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AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF POPULATION
SIXTH ANNUAL MEETING OF
COOPERATING AGENCIES
SUMMARY OF PROCEEDINGS

April 10-12, 1989
Westpark Hotel
Rosslyn, Virginia

by

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In Memoriam

Ambassador Alan Woods
1946-1989

He served as A.I.D. Administrator
from 1987 to 1989.

Glossary

| | |
|----------|---|
| ACNM | American College of Nurse Midwives |
| AVSC | Association for Voluntary Surgical Contraception |
| CA | Cooperating Agency |
| CBD | Community-based distribution |
| CEDPA | Centre for Development and Population Activities |
| CSM | Contraceptive social marketing |
| CTO | Cognizant Technical Officer |
| CYP | Couple year of protection |
| DFA | Development Fund for Africa |
| DHS | Demographic and Health Surveys |
| DMPA | Depo-Provera (trade name for depot mednoxy-progesterone acetate) |
| FDA | Food and Drug Administration |
| FHI | Family Health International |
| HIV | Human immunodeficiency virus |
| IEC | Information, education and communication |
| IPPF | International Planned Parenthood Federation |
| IPPF/WHR | International Planned Parenthood Federation/Western Hemisphere Region |
| IUD | Intrauterine device |
| LDC | Less developed country |
| MIS | Management Information System |
| MSH | Management Sciences for Health |
| NDA | New drug application |
| NFP | Natural family planning |
| NGO | Non-governmental organization |
| ODA | Overseas Development Administration |

| | |
|---------|--|
| PATH | Program for Appropriate Technology in Health |
| PIO/T | Project Implementation Order/Technical |
| POPTECH | Population Technical Assistance Project |
| PPD | Population Projects Database |
| PVO | Private voluntary organization |
| STD | Sexually transmitted disease |
| TA | Technical assistance |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |

Introduction

About 350 participants attended the Sixth Annual Meeting of the Office of Population's Cooperating Agencies (CA), which took place April 10-12, 1989, at the Rosslyn Westpark Hotel in Arlington, Virginia (see Appendix A for Conference Agenda). Participants included staff of A.I.D.'s Office of Population, representatives of A.I.D. regional bureaus and the State Department, A.I.D. Mission population officers, and representatives of the organizations that receive A.I.D. funding to carry out A.I.D.'s worldwide population program. Representatives of other donor organizations and non-A.I.D.-funded organizations working in the population field also participated in the meeting (see Appendix B).

A.I.D. Administrator Alan Woods gave a keynote address that noted that A.I.D.'s population program has the reputation of being "one of the best--if not the very best--programs of its kind," and that the new administration stands firmly committed to voluntary family planning. Future successes in reducing population growth will depend more than ever on strides forward in other areas of economic development, he said. Thus, it is up to the population community to build bridges to their colleagues in other spheres of development such as macro-economic adjustment, the debt crisis, and illiteracy.

Duff Gillespie, Agency Director for Population, focused on how the Office of Population and the CAs might improve in their common mission of serving the field to make voluntary family planning services the highest quality possible and as widely available as possible.

The major portion of the program consisted of panels featuring A.I.D. staff and representatives of CAs involved in innovative activities of broad professional interest to conference participants. The panels focused on five topics: new developments in contraceptive technology; improved approaches to evaluation; updates on new developments in areas of general interest (AIDS, debt swapping, the Population Projects Database, and the task force on informed choice); an overview of programs involving partnerships with the private sector; and approaches to targeting family planning services at males and young adults. A sixth panel featured representatives from donor agencies, including The World Bank, UNFPA, the Overseas Development Administration, and two foundations, the MacArthur Foundation and the Buffett Foundation.

At the conclusion of day one, conferees broke into smaller groups for discussion of six technical issues. The following day, reports from each of these groups were presented to the full group, after which a wrap-up statement by Duff Gillespie concluded the plenary session of the conference.

The conference program and arrangements were organized by a steering committee of S&T/POP staff headed by Jeffrey Spieler (Research Division) and including Sigrid Anderson (Operations Coordination Staff), Betsy Brown (Family Planning Services Division), Richard Cornelius (Policy Development Division), Leslie Curtin (Information and Training Division), Elizabeth Schoenecker (Commodities and Program Support Division) and James Shelton (Research Division). Logistic support was provided by the Centre for Development and Population Activities (CEDPA) under a grant from Management Sciences for Health (MSH).

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Summary of Proceedings

1. Population: The Next Decade¹

Nyle C. Brady, Senior Assistant Administrator for Science and Technology

Although expansion of the population program will be neither easy nor inevitable, its future is a bright one for three reasons: governments will want programs that respond to the urgent global need for family planning; a worldwide groundswell of support for family planning is emerging among international donors and developing countries; and highly capable CA staff constitute a dedicated force for change.

A look at the record shows the continuing need for population programs:

- Strong population programs are critical to sustained economic development;
- The problems created for the environment by population pressures will, if anything, be even more critical in the 1990s;
- Dramatic shifts in policy in favor of population programs have taken place over the past five years in many countries;
- There has been much innovative work--from self-sustaining contraceptive delivery to hit records and youth hotlines--by CAs in the commercial sector; and
- Substantial data document the positive impact of family planning on health.

Despite this demonstrated need and this fine record of accomplishment, continued support for international population programs will not be automatic. Attaining adequate support may well hinge upon getting the population success story told to all the key groups. One important lesson learned about dissemination of information: never assume that people already know about a program and never assume that it is their responsibility to learn about it...In short, we have to work harder at getting our message out.

In addition, we have to learn to make use of lessons learned by our colleagues, we have to learn to transfer knowledge effectively, we have to take advantage of demographic and health survey data to plan country strategies and set program priorities, we have to utilize the findings of operations research, and we have to apply an in-depth knowledge of the communication process in all CA programs.

