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IPAVS

INTERNATIONAL PROJECT
OF THE ASSOCIATION FOR
VOLUNTARY STERILIZATION

Annual Report

1980

January 1-December 31, 1980
Grant # AID/pha-G-1128

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CHAPTER 1

Overview

This Annual Report marks the completion of a five-year grant (AID/pha-G-1128). Its mandate to IPAVS was to provide an international action program in voluntary surgical contraception among countries of the developing world. The five years were ones of exceptional growth and expansion for IPAVS, of goals accomplished, of work yet to be done.

In fulfilling the broad purpose of its mandate, IPAVS has:

- Assisted over 60 countries in the design, development, and implementation of voluntary surgical contraception programs. By 1980, there were 153 active programs.
- Promoted the development of Information and Education programs aimed at the various levels of audience from top governmental leaders and other decision-makers to physicians, to grass roots health workers, to users of services.
- Stimulated the development of 30 national leadership groups and supported their efforts to advance the acceptance and use of voluntary surgical contraception. In this context, IPAVS has given unstinting support to the development and functional independence of the World Federation of Health Agencies for the Advancement of Surgical Contraception. The Federation now numbers 30 members.
- Organized, supported, and conducted over 40 conferences at international, regional, national, and local levels in countries all over the world. In this context, IPAVS has established a pace-setting series of triennial international conferences in the field, two of which occurred during the grant period.
- Supported the development and implementation of training programs for physicians, allied health personnel, equipment repair technicians. In addition, IPAVS established 13 equipment Repair and Maintenance (RAM) Centers.
- Provided equipment and medical instruments to voluntary surgical contraception programs in numerous countries.
- Established field offices in the Asia and Africa regions.
- Provided technical assistance and consultation to voluntary surgical contraception programs all over the world.

As this Report will show, growth has been exceptional. Annual sub-grant awards have increased from $1.3 million in 1976 to $8.3 million in 1980. The annual rate of voluntary surgical contraception procedures performed has more than doubled from 43,000 in 1976 to 100,000 in 1980. The range and extent of program accomplishments required new levels of efforts from setting up new administrative mechanisms to fostering an expanded role for the World Federation.

Although November 30th marked the end of the formal grant period, a one-year extension pending approval of a new grant document has been granted. The new document, currently under development, will reflect the current trends and program needs of the international community, and will continue the uninterrupted flow of current program efforts.

IPAVS's productivity with regard to program administration is summarized in Figure 1. Particularly gratifying is the average cost of a sterilization proce-

Figure 1. Cumulative Awards Data, 1976 to 1980

TYPE OF AWARD	NUMBER	AMOUNT
Sub-grant Awards	311	$22,579,911
Information & Education Components/Budget Allocations	*178* *	*975,686* *
Small Grant Awards	376	534,508
Equipment Grant Awards	20	1,774,350
RAM Center Awards	22	1,274,140
National Leadership Group Sub-grant Awards	101	6,308,960
TOTAL	*830*	*$32,471,869*
Number of Sterilizations		
Female	281,640	
Male	42,972	
TOTAL	*324,612*	
Number of Physicians Trained	1,631	

**Figures are subsets of Sub-grant Awards; non-additive*

dure which, based on the gross totals of awards and numbers of procedures, amounts to approximately $100. This, of course, is a crude average which would be substantially lowered by factoring out non-service awards.

Meeting—and often exceeding—the objectives set forth in the grant agreement was but a part of the effort made by IPAVS during the period, 1976 to 1980. Less readily quantified developments evolved over time. Among the issues emerging as we commence the extended grant period devoted to advancing and incorporating voluntary surgical contraception in family planning programs are the following:

- **Quality of services.** As the program expands, the importance of monitoring quality takes on new dimensions. The processes of monitoring and evaluation must be reexamined and refined. Medical supervision systems should be developed as should guidelines for anesthesia administration, emergency management and the use of paramedics.
- **Self-sufficiency.** Original expectations included the withdrawal of IPAVS's financial support to sub-grantees after a period of time with the responsibility for supporting projects transferred to and integrated into larger institutions, national government programs, or the larger hospitals. Although there has been some realization of this expectation, notably in Korea, Thailand and the Philippines, independence has proven difficult to achieve. Needed is an in-depth study of the ways in which programs—particularly in large teaching hospitals and national health departments—can be integrated, thence expanded, independent of further funding by IPAVS.
- **Services in rural and remote areas.** The difficulties of expanding any health service to the hinterlands of developing countries has long plagued planners and program personnel. Yet, the problems must continue to be addressed and solutions sought. The World Federation has chosen this dilemma as one of its primary focusses and has established an expert committee to analyze this problem and suggest workable solutions.
- **The issues related to incentives for sterilization.** As voluntary sterilization programs become nationalized, the issue of inducements to accept the service arises anew. A ban on incentives by a central funding agent, as now exists, may not necessarily continue as program support is internalized. The World Federation takes cognizance of this problem and will continue to devote attention to it.
- **International standards.** The World Federation, as an authoritative, international voice, will be instrumental in forging standards related to the medical and social aspects of surgical contraception. Among the issues which lend themselves to international criteria are data collection procedures, personnel recruitment qualifications, qualifications for trainers and trainees, pre- and post-operative medical surveillance and surgical contraception terminology.
- **Technical assistance modules.** An array of technical assistance "packages" should be developed and available, both for areas in which services are to be newly established as well as for the programs that are to be expanded and upgraded.
- **Establishment of services in countries where they are not available.** Much work remains to be done in order to stimulate and educate professionals and national leaders and policy makers as to the importance of the role of voluntary surgical contraception in family planning programs.

As the International Project focusses on these issues related to the development and implementation of high quality, voluntary sterilization programs, it continues to relate to other types of international agencies which are not involved in services: research, demographic and developmental bodies. Through such associations, a comprehensive assault on world problems becomes achievable.

The Annual Report for 1980 summarizes the developments and accomplishments of the IPAVS program for the period of the grant, 1976 to 1980, and highlights the last program year. Program statistics, the bulk of which are found in Chapters 3 and 4, are presented in tabular form for easier comprehension and reference. It should be noted that the data in the IPAVS computer information system have been updated; the system itself has been further refined, hence some of the presented figures may not be comparable with those given in previous Reports.

Marilyn E. Schima, R.N., Ed.D., M.P.H.
Director of International Programs

CHAPTER 2

Grant Administration and Program Management

Fiscal Report

IPAVS currently operates under a grant from the Agency for International Development, number AID/pha-G-1128, which became effective on September 1, 1975. The grant has been extended several times by AID and is now in effect through January 31, 1981. An extension of the grant for the continuation of the program after that date is now in process.

The current AID grant contains obligated funds of $36,980,000. Obligated funds have been allocated incrementally, as required, by means of grant amendments during the progress of the grant. Commitments and expenditures are currently available for program activities initiated prior to January 31, 1981. Figure 2 gives the funding history of the grant.

A budget and expenditure statement covering the period of the original grant and its continuations is shown in Figure 3. Figure 4 shows the percent distribution of total expenditures and commitments by budget category for the period of the grant and its extensions through November 30, 1980. It is significant that the total amount expended or committed for program costs—information and education, conferences, sub-grants and National Leadership Groups—accounts for 83 percent of the total funds, while administrative costs account for 17 percent.

Staffing and Organization

When grant AID/pha-G-1128 became effective on September 1, 1975, there were twelve administrative/technical and seven support staff members authorized. As IPAVS activities expanded, the number of approved staff grew to 35 administrative/technical and 20 support personnel. A further staff increase was provided in the grant amendment which became effective December 1, 1979, making the present personnel ceiling 61 (excluding local-hire, Regional Office staff). Figure 5 represents the organizational structure under the present grant.

Figure 2. Incremental Funding History of Grant AID/pha-G-1128, September 1, 1975 to November 30, 1980

PERIOD		FUNDS	
From	To	Obligated This Period	Cumulative Totals
Sept. 1, 1975	Aug. 31, 1976	$ 1,500,000	$ 1,500,000
Sept. 1, 1976	Dec. 31, 1976	1,875,261	3,375,261
Jan. 1, 1977	Apr. 30, 1977	1,574,739	4,950,000
May 1, 1977	Nov. 30, 1977	8,500,000	13,450,000
Dec. 1, 1977	Nov. 30, 1978	4,000,000	17,450,000
Dec. 1, 1978	Nov. 30, 1979	7,100,000	24,550,000
Dec. 1, 1979	Nov. 30, 1980	12,430,000	36,980,000
TOTAL		*$36,980,000*	*$36,980,000*

Figure 3. Grant AID/pha-G-1128, Budget and Expenditure Statement, September 1, 1975 to November 30, 1980

CATEGORY	BUDGET	ACTUAL EXPENDITURES	COMMITTED BUT UNEXPENDED FUNDS	TOTAL COMMITTED AND EXPENDED	FREE BALANCE
Salaries	$ 3,192,997	$ 2,839,155	$ –	$ 2,839,155	
Fringe Benefits	637,706	516,847	–	516,847	
Consultants	173,405	171,567	–	171,567	
Rent & Utilities	515,729	500,164	–	500,164	
Equipment & Furniture	120,072	97,040	–	97,040	
Supplies & Services	266,256	310,042	–	310,042	
Communications	205,953	212,323	–	212,323	
Travel & Subsistence	552,390	433,178	–	433,178	
Information & Education	155,876	185,965	–	185,965	
Conferences	1,443,830	1,347,027	–	1,347,027	
Sub-grants	25,736,009	16,730,192	6,992,000	23,722,192	
NLG Grants	3,416,536	1,855,420	199,000	2,054,420	
Regional Offices	563,191	556,780	–	556,780	
TOTAL	*$36,980,000*	*$25,755,700*	*$7,191,000*	*$32,946,700*	*$4,033,300*

Figure 4. Percent Distribution of Total Expenditures and Commitments by Budget Category for Grant AID/pha-G-1128, September 1, 1975 to November 30, 1980

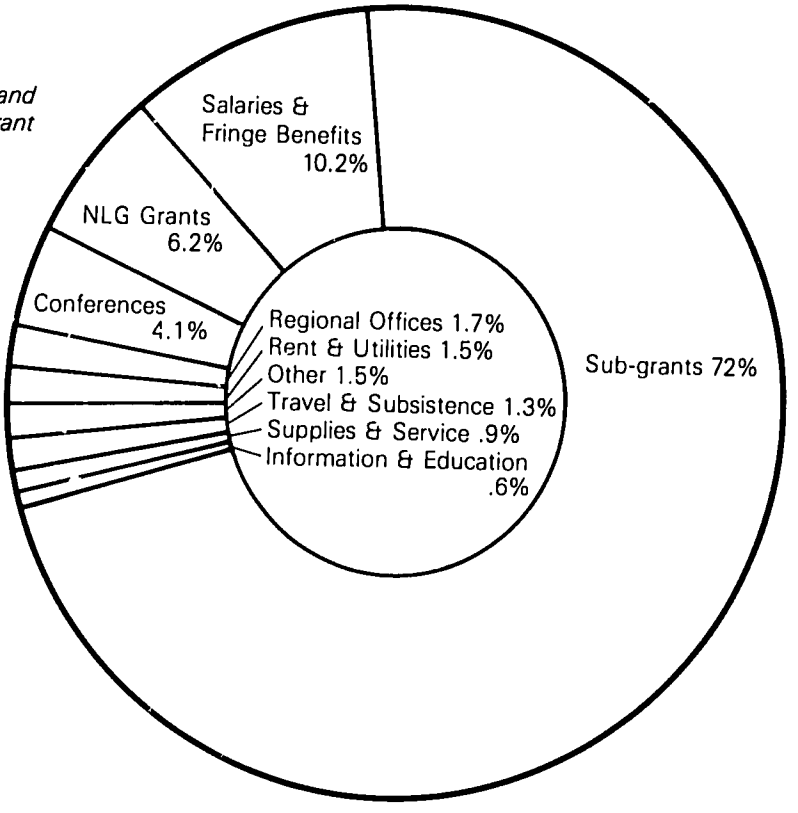
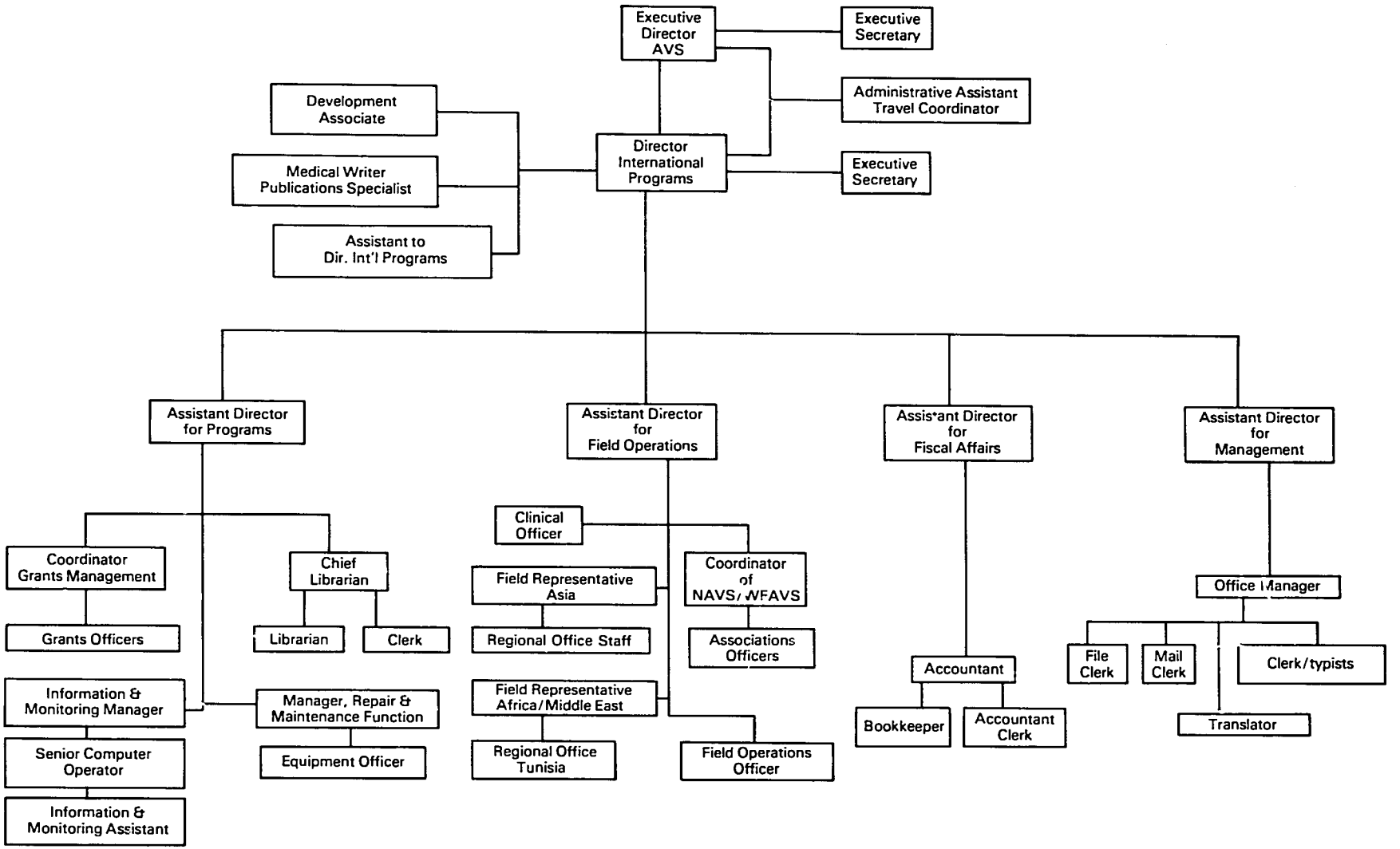


Figure 5. Organizational Chart, IPAVS



Policies and Procedures.

Since 1976, the development of policies and procedures for internal operations and program management has moved toward integration and consolidation. In the early years of the program, new project experiences and problems created the need for new policies and standards of procedure. While all new directives were not reactive, many had to be set as a result of realities that emerged from operating projects. As the program matured, a linkage and overlap of previous procedures became apparent, setting the stage for revision and consolidation.

Below are listed the policies and procedures developed prior and subsequent to January 1, 1980.

Field Operations

—General Strategy. The growth and complexity of IPAVS's sponsorship and monitoring responsibilities made regionalization of some headquarters activities both desirable and necessary. Early in the grant period, IPAVS developed a strategy for decentralization which would result in the establishment of Regional Offices that could respond to the needs of the voluntary sterilization movement within socio-politically more uniform segments of the developing world.

Among the functional responsibilities of the planned Regional Offices were:

- Liaison with AID missions, government officials, private sector leaders and donor agency personnel within a geographic region;
- Development of comprehensive regional strategies;
- Sub-grantee program development and monitoring;
- Policy guidance;
- Technical assistance;
- Communications between the field and IPAVS headquarters.

In 1979, the first Regional Office, with program responsibility for Asia, was established in Dacca, Bangladesh. A Regional Office for Africa and the Middle East, in Tunis, Tunisia, became operational in 1980. A third, for Latin America, is still in the planning stage.

During 1980, a complete and detailed manual for Regional Office operations was developed (see item 30, previous section), a milestone that be-

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JANUARY, 1976, to DECEMBER, 1979

Regional Office

1. Regional Office and National Association Coordination Procedures
2. Employment Policies for Regional Office/Asia
3. Procedures for Communications between IPAVS/New York and the Regional Office/Asia
4. Interim Plans for Asia Regional Office-New York Coordination and Responsibilities Regarding Sub-grants and Proposals

Sub-grants

5. Routine Sub-grant Review Procedures
6. Voluntary Sterilization Programs in Institutions (e.g., prisons)
7. Procedures for Evaluation of Training Components
8. Informed Consent Guidelines for IPAVS Projects
9. Financial Incentives
10. Procedures for Obtaining Certificate of Non-objection for the Use of AID Funds in India

Equipment

11. Procedures for Distributing Equipment Items During a Site Visit
12. IPAVS Policy on Sub-grantees' Local Purchase
13. Guidelines for Determining "Shipping and Handling" Charges
14. Mandatory Emergency Equipment in IPAVS-Funded Facilities

Financial

15. Regulation on Per Diem Reimbursement for AVS/IPAVS Employees
16. Procedures for Charging Excess Costs of Items Purchased for Sub-grantee if IPAVS Underestimates Amount
17. Instructions on How to Prepare Financial Reports

Medical

18. Procedures Following Receipt of Complications Report
19. Procedures for Donation of Laprocators
20. Procedures for Review of Training Curricula and Patient Record Forms.

Site Visits

21. Procedures for Site Visit Preparation from New York
22. Responsibilities Involved with Site Visits

New York Office

23. Procedures for Use of the Redactron Machine and the System for Editor Taping and the Use of the Taped Material
24. Procedures for Remitting Cables and Telexes
25. Computer Updating Procedures
26. Operating Manuals (Library, Equipment, Office, Grants Management and Information Monitoring Sections)

JANUARY TO DECEMBER, 1980

Medical

27. Minimum Medical Service Standards for Male and Female Voluntary Surgical Contraception were written in comprehensive and consolidated form that incorporated many directives of past years. The Standards were approved by the IPAVS Biomedical and International Committees and were

gins the process of establishing a strong IPAVS presence abroad.

—Regional Office for Asia. The Asia Regional Office, opened in April, 1979, has been delegated primary programmatic responsibility for Bangladesh, Indonesia, Thailand, Korea, the Republic of China, the Philippines, Nepal and Sri Lanka. On February 1, 1981, Burma, India, Malaysia, Pakistan and Singapore will be added.

In July, 1980, the first Regional Office coordination meeting was held in New York. At that meeting, the Regional office for Asia presented a three-year strategy plan for the region. The plan contains detailed, one year, country strategies for six countries and a schedule for the preparation of office and program management procedures. It also includes a plan for moving the office to larger facilities. The plan summarizes the needs of the region along with the responsibilities and priorities of the Regional Office.

It identifies the following, regional-level, program objectives:

1. Work with voluntary surgical contraception leadership organizations;
2. Coordinate with national governments, private agencies and donors;
3. Establish and utilize a consultant network;
4. Develop and implement training and manpower development opportunities;
5. Encourage and/or organize conferences;
6. Focus more attention on vasectomy;
7. Develop rural programs;
8. Stimulate information and education programs
9. Encourage the codification of uniformly high ethics for voluntary surgical contraception;
10. Incorporate regional and program planning as a routine function of the Regional Office.

In October, 1980, the Assistant Director for Asia moved from the New York Office to Bangladesh. There are now a total of eleven staff members in the Regional Office for Asia. During the past year, the Office provided technical assistance to all IPAVS subgrantees in Asia.

