incomplete abortion provides essential information to policy makers about the public health problems posed by high fertility and inadequate family planning services, as well as supplying information that can be used to improve maternity care services and reduce maternal and infant mortality and morbidity in a number of developing countries.

The information provided through the evaluation of existing and new family planning service delivery programs will continue to make contraceptive methods more widely accessible to people in need of services.

Programmatic studies to introduce contraceptive methods to areas where they have not been used previously and to meet specific needs of local fertility research investigators will continue as a high priority.

Conferences, seminars and training courses to improve clinical skills of providers of family planning services and to make available information on a variety of topics related to contraception and family planning are an important channel for the diffusion of IFRP research and help to shape population policy in many countries.

In addition to setting program priorities for the funding of projects under the Grant, it is also essential that country priorities also be set in order to maximize the use of IFRP staff in responding to needs and requests from the developing world.

During the coming year, continuing efforts to develop a program in Africa will receive high priority. Among the African countries, top priority will be given to Mali, Zaire and Tunisia. Other countries in which activities will continue and be expanded are Nigeria, Senegal, Rwanda and Tanzania.

In Latin America, Mexico and Brazil will continue to receive a major input of funding and technical assistance. New activities are planned for Ecuador and Peru. We will continue to support projects in Colombia and Chile.

Egypt and Sudan are top priorities for grant-funded activities in the Middle East during the coming year, with Turkey and Syria also receiving increased attention.

The IFRP has its strongest Asian programs in Bangladesh and Indonesia, and our support of activities in these countries will take precedence over other Asian activities during the next year. Other countries where we will continue to work are Thailand, the Philippines and Sri Lanka. An effort to develop activities in Nepal is also planned.

Specific new grant projects now in development or pending approval are described briefly in the following paragraphs.

Mexico: Support Materials for Nonliterate Rural Contraceptive Acceptors

Three pamphlets on contraceptive methods, developed by PIATA for the illiterate rural population of Mexico, will be adapted to the Mayan culture. Through direct research among the target population, appropriate symbols and images will be identified, in order to adapt the pamphlets on three different contraceptive methods to the customs and mentality of the Mayans.

Ecuador: National Course on Human Reproduction and Health

The subgrant will support a course on human reproduction in Punta Carnero. The course will be sponsored by the Ministry of Health and implemented by APROFE. Forty gynecologists-obstetricians will participate. Topics will include the impact of human

reproduction on the health sector. This course will represent the first IFRP-funded activity in Ecuador and will help to develop contacts for contraceptive research in that country.

**Egypt: Egypt Fertility Care Society Research Program**

Thirteen independent centers in Egypt currently have research activities sponsored by the IFRP in various areas of fertility control, eg. chemical and surgical female sterilization, IUDs, oral contraceptives, hospital abortion and maternity care monitoring. The IFRP has been requested to contribute to the Egypt Fertility Care Society's increasing role in fertility management research by making possible the regrouping of interests of these research contributors in Egypt. The development of such a distinctive coordinated research group in the field of family planning in Egypt will have a considerable impact on family planning policy decisions.

**Philippines: Philippine Fertility Research Program**

Funds will provide core support for research projects of special interest to the Ministry of Health, National Family Planning Office. The projects to be carried out include: (1) monitoring maternity care at four regional teaching and training hospitals, (2) monitoring spontaneous, incomplete or septic abortions at the same four hospitals, (3) monitoring deliveries attended by traditional birth attendants in the provinces of Luzon, Visayas and Mindanao, and (4) trend analysis of service statistics on

sterilizations performed over eight years among 240 Ministry of Health-affiliated service centers.

**Honduras: Family Planning Training for Physicians in Social Service**

The project will provide training in family planning for 80 physicians who spend one year in social service throughout Honduras after they leave medical school. The trainees will return to their rural health posts and be evaluated by the local regional directors toward the end of the year.