¹The opinions expressed in this report are those of the individual participants. They do not necessarily represent the policies of the U.S. Agency for International Development.

2. Keynote Address

Ambassador Alan Woods, Administrator, Agency for International Development

A.I.D.'s Continuing Commitment to the Population Program

A.I.D.'s population program has always enjoyed a reputation as one of the best--if not the very best--programs of its kind. This meeting is about the partnership between A.I.D. and many private organizations that have made this success possible. It is important that our success continue. With every change of administration, there are unavoidable fears that some programs may be downgraded--or even abolished. Such fears are not justified in the case of A.I.D.'s population program: President Bush is firmly committed to voluntary family planning here and in developing countries. At the same time, he is opposed to abortion. Our policies reflect his views. A.I.D. is--and will continue to be--a strong supporter and promoter of voluntary family planning. Yet family planning is only one element of our work.

Population Growth and Development

Development is a complicated business in which success means that things change. When we succeed, we face shifting economic, cultural, and demographic landscapes. As a result of family planning and other development programs, the rate of growth in the developing nations has declined: from about 2.5 percent in 1965 to around 2 percent today. Countries such as Thailand, Indonesia, Mexico, Colombia, Brazil and Jamaica contributed to this trend with declines in their birth rates of 20 to 30 percent in the last two decades. However, in other countries, particularly in sub-Saharan Africa, population growth rates have risen to unprecedented levels: as high as 3 or 4 percent a year.

Whether their populations are growing at rapid or moderate rates, all developing countries experience the effects of population momentum. Each year

- There are more mouths to feed,
- More young people starting school,
- More people entering the work force, and
- More women reaching the age at which they begin to have children.

Most developing country governments try to respond to their growing populations. They try to provide services that will afford people longer, more productive lives. However, many developing countries are operating at the economic margin. In Bangladesh, Haiti and the Sudan there is barely enough food--let alone adequate health care, education or shelter.

Even in countries where incomes are higher, population growth clearly affects many aspects of development: high growth rates overburden traditional education systems, as well as agricultural production and distribution practices.

Rapid population growth is also linked to deforestation and desertification: many developing countries are unable to make investments in natural resource management, and yet such investments are necessary to assure long-term sustainable development.

Role of Family Planning Programs

Fertility--one of the causes of population growth--is influenced by a number of interrelated factors. I picture those factors as a set of concentric circles: In the inner circle are the proximate determinants of fertility on which your programs focus--you do an excellent job of providing voluntary family planning services, and also in promoting breastfeeding.

In the outer circle are education and health, urbanization, and rising income levels. We know, for example, that when women become more educated, find jobs, and earn a decent income, they often marry later, use family planning methods, and have smaller families. We also know that when family planning is practiced, other kinds of developmental progress occur, and the health benefits of family planning for both children and mothers are well documented. What is more, access to family planning has helped even the most uneducated and remote families gain an important new asset: these families may be able to give their children better educations than they had. Finally, access to family planning services provides an alternative to abortion: a tragic practice that is often turned to as a last resort.

What I see here is not a series of distinct and separate determinants of fertility and of development, but rather an integrated picture of economic development--and fertility--played out through the motivations and actions of individual families. The family is the center of a two-way process through which development may contribute to the desire for smaller families, and smaller families may lead to development. Poor families need more money, better health and nutrition, at least a basic education, and more control over decisions about family size. As these needs are met, they interact in a synergistic way --pushing development ever so slightly ahead.

We can see the results of this process: when families can make choices about family size, they may have fewer children; in the mid-1960s, six children was the norm; whereas now the average is fewer than four. When a family in, for example, Peru or the Philippines, begins its struggle towards economic security with a desire for fewer children, it must have access to safe, effective, and culturally appropriate methods of family planning. This administration remains committed to providing that support. The support we provide--and will continue to provide--is for voluntary family planning.

As I said at the outset--we are opposed to abortion. Let me be very clear here--voluntary family planning services should not be confused with the promotion or performance of abortion. For this reason, I am committed to ensuring that the Mexico City policy remains in force.

Role of CAs in Family Planning Programs

A.I.D. is a leader among international donors in population assistance. That leadership is a direct result of your work, and the work of your A.I.D. and Cooperating Agency colleagues in the field. Whether it's a new private sector approach to family planning --or a hit song on sexual responsibility by a Philippine pop star--this group demonstrates an innovative spirit. We can learn from your experience with private enterprise, and I expect to see other parts of A.I.D. follow your lead. Establishing partnerships with the private sector--and fully extending the provision of family planning into the free market system in developing countries--is important for sustaining the benefits of development.

Like a well-run business, you continue to meet the demands put in front of you. Most of you in this room have been part of this extraordinary program effort. Thanks in large part to your hard work and dedication, countless women and couples around the globe have greater access to family planning. You can be proud of these accomplishments--I know I am.

In the next twenty years, the number of married women of reproductive age in developing countries--excluding China--will increase by more than fifty percent. At the same time, use of modern contraceptives could increase from about 29 percent to 48 percent. This would create a demand for family planning more than two and one-half times the levels we have today.

To meet this demand, I urge you to continue to find ways of doing business more effectively. Reach for the potential of the private sector in developing countries. Encourage host country governments to be less dependent on foreign donors. And remember that Americans are generous people--which means there are places to raise money other than on Capitol Hill.

Let me say a bit more on this point. We are asking foreign governments to become less dependent upon A.I.D.--and so should PVOs. I urge you to use your fund raising expertise to support private voluntary family planning overseas.

I have seen your work and have met many of you over the last two years. I believe I can expect a lot from you. In this spirit, I want to leave you today with a challenge. That challenge is to lend your considerable support--and voice--to the entire range of development programs that make up the U.S. foreign assistance program.