—Regional Office for Africa and the

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printed and distributed in November-December, 1980. IPAVS Sub-grantees are required to comply with the provisions of the Standards in order for IPAVS funding to continue. The Standards detail the IPAVS policies on:

- Information and Counseling
- Informed Consent
- Medical Screening and Pre-operative Assesment
- Surgical Procedures
- Post-operative Care and Follow-up
- Minimum Space and Equipment
- Minimum Emergency Care
- Medical Records
- Reporting Complications and Deaths (Standards incorporate items 14 and 18 above)

28. Procedures for Granting Exceptions to the IPAVS Minimum Medical Standards for IPAVS Funded Programs (approved by the International Committee in September, 1980). These procedures cover cases in which IPAVS is funding a program which cannot, for a just reason, comply with the Minimum Standards.
29. Procedures Following Report of Voluntary Sterilization-Related Death in IPAVS Funded Facilities. The Minimum Medical Standards specify that any death related to a sterilization procedure must be reported to IPAVS within 24 hours. These procedures specify the steps that IPAVS must take following such a report to minimize a recurrence at the facility.

Regional Office

30. A Consolidated and Comprehensive Manual of Regional Office Operations and Procedures, which includes:
    - IPAVS policies governing overseas assignments and local-hire personnel employment policies;
    - Procedures for reporting and communication, financial administration, filing, shipping, purchasing and supply;
    - Procedures for coordination between the Regional Offices and the Information Systems and Operations Monitoring Section as well as for coordination of travel;
    - Guidelines on the division of responsibilities between IPAVS/New York and the Regional Offices concerning proposal development and sub-grant monitoring (timetables are in place for implementation on a country-by-country basis). (Manual incorporates items 1 - 4 above)
31. Procedures for audits of the Regional Office/Asia and for programs covered by the Regional Offices (draft).

Personnel

32. A Consolidated and Comprehensive Agreement between AVS and the IPAVS Employees Organization was written and includes:
    - AVS-Employee Organization relations;
    - Grade and salary system;
    - Review, promotion, termination and seniority;
    - Timekeeping and special assignments;
    - Vacation, leaves and excused absences;

Middle East. The office, with nine staff members headed by an Administrative Director, opened in Tunis, Tunisia in May, 1980. It will eventually be responsible for all programs in Africa and the Middle East and is now in the process of phasing in program responsibilities.

In October, the Regional Office assumed primary programmatic responsibility (proposal development and sub-grant monitoring) for Tunisia. It is also presently monitoring all communications between IPAVS/New York and all other project applicants and sub-grantees in the region. The Regional Office will assume primary programmatic responsibility for the remaining countries of the region on a country-by-country, phased basis.

During 1980, the main activities of the Regional Office for Africa and the Middle East were the hiring of personnel; equipping the office; writing administrative and personnel procedures which incorporated IPAVS policies; program monitoring and proposal development within Tunisia.

The Regional Office participated in technical assistance visits for all subgrants in Tunisia and for two subgrants in Morocco during the year.

—Regional Office for Latin America. An evaluation of the possibilities for establishing a Regional Office for Latin America in the Caribbean or in Central or South America was carried out by IPAVS during 1980. It was decided to maintain the focus of activities for Latin America at IPAVS/New York for the present.

- Employee benefits.

33. Procedures for Emergencies Relating to IPAVS Staff. These are necessary to cover both travel and home office employee emergencies.

Conferences

34. Criteria for IPAVS Staff Participation in Conferences. These outline IPAVS policy with regard to sponsoring travel to and participation in work-related conferences and workshops by staff. The procedures are necessary to prevent non-attendance or over-coverage at conferences at which IPAVS representation is important.

Abortion

35. Control Procedures to Preclude the Use of AID Funds for Abortion Activities Prohibited by AID Policy Determination No. 56. These were issued to clarify AID policy for staff and sub-grantees.

Site Visits and Travel

36. Guidelines for IPAVS Site Visitors
37. Guidelines for Trip Reports and Meeting Outcome Reports (format and content) for IPAVS Site Visitors and Consultants
38. Guidelines for Staff Travelers
39. Changes in Per Diem Rates and Mileage
40. Site Visit Procedures regarding Trip Reports and Expense Accounts
41. Distribution of International Summary Trip Reports
42. Procedures for Clearances of Travel Requests. These guidelines were developed to clarify site visitor roles for experienced staff and to give direction to first-time staff travelers.

New York Office

43. Revised Guidelines for the Transmission of Cables and Telexes

Small Grants

44. Source of Origination for Small Grants
45. Voluntarism Clause for Small and Special Equipment Grants
46. Small Grant Processing Procedures

IN PROCESS, 1980

47. A system for implementing and monitoring compliance with the Minimum Medical Service Standards
48. File closure procedures
49. Infertility guidelines for IPAVS-funded programs that include infertility care
50. Guidelines for IPAVS support of reanastomosis services and facilities
51. Minimum standards for physician training in voluntary surgical contraception procedures (incorporates item 20, above)
52. A manual for site visit procedures (incorporates items 21, 22, 33, 35, 36-42, above)
53. Small grant policies and procedures (incorporates items 44-46 above)
54. Revised criteria for proposal evaluation
55. Conference policies and procedures
56. Office and program management procedure manuals for Regional Offices
57. Procedure notebooks for IPAVS/NewYork divisions
58. Consultant coordination procedures

CHAPTER 3

Program Development

The figures in Chapter 3 illustrate the extent of program development during the period of the grant, with the last program year highlighted.

Program development—especially in the case of new programs—is initiated long before a formal proposal is submitted. Person-to-person contact between IPAVS staff and prospective sub-grantees is often made, and close communication continues through the period after a proposal is submitted and the sub-grant awarded.

The number of sub-grants awarded has increased considerably since 1976. An effort to reduce administrative burdens and improve internal coordination has been made through the process of consolidation, whereby several projects within a country, previously funded individually, are refunded through one "umbrella" grant.

The small grant is used in cases for which a small award (usually less than $5000) is needed to cover non-recurring expenses such as travel, printed materials or staff training.

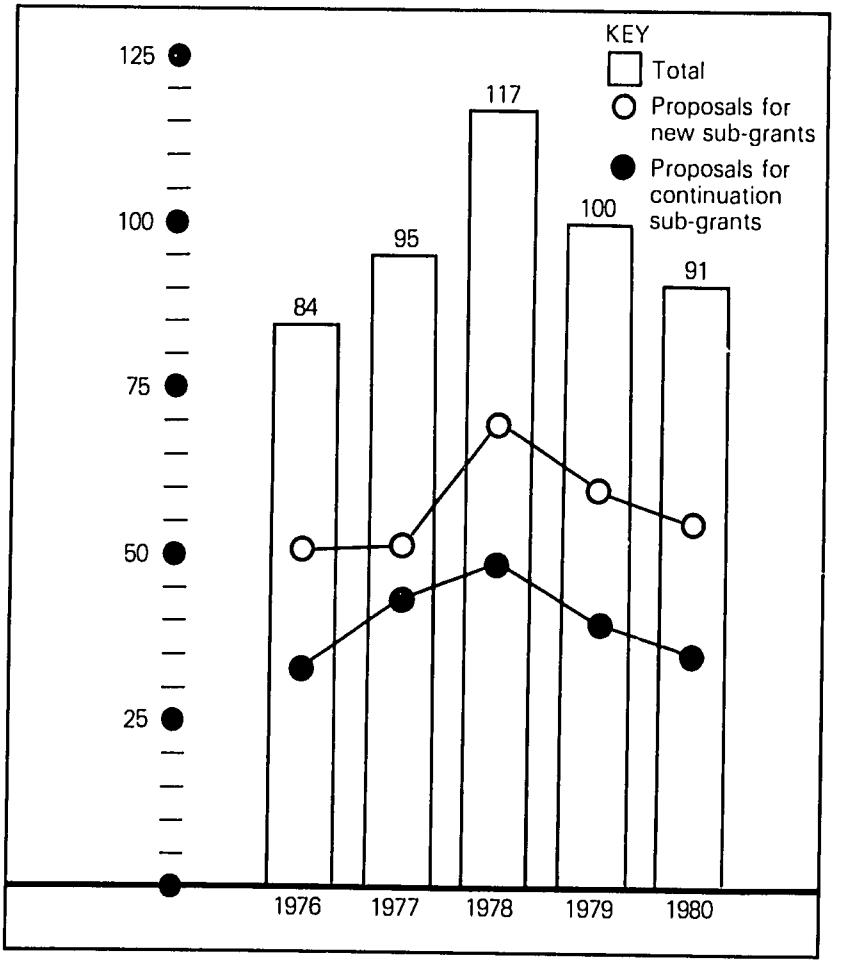
New programs require an initial investment in modern equipment and, sometimes, renovation of physical facilities. Equipment is durable and reuseable, but commodities continue to be replenished.

Private funding by the Association for Voluntary Sterilization has been used to support worthy efforts in countries ineligible for AID support.

Proposal Submissions

6. Number of Proposals Submitted by Year, 1976 to 1980. Figure 6 shows the volume of submission for new and continuation sub-grants between 1976 and 1980. The percentage of proposals for new programs has remained fairly constant over the last five years, ranging from 55 to 62 percent of all proposals received. Although the total number of proposals appears to be decreasing slightly, this is less an indication of reduced proposal activity than the result of the consolidation of many programs in some countries such as

Figure 6. Number of Proposals Submitted by Year, 1976 to 1980



Guatemala, Honduras and Tunisia.

7. Final Status of Proposals Submitted in 1980. As Figure 7 shows, a final determination—either to award or reject—was made on almost 52 percent of all proposals submitted during 1980. Of the 35 proposals still in process at IPAVS, 77 percent are for new projects whose requests must undergo a more extensive development and review process, including review by the International Committee.

Sub-grant Awards*

8. Total Sub-grant Awards by Year, 1976 to 1980. As indicated, the 1980

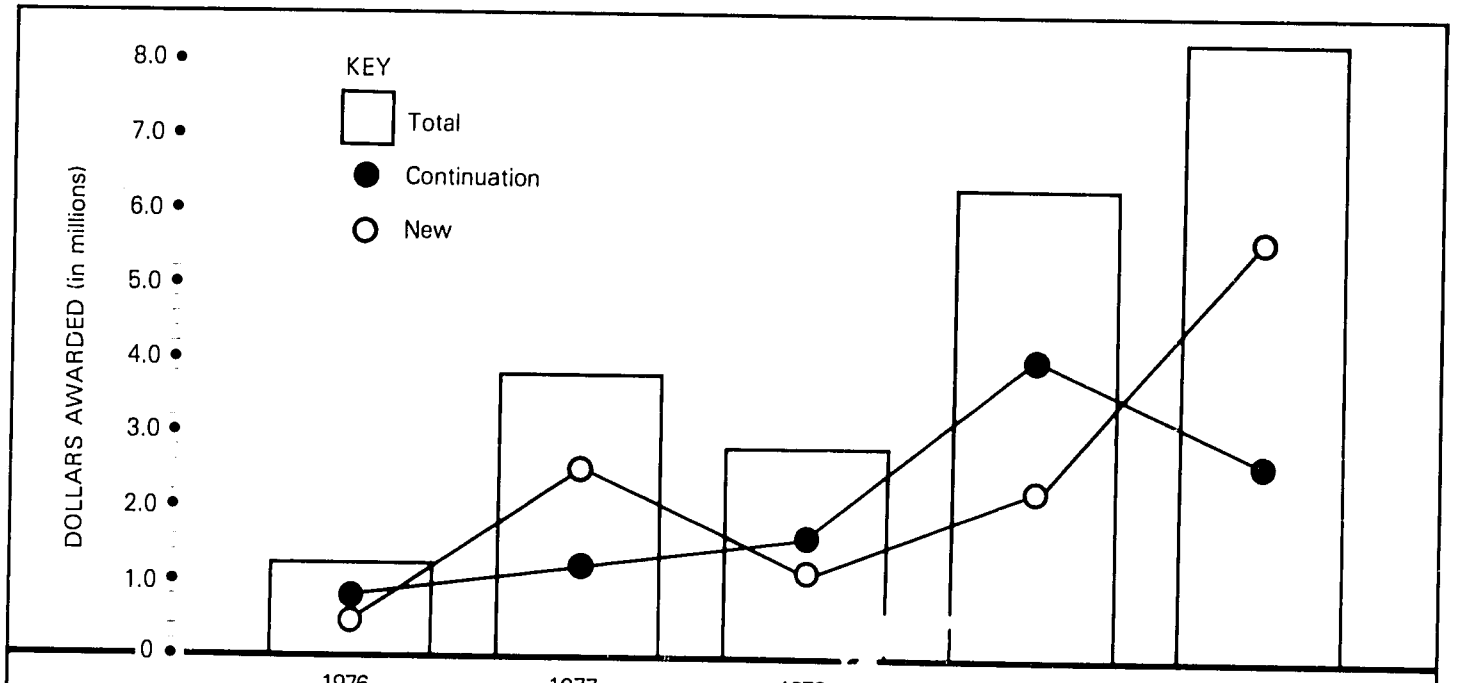
* See Appendix A for the list of sub-grants awarded in 1980

Figure 7. Final Status of Proposals Submitted in 1980

STATUS	NEW	CONTIN-UATION	TOTAL	PERCENT
Awarded	21	19	40	44.0
Approved by IPAVS and Forwarded to AID	2	7	9	9.9
In process at IPAVS	27	8	35	38.5
Rejected	6	1	7	7.7
TOTAL	*56*	*35*	*91*	*100* *

*Percentages do not add due to rounding

Figure 8. Total Sub-grant Awards by Year, 1976 to 1980



	1976		1977		1978		1979		1980	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
New	13	$ 446,573	37	$2,549,764	20	$1,188,783	29	$2,246,903	42	$5,675,723
Continuation	26	844,859	29	1,264,412	28	1,639,111	48	4,089,600	39	2,633,783
TOTAL	*39*	*$1,291,432*	*66*	*$3,814,176*	*48*	*$2,827,894*	*77*	*$6,336,503*	*81*	*$8,309,506*
Number of Countries	16		24		21		28		31	

total represents a more than six-fold increase over that in 1976. More than two-thirds of the funds awarded in 1980 were for new programs which, numerically, accounted for about half of the awards. New programs tend to be more expensive because of greater capital investments such as equipment and renovation. Continuation programs become relatively less costly to IPAVS as program components are integrated within local institutions or funded by other sources.

9. Number, Amount and Percent Distribution of Annual Sub-grant Awards by Region and Year, 1976 to 1980. The greatest percentage increase in number of programs and amount of funding between 1976 and 1980 was in South America and Africa. Although Asia shows a reduction in its percentage share of programs, the decrease was due to growth in other regions, while Asia's budget has, in fact, increased more than three-fold. The apparent reduction in Central America's share of programs is almost entirely due to program consolidation.

Figure 9. Number, Amount and Percent Distribution of Total Annual Sub-grant Awards by Region and Year, 1976 to 1980

REGION	1976			1977			1978		
	No.	Amount	$%	No.	Amount	$%	No.	Amount	$%
East Asia	17	$ 475,380	37	19	$ 757,920	20	17	$ 736,871	26
South Asia	8	407,721	32	21	937,999	25	6	418,170	15
Middle East	2	19,000	2	2	23,286	1	4	122,535	4
Africa	1	6,643	1	4	462,786	12	5	203,094	7
South America	1	4,510	<1	3	34,142	1	2	21,040	1
Central America	8	359,908	28	13	1,476,633	39	11	1,226,000	43
Caribbean	1	8,400	1	3	112,010	3	2	90,524	3
North America	1	9,870	1	1	9,400	<1	1	9,660	<1
Europe	–	–	–	–	–	–	–	–	–
TOTAL	*39*	*$1,291,432*	*100**	*66*	*$3,814,176*	*100**	*48*	*$2,827,894*	*100*

**Percentages do not add due to rounding*

REGION	1979			1980			TOTALS		
	No.	Amount	$%	No.	Amount	$%	No.	Amount	$%
East Asia	18	$1,042,474	16	16	$1,583,403	19	87	$4,596,048	20
South Asia	20	1,125,933	18	9	1,607,769	19	64	4,497,592	20
Middle East	2	59,015	1	2	65,165	1	12	289,001	1
Africa	12	1,654,497	26	19	1,503,895	18	41	3,830,915	17
South America	5	274,850	4	12	1,535,410	18	23	1,869,952	8
Central America	17	2,054,604	32	13	1,442,348	17	62	6,559,493	29
Caribbean	2	114,085	2	8	551,711	7	16	876,730	4
North America	1	11,045	<1	1	4,105	<1	5	44,080	<1
Europe	–	–	–	1	15,700	<1	1	15,700	<1
TOTAL	77	$6,336,503	100	81	$8,309,506	100	311	$22,579,511	100

10. Total, Mean and Median Budget Awards, by Region, 1980. The total IPAVS funding commitment is highest in the Asian regions followed by South America, Africa and Central America. The large differences between the mean and median costs per grant in South Asia and South and Central America are due to the existence of large, expensive consolidated grants which drive up the mean but do not affect the median.

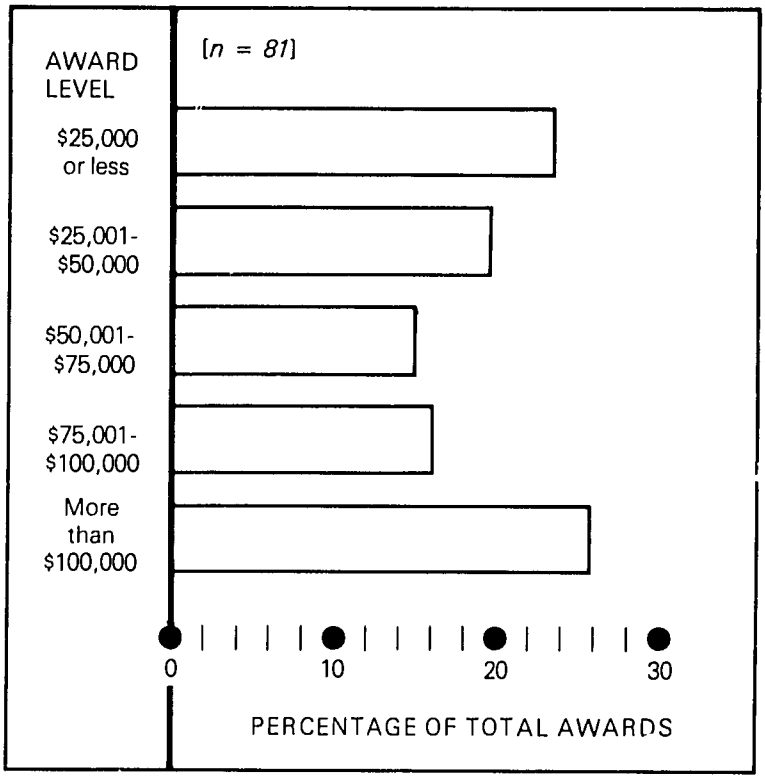
11. Percent Distribution of Budget Award Levels, 1980. The figure illustrates that the majority (57 percent) of sub-grant awards were funded at $50,000 or more in 1980. This funding level reflects the support of larger, more comprehensive programs, some of which are consolidated on a national basis.

12. Frequency of Secondary Program Components Among Sub-grants with Different Primary Emphases, Awarded 1980. The figure illustrates the complexit, and comprehensive nature of IPAVS's sub-grant programs. Of the 36 programs whose primary emphasis was service delivery, approximately one-third also involved training and nearly one-half contained an I & E component. The latter is consistent with IPAVS policy that service delivery programs have a complementary educational and counselling effort. Not all the service programs list an I & E component because some sub-grantees may have such an activity not funded by IPAVS or because a separate grant may be awarded for this purpose. It is also noteworthy that I & E, along with equipment, is most frequently a secondary component of sub-grants with different primary emphases.

Figure 10. Total, Mean and Median Budget Awards, by Region, 1980

REGION	TOTAL REGIONAL AWARDS	PERCENT OF 1980 TOTAL AWARDS	NUMBER OF SUB-GRANTS	MEAN REGIONAL AWARD	MEDIAN REGIONAL AWARD
East Asia	$1,583,403	19.1	16	$ 98,963	$83,965
South Asia	1,607,769	19.3	9	178,641	60,039
Mid-East	65,165	0.8	2	32,583	32,583
Africa	1,503,895	18.1	19	79,152	59,538
South America	1,535,410	18.5	12	127,951	72,775
Central America	1,442,348	17.4	13	110,950	63,306
Caribbean	551,711	6.6	8	68,964	52,234
North America	4,105	<0.1	1	4,105	4,105
Europe	15,700	0.2	1	15,700	15,700
TOTAL	*$8,309,506*	*100*	*81*	*$102,586*	*$63,306*

Figure 11. Percent Distribution of Budget Award Levels, 1980



Almost all training programs involve service delivery since the training of physicians must include the performance of sterilization procedures, and funding may be requested for services. Similarly, since one of the main functions of National Leadership Groups (NAVS component below) is to educate the public, professionals and government officials regarding voluntary surgical contraception, more than half of these sub-grants had an I & E component. Repair and Maintenance (RAM) Centers constitute a specialized, single-focus type of program which does not include other components except for equipment in the form of spare parts and repair apparatus. Nevertheless, although training of the principal technician is usually supported through a small grant, some training was a component of 25 percent of the RAM sub-grants.