**Mexico: Voluntary Surgical Contraceptive Training for Private Physicians**

Training will be provided in female sterilization techniques, with emphasis on minilap, for physicians in the private sector, a group that has been largely ignored because of the importance placed on government sponsored programs. Surgical centers that are already established throughout Mexico will be used as training sites.

**Mexico: Family Planning Program for Medical Schools**

Asociacion Mexicana de Facultades de Medicina (AMFEM) is the organization that represents the majority of Mexican schools of medicine. One of their goals is the inclusion of family planning in the curriculum of medical schools. A subgrant will support the design and production of prototypes of family planning education modules for 28 Mexican universities.

Peru: Social Security Training Course

The Social Security Hospital No. 2 of Lima, Peru, has requested assistance from the IFRP in the provision of two speakers to attend a five-day training course on Health and Population. This course will include training in postpartum IUD insertion, laparoscopy, minilaparotomy and other contraceptive methods.

Philippines: Philippine Community Health and Family Planning Project

Some mountain villages in the northwestern Luzon region are virtually inaccessible due to poor roads. Basic health and family planning services are badly needed in spite of existing government projects that are spread thinly across the region. A local private institution, Lorma College/Hospital, following a tradition of community service, proposes to organize an integrated project that utilizes nurse and midwife trainees to provide primary health care and family planning services in six remote barrios, to train community members in better primary health/contraceptive practices and to assist in the establishment of income-generating projects, including a village medicine and contraception distribution scheme. This two-year project includes information gathering, implementation and evaluation phases. The project involves women implementors serving rural areas, including community participation. Project continuity is fostered by including it in the student's practicum and by involving members of the community in its execution.

#### Sri Lanka: Research Capacity Development

The Family Planning Association of Sri Lanka is the only source of data on contraceptive methods in that country. This subgrant will enable the FPA to increase and strengthen its research capability in the areas of clinical trials of contraceptives and the acceptability of family planning methods. Funds will provide for staff support, data collection, data processing, publication and training.

#### Tunisia: Support to the Office National du Programme en Planning Familial Medical Research Program

The ONPFP medical division will receive technical and financial support to set up a nationwide maternity care monitoring program and other monitoring programs for female sterilization and abortion in Tunisia. All phases of the project from forms printing to data analysis will be conducted in Tunisia. A subgrant will help to develop a data collection network at the country's 10 major maternity hospitals and provide technical assistance to establish a data collection coordination center at the ONPFP central office in Tunis for keypunching and data analysis.

#### Mali: Mali Fertility Research Program

After conducting a successful Maternity Record Study, the Ministry of Health of Mali has requested that IFRP support the development of an umbrella agency to coordinate studies in contraceptive safety and acceptance that will support the Ministry of Health family planning service program. The Ministry wishes

to conduct Maternity Record Studies, Hospital Abortion Studies and monitor contraceptive safety among Malian women.

**Mali: Family Planning Acceptor Data Analysis**

The Association Malienne pour le Planning Familial (AMPPF) is the Malian affiliate of IPPF. The association has been in operation since 1972. The AMPPF designed a card to monitor its acceptor case load, but due to lack of funds, the data have not been analyzed since 1972. Data on roughly 13,000 cases have been recorded. The IFRP will provide support to code, keypunch and analyze this data. All phases of the work will be completed in Bamako.

**Zaire: A Training Project for Outreach Family Planning/Maternal and Child Health Services**

The medical infrastructure of Zaire depends heavily on the network of missionary hospitals that are more numerous in that country than in any other African nation. Trained medical staff are in short supply, especially in rural areas that are very isolated due to the absence of means of communication. One positive consequence of this difficult situation has been the creative role played by paramedical staff, not unlike the barefoot doctor concept of China.

A subgrant is planned to enable the Karawa Hospital to create a program to give access to an integrated mix of primary health

care, MCH and family planning to the people of the region that they serve. Emphasis will be placed on the training of Zairian paramedical staff to provide family planning/MCH outreach services.

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