Family Planning and the Development Process

Development problems are too complex for any single strategy or policy. Population dynamics are part of the development process, and family planning programs are central to the way countries and families cope with development. Yet other economic and social factors also affect fertility rates and contraceptive use. We need to move forward with all aspects of the development process if we want to see a decline in population growth.

Keep up your good work--but guard against becoming myopic. Build bridges to your development colleagues who are tackling the problems of macro-economic adjustment, the debt crises, and illiteracy, as well as those who are working to encourage the development of free-market systems, equitable economic opportunities for women, and environmental sustainability.

Don't just tell them about family planning, help them analyze today's development problems, and suggest ways that family planning programs can work--along with other development programs--towards solutions. I know there have been attempts to integrate family planning services into education, health, nutrition, and income generating projects in the past. I also know that some of these didn't work. I do not want us to repeat failures, but I do want you to push your frontiers a little farther. Come back and tell me:

- How we can work together to increase the synergy between population programs and economic development;
- How we can help countries achieve broad-based economic growth; and

- How we can promote the balanced development of human, natural, and economic resources.

Discussion. Woods endorsed the proposal, now under study by a special House of Representatives Task Force under Representative Lee Hamilton, to eliminate earmarked or functional accounts. These require specified levels of funding for various types of aid programs including population. Wood's position was that the functional account tends to dictate how country programs will be formed. He also maintained that spending by function would not change much if earmarking were to cease.

Woods also raised a question that he had anticipated being asked: namely, why his report, "Development in the National Interest," contained no section on population. Taking full responsibility for the contents of the report, Woods explained that the issues being addressed were how to promote economic growth and reduce poverty. He claimed that it was the demographic predictions for the next century, however, that had led him to have the report written in the first place. The predictions that population will reach from 8 to 10 billion in the next century and that the growth will be almost entirely in LDCs led him to the conclusion that the U.S. will not be able to continue the current level of per capita spending for population programs. The only solution will be indigenous economic development, and how to achieve this is the purpose of the report.

Phyllis Piotrow (The Johns Hopkins University Center for Communication Programs) asked why population had also been left out of the A.I.D. publication "Project Reports." Nyle Brady responded that population had done a better job in tracking and reporting performance than had other sectors and that these Reports were to provide an opportunity for other sectors to do what population had already done.

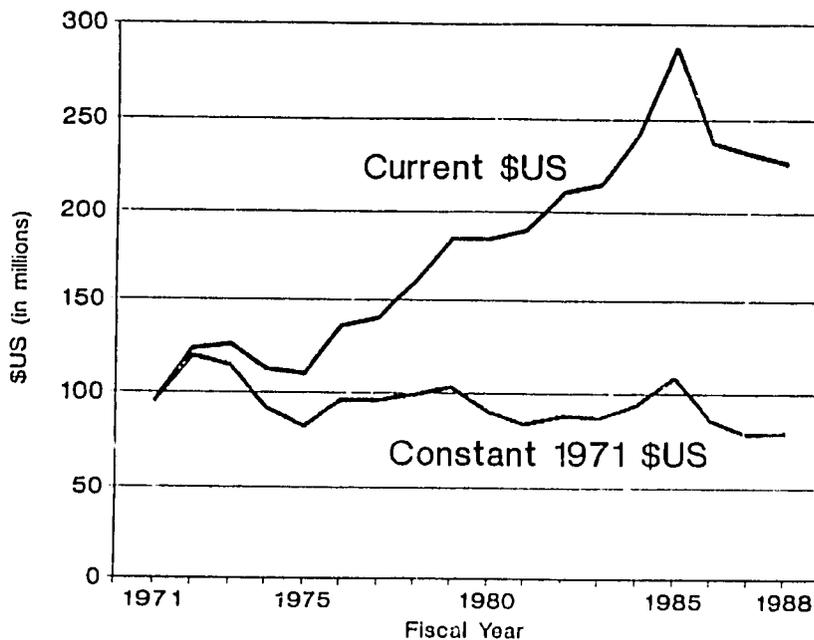
3. Population Program Update

Duff Gillespie, Agency Director for Population

Today's Budgetary Constraints

The Population Budget continues to slide downward from its 1985 peak of \$290 million. Last year, FY1988, the overall budget was around \$235 million, including the Development Fund for Africa (DFA). It is not clear what the final figures will be this year, but again including DFA, we anticipate it will probably be about the same.

A.I.D. Population Assistance



With respect to next year's budget, any prediction would be risky business and is even more so this year due to the effort to rewrite the Foreign Assistance Act (FAA) and to apply the DFA budgetary concept to the rest of the Agency. These two initiatives could radically change the way A.I.D. goes about its business.

Our work is influenced by many things over which we have little or no control. We must work with the budget Congress appropriates. We work in social-economic settings that are constantly shifting.

There are many things over which we do have some control. Although these may not be as important as how much money you have, they can influence how well you work with your money.