Figure 12. Frequency of Secondary Program Components Among Sub-grants with Different Primary Emphases, Awarded, 1980

[*N = 76; does not include consolidated sub-grants*]

PRIMARY EMPHASIS		PERCENTAGE WITH SECONDARY COMPONENT						
Component	No.	Service	Training	I & E	NAVS	Equipment	RAM	Other
Service	36	–	31	47	0	11	0	11
Training	13	92	–	15	0	0	0	0
Information & Education	6	0	0	–	0	0	0	0
NAVS	8	0	0	63	–	13	0	63
Equipment	0	0	0	0	0	–	0	0
RAM	8	0	25	0	0	38	–	0
Other	5	20	20	20	0	20	0	–

13. Comprehensiveness of Service Programs, 1980 Awards. The comprehensive nature of IPAVS's service delivery programs is illustrated by the frequency of their inclusion of training and I & E. Thus, IPAVS is vigilant in maintaining a high level of medical services by providing physician and non-physician training and by supporting educational campaigns that explain voluntary surgical contraception and promote voluntarism.

14. Distribution of Sub-grant Awards Among Budget Categories, 1980 (including Consolidated Grants). The budget category which accounts for the highest percentage of sub-grant budgets is personnel, an illustration of IPAVS's intent to provide for the full range of manpower—from physician and social worker to custodian—that is necessary to effect comprehensive service delivery. The second category, which includes operational expenses, represents 23 percent of sub-grant budgets. Although IPAVS prefers to limit its commitment in this area, the move towards national and consolida-

Figure 13. Comprehensiveness of Service Programs, 1980 Awards

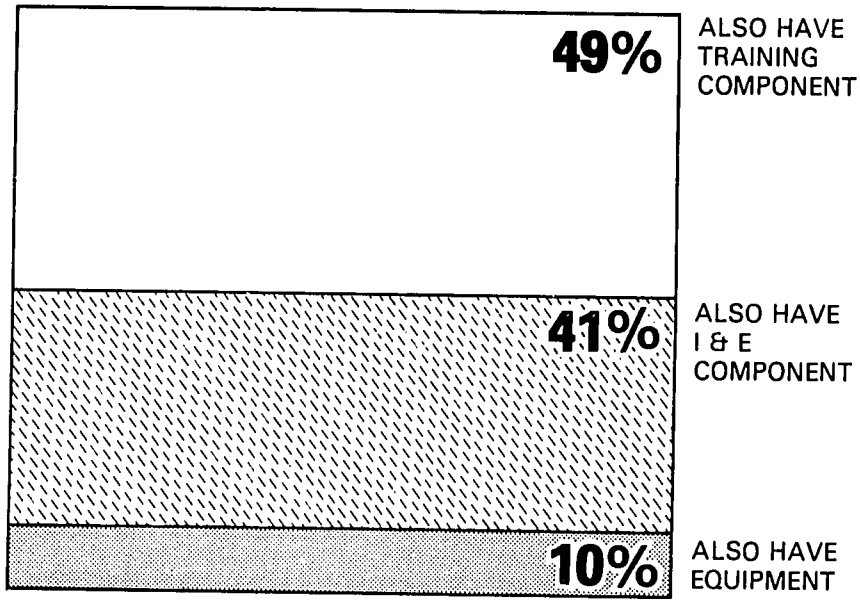


Figure 14. Distribution of Sub-grant Awards Among Budget Categories, 1980 [including Consolidated Grants]

SUB-GRANT BUDGET CATEGORY	NUMBER OF SUB-GRANTS WITH CATEGORY	FUNDS ALLOCATED TO CATEGORY	PERCENT OF TOTAL AWARDS ALLOCATED TO CATEGORY
Personnel	74	$2,998,591	37
Services	41	1,225,106	15
Training	21	274,191	3
Information & Education	37	323,198	4
Medical Equipment	61	1,050,061	13
Renovation	27	548,110	7
Other Operational & Uncommitted	81	1,890,249	23
TOTAL	*81*	*$8,309,506*	*100**

**Percentage does not add due to rounding*

ted programs will continue to involve substantial operational costs.

It may seem inconsistent that such a small percentage of grant funds are allocated to service and training, when most IPAVS sub-grants are geared to providing these activities. It should be noted that these budget categories represent expendable clinical supplies and training materials or travel costs for trainers and trainees; other budget categories, such as personnel and equipment, subsume the major costs in service delivery and training.

Information and Education takes up only four percent of sub-grant budgets although 37 percent of the programs contain this budget category. I & E is generally the least costly of activities in that IPAVS provides free literature and there is limited use of the mass media. Recently, the scope of I & E efforts is expanding to include film production and other organized programs, thus the IPAVS commitment for I & E should increase in the future.

15. Distribution of Sub-grant Awards Among Budget Categories, Consolidated Programs, 1980 (n = 5). The sizeable commitment to personnel and operational expenditures in consolidated programs can be explained by their scope; they are generally national in scale and involve multiple service sites. A core administrative structure is necessary for these programs, and the costs of medical and administrative supervision—indispensable to a multi-site operation—increase operational expenditures.

Renovation and equipment are minimal as consolidated programs tend to involve sites that are already operational, as they were previously funded under other sub-grants. That I & E accounts for only one percent of the budget is misleading. In two of these programs, IPAVS is funding large, promotional programs, but these costs are mainly in the categories of personnel and operational expenditures. Only a fraction of the costs (for I & E materials) appears under the I & E budget heading.

Figure 15. Distribution of Sub-grant Awards Among Budget Categories, Consolidated Programs, 1980

[*N*=5]

SUB-GRANT BUDGET CATEGORY	FUNDS ALLOCATED TO CATEGORY	PERCENT OF TOTAL CONSOLIDATED AWARDS
Personnel	$1,112,146	45
Services	238,615	10
Training	40,197	2
Information and Education	33,437	1
Medical Equipment	145,522	6
Renovation	15,000	<1
Other Operational and Uncommitted	893,415	36
TOTAL	*$2,478,332*	*100*

Small Grants†

16. Number of Small Grants Awarded by Purpose and Year, 1976 to 1980. Small grants are awarded to cover expenses for a single purpose and are limited to approximately $5000 each. The largest number of small grants, over the years, have been made for medical equipment and commodities. These are made when unforeseen equipment requirements arise in an existing program funded through an IPAVS programmatic sub-grant or by other sources.

The Audio-Visual Equipment category includes movie and slide projectors, film and slides. In addition, other types

Figure 16. Number of Small Grants Awarded by Purpose and Year, 1976 to 1980

	1976		1977		1978		1979		1980		TOTAL	
PURPOSE	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Medical Equipment and Commodities	15	40.5	38	60.3	65	72.2	77	72.0	47	61.0	242	64.7
Audio-Visual Equipment and Commodities	0	–	15	23.8	8	8.9	17	15.9	5	6.5	45	12.0
Medical Training	8	21.6	4	6.3	3	3.3	6	5.6	11	14.3	32	8.6
Management Training	1	2.7	0	–	3	3.3	1	0.9	3	3.9	8	2.1
Equipment Repair and Training	3	8.1	2	3.2	6	6.7	3	2.8	1	1.3	15	4.0
Counselling Training	0	–	0	–	0	–	2	1.9	1	1.3	3	0.8
Conferences and Miscellaneous	10	27.0	4	6.3	5	5.6	1	0.9	9	11.7	29	7.8
TOTAL	*37*	*100**	*63*	*100**	*90*	*100*	*107*	*100*	*77*	*100**	*374*	*100*

**Percentages do not add due to rounding*

Figure 17. Number and Amount of Small Grant Awards by Region and Purpose, 1980

REGION	MEDICAL EQUIPMENT & COMMODITIES		AUDIO VISUAL EQUIPMENT & COMMODITIES		MEDICAL TRAINING		MANAGEMENT TRAINING	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
East Asia	4	3,665	0	–	0	–	0	–
South Asia	14	22,073	1	145	0	–	1	800
Middle East	1	1,000	0	–	2	4,461	0	–
Africa	13	21,833	1	800	1	1,050	1	3,094
South America	3	7,800	2	783	3	12,451	0	–
Central America	11	21,560	1	100	4	1,739	1	815
Caribbean	0	–	0	–	0	–	0	–
Europe	1	1,600	0	–	1	3,681	0	–
TOTAL	*47*	*$79,531*	*5*	*$1,828*	*11*	*$23,382*	*3*	*$4,709*

†See Appendix B for the list of Small Grants awarded in 1980

of manual, visual aid materials may be provided through this granting mechanism to bolster I & E programs.

17. Number and Amount of Small Grant Awards by Region and Purpose, 1980. Small grants awarded to the regions in 1980 are shown in the figure. As can be seen, South America received the largest funding followed by Africa, Central America and South Asia. Medical equipment and commodities plus medical training accounted for approximately 80 percent of small grant awards. Average awards rarely exceeded $2500.

Equipment Grants

18. Recipients, Amounts and Purposes of Special Equipment Grants Awarded, 1980. Four special equipment grants, totalling $228,071, were awarded during 1980. Such grants are made where equipment requirements are sizeable, for example, in national training programs. Programmatic aspects of the recipients' activities are funded through the sub-grant.

19. RAM Centers: Location and Year Established, 1976 to 1980. Of the 13 Repair and Maintenance Centers funded by IPAVS, six are part of consolidated programs and, therefore, serve a large number of service sites. The greatest number of Centers were established in 1980, illustrating that past experience of having in-country repair capability was highly positive. Part of the funding for each Center includes the training of technicians, some of whom, in turn, train others across national borders.

Private Funding

20. Sub-grant Awards Financed by Private Funds by Region and Year, 1976 to 1980. Private funding peaked in 1977 and has declined since. The largest private commitment has been in South America where political factors obviated the use of public funds. Since 1977, however, Chile, Peru, Colombia and Brazil became recipients of public funds. Similarly, private funds went

Figure 18. Recipients, Amounts and Purposes of Special Equipment Grants Awarded, 1980

RECIPIENT AGENCY	COUNTRY	AMOUNT	PURPOSE
Bangladesh Assoc. for Voluntary Sterilization/Dacca	Bangladesh	$ 52,728	To provide 275 minilaparotomy kits and 240 vasectomy kits
Government of Bangladesh	Bangladesh	147,754	Life-saving medical equipment and clinical supplies
Secretariat of Health & Assistance	Mexico	14,075	Medical and surgical equipment to three clinics
Pro-Superacion Familiar Neolonesa	Mexico	13,514	OR equipment including all necessary emergency equipment

(continuation)

EQUIPMENT REPAIR TRAINING		COUNSELLING TRAINING		CONFERENCES AND MISCELLANEOUS		TOTAL	
No.	Amount	No.	Amount	No.	Amount	No.	Amount
0	–	0	–	0	–	4	3,665
1	4,041	0	–	1	81	18	27,140
0	–	0	–	0	–	3	5,461
0	–	1	2,380	0	–	17	29,157
0	–	0	–	3	10,062	11	31,096
0	–	0	–	4	3,435	21	27,649
0	–	0	–	0	–	0	–
0		0	–	1	422	3	5,703
1	*$4,041*	*1*	*$2,380*	*9*	*$14,000*	*77*	*$129,871*

to Mexico in 1976 and 1977. When that country began to accept AID support for family planning in 1978, the need to use limited private resources there ceased to exist. In Asia, IPAVS committed $10,000 in 1978 to the NAVS of the Republic of China (Taiwan) as that country was no longer eligible for AID funding. The grantee subsequently became self-supporting and IPAVS support was phased out.

It is in Europe where IPAVS's commitment of private funds remains constant. As there is only one AID-eligible country (Portugal) in that region, it is likely that support for the NAVS's in Italy and France will continue to be provided with private funds.

Figure 19. RAM Centers: Location and Year Established, 1976 to 1980

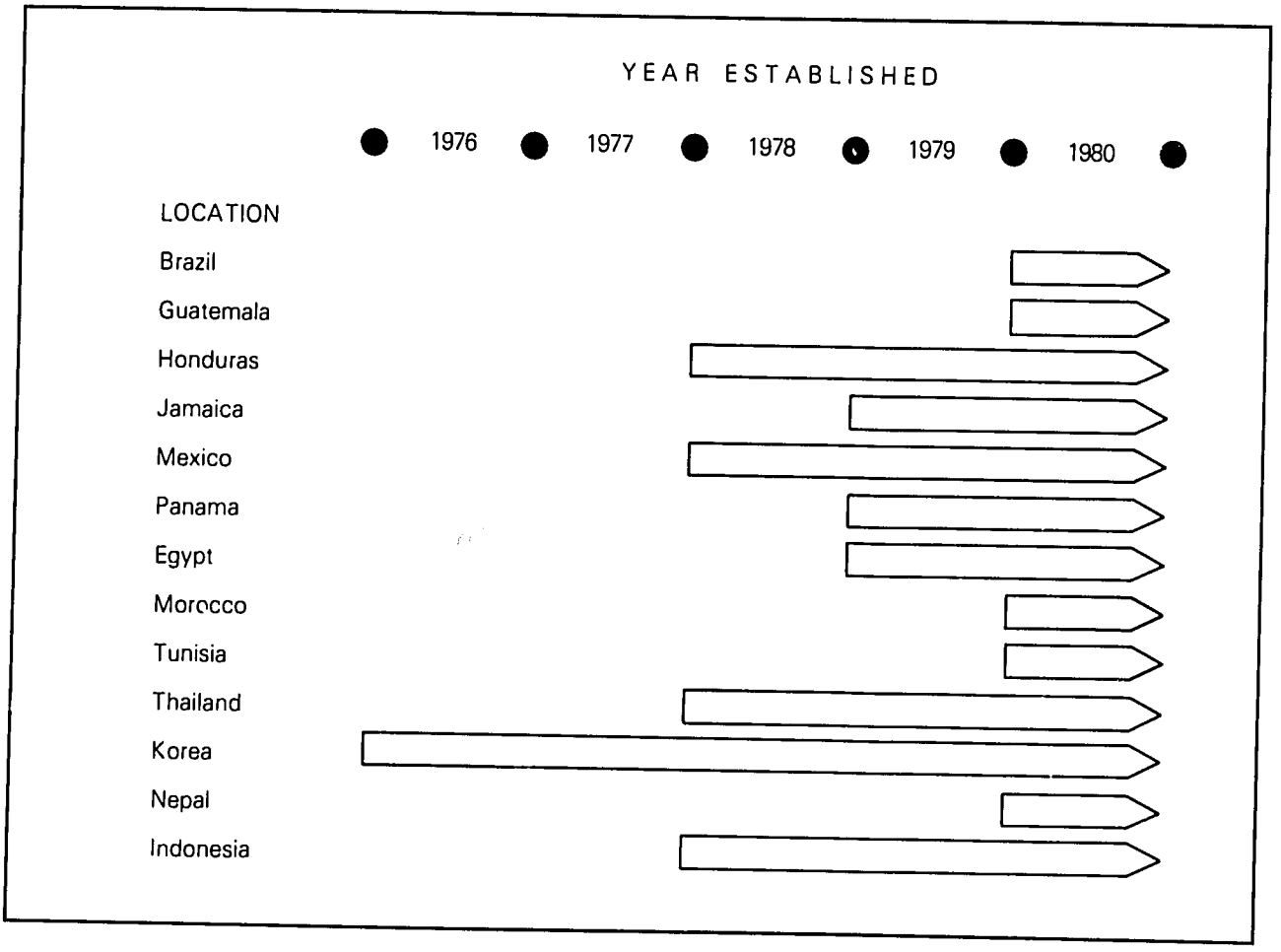


Figure 20. Sub-grant Awards Financed by Private Funds by Region and Year, 1976 to 1980

REGION	1976		1977		1978		1979		1980		TOTAL	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
South America	2	$38,444	2	$ 44,875	1	$32,000	1	$17,035	1	$ 7,200	7	$139,554
Europe	–	–	1	20,500	–	–	2	18,810	1	23,750	4	63,060
Central America	2	35,700	3	62,402	–	–	–	–	–	–	5	98,102
East Asia	–	–	–	–	1	10,000	–	–	–	–	1	10,000
TOTAL	*4*	*$74,144*	*6*	*$127,777*	*2*	*$42,000*	*3*	*$35,845*	*2*	*$30,950*	*17*	*$310,716*

CHAPTER 4

Program Accomplishments

Chapter 4 graphically illustrates the results of development and implementation of the IPAVS program.

Active sub-grants are those that are operational at any time during the calendar year although the awards may have been made during the previous year. Unlike the number of awards, which may increase or decrease from year to year, the number of active sub-grants is a true measure of program expansion.

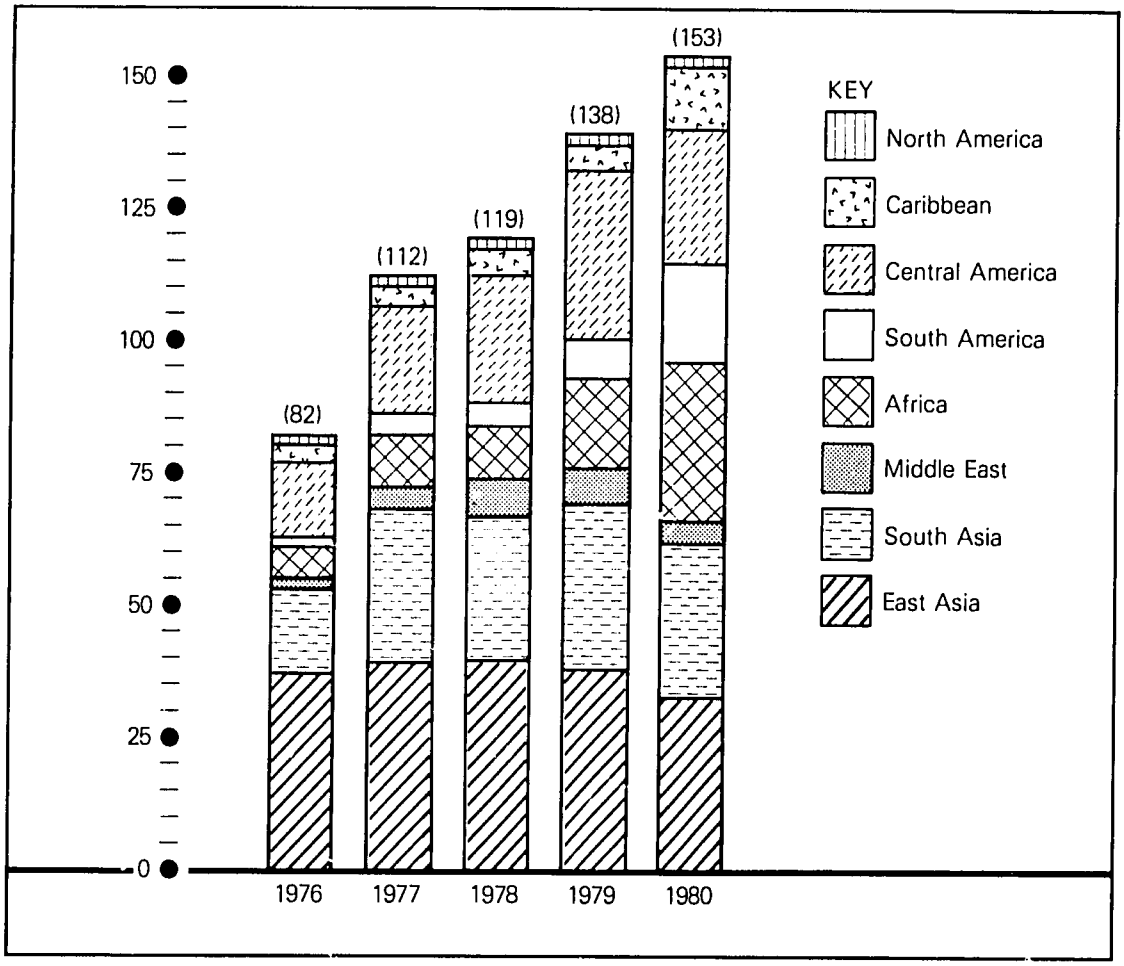
Various statistics are reported by individual sub-grantees by quarter and include data relating to types of procedures performed, patient characteristics and physician training. Logs of equipment distribution have been kept by IPAVS only since 1978, thus equipment item statistics are not available for the earlier years of the present grant. Data on Information and Education programs and conferences are generated in house.