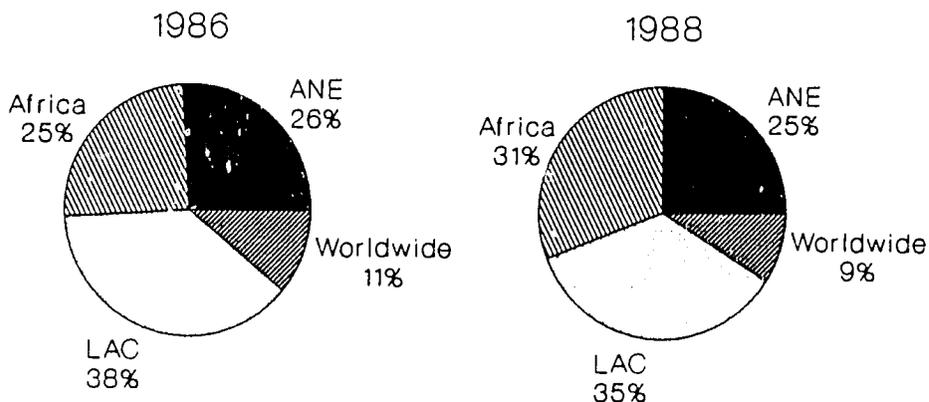
Today, I would like to discuss how we might change the way we do things so we can do them better, do them more effectively and efficiently. When I say "we," I mean the staff of both A.I.D. and the various CAs. We are all committed to serving the field, to making voluntary family planning services the highest quality possible and as widely available as possible.

Large vs. Small Subprojects

Several years ago, my speech to you emphasized fewer and larger subprojects with a greater emphasis on Africa. I've voiced these themes on other occasions since then.

Since 1986, we have succeeded in shifting our efforts to Africa and now are getting close to a proper distribution of effort, geographically speaking. In two years, we've gone from 25 percent of the subprojects to 31 percent being located in Africa.

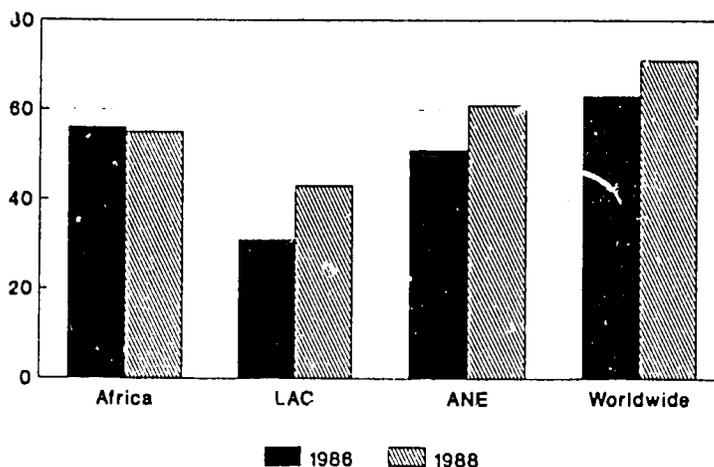
Number of S&T POP/Subprojects by Region, FY1986 and FY1988



The story is not so good on the number and size of projects. The number of projects in 1986 was 1200; by 1988, it had grown to 1433.

With the exception of Africa, we see that the median size of subprojects increased. These figures still indicate, however, that most of our projects are small. LAC's low median is particularly bothersome.

Median Budget for S&T/POP Subprojects by Region, FY1986 and FY1988



Although there has been a shift to larger projects, it has been very modest: 54 percent of our projects were under \$50,000 in 1986 and 49 percent were still of that size in 1988.

**S&T/POP Subprojects
by Budget Level, FY1986 and FY1988**

| | <u>1986</u> | <u>1988</u> |
|------------------|-------------|-------------|
| \$ < 15,000 | 25% | 23% |
| 15,001- 50,000 | 29% | 26% |
| 50,001- 100,000 | 20% | 19% |
| 100,001- 500,000 | 22% | 26% |
| >500,000 | 4% | 6% |

Why are we concerned about the size of projects? We are concerned because we have to ask, does a successful project make a difference? Is large more likely to be successful than small?

There is a place for small projects, but I do not believe that one-fourth of our projects should be under \$15,000.

For example, in Kenya and Mexico, two CAs, each of which has succeeded in raising prevalence by 2 percent, raise questions with regard to cost per user. Are these planned costs per user too high? The Agency will have to make more hard decisions in this area.

**Subproject Inputs:
A Comparison**

| | <u>Kenya</u> | <u>Mexico</u> |
|------------------------|--------------|---------------|
| Number of Subprojects | 8 | 14 |
| Median Cost | \$73 | \$55 |
| Range | \$46-196 | \$16-232 |
| Total Subproject Costs | \$794 | \$ 1,179 |

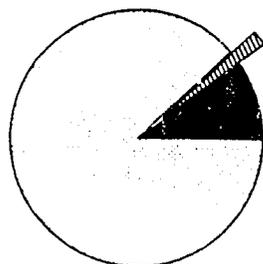
(All dollar amounts are in thousands.)

Planned Subproject Outputs

| | <u>Kenya</u> | <u>Mexico</u> |
|---|--------------|---------------|
| Total Users | 60,107 | 251,558 |
| Average No. of Users (per project) | 7,513 | 17,968 |
| Cost per User | \$ 13.21 | \$ 4.68 |
| Range of Cost per User | \$ 8-53 | \$ 1-45 |
| Percent of Users Covered by Subprojects | 19% | 4% |

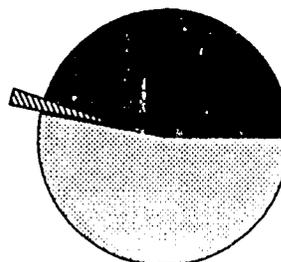
Change in Contraceptive Prevalence after Subprojects

Kenya



10% -> 12%

Mexico



45% -> 47%

The Growing Paper Trail

All organizations have documentary requirements, and the all important dissemination of ideas and innovations is still primarily a written communication process. Still, it is important to review the paper produced and the demands this production places on individuals.

For instance, in March, we asked most of you to send us information on your financial and non-financial reporting requirements--those you send us and those you receive from your subgrantees. Something less than 50 percent (20) of you replied. We will be looking carefully at what we ask from you and you should look carefully at what you ask from your subgrantees.

With the help of The Pathfinder Fund, the Family Planning Services Division has initiated an effort to streamline and coordinate CAs' audit plans. More such initiatives need to be undertaken.

New Cost- and Time-Saving Approaches

POPTECH's evaluation tactics place much more emphasis on concise reports, telephone interviews, using local residents to conduct interviews, and so on, rather than the traditional site visit by a team. The savings over the traditional approach can be as much as 50 percent.

As to communication technology, we have not used the information revolution enough. JHPIEGO has compared the cost of audiographic teleconferencing and the traditional on-site lecturing training. One comparison showed a 90 percent saving for the teleconferencing. We're talking about existing, inexpensive technology, such as OPTEL.

Together we need to explore new ways to use our funds and time more efficiently. How many of us have travelled to a country in order to spend 90 percent of our time in an office going over reports and statistics? Field trips are important--crucial--but being in the field is not sitting in an office going over budget figures.

We need to look at how our efforts fit into a country or regional scheme. We tend to describe a country through the distorted prism of our projects. We need a broader, more analytical examination of our respective goals.

Some of you have worked with the Family Planning Services Division on a concept paper--*Moving into the Twenty-First Century: Principles for the Nineties*. This is an excellent start. The information supplied was an eye-opener. Certainly we are doing our bit to deforest our planet. It will take us some time to analyze this information but it seems that there is too much, too often sent, to too many.

4. Contraceptive Technology

4.1 The A.I.D. NET 90-Day Injectable Contraceptive

Gary Grubb, Family Health International

Several injectable contraceptives are available worldwide and are used by approximately five million women. The use of these injectables might be more widespread were it not for concerns about the safety of the steroids used, most notably DMPA. A.I.D. has sought to remedy this problem by sponsoring the development of the first of a second generation of injectable contraceptives, the norethindrone (NET) 90-day injectable microspheres.

The safety of the steroid, norethindrone, is well established. The slow release of the norethindrone from within the micron-sized biodegradable polymer spheres means the NET 90-day injectable needs only one-third of the norethindrone in norethindrone-enanthate (NET-EN) injectable preparation to last an equivalent time period.

In Phase II testing among 131 women, the NET 90-day microspheres proved to be an effective and safe injectable. Phase III testing of the product among 1,700 women is currently under way and submission for FDA approval is slated for mid-1991.

Discussion: In response to a question from Keys MacMannus as to why the NET 90-day injectable is not being tested in sub-Saharan Africa, Grubb pointed out that studies are ongoing in numerous countries, but that the FDA prefers to see a lot of the testing done in the U.S., since sophisticated laboratory testing facilities are needed. He indicated he hoped that testing would take place in Africa in the future.

4.2 Advances in Vasectomy: No Scalpel Technique

Douglas Huber, Association for Voluntary Surgical Contraception

The no-scalpel vasectomy technique developed in China employs two unique instruments: the first is a specially designed ring forceps that encircles and firmly secures the vas without penetrating the skin; and the second, a sharp-tipped dissecting forceps, is used to puncture the skin and vas sheath and stretch a small opening in the scrotum. The vas is lifted out and occluded as with other vasectomy techniques. The same midline puncture site is used to occlude the other vas in an almost bloodless procedure. No sutures are needed to close the small wound. The procedure takes place under a local anesthesia.

The major medical advantage of this technique is that it appears to reduce the most common complication of vasectomy, the hematoma. Moreover, the surgeons performing the no-scalpel technique complete the procedure in a considerably shorter time than those using an incision. The no-scalpel vasectomy technique has been introduced to surgeons who are currently using it in the United States, the United Kingdom, Thailand, Colombia, Brazil, Bangladesh, Sri Lanka, Indonesia and the Philippines.

Discussion: Huber stated that the no-scalpel technique would be no more reversible than the standard procedure for vasectomy. He said the Chinese technique of occlusion with polymers appeared to be quite effective but is more complicated and lengthy than the no-scalpel technique and is not approved for use in the U.S.

4.3 Condoms: Research, Development and Testing

Jim Shelton, S&T/POP/Research Division

At the present time, discussion of condoms as a contraceptive method must focus on the following factors:

- Condoms are basically a mediocre method because at the very best they have a failure rate of 4 percent (among US married women, it is 14 percent). Mechanisms of failure include 1) leakage due to being put on too late or too soon, 2) breakage, and 3) not being used in the first place--a major drawback.
- Quality is an ongoing concern but testing is less than perfect. The water test (standard FDA procedure), for example, is good only for testing leakage, not breakage at any point on the condom; and the industry standard tensile strength test examines only one cut-out piece of a condom. The air-burst test, on the other hand, tests the quality of the entire condom. A.I.D. is planning to field test on a large scale, including all the mechanical tests and correlation with actual clinical testing.
- There is a continuing search for a "technological fix" with research into improvements. A female condom made of polyurethane and secured with two rings is being tested--the acceptability rate for both men and women is about 50 percent, and 50 percent of women and 37 percent of men preferred it over the male condom. Also, there is significant work on new male thermoplastic condoms at FHI.

Discussion: Spermicidal condoms, with nonoxynol-9, are being used against AIDS but there is no concrete evidence they are effective in this regard. They may be somewhat more effective in preventing pregnancy than standard condoms, but they will ultimately cost more. A.I.D. now provides 22 million spermicidal condoms a year.

Some newly developed plastic condoms may have some potential for reusability, but it is unlikely that A.I.D. would get involved in providing reusable condoms. New condoms could have the advantage of being usable with petroleum-based lubricants. Efforts to develop a female condom may be held up if the FDA sees this as a new device that needs to be extensively tested.