Active Sub-grants

21. Total and Regional Numbers of Active Sub-grants, 1976 to 1980. The figure below clearly illustrates the overall growth of the IPAVS sub-grant program. The number of programs has remained relatively constant in East Asia, South Asia and Central America since 1977, while there has been considerable expansion in South America and Africa. This growth is the result of the opening up of South America to public funds and to IPAVS's successful program initiatives in Africa.

22. Programmatic Components Among Active Sub-grants by Year, 1976 to 1980. There has been steady growth not only in the number of programs funded by IPAVS but also in the number of countries in which the programs are located. The frequency of the various programmatic components of active sub-grants shows that comprehensiveness has not been sacrificed to growth. Among active sub-grants, the service delivery component has remained relatively constant, whereas the percentages of programs with training and I & E components have

Figure 21. Total and Regional Numbers of Active Sub-grants, 1976 to 1980



decreased. It appears that we are approaching the critical mass of trained professionals in some countries, especially in Asia, which explains the decreased emphasis on training. The decrease in the percentage of I & E components in 1980 is partially explained by the increase in the number of projects, e.g., RAM Centers, which do not involve I & E.

Services

23. Male, Female and Total Numbers of Voluntary Sterilizations Reported Annually by Sub-grantees, 1976 to 1980. The number of sterilizations reported each year has increased at a rate between 20 and 41 percent annually since 1977-78 while the growth in active programs with service components (Figure 22) has been 16 percent or less since that time. The increase has been due to female sterilizations while the growth of male services has been modest, as only a few regions have established vasectomy programs. In terms of program activity, 1980 was a peak year with over 100,000 sterilizations reported, an increase of 41 percent over the previous year and 136 percent over 1976.

24. Numbers of Male and Female Sterilizations Reported by Sub-grantees by Region and Year, 1976 to 1980. During the period, 1976 to 1980, over two-thirds of the total sterilizations were performed in South and East Asia, particularly in Bangladesh and Korea. Central and South America and Africa made modest starts but experienced a rapid rate of growth that can be attributed to increasing demand for voluntary sterilization and to the expansion of program activity to new countries.

Vasectomy remains a challenge in all regions except Asia and Central

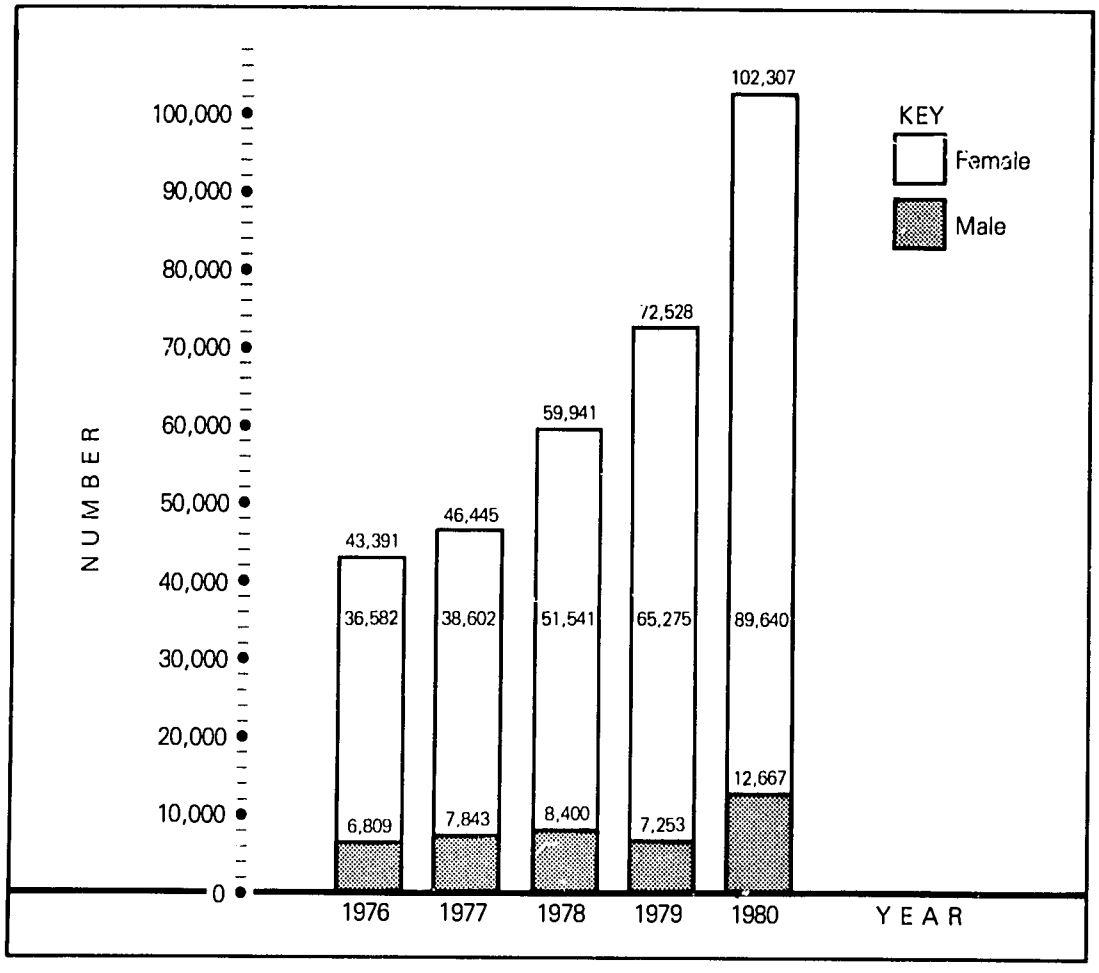
Figure 22. Programmatic Components Among Active Sub-grants by Year, 1976 to 1980

YEAR	ACTIVE SUB-GRANTS		WITH SERVICE COMPONENT			WITH TRAINING COMPONENT			WITH I & E COMPONENT			WITH EQUIPMENT COMPONENT		
	No.	No. of Countries	No.	%	No. of Countries	No.	%	No. of Countries	No.	%	No. of Countries	No.	%	No. of Countries
1976	83	26	59	71	23	43	52	17	54	65	19	8	10	7
1977	112	29	77	69	25	38	34	18	67	60	23	12	11	8
1978	119	28	80	67	24	35	29	18	77	65	25	10	8	7
1979	138	33	92	67	27	44	32	20	91	66	28	18	13	10
1980	154	39	105	68	32	55	36	23	83	54	31	21	14	12

Figure 24. Numbers of Male and Female Sterilizations Reported by Sub-grantees by Region and Year, 1976 to 1980

	MALE					
REGION	1976	1977	1978	1979	1980	TOTAL
East Asia	2,075	1,603	2,802	1,998	4,089	12,567
South Asia	4,287	4,843	4,001	3,850	7,030	24,011
Mid-East	0	0	35	12	0	47
Africa	0	30	0	11	8	49
South America	0	0	0	0	193	193
Central America	437	1,358	1,554	1,382	1,327	6,058
Caribbean	10	9	8	0	20	47
TOTAL	*6,809*	*7,843*	*8,400*	*7,253*	*12,667*	*42,972*

Figure 23. Male, Female and Total Numbers of Voluntary Sterilizations Reported Annually by Subgrantees, 1976 to 1980



FEMALE						TOTAL
1976	1977	1978	1979	1980	TOTAL	Male & Female
23,811	16,708	15,182	11,545	13,937	81,183	93,750
8,751	11,231	19,472	25,412	36,138	101,004	125,015
13	455	775	503	274	2,020	2,067
269	100	918	4,843	5,921	12,051	12,100
398	1,183	1,291	6,193	13,409	22,474	22,667
2,786	8,261	13,152	16,447	16,452	57,098	63,156
554	664	751	332	3,509	5,810	5,857
36,582	*38,602*	*51,541*	*65,275*	*89,640*	*281,640*	*324,612*

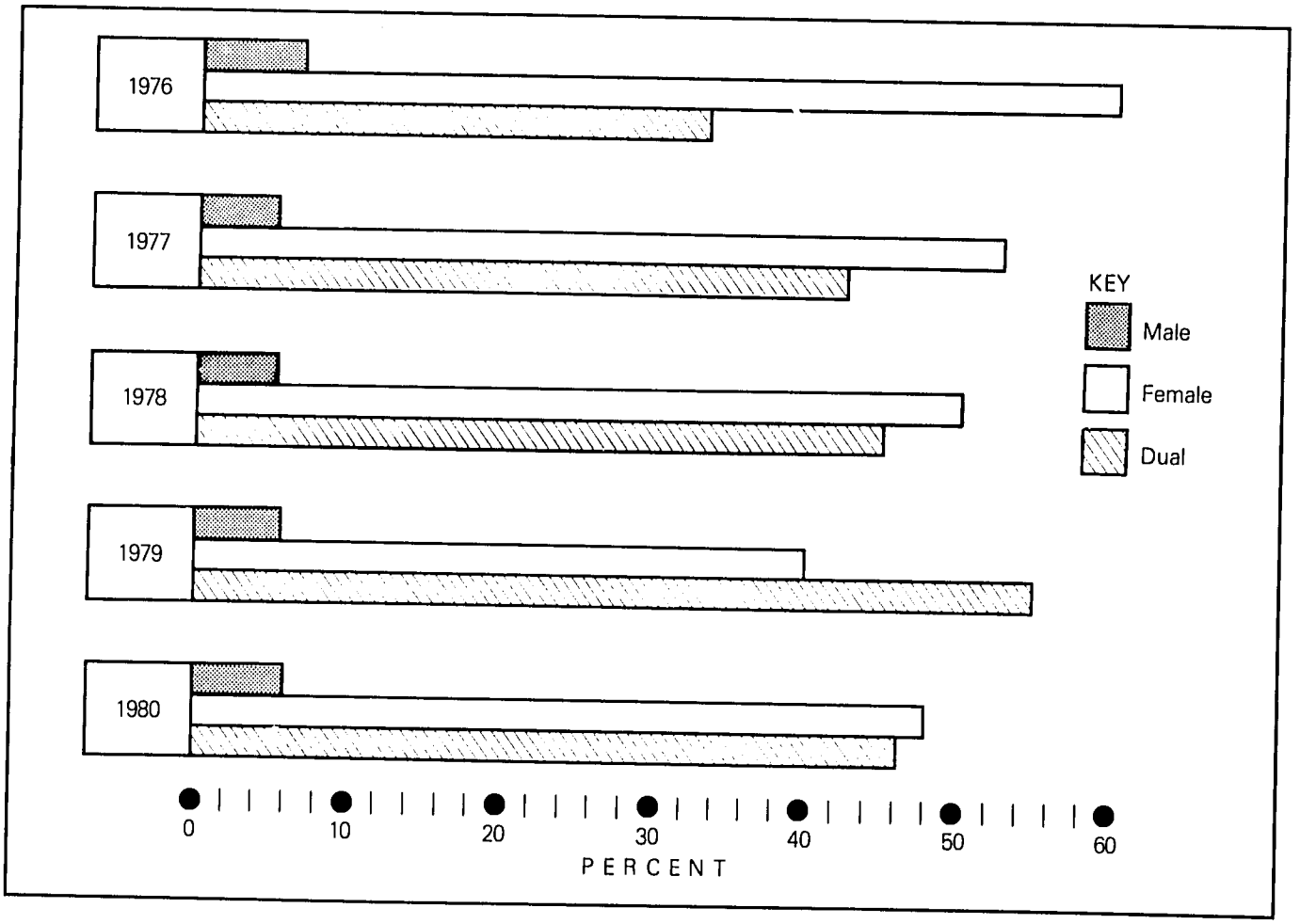
America and probably will remain so due to cultural taboos. IPAVS continues to explore and encourage innovative approaches to attract males toward realizing greater responsibility for parenthood. Some success in male sterilization programs in Central America forecasts a greater future demand for vasectomy in Latin America.

The steady decline in reported female sterilizations in East Asia from 1976 to 1979 reversed in 1980 as a result of new sub-grants and more ambitious programs in Thailand and the Philippines that partially bridged the gap left by the secession of IPAVS funding to service programs in Korea.

25. Percent Distribution of Male, Female and Dual Programs, Annually, 1976 to 1980. The figure below graphically portrays the gradual shift of emphasis, between 1976 and 1979, from single purpose, female sterilization programs to dual programs that offer both male and female procedures. Such a shift is a testament to the physician training programs, which offered vasectomy training, as well as the emphasis placed on dual services by IPAVS. In 1980, however, the trend is slightly reversed, not because of any change in IPAVS policy, but because several new programs were initiated in countries where female sterilization is the only culturally accepted method.

26. Percent Distribution of the Types of Female Sterilization Procedures Reported by Sub-grantees, Annually, 1976 to 1980. An almost two-fold increase in the use of minilaparotomy in the five-year period shows the results of IPAVS's efforts to popularize the method because of its relative simplicity, low cost and safety features. Laparoscopy, although a more sophis-

Figure 25. Percent Distribution of Male, Female and Dual Programs, Annually, 1976 to 1980



ticated technique, remained popular and showed only minor fluctuations in usage during the period. The most dramatic change was the reduction in the use of laparotomy and vaginal techniques, again, as a consequence of a diligently pursued policy to deemphasize these techniques in favor of minilaparotomy or laparoscopy.

27. Age Profile of Female Patients Sterilized: Percent Younger and Older than 35, 1976-77, 1978-79 and 1980 by Region. The figure (pg. 24) indicates shifts, if any, in the ages of women who elect sterilization in IPAVS service delivery projects. Since age and absolute parity show such a high correlation in developing countries, the reasonable inference is that age trends reflect parity trends quite accurately. Therefore, it might be expected that as programs mature, they begin to reach younger women with fewer children. Thus, in the figure, a shift of the proportions to the left of the midline would indicate that the expectation is being fulfilled.

In South Asia, where there is a longer history of IPAVS program support, women patients are getting younger. Yet, patients have been consistently younger in Central America, where IPAVS involvement has also been strong since 1976.

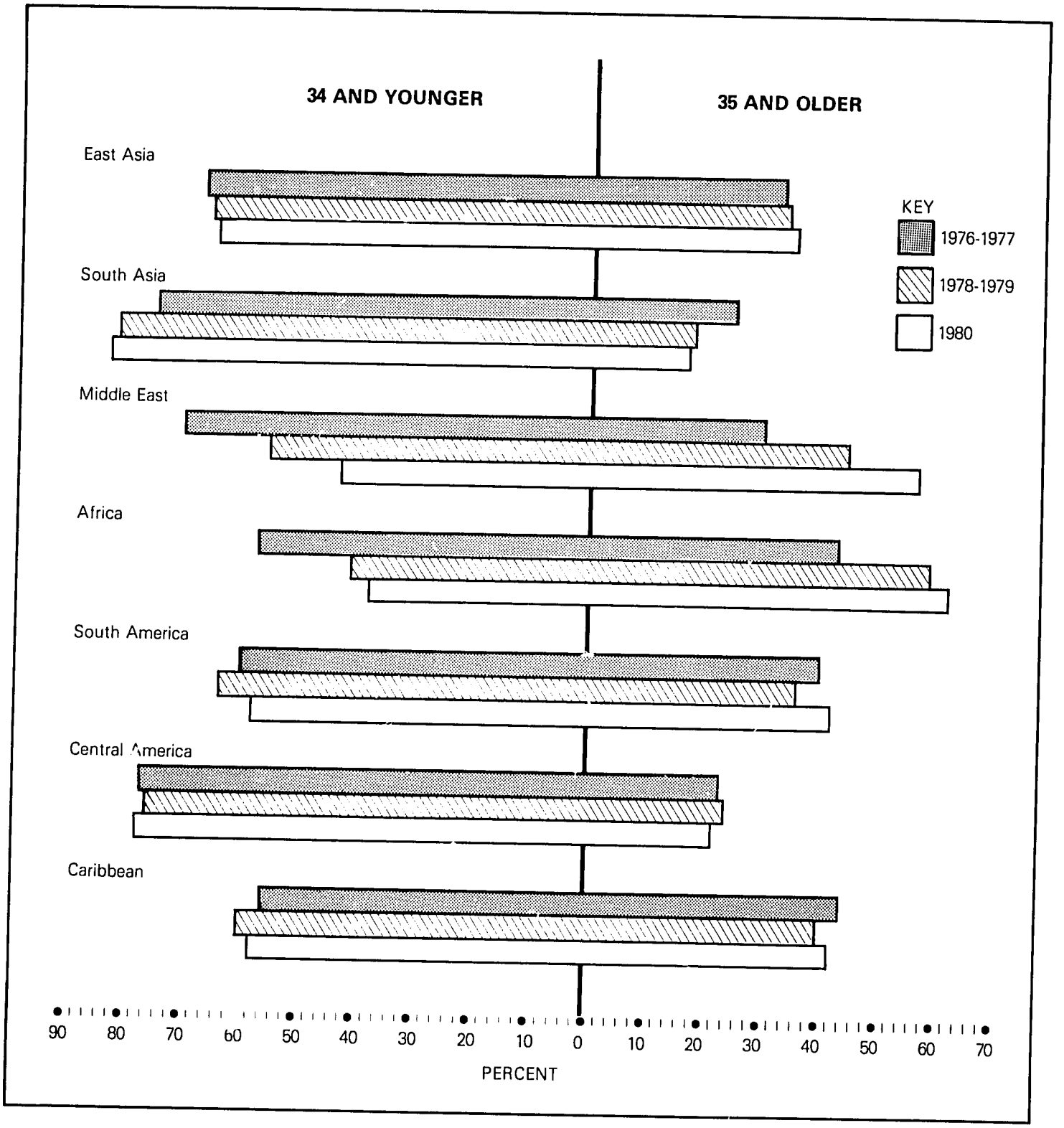
East Asia, South America, Central America and the Caribbean show that age has remained relatively constant since 1976. Although speculative, it may be concluded that cultural factors in these areas set to a lower limit as to the age (and parity) of women who would consider sterilization. Noteworthy is the younger ages of patients in South Asia and Centra America compared to other regions.

The ages of women patients in the Middle East and Africa appear to be

Figure 26. Percent Distribution of the Types of Female Sterilization Procedures Reported by Sub-grantees, Annually, 1976 to 1980

YEAR	*TOTAL*		*TYPE OF PROCEDURE REPORTED*				
	[All Techniques] No.	%	Mini-Laparotomy	Laparoscopy	Laparotomy	Vaginal	Unspecified or Other
1976	36,582	100	29.5	33.6	27.6	6.1	3.3
1977	38,602	100	41.0	31.2	23.6	1.1	3.1
1978	51,541	100	43.6	31.8	17.2	2.9	4.6
1979	65,275	100	43.6	39.1	9.2	1.2	6.8
1980	89,640	100	58.3	32.6	3.4	1.0	4.7
DISTRIBUTION [all years]	*281,640*	*100*	*46.1*	*33.9*	*13.2*	*2.0*	*4.8*

Figure 27. Age Profile of Female Patients Sterilized: Percent Younger and Older than 35, 1976-77, 1978-79 and 1980, by Region



following a trend upwards. Since the need for family planning is so great and the resources yet limited in these regions, such a trend should not be interpreted as critical to the programs there.