4.4 NORPLANT® and IUDs: Program Issues

Forrest Greenslade, The Population Council

To date, more than eight million Copper T 380A IUDs have been distributed in over 70 countries. NORPLANT® has been used by more than 55,000 in 44 countries in clinical studies and preintroduction trials, and it is now approved for distribution and programmatic use in 12 countries. In all, more than 350,000 women have tried NORPLANT®. Approval from the FDA is expected in early 1990.

Clinic-based, provider-dependent methods such as these expand the responsibilities of service providers to clients. Thus, the long-term goals for introducing these new contraceptives is to assist family planning delivery systems in preparing for their use. This groundwork must be laid within the context of four important determinants of user satisfaction:

- Choice--the possibility of contraceptive options and access to removal on demand;
- Counseling--prior to acceptance, during use, and at discontinuation;
- Competence--skill in insertion, in handling side effects and in removal; and
- Care--respect and sensitivity in dealing with users' problems.

At this critical stage in the introduction of these new methods, family planning programs around the world will need to call upon a vast array of technical assistance expertise--to assess what infrastructural changes will be required; to adjust management practices for procurement, distribution and logistics; to adapt training, IEC, and MIS programs to the new methods; and to handle necessary changes to the service delivery system.

There are also some special concerns with each method:

IUD

- The misunderstanding in many parts of the world over the general safety of IUDs;
- The need to disseminate standards for client selection and service provision, e.g., women with reproductive tract infections or at risk of contracting them are not appropriate candidates for IUDs. Thus, a family planning program must be able to diagnose and treat STDs;
- The need to correct the misconception that IUDs are "old" and thus service providers know all they need to know about them; and
- The need for training in counseling and supervision of counseling in order to provide both users and service providers with appropriate information about the method.

NORPLANT®

- Programs and individuals must bear the cost of this method "up front";
- Strict adherence to aseptic techniques must be observed in both insertion and removal;
- Because research has documented very high rates of continuation of this method, it will pose a problem in training new clinicians in removal; and
- Collaborative activities among CAs expert in various aspects of service delivery is essential to preparation for FDA approval and inclusion of the method in A.I.D.-supported procurement and distribution programs.

5. Evaluation

5.1 Performance Indicators

Leo Morris, Centers for Disease Control

Updates were provided on the CA Task Force on Standardization of Family Planning Program Performance Indicators:

- The Task Force last met in November, 1988, and discussed A.I.D.'s Reporting Interests, Natural Family Planning (NFP) acceptance, social marketing definitions, CYPs and conversion factors. Four working groups were organized: 1) Quality of Service Indicators, 2) Surveys, Special Studies, and Management Information Systems, 3) Cost Analysis, and 4) Training Indicators.
- Each working group met between December 1988 and February 1989 and will report back to the Task Force on May 18, 1989. Other agenda items for the May meeting will include CYP conversion factors for NFP and Copper T IUDs and computerized management tools including management information systems and documentation of these systems.

5.2 Lessons Learned from POPTECH Evaluations

John McWilliam, Population Technical Assistance Project (POPTECH)

The POPTECH project is attempting to apply some of the lessons it has learned over the past five years about the evaluation process. For example, after reviewing all evaluations it has undertaken, POPTECH has made some basic changes in its evaluation methodology -- a scope of work checklist has been developed in an effort to standardize the general questions that should be addressed; new guidelines for report preparation have been developed that encourage authors to focus on accomplishments and remaining problems; new emphasis is being placed on questions of project design; evaluation teams are being asked to identify lessons learned; and different methodologies are being tried that will enable evaluation teams to narrow the focus of their assignments.

POPTECH has also identified a number of lessons learned from an examination of the substantive results of evaluations, based on which it is trying some new approaches:

- The CTO and A.I.D. know a lot about their projects and do not need a high-priced evaluation team to gather already known information.
 - Summaries of project performance can be prepared by POPTECH staff, junior consultants, or the CAs themselves, for analysis by the evaluators.
- Worldwide travel, besides being expensive, is not always necessary for each evaluation.
 - Alternatives and supplements to travel can include questionnaires, telephone interviews, case studies of subprojects, or local A.I.D. spouses or nationals hired to interview policymakers using structured data collection instruments.
- Projects that are similar should be looked at in a more coordinated fashion.
 - The same consultants can be used and scopes of work can be similar.

- Large evaluation teams do not always mean quality reports: small teams are not necessarily beautiful, but large teams are almost never.
-- A good, experienced evaluator/team leader can help consultants sift through materials and help them in their analysis.
- Good consultants are not necessarily good evaluation report writers.
-- Fuller pre-evaluation briefings and use of POPTECH staff on evaluation assignments can facilitate the report writing process.
- Indicators of project performance, particularly quality indicators, need to be developed for each sector program to standardize, as much as possible, the work of the evaluators.
-- Task forces and working groups composed of both A.I.D. and CA staff can help to ensure a common understanding of important aspects of project performance.

Discussion: McWilliam said that there was relatively little reliance on fundamental service delivery data in evaluations, in part because accurate data are rarely available. He added that he hoped that the MIS Cost-Effectiveness Working Group (see Section 5.1) would provide new ways to assess the effectiveness of service delivery programs.

5.3 Moving from Project Evaluation to Program Impact: Kenya Case Study

David Oot, Population Officer, USAID/Nairobi

The USAID/Nairobi bilateral population program is an important and unique example of how CAs can be incorporated into a bilateral project. From the start, it had been anticipated that CAs would be playing a major role in this seven-year, \$47 million effort. To ensure that their contribution might be as effective as possible, A.I.D. agreed to make a commitment that CA involvement would be directly supportive of U.S. strategy. CAs' own indicators of project effectiveness would be related to those of the larger project and there would be no need to accept CAs who were being pressured otherwise to work in a specified number of countries.