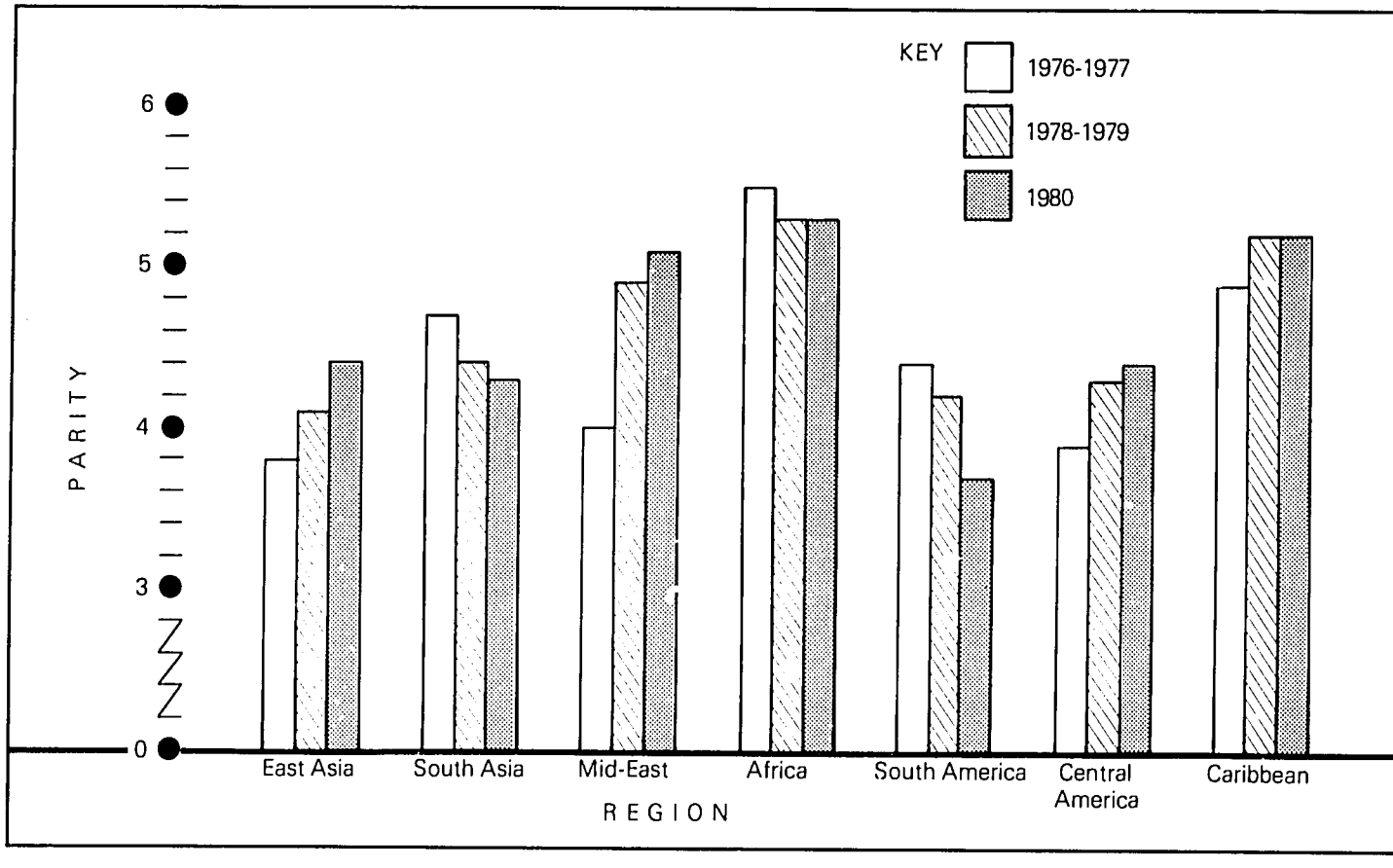
28. Mean Parity of Female Patients Sterilized, 1976-77, 1978-79 and 1980, by Region. The three regions which show particularly telling trends when viewed with the data in Figure 27 are East Asia, Central America and South America.

In East Asia and Central America, as seen in Figure 27, the age of patients has remained relatively constant since 1976. However, in both regions, parity increases (from 3.8 to 4.4 and from 3.9 to 4.4). A possible explanation is that the early patients in the program had had experience with non-permanent contraception and were thus the first to avail themselves of the permanent procedure. The higher parity patients being reached in 1980 may not have had such access to other methods earlier.

In South America, the opposite trend holds: parity has declined from 4.4 to 3.7. Such a trend is the ideal, but claims of success must be tempered by the realization that such an ideal can only be attained where there is wide availability of the services and virtual saturation of a geographic area.

The other regions show parity trends which are more or less directly correlated with the age grouping shown in Figure 27.

Figure 28. Mean Parity of Female Patients Sterilized, 1976-77, 1978-79 and 1980, by Region



29.–30. Reported Non-fatal Complications Associated with Female Voluntary Sterilization Procedures, 1980 and Reported Deaths Associated with Female Voluntary Sterilization Procedures, 1980. The reporting and follow-up on non-fatal complications and of deaths underwent major revision between 1979 and 1980, hence earlier data on complications and deaths are not comparable. Even with improved reporting procedures, it can be seen that complications, including deaths, are rare in IPAVS-supported programs. Nevertheless, IPAVS supports a special consultancy through the American Public Health Association to investigate medical practices in order to assist practitioners to minimize the conditions under which complications are likely to occur. Technical assistance for complying with the requirements of the IPAVS Minimum Medical Standards will also help reduce the risks associated with sterilization surgery.

Training

31. Amounts and Objectives of Governmental Training Program Awards, 1980. Governmental training programs serve a dual purpose. They function to train physicians and paramedical personnel. At the same time, they place into the hands of a national government responsibility for the training and thus make the government a public advocate for voluntary surgical contraception. Since the people

Figure 29. Reported Non-fatal Complications Associated with Female Voluntary Sterilization Procedures, 1980

TYPE OF COMPLICATION	NUMBER REPORTED
Anesthesia Related	1
Unintended Trauma	6
Hemorrhage	2
Infection	6
Pregnancy	7
Other	4
TOTAL	*26*

Figure 30. Reported Deaths Associated with Female Voluntary Sterilization Procedures, 1980

NUMBER REPORTED		MORTALITY RATE
Female Procedures	Deaths	(Deaths per 100,000 procedures)
89,640	9	10.04

Figure 31. Amounts and Objectives of Governmental Training Program Awards, 1980

COUNTRY AND INSTITUTION	BUDGET	OBJECTIVES
Morocco Ministry of Health	$274,866	To establish a national training center and train 40 physicians in surgical techniques, and 80 paramedical personnel.
Mexico Ministry of Health	827,305	To train 30 physicians in minilaparotomy and vasectomy, 16 physicians in laparoscopy and 16 nurses to assist in the laparoscopic procedure.
Colombia PROFAMILIA	357,500	IPAVS will support service costs for the training of 227 Ministry of Health physicians in female techniques.
El Salvador Ministry of Health	24,008	To train 16 physicians in laparoscopy, 12 physicians in minilaparotomy and 6 nurses to assist in the operation.
Tunisia ONPFP	399,974	To train physicians in laparoscopy, nurses in operating room procedures, and midwives in family planning methods and other personnel involved in the national family planning program.

trained in such programs will carry their skills to new service outlets, the return, insofar as the advancement of voluntary sterilization, is considerable.

—Training of Health Support Personnel, 1976 to 1980. At the outset, IPAVS's training activities were geared exclusively to physicians and, even today, relate mainly to the medical profession. In recent years, IPAVS has widened the scope of its training curriculum to include non-physician and non-medical trainees. This corresponds to IPAVS's posture that a well-trained health team is essential to the delivery of high quality sterilization services. Thus, IPAVS has embarked on an effort to provide training to all personnel involved in service delivery—from the physician, nurse and midwife to the social worker and counsellor. This effort may be seen in the larger training programs, such as the ones in Tunisia and Morocco, which provide training to paramedical personnel, and in the nurse training programs in Mexico and Thailand.

32. Number of Physicians Trained and Types of Procedures in which Trained, by Region, Cumulative, 1976 to 1980. IPAVS supported training of 1,631 physicians, mostly in minilaparotomy and laparoscopy, during the five-year period. Nearly one-fourth of all the training was in vasectomy, sometimes in addition to a female procedure.

Figure 32. Number of Physicians Trained and Types of Procedures in which Trained, by Region, Cumulative, 1976 to 1980

REGION	NUMBER OF INDIVIDUALS TRAINED *	NUMBERS AND TYPES OF PROCEDURES					
		Laparoscopy	Mini-Laparotomy	Culdoscopy	Colpotomy	Other Female	Vasectomy
East Asia	804	226	588	65	7	177	219
South Asia	498	15	463	1	15	59	186
Middle East	24	13	18	2	15	15	0
Africa	37	25	21	0	7	9	1
South America	47	27	37	0	1	33	1
Central America	206	154	65	0	1	17	30
Caribbean	4	2	4	0	0	1	0
Europe	1	0	1	0	0	0	0
North America	1	0	1	0	0	0	0
Oceania	9	0	9	0	0	0	0
TOTAL	*1,631*	*462*	*1,207*	*68*	*46*	*311*	*437*

* *Some trained in more than one procedure*

However, the distribution of training in male procedures is highly disparate among regions. The bulk of the male sterilization training was in Asia and Central America. Overall, almost four out of five physicians were trained in the Asian regions, and almost all of these were trained in minilaparotomy or laparoscopy or both.

Equipment

33. Major Equipment Items Ordered for IPAVS Projects, 1978 to 1980. Major equipment items are those that are used in the training of physicians in sterilization procedures and for the provision of services. The most frequent requests, in all years, were for vasectomy and minilaparotomy kits. The provision of laparoscopes was phased out in 1980. The large numbers of general operating room equipment (tables, lights, autoclave) attests to IPAVS's policy to assure the proper environment in which to perform sterilization procedures.

Information and Education

34. Number and Budget Allocations of Sub-grants with I & E Components Awarded by Year, 1976 to 1980. During the five-year period, IPAVS allocated nearly a million dollars or 4.3 percent of total budget awards to the

Figure 33. Major Equipment Items Ordered for IPAVS Projects, 1978 to 1980

ITEM	1978		1979		1980		TOTAL	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Laparoscope System "A"	41	$192,700	59	$ 277,300	1	$ 4,700*	101	$ 474,700
Laparoscope Optics Only	16	14,400	6	5,400	47	52,944	69	72,744
Laparoscope System "C"	8	16,000	1	2,000	0	–	9	18,000
Teaching Attachment	9	10,800	5	6,000	3	4,326	17	21,126
Vasectomy Kit	380	28,880	1,007	76,532	370	24,028	1,757	129,440
Colpotomy Kit	2	260	5	650	1	63	8	973
Minilaparotomy Kit	614	79,820	1,676	217,750	350	37,923	2,640	335,493
Culdoscopy Kit	33	69,300	30	63,000	0	–	63	132,300
Falope-Ring Applicator	6	1,800	18	5,400	13	4,279	37	11,479
Forceps	59	11,800	22	4,400	19	5,298	100	21,498
Anesthesia Machine	17	34,000	7	14,000	21	57,925	45	105,925
Operating Room Table	5	15,000	44	132,000	30	74,123	79	221,123
Operating Room Light	31	68,200	49	107,800	33	14,820	113	190,820
Gomco Aspirator	22	8,800	39	15,600	26	10,400	87	34,800
Autoclave	7	14,000	65	130,000	48	58,225	120	202,225
Laprocator	0	–	25	80,500	12	38,652	37	119,152
TOTAL	*1,250*	*$565,760*	*3,058*	*$1,138,332*	*974*	*$387,706*	*5,282*	*$2,091,798*

* *Estimated*

information and education budget category. Funds thus allocated, as a percentage of the total annual budget, were highest (8.3 percent) in 1976, but fluctuated at a reduced level for the remaining period. On the average, IPAVS allocated $5,481 for each sub-grant awarded. This amount has increased over the five-year period in absolute terms though not in proportion to the increase in total budget awards. IPAVS maintained a policy of encouraging sub-grantees to include information and education activities in their programs and not to divert funds allocated for I & E to other uses.

In 1980, the marked decline in the number of sub-grants with I & E components (a 35 percent decrease from 1979) can be explained by the fact that many sub-grantees did not seek funds for I & E, either because they found such support elsewhere or they failed to designate a specific budget allocation for this purpose.

Information and Education programs supported by IPAVS were diversified because of national needs. In Nepal, Honduras, Colombia and Guatemala, for instance, a person-to-person approach through outreach workers is preferred, whereas in Bangladesh, Thailand, Korea and other Asian countries, more reliance is placed on group and mass media approaches.

Some countries have successfully employed satisfied clients as volunteer outreach workers after giving them orientation, guidance and materials. Others have found audio visuals or printed materials preferred for reaching the population. IPAVS encourages a planned, multi-media approach that suits community needs and program objectives.

Counselling and Informed Consent

Counselling and informed consent procedures are required in all programs funded by IPAVS. Informed consent procedures, initially developed in 1973, were formally adopted in 1976. In 1980, a slight change in the procedures was instituted: service providers are no longer required to assure clients that no services or benefits will be withheld should they decide against sterilization. The former requirement is considered inappropriate in the settings in which IPAVS-funded programs operate.

Of the currently-funded programs with service and/or training components which must have approved consent forms, 79 percent were in full compliance at the end of 1980. The grantees judged out of compliance were in their first year of funding. Some had not yet sent in their consent forms for review; others had not yet begun services. IPAVS communicated with all of these sub-grantees in an effort to gain compliance.

Figure 34. Number and Budget Allocations of Sub-grants with I & E Components Awarded by Year, 1976 to 1980

YEAR	TOTAL BUDGET AWARDS	TOTAL NO. SUB-GRANTS	NO. WITH I & E COMPONENTS	FUNDS ALLOCATED TO I & E	% OF TOTAL BUDGET	AVERAGE I & E BUDGET
1976	$ 1,291,432	39	22	$107,109	8.3	$4,869
1977	3,814,176	66	40	154,906	4.1	3,873
1978	2,827,894	48	30	106,599	3.8	3,553
1979	6,336,503	77	52	283,874	4.5	5,459
1980	8,309,506	81	34	323,198	3.9	9,506
TOTAL	*$22,579,511*	*311*	*178*	*$975,686*	*4.3*	*$5,481*

Conferences

35. Conferences at which IPAVS Participated in 1980. Conferences are a vital medium for generating interest and sharing knowledge of new techniques, programmatic experience and research findings concerning surgical contraception. They are forums for communication among professionals and vehicles for the advancement of voluntary surgical contraception.

In 1980, IPAVS sponsored four conferences in their entirety and sponsored participation at 18 conferences in 15 countries. The meetings were national, regional and international and covered a broad range of voluntary surgical contraception and family planning/population subjects. The conferences were attended by health and family planning experts, government and Non-Government Organization (NGO) leaders and representatives from a variety of disciplines devoted to population and development.

Figure 35. Conferences at which IPAVS Participated in 1980

CONFERENCE TITLE	PLACE/DATE	REMARKS
• Medical Workshop	Cox Bazaar, Bangladesh January 26-27	This was an intensive review of standard procedures for treating, managing and reporting emergency complications.
American Association of Gynecologic Laparoscopists International Congress	Tel Aviv, Israel February 14-22	This was an International Conference on Gynecologic Endoscopy and Microsurgery. IPAVS representatives presented two papers.
UNFPA Annual Consultation Meeting	Geneva, Switzerland April 14	This was the annual UNFPA meeting with non-governmental organizations interested in the population field. IPAVS sponsored a WFHA-AVSC representative.
•WFHA 6th General Assembly	Bali, Indonesia May 12-15	Conference included scientific sessions, committee meetings and the WFAVS Annual General Assembly Meeting.
• Philippine Association for Study of Sterilization 2nd National Conference	Manila, Philippines May 17	Conference on "Current Status of Sterilization." An IPAVS representative presented a paper.
Centennial Conference on Female Sterilization (sponsored by AVS, Association of Planned Parenthood Physicians and Planned Parenthood Federation of America)	Monterey, CA, USA June 11-13	Conference celebrated 100 years of progress in VSC for women. IPAVS sponsored two attendees to present the results of their successful female VSC programs.
• 7th Annual Conference Egyptian Fertility Care Society	Port Said, Egypt June 26-29	Conference oriented key individuals to VSC, fertility care. Evaluated and explored VSC acceptance trends, and service delivery experiences. IPAVS sponsored five attendees.
International Symposium on IUD Technology	Bordeaux, France July 3-5	Conference on IUD technology. IPAVS representative presented a paper.
10th World Congress of Fertility and Sterility	Madrid, Spain July 5-11	Conference was a scientific program covering multiple aspects of fertility and sterility. IPAVS sponsored attendees who presented 3 papers.
World Fertility Survey Conference	London, United Kingdom July 7-11	Conference presented WFS findings to date and aimed to enlist interest and attention of policy makers. IPAVS sent a representative and sponsored one attendee from Zaire

• IPAVS Sponsorship for the conference.

CONFERENCE TITLE	PLACE/DATE	REMARKS
World Conference on the UN Decade for Women	Copenhagen, Denmark July 14-30	Conference reviewed first 5 years of the Decade for Women and designed specific action-oriented programs for the remaining five years. IPAVS sponsored one attendee.
American Association of Gynecologic Laparoscopists Female Endoscopic Sterilization	Williamsburg, VA, USA July 20-23	Conference was a scientific comparison of female endoscopic sterilization methods. IPAVS sponsored one attendee.
APLAFA (Family Planning Association - Panama) Sterilization Conference	Panama August 17-23	Conference on "The Present State of Fertility Control." IPAVS sponsored two attendees who both presented papers.
Population and Urban Future (UNFPA sponsored)	Rome, Italy September 1-4	Conference aimed to increase awareness, understanding and information sharing on the relationship between population and urban planning and management. A WFHA-AVSC representative attended.
Conference on the Non-physician and Family Health in Sub-Sahara Africa (Pathfinder and Sierra Leone Planned Parenthood Association sponsored)	Freetown, Sierra Leone September 1-4	Conference explored ways non-physicians are utilized in family health care delivery and how to expand their role. A WFHA-AVSC representative attended.
American Public Health Association Annual Meeting	Detroit, MI, USA October 19-23	IPAVS sent two representatives to interface with other health related agencies and the AVS exhibit was displayed.
First Asian/Third Indian Conference on Voluntary Sterilization	Calcutta, India November 19-20	The National Association of Voluntary Sterilization of India organized the conference (with WFHA-AVSC sponsorship). IPAVS sponsored seven attendees.
American Association of Gynecologic Laparoscopists 9th Annual Meeting	New Orleans, LA, USA November 19-23	Conference was a clinical symposium on gynecologic endoscopy. IPAVS sponsored two attendees from Honduras.

CHAPTER 5

National Leadership Groups for Voluntary Sterilization

Recent History

National Leadership Groups (NLG) are private, non-profit, democratically organized, voluntary organizations that focus the attention of governmental agencies, public health leaders, the medical community and the general public on the need to incorporate voluntary sterilization services into national health delivery systems. National Leadership Groups include not only National Associations for Voluntary Sterilization—patterned after the AVS in the United States—but also pre-existing voluntary organizations—medical societies, family planning agencies, demographic societies—which are prepared and willing to provide the leadership for the voluntary sterilization movement within a country. Figure 36 depicts the growth of these organizations since 1976.

In addition to the organizations referred to in Figure 36, IPAVS is working with individuals and groups in 18 additional countries interested in organizing National Leadership Groups. IPAVS is assisting them to form new organizations or to motivate existing ones to take leadership roles regarding surgical contraception.

National Leadership Group Activities

National Leadership Groups have been pioneers in responding to unmet needs and investigating new approaches to service provision. They have taken the lead in implementing innovative demonstration projects which have often later been transferred to governmental or other institutional family planning and health programs. In some countries, they have been effective agents in stimulating the acceptance of voluntary sterilization on a national scale.

Although methods and strategies vary within countries, each national group works toward furthering the acceptance and availability of surgical contraception. The activities listed on page 33 are followed by representative examples.

Figure 36. Number of Countries with Legally Registered National Leadership Groups, 1976 to 1980

	1976	1977	1978	1979	1980
Developing Countries	14	17	21	22	24
Developed Countries	4	4	5	6	6
TOTAL	*18*	*21*	*26*	*28*	*30*

—National Coordination. The **Indonesian Society for Voluntary Sterilization** was designated by the government as national coordinator for voluntary sterilization activities within the country; the **Korean Association for Voluntary Sterilization** was given the responsibility by the government for conducting all surgical contraception training within Korea; the **Thai Association for Voluntary Sterilization** was delegated responsibility by the government for training district level physicians in voluntary sterilization techniques; the **Egyptian Fertility Care Society** is responsible for coordinating a national training program for surgical contraception at seven university medical schools.

—Development of National Standards and Guidelines. The **Bangladesh Association for Voluntary Sterilization** is developing minimum medical standards and guidelines and has taken the responsibility for monitoring their implementation in programs throughout the country; the **Indonesian Society for Voluntary Sterilization** has developed a national manpower training program in conjunction with six major, university teaching hospitals and has coordinated this effort through the standardization of trainee selection and certification criteria, informed consent materials and by providing medical guidelines and a standard curriculum.

—Repair and Maintenance Centers. National repair and maintenance centers for the sophisticated endoscopic equipment used in service programs are operated under the aegis of national groups in **Korea, Thailand, Indonesia** and **Egypt.**

—Data Collection. The **Turkish Fertility and Infertility Association** is developing a Survey Plan, and the **Syrian Fertility Control Society** is collecting Survey Data to assess the attitudes of physicians toward voluntary sterilization; the **Sudan Fertility Control Association** is planning a survey of male attitudes toward voluntary sterilization; the **Korean Association for Voluntary Sterilization** is developing a follow-up study which will assist in evaluating the Korean national voluntary sterilization program; National Leadership Groups in **France** and **Italy*** have also provided data to promote the formulation of national legislation and policies.

—Publications. The **Association Nationale pour l'Etude de la Sterilisation Volontaire** developed, published and distributed the first comprehensive book on voluntary sterilization to be published in French; the **Bangladesh Association for Voluntary Sterilization** published a comprehensive counsellor's manual for voluntary sterilization which will be used throughout Bangladesh; the **Indonesian Society for Voluntary Sterilization** published the training materials that are used in all training programs throughout the country; the **Korean Association for Voluntary Sterilization** and the **Thai Association for Voluntary Sterilization** publish professional journals on voluntary sterilization.

*Does not receive AID Funds

—Information and Education Materials. The **Associazione Italiana per la Sterilizzazione Volontaria** has conducted several programs for national television and radio and is now developing an innovative **fotonovella** to promote vasectomy; national information and education programs, four of which also feature national radio programs, are being conducted by national groups in **Bangladesh,** the **Philippines, Thailand,** the **Sudan, Sri Lanka** and **Italy;** associations in **Sri Lanka,** the **Philippines** and **Bangladesh** conduct group meetings for the purpose of educating and informing groups within their countries.

—Innovative Demonstration Projects. The **Korean Association for Voluntary Sterilization** developed and implemented two successful demonstration projects on sterilization complications and vasectomy reversal which are now being transferred to the Korean government, and it is currently developing a demonstration project for female sterilization reversal.

—Service Projects. A major activity of the **Bangladesh Association for Voluntary Sterilization** is the design and implementation of high quality, voluntary sterilization service programs; it now directly operates twelve service centers and provides guidance for the operation of government clinics.

—Resource Centers. National groups in **Indonesia,** the **Philippines, Korea,** the **Sudan, Egypt** and **Turkey** are actively serving as resource centers for voluntary sterilization information in their countries.

IPAVS Support of National Leadership Groups

IPAVS offers guidance to prospective National Leadership Groups in developing countries and, once an entity is established, provides technical and financial assistance for the development and implementation of organizational and program objectives.

The formation, development and funding of National Leadership Groups is a complex process that requires a great deal of technical assistance from IPAVS. A major type of assistance is helping associations to define their plans of action so as to attain smooth and effective organizational operations. In 1980, there were 19 site visits to nine funded organizations to offer encouragement, direction and assistance in their developmental efforts.

Figure 37 shows that there has been more than a six-fold increase in the total funds awarded to National Leadership Groups between 1976 and 1980. In 1980, a total of 21 sub-grants were awarded to organizations in eleven countries: Bangladesh, Egypt, France, Indonesia, Korea, Philippines, Sri Lanka, the Sudan, Syria, Turkey and the United States*. Italy was awarded private funds by the Executive Committee, AVS, because of its influence in the Catholic world.

Both administrative awards—one per organization—and special supplemental awards—none to several per organization—are made. The average amount for the administrative awards has increased markedly since 1976, due in part to inflation but also because of the internal expansion of many groups. In 1980, ten such sub-grants were awarded to the countries listed above with the exception of France.

Special supplemental sub-grants are awarded for services, training, information and education, equipment repair and maintenance and branch development programs. The number of such sub-grants awarded has quadrupled since 1976. In 1980, twelve supplemental awards were made to national organizations in Bangladesh, Egypt, Korea, Thailand and Indonesia. Among the twelve awards was one consolidated sub-grant to Bangladesh which incorporated twelve branch development/service project supplemental sub-grants awarded to that country in 1979.

* Award to the University of Pittsburgh for administrative support for the Secretary-Treasurer, WFHA-AVSC.

Figure 37. Administrative and Special Supplemental Sub-grant Awards to National Leadership Groups, 1976 to 1980

YEAR	ADMINISTRATIVE AWARDS			SPECIAL SUPPLEMENTAL PROJECT AWARDS			TOTAL NLG AWARDS		
	No.	Total	Average	No.	Total	Average	No.	Total	Average
1976	7	$ 183,267	$26,181	3	$ 191,586	$ 63,862	10	$ 374,853	$ 37,485
1977	9	298,984	33,220	9	474,331	52,703	18	773,315	42,962
1978	9	348,734	38,748	12	702,533	58,544	21	1,051,267	50,060
1979	9	563,795	62,644	21	1,089,274	51,870	30	1,653,069	55,102
1980	10	771,806	77,181	12	1,684,650	140,388	22	2,456,456	111,657
TOTAL	*44*	*$2,166,586*	*$49,241*	*57*	*$4,142,374*	*$ 72,673*	*101*	*$6,308,960*	*$ 62,465*

CHAPTER 6

World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception

Organization

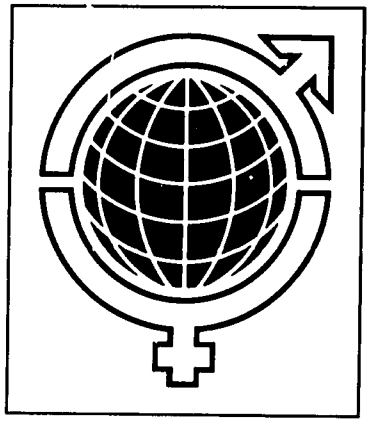
In 1975, indigenous national leadership groups established themselves into an international network to advance the cause of voluntary surgical contraception. The individual national groups—either incorporated as National Associations for Voluntary Sterilization or set up within existing family planning and health organizations—linked together formally as an international, autonomous World Federation with its own legal registration, bylaws and structure.

From the time that the Federation was organized, its national leadership was dedicated to making it a unified network for voluntary sterilization issues. The year, 1980, was a crucial one in that the Federation reached a summit in the period of its early growth and introduced a number of changes that would carry its future expansion in a more focussed direction.

—The Role of the Federation. Late in 1979, IPAVS turned to a group of international leaders in the field of voluntary sterilization and bid them examine the international family planning movement to assess whether the World Federation was needed and, if so, what its programmatic focus should be. A Select Study Group, appointed for this purpose, convened in January, 1980, to examine the following issues:

- The objectives and roles of existing international organizations in the family planning field;
- Gaps and areas of unmet needs in international family planning and voluntary sterilization;
- The philosophy and role of the voluntary health organization;
- The structure and purpose of an international networking organization;
- Is there a role for the World Federation in the international family planning field?

The Study Group concluded that there was indeed a role for the Federation and that its categorical focus on voluntary sterilization should be retained, but that its scope of activities should be focussed. Having served, thus far, primarily as a vehicle for international communication and cooperation among its members, the Federation was envisioned as expanding its role to that of an international, professional body working in concert with other organizations of compatible interests. The Study Group also recommended that the Federation seek a more autonomous status which would require independent, multinational funding and staffing with decreasing financial assistance from IPAVS.



Another recommendation of the Select Study Group was that the name of the World Federation of Associations for Voluntary Sterilization (WFAVS) be changed. The rationale was a need to more accurately reflect the Federation's objectives and the nature of its membership, which comprises health and family planning agencies as well as groups devoted specifically to surgical contraception. It was also suggested that the term "sterilization" had negative cultural or linguistic connotations and might be inappropriate to the title of the worldwide organization.

The Select Study Group reviewed the activities of many other organizations in the international family planning/voluntary sterilization movement and selected four areas in which the Federation could assert leadership:

- Formulation and analysis of policy issues related to voluntary surgical contraception;
- Development of international standards and guidelines;
- Establishment of an information and education clearinghouse;
- Development of international, interagency coordinative and collaborative relationships.

The recommendations of the Select Study Group were submitted to the World Federation's Program Planning and Evaluation Committee which drafted a Five-Year Program Plan focussed on the four activity areas listed above. As priorities, the committee chose the formulation of policy statements and the development of international standards and guidelines. The committee's Plan was sub-

sequently approved and adopted by the Executive Committee.

In May, at the Sixth General Assembly of the Federation in Bali, the membership voted to change its organization's name to the World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception (WFHA-AVSC). Additionally, the members committed the World Federation to seek greater independence and to work towards recognition as an authoritative, international organization in the field of voluntary surgical contraception.

The membership also decided to strengthen its committee structure by charging committees with the mission of seeking solutions to basic, unresolved issues related to voluntary surgical contraception within its broadest, international health context.

A first step towards the World Federation's intended autonomy was the establishment of a separate World Federation Secretariat Office in New York in September, 1980. Now supported and staffed by IPAVS, it is moving toward direct funding through the Association for Voluntary Sterilization (USA) or the World Federation. The new office helps to advance the concept of the Federation's distinct identity and is the start towards its gaining functional independence.

– Committees. The committees of the World Federation determine the focus and direction of the organization. They define the program plans for achieving specific objectives and, with the assistance of the Secretariat staff, carry out the work of the Federation.

The Program Planning and Evaluation Committee, at its January meeting, redrafted the scope of committee responsibilities and mandated that all committees define their action strategies for 1980-1984. As part of this process, the Program Planning and Evaluation Committee devised a nine-step methodology for committees to follow in order to accomplish the development of standards, guidelines and policies for their respective program areas. This procedure – from literature review to final documentation – permits a consistent approach and a clear way of monitoring committee progress.

At the Sixth General Assembly, each committee of the World Federation selected action-oriented projects for the following program year. Committee projects include:

- Development of international standards and guidelines (an objective of most of the committees);
- Examination of the controversial issues of incentives and motivation as related to voluntary surgical contraception (from information and education as well as legal perspectives);
- Expansion of voluntary surgical contraception service delivery into rural and remote areas (includes establishment of an "Expert Study Committee on the Expansion of Voluntary Surgical Contraception into Rural, Remote and Peripheral Areas" which will develop concepts and strategies with which to address this complex issue).

In September, 1980, consultants belonging to member organizations undertook a special assignment to address topics related to committee structure and function: 1) to develop criteria and procedures for selecting World Federation committee members; 2) to develop a procedure for funding committee activities such as conferences, consultants and publishing. In addition, the consultant team reviewed World Federation bylaws and recommended revisions in the membership categories.

The consultants' recommendations were distributed to World Federation officers and appropriate committee members. Final criteria and procedures will be established after responses are received and categorized by the Secretariat staff. Recommendations requiring changes in the bylaws will be reviewed by an Ad Hoc Committee on Bylaws Revision and submitted to the membership at the Seventh General Assembly.

In addition to the Executive Committee, there are three World Federation Standing Committees, six Program Committees and two Ad Hoc Committees as follows:

Standing Committees
Budget and Finance
Nominating
Membership

Program Committees
Program Planning and Evaluation
Voluntary Sterilization Statistics
Scientific

Joint Committee on Training and Equipment
Information and Education
Legal

Ad Hoc Committees

Expert Study Committee on the Expansion of Voluntary Surgical Contraception into Rural, Remote and Peripheral Areas
Bylaws Revision

38. Membership. At the Sixth General Assembly, three new members were added, bringing the total membership of the Federation to 30. Two of the new members are Affiliated Associations from developing nations, and the third is a Regional Association representing several Middle Eastern countries. Twenty-two developing and eight developed countries are now represented in the Federation, and three membership applications are pending. Figure 38 shows the Federation's expansion since 1976, and Appendix C lists the current members.

A recommendation of the Sixth General Assembly, which was attended by 83 persons from 27 countries (70 percent of the participants were from developing nations), was that the Federation should develop regional strategies for increasing membership. A consultant is presently working on such a strategy for the Middle East region, and strategies will be developed for other areas of the world.

Categories of World Federation membership are also under review. Suggestions for revision of the various classifications were recently made, and recommended changes will be presented to the Seventh General Assembly in 1981.

Figure 38. Growth of the World Federation by Membership Category, 1976 to 1980

	YEAR				
MEMBERSHIP CATEGORIES	1976	1977	1978	1979	1980
National Association	11	14	15	17	17
Affiliate Association	0	2	6	7	9
Regional Association	1	0	0	1	2
Associate Organization	0	0	1	2	2
TOTAL	*12*	*16*	*22*	*27*	*30*

Collaborative Relationships

In the future, the World Federation will put greater stress on the development of collaborative relationships with other international organizations. This type of cooperation was proven useful, and the Federation already enjoys official relationships with 16 health and social organizations.

Achieving official, non-governmental organization (NGO) status with various United Nations agencies is important for coordinating Federation activities with those of other international organizations. Because the Federation has attained NGO status with the United Nations Fund for Population Activities (UNFPA), staff members and representatives may now attend relevant international conferences and benefit from personnel enrichment programs offered through the United Nations.

Presently, the World Federation has an application for NGO status before the United Nations Economic and Social Council (ECOSOC). Also pending are applications for membership with the National Council for International Health and the International Council for Voluntary Agencies.

Other important communication links in the international arena are under investigation by World Federation officers and the Executive Secretary. The feasibility of a consortium of agencies that share common commitments is being explored. A meeting of organizational representatives is tentatively planned for the Summer of 1981 to address the consortium issue.

CHAPTER 7

Program and Administrative Support Activities

Proposal Development and Sub-grant Monitoring

39. Proposal Development Procedures. The Program Division, in New York or the Regional Offices, is responsible for handling requests for IPAVS assistance and for aiding applicants to develop clear, organized and feasible proposals. At the close of 1980, responsibility for proposal development was shared among IPAVS/New York and the Regional Offices in the following manner:

Asia Regional Office—all countries in South and East Asia

Africa/Middle East Regional Office—Tunisia

IPAVS/New York—all other countries

In the initial stages of proposal development, IPAVS often provides extensive assistance to the applicant so that the scope and objectives of the proposal are carefully defined and workable. An Application for a Grant Form (GA, 11/78) is usually filled out by the applicant. Staff then completes the Summary Data Form (G-207, 6/13/78) and meets to review the proposal and prepare it for submission to the IPAVS International Committee. If the Committee approves the proposal, it is sent to AID/Washington for final approval. If AID rejects the proposal, it may be submitted to the AVS Executive Committee for consideration for private funding.

The progress of the proposal is monitored through a bi-weekly updated, proposal status list. The applicant is regularly informed about the status of the proposal by letter or a monthly checklist (Form G-203, 2/10/77). The proposal development process is illustrated in Figure 39.

When a sub-grant is awarded, a contract package is forwarded to the applicant for signature. The package usually contains a cover letter (which highlights outstanding points of the program), a copy of the sub-grant document, a contract letter, a list of required reporting forms and a reporting schedule.

—Routine Sub-grant Monitoring. As soon as the signed contract letter is returned, the proposal becomes a sub-grant; initial funds are transferred, equipment is shipped and an IPAVS follow-up schedule is prepared.

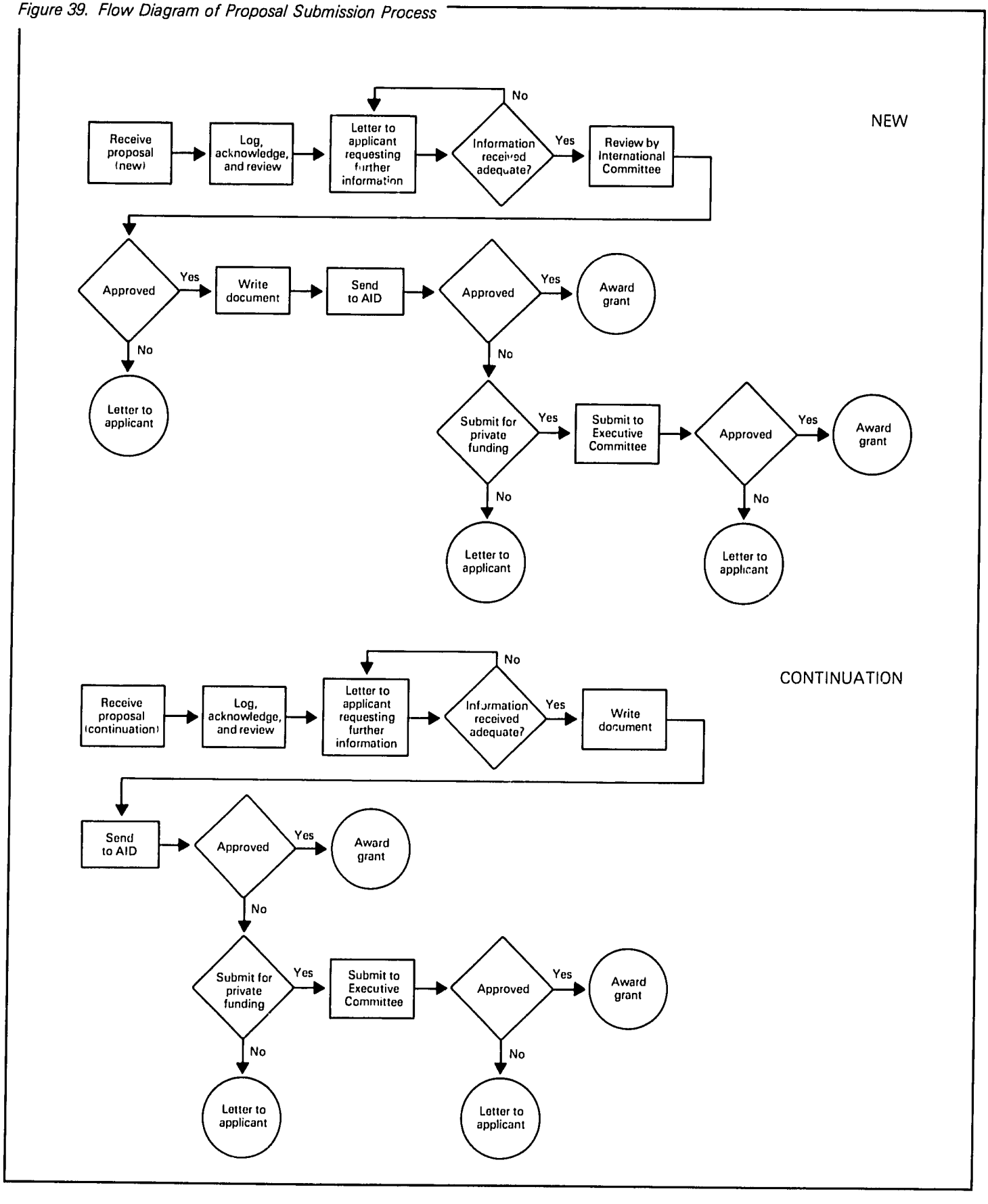
At the end of 1980, Regional offices were given responsibilities for sub-grant monitoring as delineated for proposal development, above.

After seven weeks, the sub-grantee is queried (Form G-210, 4/27/79) in order to ascertain that funds were received, accounting procedures established and program activities begun. In the fifth and eighth months, a Sub-grant Review Checklist (Form G-218, Rev. 5/27/80) is completed. During the eighth month review, the need for submission of a continuation proposal or for an administrative extension of the current sub-grant is examined.

—Sub-grant Reporting. At the time the sub-grant is approved for funding, a schedule for routing reporting is established. Reports are monthly or quarterly. Routine reports that may be required are:

1. Statistical Report for Acceptors (SF-1, SM-1): cumulative totals of acceptors by age, parity and procedure; cumulative numbers of major complications, if any;
2. Complication Report (C-1): description of the nature, treatment and outcome of each major complication, if any;
3. Progress Reports: narrative account of progress and problems including, as appropriate, Service Progress Report (SPF-1, SPM-1), Information and Education Progress Report (IE-1), Repair and Maintenance Center Progress Report (E-1), NAVS-NLG Progress Report and Training Progress Report (T-1);
4. Equipment Problem Report (EQ-1): description of the condition of and problems encountered with equipment provided through IPAVS;

Figure 39. Flow Diagram of Proposal Submission Process



5. Financial Report (F-2): information on budget and expenditures to date and cash on hand;
6. Trainee Form: evaluations of the performance and capabilities of physician (TP-1) and health support staff (TS-1) trainees.

In addition to the routine reports, sub-grantees may be required to submit special reports on an annual, semi-annual or per-case basis. Examples of such special reports are:

1. Activity Plan: specifies how, when and by whom program objectives will be accomplished (usually for NAVS-NLG sub-grants);
2. Information and Education Strategy Plan: indicates how, when, by whom and for whom specific information and education activities will be carried out (usually for NAVS-NLG sub-grants);
3. Collaborative Relationship Report: describes the collaborative and functional relationships between the sub-grantee and other private and public agencies involved in family planning (usually for NAVS-NLG sub-grants);
4. Training curriculum: outlines the practical and theoretical content and schedule of training courses;
5. Equipment Distribution Plan: indicates to whom equipment provided by IPAVS will be given (usually for special equipment grants);
6. Equipment Receipt Report: sent to IPAVS by sub-grantees upon receipt of equipment;
7. Special Study Report: gives results of any special surveys conducted by the sub-grantee;
8. Voluntary Surgical Contraception-related Death Report*: gives the circumstances and conditions related to the death as well as the probable cause and information on investigation and follow-up;
9. Conference Report: describes the proceedings of the conference (due within 90 days for IPAVS-funded conferences);
10. Narrative Progress Report: describes the progress in a given special program.