The project had been developed through a careful sector analysis that identified unmet needs, including supply and demand constraints and areas in which both USAID and the CAs might have a comparative advantage in a country that is already experiencing a donor overload. The project's major purpose was identified as increasing contraceptive use by improving access to services. Increases in contraceptive use were to be the prime measure of success, and surveys and service statistics were both to be used to ascertain whether use was increasing.

To date, three major buy-ins have occurred. CAs have an unusually high level of involvement in substantive issues and are providing managerial and technical support that is unavailable from the small USAID staff. CA involvement has had the less desirable effect of generating considerable travel to the mission: 80 percent of outside intermediary visits are from population CAs. There also appears to be a lower level of local funding than anticipated and therefore less host country involvement in discussions of project goals and strategy.

The long-term hope is that host country umbrella organizations can gradually assume the role of the CAs, although the need will remain for specialized technical assistance to these local organizations.

6. Updates

6.1 AIDS

Jeff Harris, S&T/Health

It has been determined that between 80 and 90 percent of all AIDS cases are sexually transmitted. Studies examining risk and preventive factors show the following:

- Evidence mounts that genital ulcer disease caused by chancroid, syphilis, and herpes facilitates transmission. Those with a history of genital ulcers have twice the rate of HIV seroconversion as those who do not (76 percent compared with 41 percent).
- We still do not know whether oral contraceptives facilitate transmission. A single cross-sectional study done in Nairobi that showed an association between oral contraceptives and HIV transmission is now counter-balanced by at least three studies that do not show an association.
- With condoms, there is a 30 percent transmission rate; without condoms, the rate is 86 percent.
- Spermicide use has been shown to have no preventive benefits.
- A female condom now in the testing stage may prove to be a good preventative measure. A study with prostitutes in Thailand showed that most of these women had some reservations but were willing to recommend the devices to colleagues.

An overriding concern today is the question of who will shoulder the burden of work in halting the transmission of the HIV virus. Because it is marginal groups which are usually infected, governments find it difficult to handle the problem. So far, STD clinics and PVOs have been doing a good job, and family planning organizations have been disseminating information and doing outreach to high-risk groups.

A.I.D. is increasing condom supplies worldwide. Demand for A.I.D.-supplied condoms for AIDS prevention increased 10-fold from 1987 to 1988. Demand remains depressingly low, however, when compared to estimated need. Demand creation, particularly among high-risk populations, should be the highest priority at present. Cost participation of users must also be considered now, as even the current low demand for condoms is taxing the capacity of donors to respond.

6.2 Debt Swapping for Development

Deborah Burand, Conservation International Foundation

The parent of the debt-for-development (or debt-for-nature) exchange is the debt-equity exchange. Simply put, debt-equity exchanges are financial mechanisms by which corporations or commercial banks exchange the commercial debt of a less developed country for equity investments. Hence, the name debt-equity exchange.

Debt-for-development exchanges are not far removed from debt-equity exchanges. As its name indicates, however, something other than an equity stake is created as a result of the debt-for-development exchange.

Defining just what that "something else" is becomes a critical element of every debt-for-development exchange. At a very minimum, that "something else" is twofold: (1) the reduction of a country's external commercial debt and (2) a resulting commitment of additional local resources to sustainable development.

Edward Honnold, A.I.D., Office of the General Counsel

A.I.D.'s Debt for Development Initiative provides a new financing mechanism for A.I.D. grants to NGOs. The two principal objectives of the Initiative are to assist developing countries in the reduction of their foreign debt burdens, and to obtain a favorable rate of exchange for U.S. foreign assistance dollars converted into development assets, such as local currencies. No funds are specially set aside by A.I.D. for Debt for Development purposes; all funds provided through Development Assistance or the Economic Support Fund are potentially eligible for use in Debt for Development.

To participate in Debt for Development, an NGO needs to have a new or ongoing activity for which A.I.D. provides grant financing. If approved by A.I.D., funds applied to this grant activity are used by the NGO, acting as an A.I.D. Debt for Development "intermediary," to acquire at a discount price the debt owed by a developing country to a third party, such as a private commercial bank. The intermediary subsequently converts the debt into the local asset needed for the ultimate foreign assistance use. If this asset is in the form of local currency, any interest earned on the currency must be returned to the U.S. Treasury, in accordance with standard rules governing grant advances, until the funds are used for the ultimate grant purpose.

A.I.D. has issued Guidelines governing Debt for Development. In brief, according to these Guidelines, an NGO wishing to participate in Debt for Development will need to 1) reach agreement with the host country Central Bank regarding the terms of the eventual debt exchange and retirement; 2) demonstrate that the debt exchange, despite transaction and other costs, will earn a better rate of exchange for grant dollars than conventional currency exchange markets; 3) find a willing seller of the debt; and 4) obtain A.I.D. approval of the debt exchange transaction.

Discussion: Robert McLaughlin (IPPF/WHR), noting that IPPF had done some debt-swapping, pointed out that the banks that carry out these arrangements must work very quickly because exchange rates can change literally overnight. The issue of enforceability was also raised: specifically, a risk exists that a government might change its mind about an agreement reached with a PVO. Informing all concerned about the arrangements was proposed as the best way to avoid this problem. The possibility was raised that high inflation would skew the value of the debt purchases but this was dismissed as a problem because the arrangements normally tag the value to the dollar value at the time of the purchase.

6.3 Population Projects Database (PPD)

Elizabeth Schoenecker, S&T/POP/Commodities and Program Support Division

The Population Projects Database (whose computer tapes are updated daily) includes information on nearly 4,000 in-country population activities funded by A.I.D. since 1983. Approximately 1,500 are currently active A.I.D. subprojects, including 1,300 that are centrally funded by the Office of Population. Detailed data as well as narrative information (e.g., aims, objectives, background, etc.) are available.