A forms audit was performed in 1980 in order to inventory the forms used for reporting and other purposes and to better organize the utilization of completed forms by IPAVS.

—Sub-grant Financial Reporting. IPAVS sub-grantees are required to submit financial reports to the IPAVS/New York Financial Office at least quarterly. The reported data are computerized and kept up-to-date. Any irregularities are reported by the Financial Office to the Program Staff. If necessary, technical assistance in bookkeeping or accounting procedures is provided to sub-grantees by IPAVS staff during site visits.

—Audits of Sub-grants. It is IPAVS policy that every sub-grant be audited at its completion by an independent, local accounting firm selected by IPAVS. In 1980, 55 sub-grants were audited in 22 different countries. In most cases, no discrepancies or irregularities were found. If they are found, the Financial Office informs the Program and/or Field Operations Staff, and the sub-grantee is warned of possible penalties should the discrepancy or irregularity remain unremedied.

—Site Visits. Site visits are a valuable component of the IPAVS management system. They strengthen IPAVS staff understanding of field conditions and sub-grantees' proposals, operations, problems and progress. They also serve to provide direct and immediate assistance. Site visits are made for four basic purposes:

1. Developmental—to establish initial contacts with agencies and individuals who may be interested in IPAVS assistance, or to establish and coordinate lines of communication; these purposes can be served through IPAVS involvement in conferences and meetings or by visits to project sites and initiation/development/assessment of proposals.
2. Technical assistance—to review and assess sub-grant programs and to provide advice and expertise in order to resolve problems or develop organizational and administrative capabilities.

* This reporting procedure and form were developed in 1980 in order to better gather and organize the pertinent information and to bring about timely corrective action.

3. Medical assessment—to assess whether sub-grantees are performing sterilization procedures in accordance with IPAVS Minimum Medical Service Standards and to evaluate the adequacy of physician and paramedical training programs.
4. Regional Office development and coordination—to assist in establishing the Regional Offices and in the transfer of responsibilities from IPAVS/New York; additionally, to maintain good communication and coordination between New York and Regional Offices.

During 1980, 33 different countries were visited by a total of 18 IPAVS staff members and four consultants. There were 24 visits for developmental purposes, 37 for technical assistance, 6 for medical assessment, 13 for Regional Office development or coordination and 3 for WFHA-AVSC purposes. Approximately 540 working days were spent in the field.

IPAVS endeavors to visit every sub-grantee at least once during the year and larger projects, semi-annually or quarterly. Appendix D lists the site visits made in 1980.

—Consultants. IPAVS utilizes the services of expert consultants to assist with special problems in sub-grant programs and for internal administrative purposes.

A computerized registry of consultants was established in 1980. It includes consultants' names and addresses, medical specialties, up to seven areas of medical expertise, up to three areas of non-medical expertise, up to three country and three regional areas of expertise, educational backgrounds and whether or not they have previously served IPAVS. To be added are availability schedules and constraints of each consultant in the registry. At the end of 1980, about 60 consultants were on file.

A system has also been instituted to internally review *curricula vitae* of all sub-grantee staff and those of potential consultants. Selected, internally approved *curricula vitae* are routinely sent to AID for general approval.

A Resource Person File has also been computerized. This file is a less detailed list of names, addresses and areas of expertise.

During 1980, IPAVS utilized the services of twenty-five different consultants. Six worked on development, evaluation and/or rendered technical assistance to projects in Brazil, Tunisia, Sudan, Egypt, Bangladesh, Jamaica and Thailand. Their work included RAM center establishment, information and education program development and medical assessment. Ten consultants worked on the preparation of publications, newsletters, background and issue papers; editing, writing, translating and other publication-related tasks. Three consultants worked on management issues including auditing/financial matters, legal advice, and development of personnel administration systems. Two consultants helped establish the regional office in Tunisia. Four consultants worked on matters relating to the development of the WFHA-AVSC.

In 1980, for the first time, IPAVS utilized three consultants supplied by the American Public Health Association. They gave technical assistance to local projects in Bangladesh and Egypt.

The Information System and Operations Monitoring

—Development. During the past five years, a gradual and important change evolved in the way IPAVS collects, stores, retrieves and uses data for reporting and for monitoring internal and sub-grant operations and progress. Since 1976, the method of collecting data changed as more sophisticated reporting forms and systems for acknowledging and recording information were developed. Data storage progressed from a totally manual system in 1976 to a more complex one using a computer, periodic tabulation of cumulative statistics and an increasing number of routine and special computer printouts in 1980.

Operations monitoring began developing as a manual system in late 1976, the "Project Monitoring System," which utilized a wall chart, a magnetic numbering and lettering display and a quarterly series of written reports. The system was designed principally to assist program staff with measuring the progress of sub-grantees, but its by-product was data which enabled staff to monitor the efficiency of the internal (and sometimes ex-

ternal) operations of the Equipment and Financial Offices as well as certain functions of program staff, the IPAVS International Committee and AID (e.g., time lapses between orders, shipment and receipt of equipment; progress towards final audit and financial closure of grants). After acquisition of the computer in 1978, computer files, data collection procedures, in addition to the manual monitoring system, were developed in such a way as to enable semi-automated monitoring of operations and sub-grantee progress. Reports monitoring is handled most efficiently by a manual system, but all other aspects of operations and progress monitoring use the computer.

– Progress in 1980. Twenty-three data files and a variable number of operational files fill most of the present information needs of IPAVS. (They are the same files reported in Appendix K of the 1979 Annual Report.) In the past year, modifications were made in most of these files as program staff became aware of additional informational needs and as computer operations staff were able to anticipate needs and gain knowledge of the computer's capabilities. File structures have not yet been stabilized, but this is anticipated for 1981. The site visit information and travel monitoring files, planned in 1979, were not developed in 1980 due to lack of user interest. It is anticipated that the need for them will be felt more acutely, and that their development will be given higher priority.

At present, a total of 15 computer programs generate approximately 40 sets of computer printouts on a weekly, bi-weekly, monthly, quarterly or semi-annual basis to serve the information needs of New York and Regional Office staffs.

In 1980, the sub-grantee reports tracking phase of operations monitoring – the only manual part of the system – was refined so that monthly (instead of quarterly) reviews of reporting status are now possible as are monthly reminders for tardy reports. Information on reporting status is available to staff at a moment's notice by consulting a reports log. The reports monitoring system is undergoing adaptation for use by the Asia Regional Office.

This year, considerable progress was made in the other phases of operations monitoring by further utilization of periodic computer printouts, which serve as status reports, and "exception reports," which pinpoint problem area in internal operations. As reported last year, two of these reports indicate the status of fund transfers and audits, both of which are now generated monthly. A weekly printout of the status of initial fund transfers ("initial advances") was added to the system, since these transfers are crucial to the operational status of new programs.

In 1980, computer reports were developed which list the status of equipment transactions by individual sub-grant. These reports are now utilized by site visitors and Regional Office staff for information purposes; by program staff during sub-grant reviews; by Equipment Office staff to monitor the shipment of items and to follow-up on receipt of all items. This set of reports was implemented in Autumn, 1980 and appears to have great potential. A similar kind of computer report is presently being developed to detail sub-grant financial status. It is intended to reduce staff time spent filling out forms for sub-grant reviews and site visitors and will be sent to the Regional Offices.

At present, a total of 15 computer programs generate approximately 25 sets of computer printouts on a weekly, bi-weekly, monthly or quarterly basis for the purposes of operations monitoring.

Library Activities

The purpose of the IPAVS library is to gather, disseminate and exchange information on voluntary sterilization and related topics for IPAVS staff and the international community. It functions as a resource in the field of voluntary sterilization, making its materials accessible to staff, sub-grantees, independent researchers, libraries and other interested parties. Figure 40 indicates the expansion of the IPAVS library collection since 1976.

In 1980, the library developed a collection of materials to help the staff learn foreign languages. Included are a substantial number of cassettes with accompanying texts, a cassette player as well as several reference texts on Spanish and French language and grammar.

The library also started a collection of 3/4-inch, u-matic format, video cassettes after the kind donation of a video-cassette player by the KLI Company. The cassettes are primarily on surgical techniques and include four on laparoscopy, donated by KLI, and several others which have been purchased or donated.

The library has also begun to provide services to the IPAVS Regional Offices in Tunisia and Bangladesh. These services include:

- Provision of a monthly acquisitions list;
- Purchase of materials on request;
- Mailing of all duplicate booklets, journals and newsletters;
- Answering of reference questions by mail.

IPAVS Publications

IPAVS produced and distributed the following publications during 1980:

IPAVS Newsletter: published bimonthly. The ***Newsletter*** provides condensed information on recent events in the field, significant program accomplishments, scientific advances and other matters related to sterilization. The circulation of about 4500 copies includes all sub-grantees as well as other interested individuals. Copies are also available on request and at selected conferences, meetings and exhibits.

Voluntary Sterilization: A Decade of Achievement: published in 1980, 283 pages. The book is a conference monograph on the proceedings of the Fourth International Conference on Voluntary Sterilization at Seoul, Korea, held May 7-10, 1979. It contains 61 papers and 10 task force reports.

Minimum Medical Service Standards for Female Voluntary Surgical Contraception Programs: published, November, 1980, thirty-six pages. The Standards describe IPAVS policy for implementation of Standards in all IPAVS-funded programs. Chapters comprise requirements for all program components, minimum space and equipment, minimum emergency care, specific surgical procedures, medical records and complications reporting; there are six appendices.

Minimum Medical Service Standards for Male Voluntary Surgical Contraception Programs: published, December 1980, thirty-two pages. This is the companion booklet to the Female Standards. The content is geared to vasectomy procedures.

WFHA-AVSC Exhibit: A five panel exhibit, it describes the WFHA-AVSC: where it is active; its goals and objectives. It is for use at conferences and other international gatherings. It was first exhibited at the WFHA-AVSC Annual Meeting in Bali, Indonesia, May, 1980. In June it was displayed at the Seventh Annual Conference of Egyptian Fertility Care Society, Port Said.

Figure 40. Growth of the IPAVS Library Collection, 1976 to 1980

	1976	1977	1978	1979	1980
Volume of Books	750	950	1350	1587	1794
Serials (Titles)	200	144	182	187	197
Number of Reprints	2750	3450	3100*	3441	3639
Volume of Audio-Visuals	43	68	88	99	122

**Figure adjusted to reflect relocation of catalogued journal articles, annual reports, and IEC materials.*

APPENDIX A

Sub-grants Awarded from January, 1980 to December 31, 1980 by Dollar Amount, Major Programmatic Emphasis, Program Components and Funding Components

KEY

A - Administration
B - Branch Development
C - Consolidated Program
E - Equipment
H - Health Care Other than VSC
I - Information & Education
L - Equipment, Local
M - Annual Meeting
N - National Leadership Group
O - Operational
P - Personnel/Salaries
R - Equipment Repair
S - Service
T - Training
U - Special Study
V - Renovation

COUNTRY	GRANT NUMBER	BUDGET TOTAL	MAJOR PROGRAMMATIC EMPHASIS	PROGRAM COMPONENTS	FUNDING COMPONENTS
Bangladesh	000-090-M17	$ 52,728	E	E	E
Bangladesh	000-090-M22B	147,754	E	E	E
Bangladesh	062-049-5I	44,622	I	I	P,I,O
Bangladesh	062-049-6N	113,444	N	N,A	P,M,B,C,L,O
Bangladesh	391-049-1S	680,431	C	S,T,I,A,C	P,T,S,L,O,I,C
Bangladesh	400-049-1SB	502,246	C	S,I,C	P,S,I,L,O,E
Benin	341-187-1	23,279	I	I	P,O,I,E
Benin	359-193-1	41,349	S	S	P,S,V,L,O,I,E
Brazil	094-070-5	116,170	S	S	P,S,L,O
Brazil	324-167-2	44,350	S	S	P,S,L,V,O
Brazil	347-189-1	581,822	T	S,T,I	P,S,T,L,O,V,E
Brazil	349-181-1	84,149	S	S,T	P,S,L,T,R,O,E
Brazil	387-210-1	61,401	S	S	P,S,L,O,V,E
Brazil	389-204-1	11,329	V	V	V,L,O
Brazil	390-209-1	94,615	S	S,T,I	P,S,L,V,I,O,E
Brazil	396-205-1	24,900	S	S	P,S,L,I,O
Chile	206-132-3	15,520	S	S,I,	P,S,I,O
Colombia	307-155-2	357,500	T	S,T	S
Colombia	337-171-2	55,747	I	I	P,I,O
Dom. Republic	371-208-1	184,450	S	S	P,S,O
Dom. Republic	372-190-1	7,095	V	V	V

COUNTRY	GRANT NUMBER	BUDGET TOTAL	MAJOR PROGRAMMATIC EMPHASIS	PROGRAM COMPONENTS	FUNDING COMPONENTS
Egypt	070-057-4N	$ 86,586	N	I,N,A	P,O,L,C,I
Egypt	255-057-2EM	19,523	R	R	E
Egypt	377-195-1	71,190	T	S,T	P,T,O,L,E
Egypt	378-196-1	83,046	T	T,S	P,T,O,V,L,E
Egypt	379-197-1	102,977	T	T,S	P,T,O,L,V,E
Egypt	380-198-1	137,484	T	S,T	P,T,O,L,V,E
Egypt	381-192-1	32,912	T	S,T	P,T,L,O,E
Egypt	382-199-1	85,892	T	T,S	P,T,L,V,O,E
Egypt	384-200-1	59,538	T	S,T	P,T,L,V,O,E
El Salvador	035-034-4	9,729	S	S,I	P,S,I,O
El Salvador	165-105-4	63,306	S	S,I	P,S,O
El Salvador	365-188-1	71,791	S	S,I,E,L	P,S,I,O,V,L,E
France	318-127-1I	15,700	I	I	P,O,I
Guatemala	317-173-1	538,345	C	S,T,E,L,R,I,A	P,S,O,I,T,L,E
Haiti	366-211-1	82,431	V	V,S,I,T,E,L	P,S,O,I,V,L,E
Honduras	180-114-2	23,777	S	S	P,O,S
Honduras	350-178-1	357,336	C	S,T,E,L,R,I,A,	P,S,T,I,L,O,E
Indonesia	000-090-M18	258,750	E	E	E
Indonesia	075-053-4	39,797	S	S,I	P,S,I,O
Indonesia	078-062-4N	155,656	N	L,I,N,A,U	P,O,I,L,B,C,M
Indonesia	078-063-4EM	120,466	R	T,R,E,L	P,L,O,E,
Indonesia	221-134-3	91,245	T	S,T,I	P,T,S,I,O,M
Indonesia	222-135-3	66,400	T	S,T	P,S,T,O
Indonesia	306-062-1S	112,849	S	S,T,E	P,T,V,S,E,L,O
Indonesia	367-202-1	60,058	T	S,T	P,S,T,L,V,O
Jamaica	175-104-2	33,173	S	S,I	P,S,V,O,I,E
Jamaica	313-163-2	16,252	R	R	P,O,E
Jamaica	326-175-1	136,162	S	S,E,L	V,P,L,E,O
Jamaica	327-183-1	71,295	S	S,I	P,S,V,L,O,I,E
Korea	082-055-6N	148,222	N	N	P,I,M,O,E
Korea	145-055-4EM	65,767	R	R	P,L,O
Korea	352-055-1S	11,350	S	S,T	S,O
Lebanon	252-144-2	49,645	S	S,T,I	P,S,O,E
Mexico	000-090-M19	14,075	E	E	E
Mexico	000-090-M21	13,514	E	E	E
Mexico	167-098-3	15,787	S	S,T	P,S,O
Mexico	244-139-3	126,883	R	R	P,L,O,E
Mexico	248-142-3	65,855	S	S,I	P,S,I,O
Mexico	362-182-1	18,920	V	V	V,E,O
Mexico	363-201-1	94,881	S	S,E,I,H	P,S,V,O,F
Mexico	388-203-1	26,313	S	S	P,S,O

COUNTRY	GRANT NUMBER	BUDGET TOTAL	MAJOR PROGRAMMATIC EMPHASIS	PROGRAM COMPONENTS	FUNDING COMPONENTS
Nepal	090-060-5	$ 84,866	S	S,T	P,S,L,T,I,O
Nepal	258-158-2	47,261	I	I	P,T,I,O,E,
Nepal	331-177-1	60,039	R	R,T,E	P,E,L,O
Panama	204-128-2	23,425	R	R	P,O,E
Peru	361-186-1	86,907	S	S,I	P,S,L,V,I,O,E
Philippines	178-116-4	26,285	S	S,I,T	P,I,L,O
Philippines	409-068-1	88,369	S	S,T,V,A	P,S,O,V,L,E
Sierra Leone	338-184-1	13,130	S	S	P,S,L,O,E
Sri Lanka	103-124-3N	49,255	N	I,N	P,I,M,O,E,L
Sri Lanka	186-125-3	25,605	S	S,T	P,S,T,O,E
St. Lucia	164-106-3	23,833	S	S,I	P,L,I,E,O
Sudan	155-123-4N	46,010	N	N,I	P,I,O
Sudan	278-179-1	28,925	S	T,S,I	P,S,L,T,I,O,E
Syria	275-165-2N	15,520	N	I,N,A	P,O,I,L,M
Thailand	149-096-4N	125,158	N	N	P,I,M,L,O,E
Thailand	220-096-3EM	79,561	R	E,L,R	P,L,O,E
Thailand	291-096-2T	11,835	T	T	P,T,I,O
Thailand	323-185-1	380,385	S	S,A,H	P,I,L,E,O,S
Togo	308-191-1	7,765	I	I	P,I,O,E
Tunisia	294-160-2	122,622	S	S	P,O
Tunisia	360-180-1	399,974	C	S,T,R,A	P,S,O,E,V,C
USA	000-014-8N	4,015	A	A	P
Zaire	285-206-1	91,600	S	S,I,H	P,S,I,L,O,V,E
Zaire	293-207-1	30,838	S	S,I	P,S,L,I,V,O,E

APPENDIX B

Small Grants Awarded, Calendar Year 1980

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-383	Dr. Robert Lane	Gonja Lutheran Hospital/ Ob/Gyn Department	Tanzania	1 vasectomy kit/1 colpotomy kit
S-384	Dr. David Madureira Rebelo	Hopitais Universidad Coimbra	Portugal	1 teaching attachment/2 films: "Laparoscopy" (English), "Vasectomy" (Spanish)
S-385	Dr. Pierre Sende	Maternity Centrale	Cameroon	1 Laprocator System
S-386	Rev. Ralph K. Galloway	Eglise Du Christ Au Zaire	Zaire	15 stethoscopes/15 sphygmomanometers
S-387	Mrs. Tshabu	CNND	Zaire	1 stethoscope/1 sphygmomanometer
S-388	Prof. Mohamed Tahar Alaoui	Ministry of Health	Morocco	1 sphygmomanometer/1 stethoscope
S-389	Dr. Manyim Isacar	Delegue Provincial de la Sante	Cameroon	2 minilap kits/2 sphygmomanometers/2 stethoscopes/10 dozens surgeons' gloves
S-390	Prof. Alaoui	c/o Mr. Trayfors, Population Officer	Morocco	1 teaching attachment
S-391	Dr. Dinah Jarrett	Princess Christian Maternity Hospital	Sierra Leone	1 anesthesia machine/10 dozens surgeons' gloves/1 minilap kit
S-392	Dr. Azizur Rahman	Bangladesh Association for Voluntary Sterilization (BAVS)	Bangladesh	Recording Resusci-Anne
S-393	Dr. Azizur Rahman	BAVS	Bangladesh	Observe consolidated APROFAM program, Guatemala
S-394	Dr. Azizur Rahman	BAVS	Bangladesh	40 Ampules, Narcan
S-395	Mr. Govind Man Shrestha	Dr. Badre Raj Pande Ministry of Health	Nepal	Training: Repair & maintenance of laparoscopic equipment; KLI, Ivyland, PA

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-396	Dr. Purandare	Kem Hospital/Ob/Gyn Department	India	1 laprocator/1 Falope ring applicator
S-397	Dr. Danilo Lopez	Family Planning Organization of the Philippines	Philippines	Minilap Falope ring applicator
S-398	Dr. Adeline Verly	Division D'Hygiene Familial	Haiti	Training: 3 Medical Doctors in mini-lap & laparoscopy; PROFAMILIA Colombia
S-399	Dr. Fouad Aboulsaud	El Nasr Hospital	Egypt	1 laprocator with diagnostic light sheath/trocar & cannula
S-400	Dr. M. Yaha Jasser	University of Aleppo	Syria	Training: Out-patient anesthesia; University of Pittsburgh, Pittsburgh, PA
S-401	Dr. Dinue Manole	Editora Manole	Brazil	12/8-9/79 Seminar Proceedings: "Why Female Sterility"; 200/Taylor, 800/Nakamura
S-402	Dr. Quinones	SSA	Mexico	5,000 Yoon rings
S-403	Dr. Faustin Massawe	Muhimbili Medical Center	Tanzania	2 minilap kits/ 2 vasectomy kits
S-404	Dr. Mambouh Wahba	Egyptian Fertility Care Society (EFCS)	Egypt	Attend WFAVS 6th General Assembly; Bali; Receive administrative orientation at PUSSI
S-405	Professor Dr. Risk	Shatby University Maternity Hospital for Women	Egypt	5 Fiberoptic cables/24 bulbs
S-406	Dr. P.V. Mehta	M.V. Mehta Charitable Hospital	India	1 laprocator
S-407	Dr. Roberto Rivera Damm	Juarez University	Mexico	25 vials of Stadol
S-408	Mrs. Lupe de la Vega	Planificacion Familiar de Ciudad Juarez	Mexico	Gomco/Instrument table/Mayo table/Utility cart
S-409	Dr. Sayed Etman	Misr Spinning & Weaving Hospital	Egypt	Assorted spare parts
S-410	Dr. Victor Gomel	U. of British Columbia/ Department of Ob/Gyn/ Vancouver/B.C./Canada	Turkey	Give medical lectures on Fertility Regulations & Infertility Studies; Turkey

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-411	Dr. Arunee Fongsri	Family Planning Program/ McCormick Hospital	Mexico	Training: Lecture & demonstrate minilap
S-412	Dr. Mario A. Zambrana	Materno-Infantil Hospital	Honduras	6,000 Yoon rings
S-413	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	2 Fluotecs/1 Gomco
S-414	Dr. Shelley Jubhara	Pelamonia Hospital	Indonesia	Short-grip minilap gun, 2-ring with fiberoptics
S-415	Dr. Shirish S. Sheth	Rotary International	India	1 laprocator system
S-416	Dr. J.S. Harwella	Government Hospital	Sri Lanka	1 minilap kit/1 vasectomy kit
S-417	Dr. Dardo Berreta	Centro Dept. de S.P. de Colonia	Uruguay	Training: minilap; PROFAMILIA; Monteria, Colombia
S-418	Almed S/A-Editore E Livraria	Almed S/A-Editore E Livraria	Brazil	Publish "Temas de Contracepcao" (Proceedings) and print 700 copies
S-419	Dr. Milton Nakamura	Pontifica Universidade Catolica de Campinas	Brazil	1 laprocator system
S-420	Dr. German Schramm	Department of Ob/Gyn/ Universidad Austral de Chile	Chile	Visit IPAVS, 6/23/80, for Proposal Discussion
S-421	Mr. Ernest Adjovi	CNBPF	Benin	Reel-to-Reel tape recorder/amplifier/ 2 speakers
S-422	Dr. Khairullah	Syrian Fertility Control Association	Syria	Electric typewriter
S-423	Dr. Rene Valerio	Honduran Family Planning Association	Honduras	Training: Vasectomy; APROFAM, Guatemala
S-424	Dr. Rohinee Merchant	Dr. Merchant's Hospital	India	1 laprocator system
S-425	None Given	Family Planning Association of Nepal	Nepal	3 tool kits
S-426	Dr. Luis Uribe	Social Security Hospital	Mexico	2 Microphones for Sony video recorder

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-427	Dr. Gabriel Acuna	Abood Shaio Foundation for Diagnosis & Treatment of Heart Disease	Colombia	1 laprocator system
S-428	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	3 12mm trocars & sleeves/ 6 verres needles
S-429	Dr. Rustoom Soonawala	Family Planning Association of India	India	1 laprocator system
S-430	Dr. Nunez/Mr. Alejandro Flores	Honduran Family Planning Association	Honduras	Visit IPAVS, 7/30/80, for sub-grant program discussion
S-431	Dr. Guillermo Escobedo	APROFAM	Panama	Participate in APLAFA Conference; Assist Development of Vasectomy Program; Panama
S-432	Dr. Paul Correa	Hopital le Dantec	Senegal	1 teaching attachment for KLI laparoscope system B/1 laprocator system
S-433	Drs. El-Said/Mamdouh W. Wahba	Zagazig University/ Egyptian Fertility Care Society	Egypt	Training: 2 Medical Doctors in laparoscopy; El Ariana Clinic; Tunisia
S-434	Dr. N. Motashaw	Indian Association of Endoscopic Gynecologists	India	1 laprocator system
S-435	Dr. Myriam Leonardo	Grant Hospital	Panama	Attend APLAFA Conference, Panama
S-436	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	13 copies "Manuals of Laparoscopy"
S-437	Dr. Rustom Soonawala	Family Planning Association of India	India	Teaching slide set/Gook's "Endoscopy in Gynecology"
S-438	Dr. Arnulfo Bueso Pineda	Honduran Family Planning Association	Honduras	Training: Vasectomy; APROFAM, Guatemala
S-439	Dr. Rustom Soonawala	Family Planning Association of India	India	Book: "Laparoscopy" for teaching purposes
S-440	Joao Fernando Gois	CLAM	Brazil	5 films/1 slide set

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-441	Dr. Kit Abdala	CAMISP	Brazil	Film "Culdoscopis"
S-442	Dr. A.A. Nadim	Sudan Fertility Control Association	Sudan	Training, Psychological Counseling, San Antonio, Texas
S-443	Dr. Paulo Traiman	Universidade Estadual Paulista "Julio de Mesquita Filho"	Brazil	6 minilap kits
S-444	Dr. Alfonso Lavergne	c/o Dr. Julio Lavergne/ APLAFA	Panama	Training: Minilap & Vasectomy; APROFAM, Guatemala
S-445	Drs. Koo/Gonzales/ Ramos	USAID/Lima	Peru	Training: 3 Medical Doctors in minilap & laparoscopy; PROFAMILIA, Colombia
S-446		*NOT AWARDED*		
S-447		*NOT AWARDED*		
S-448	Dr. Luis Llano Saavedra	Centro Orientacion Familiar	Bolivia	Training: 6 Medical Doctors in minilap & laparoscopy; PROFAMILIA, Colombia
S-449	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	3,000 Yoon rings
S-450	None Given	PIACT de Mexico	Mexico	16mm projector/adhesive/sealent, loctite
S-451	Dr. N.D. Motashaw	Masina Hospital	India	Hassan Cannulae
S-452	Dr. N.D. Motashaw	Masina Hospital	India	Sutures
S-453	Ms. M. Louisa Zardina	AS.STER	Italy	Visit IPAVS, 9/24-10/1/80, WFAVS Special Assignment
S-454	Unknown	Government of Bangladesh Population Control & Family Planning Division	Bangladesh	36 dozens Sutures

SMALL GRANT NUMBER	INDIVIDUAL(s)	INSTITUTION	COUNTRY	PURPOSE
S-455	Dr. Danilo Lopez	Family Planning Organization of the Philippines	Philippines	3,000 Yoon Rings
S-456	Unknown	PUSSI	Indonesia	1 slide/sound projector/1 16mm projector
S-457	Dr. Aponso	SLAVS	Sri Lanka	1 Battery-operated laryngoscope with extra blades and bulbs
S-458	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	1 autoclave/2 ambubags
S-459	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	Anesthesia machine/ambubag/ resuscitator/laryngoscope/airways/ endotracheal tubes
S-460	Dr. Guido Trigo		Bolivia	Training: minilap, PROFAMILIA, Colombia
S-461	Dr. Joaquin A. Nunez	Honduran Family Planning Association	Honduras	Visit IPAVS, 11/24/80, to discuss 1981 budget.
S-462	Dr. R.S. Galvez/ Mr. C. Aguirre	APROFAM	Guatemala	Visit IPAVS to negotiate APROFAM continuation budget
S-463	None Given		Bangladesh	100 2ML. Ampules Stadol; 50 1m1 Ampules Narcan
S-464	Yong Whan Whang	Korean Association for Voluntary Sterilization	Korea	Provide technical assistance; FPAN RAM Center; 2/19-25/81; Assist TAVS; 2/28/81
S-465	Dr. Mahmoud F. Fathalla	Egyptian Fertility Care Society	Egypt	Visit IPAVS, for WFHA-AVSC Planning & Coordination Activities
S-466	Dr. Kemal Demir	Turkish Family Planning Association	Turkey	Observe VSC Process & Progress for for Public Relations purposes, Brazil, Colombia, Tunisia
S-467	Dr. Cesar Aguirre	APROFAM	Guatemala	4 printed circuit board replacements for viewlex projectors
S-468	Drs. Carvalho R./ Gomes da Silva	University Hospital of Coimbra	Portugal	Training: 2 Medical Doctors in vasectomy; Seoul, Korea

APPENDIX C

World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception

Membership—1980

- Australia Association for Voluntary Sterilization
- Bangladesh Association for Voluntary Sterilization
- Asociación Pro-Bienestar de la Familia Colombiana (Colombia)
- Egyptian Fertility Care Society
- Asociación Demográfica Salvadoreña (El Salvador)
- Association Nationale pour l'Etude de la Sterilisation Voluntaire (France)
- Vasectomy Advancement Society of Great Britain
- Asociación Pro-Bienestar de la Familia de Guatemala
- Asociación Hondureña de Planificación de Familia (Honduras)
- National Association for Voluntary Sterilization of India
- Indonesian Society for Voluntary Sterilization
- Associazione Italiana per la Sterilizzazione Volontaria
- Korean Association for Voluntary Sterilization
- Family Planning Association of Nepal
- Population Services Europe (Netherlands)
- Fertility Regulation Association of Pakistan
- Asociación Panamena para el Planeamiento de la Familia (Panama)
- Philippines Association for the Study of Sterilization
- Regional Arab Federation of Associations for Voluntary Fertility Control
- Asian Regional Association for Voluntary Sterilization
- Association for Voluntary Sterilization of the Republic of China
- Association for Voluntary Sterilization of South Africa
- Sri Lanka Association for Voluntary Sterilization
- St. Lucia Family Planning Association
- Sudan Fertility Control Association
- Syrian Fertility Control Society
- Turkish Fertility and Infertility Association
- Association for Voluntary Sterilization (U.S.A.)
- Population Dynamics (U.S.A.)

APPENDIX D

Site Visits Made in 1980

Key to Type of Visit:

D - Development of IPAVS involvement via contact and discussion with other health agencies, national leaders or possible sub-grantees.
TA - Technical Assistance
M - Medical Assessment
RO - Regional Office development and coordination
WF - World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception
• - These site visitors were consultants *not* IPAVS staff.

PURPOSE BY COUNTRY	IN-COUNTRY DATES	TRAVELER(s)	TYPE OF VISIT
AUSTRALIA			
To participate in annual meeting of Australian Association for Voluntary Sterilization.	Oct. 2-5	Dr. J. Davis•	D
BANGLADESH			
To Dacca to return to IPAVS Asian Regional Office.	Jan. 29	T. Jezowski	RO
To Dacca to review status of the IPAVS R.O. and to visit BAVS and its satellite clinics.	Feb. 24-29	Dr. M.E. Schima	RO
To Dacca to review the status and development of the IPAVS RO and to discuss future IPAVS activities in Bangladesh.	May 18-23	Dr. M.E. Schima	RO
To Dacca with Dr. Schima to meet with AID and Bangladesh government officials.	May 18-25	J. Holfeld	RO
To meet with key clinicians and learn of the work of other organizations and their strategies.	Aug. 22-27	Dr. Z. Khairullah•	M
To Dacca to discuss sub-grants with BAVS officials and RO.	Sept. 19-26	D. Mandell	TA
To Dacca to assume Assistant Directorship of RO.	Oct. 5	R. Vogel	RO
To observe the approach to vasectomy and surgical contraception services.	Oct. 7-10	Dr. J. Davis•	M,D
BARBADOS			
To Barbados for site visit.	Aug. 10-13	P. Butta M. Radke	TA
BENIN			
To Benin to conduct site visits and provide technical assistance to prospective sub-grantees.	Apr. 19-24	Dr. C. Aguillaume	D,TA
BRAZIL			
To Brazil to assist IPAVS proposal applicants in the final development of their programs and to conduct general development work with potential IPAVS programs in Brazil.	Feb. 24-Mar. 6	Dr. A. Goldsmith•	D,TA
DOMINICAN REPUBLIC			
To Santo Domingo to meet with FPA officials to discuss proposal.	Jan. 21-26	Dr. I. Lubell	D

PURPOSE BY COUNTRY	IN-COUNTRY DATES	TRAVELER(s)	TYPE OF VISIT
To Santo Domingo to discuss proposal development.	Sept. 8-10	Dr. I. Lubell J. Kross	D
EGYPT			
To Cairo to conduct medical site visits.	Feb. 13-19	Dr. I. Lubell	M
To Cairo to assess status and progress of the EFCS, to provide technical assistance in development of EFCS model training proposal, and to discuss the activities of EFCS towards facilitating the development of individual training center proposals.	Feb. 4-21	R. Vogel V. Beyda	D,TA
To Port Said to participate in the 7th Annual Conference of the EFCS.	June 24-30	Dr. M.E. Schima Dr. Z. Khairullah*	D
To meet with key clinicians and learn of the work of other organizations and their strategies.	Sept. 4-10	Dr. Z. Khairullah*	WF, D
FRANCE			
To Bordeaux to participate in an International Symposium on the IUD.	July 2-5	Dr. I. Lubell	D
GUATEMALA			
To visit facilities, assess programs and their progress.	Feb. 15-19	P. Butta	TA
HAITI			
To Port-au-Prince to discuss proposal development.	Sept. 10-12	Dr. I. Lubell J. Kross	D,TA
HONDURAS			
To Tegucigalpa to provide technical assistance and to conduct site visits.	Feb. 10-14	P. Butta	TA
To Honduras to conduct medical site visits.	Feb. 10-16	Dr. J. Aubert	M
To Tegucigalpa for technical assistance for the Honduran RAM Center.	May 25-30	C. Pauling	TA
INDIA			
To Jammu and Delhi to attend several scientific meetings and to discuss AVS equipment grants with AID/Delhi and GOI representatives	Sept. 27-Oct. 7	Dr. I. Lubell	D
INDONESIA			
To Jakarta for comprehensive site visit and to review the status of the National Headquarters project.	Mar. 9-18	T. Jezowski	TA
To Bali to assist in conducting the 6th General Assembly of the WFHA-AVSC.	May 5-17 May 10-16 May 5-7 May 8-18 May 9-18 May 8-19	Dr. M.E. Schima Dr. I. Lubell J. Holfeld R. Vogel A. Wallace L. Logan	WF
To Jakarta for a comprehensive site visit.	May 18-22	R. Vogel A. Wallace	TA
To review current sub-grants in Jakarta and Jogjakarta.	Aug. 29-Sept. 6	T. Jezowski	TA
To Indonesia for a comprehensive site visit.	Oct. 22-Nov. 2	R. Vogel	TA
ISRAEL			
To Israel to participate in AAGL Congress.	Feb. 13-23 Feb. 19-24	Dr. M.E. Schima Dr. I. Lubell	D

PURPOSE BY COUNTRY	IN-COUNTRY DATES	TRAVELER(s)	TYPE OF VISIT
ITALY			
To Milan to attend the 4th International Meeting on Fertility Control.	Mar. 5-9	Dr. I. Lubell	D
JAMAICA			
To provide technical assistance in the development of the structure and systems of the Jamaican RAM Center.	Mar. 2-9	Dr. D. Clapper*	TA
To Kingston for a comprehensive site visit.	June 23-27	L. Bakamjian	TA
KOREA			
To Seoul to discuss sub-grants with KAVS.	Sept. 29-Oct. 4	R. Vogel	TA
MEXICO			
To Mexico to provide technical assistance and to conduct site visits.	Feb. 20-26	P. Butta	TA
To Ciudad Juarez and Durango for a comprehensive site visit and to review the progress of sub-grants 248-142-3 and 170-137-2 respectively.	Apr. 9-11	Dr. I. Lubell	TA
To Mexico City for technical assistance for the Mexican RAM Center.	May 30-June 5	C. Pauling	TA
To Tijuana to assist in finalizing Proposal 363 of the Family Planning Program of Baja California Norte.	June 11-14	Dr. I. Lubell	TA
To Mexico City and Merida to review sub-grant status.	Dec. 16-18	Dr. M.E. Schima	TA
MOROCCO			
To Morocco to conduct site visits and provide technical assistance to prospective sub-grantees.	Apr. 7-13	Dr. C. Aguillaume	TA
To Rabat and Casablanca for a site visit and to provide orientation to RO staff.	Sept. 28-Oct. 5	L. Bakamjian F. DiMassi	TA
NEPAL			
To review current sub-grants and FPAN in Kathmandu and Pakhara.	June 22-29	T. Jezowski	TA
To review status of sub-grants.	Oct. 9-16	F. Chaudhuri	TA
NIGERIA			
To Nigeria to conduct site visits and provide technical assistance to prospective sub-grantees.	Apr. 15-19	Dr. C. Aguillaume	TA
PHILIPPINES			
To Manila to conduct a comprehensive site visit and review the status of the National Headquarters Programs.	Mar. 18-26	T. Jezowski	TA
To Manila to participate in the PASS 2nd National Conference.	May 16-18	Dr. I. Lubell	D
To Manila for a comprehensive site visit.	May 27-30	J. Holfeld	TA
To Manila for site visit.	July 30-Aug. 9	T. Jezowski	TA
SENEGAL			
To Dakar to discuss proposal development issues.	Apr. 13-15	Dr. C. Aguillaume	D,TA
SPAIN			
To Madrid to attend the 10th World Congress of Fertility and Sterility.	July 5-12	Dr. I. Lubell	D

PURPOSE BY COUNTRY	IN-COUNTRY DATES	TRAVELER(s)	TYPE OF VISIT
SRI LANKA			
To Sri Lanka to meet with the SLVAS to discuss proposal development.	Apr. 26-May 3	T. Jezowski	D,TA
To Colombo to discuss sub-grant activity with SLAVS.	Sept. 6-17	D. Mandell T. Jezowski	TA
SUDAN			
To Khartoum to attend the annual meeting of the SFCA and conduct a medical site visit.	Feb. 25-28	Dr. I. Lubell	M,D
To meet with key clinicians and learn of the work of other organizations and their strategies.	Aug. 28-Sept. 4	Dr. Z. Khairullah*	WF,D
THAILAND			
To Thailand to meet with officials of the TAVS to assist with the sub-grant administration.	Apr. 23-26 and May 5	T. Jezowski	TA
To review current sub-grants (TAVS, CBFPS).	Aug. 22-29 and Sept. 18	T. Jezowski	TA
To observe the approach to vasectomy and surgical contraception services.	Oct. 10-14	Dr. J. Davis*	D
TOGO			
To Togo to conduct site visits and provide technical assistance to prospective sub-grantees.	Apr. 24-26	Dr. C. Aguillaume	D,TA
TRINIDAD			
To Port-of-Spain to conduct site visits.	Aug. 13-16	P. Butta M. Radke	D
TUNISIA			
To Tunis to assist with the development of Phase II of the consolidated program.	Jan. 19-26	L. Bakamjian	TA
To Tunis to work primarily on the establishment of IPAVS RO for Africa & Middle East.	Jan. 19-26	J. Holfeld	RO
To Tunis to work with government officials in finalizing plans for the IPAVS RO for Africa and the Middle East.	Mar. 2-5	Dr. M.E. Schima	RO
To Tunis to assist in finalizing plans for the IPAVS RO for Africa and Middle East.	Feb. 28-Mar. 5	J. Holfeld	RO
To Tunis to review status of IPAVS RO and to assist at official opening of RO	July 1-4	Dr. M.E. Schima	RO
To Tunis for site visit and to orient regional office staff to IPAVS procedures.	Aug. 17-28	L. Bakamjian	TA,RO
To Tunis to conduct medical site visit.	Oct. 25-Nov. 10	Dr. Z. Khairullah*	M
UNITED KINGDOM			
To London to participate in World Fertility Survey Conference.	July 4-11	Dr. M.E. Schima	D
USA			
To visit IPAVS/NY and discuss RO.	Apr. 7-11	F. DiMassi	RO
To New York to review the final draft of a 3-year Asia Regional Plan; to brief and orient NY staff to regional office.	July 7-25	T. Jezowski	RO
To New York to develop and review a 2-year strategy plan for the IPAVS RO in Tunis.	July 15-31	F. DiMassi	RO