The types of reports PPD can generate include special reports (available upon request), aggregate reports, and subproject reports. Because updating of data is of paramount importance to ensure the currency of these reports, CAs are encouraged to submit data regularly on their subprojects.

6.4 Informed Choice

Phyllis Piotrow, Johns Hopkins University, Center for Communication Programs, Population Communication Services and Population Information Program

The Cooperating Agencies Task Force on Informed Choice, with representatives from 17 organizations working in international family planning programs, met in April and November 1988 and in February 1989. The following recommendations represent the consensus of the Task Force members regarding the most important actions needed to promote informed choice in developing countries:

1. The definition of informed choice should be broadened to encompass various reproductive choices, including the possibility of choosing pregnancy.
2. Informed choice should be seen as a continual process as new acceptors try out one method and then shift to other methods or non-use.
3. An appropriate range of contraceptive methods should be available to meet the needs of various types of contraceptive users.
4. Providers offering only one or a limited range of family planning methods must tell clients where alternative methods are available.
5. Client education at clinics should be improved through the use of visual displays, lectures, audio-visual presentations, and by providing client counselors with visual aids and audio-visual and print materials.
6. Each local institution should ensure that client counseling is done sensitively and effectively.
7. CAs and local institutions should build information needed for monitoring and evaluation of informed choice into their standard reporting requirements.
8. Family planning agencies should make more use of culturally sensitive mass media to reach potential and current contraceptive users and others who influence reproductive decisions (spouses, relatives, and policymakers).
9. Public and private agencies in developing countries should develop national or regional guidelines on family planning methods and the client education process.
10. Service delivery staff need to be trained in client counseling and interpersonal communication.
11. Family planning programs need to pay more attention to the role of men in reproductive decisions and to expand male outreach programs.

12. Because AIDS/HIV infection has been reported in 143 countries, family planning providers should seek assistance from various sources for programs to prevent HIV transmission.
13. More research should be conducted on various elements of informed choice, including method availability, referrals, counseling, public and clinic education, and training.
14. While clients should make informed decisions for any contraceptive, written informed consent should be required only for voluntary sterilization.
15. CAs should review their policies and procedures with regard to informed choice, provide adequate staff training, and adopt appropriate monitoring and evaluation procedures. CAs preparing international guidelines should seek input from service providers in developing countries.
16. A.I.D. should provide CAs with up-to-date, accurate information pertaining to informed choice, especially in key areas such as contraceptive safety and efficacy and AIDS prevention.

The Task Force concluded that much progress has been made in promoting informed choice and that future initiatives may depend upon correcting erroneous assumptions about informed choice. For example, boring lectures, lengthy forms and rigid guidelines, may not be very useful when it come to helping clients make choices, understanding pertinent information, and feeling comfortable seeking additional information or services, as needed.

Family planning and health care professionals must understand that the promotion of informed choice will make their jobs easier, not harder, because satisfied users are the key to high continuation rates and also the most effective promoters of family planning.

7. A.I.D.'s Partnerships with the For-Profit Private Sector in Family Planning

7.1 Introduction and Overview

David Logan, Corporate Community Relations International

Governments, donors, and the not-for-profit sector have traditionally often been partners in the provision of family planning services. The relationships between them are well established and understood throughout the family planning community. More recently, the for-profit private sector is being enlisted as a fourth partner, but its nature and potential contribution to family planning needs further exploration.

The private sector comprises a wide range: employers, contraceptive manufacturers and suppliers, health care providers, insurance companies, and the informal sector (midwives, small shop owners, traders, and the like). The importance of the private sector as a family planning provider varies greatly according to country: The Demographic and Health Surveys for 1978 show that in Mexico, the private sector was providing 36.5 percent of the services, whereas in Liberia it was providing only 18 percent. In a recent study, 7¹ percent of the services in Egypt were identified as coming from the private sector compared with 10 percent in Zimbabwe.

There are a number of ways in which the private sector should be able to contribute to the provision of family planning. It is a powerful and resilient force; it has major resources and infrastructure--human, financial and technological; and it could cover the resource gap that is being faced by traditional providers. Enlisting the private sector as a partner in efforts to provide family planning services should benefit donors, the private sector, recipients, and society at large:

- Donors should benefit as the cost of service provision is shifted from the public sector and donors to the consumer and the companies, as increased access and acceptance lead to increased contraceptive prevalence, and as governments and companies develop policies more congenial to family planning provision.
- Companies should benefit from the cost savings and enhanced employee health that flow from employee-based service delivery projects, from increasing profits from expanding markets, from the technology transfer in the area of advertising, and from the goodwill that is generated among employees.
- The benefits to recipients would include more access and possibly lower cost. To society at large, the benefits would accrue from increased levels of contraceptive prevalence.

The private sector offers good prospects for sustainable family planning undertakings, although all companies will not be able to cover the same proportion of costs. Some may be able to cover all costs of providing services whereas others will be able to provide only a portion of the start-up costs and some recurrent-cost subsidies.

In summary, the private sector is not a "magic bullet," but it must be included as a critical element in national strategies to provide family planning. Bringing the traditional providers together with the private sector may take considerable diplomatic skills. As corporations grow, however, they will need to take a broader view of their social

responsibilities. A.I.D.'s Office of Population efforts to develop private sector projects are good and should be viewed as an example to the development community.

7.2 Case Study: TIPPS

Joe Deering, John Short and Associates, Inc.

The objective of the TIPPS project is to increase the allocation of private sector resources to family planning programs. This objective is accomplished by conducting business analyses that demonstrate the financial and health benefits of family planning. Analyses results are then presented to management, along with a plan to initiate or expand family planning services. TIPPS staff provide short-term technical assistance (TA) or arrange TA from other CAs or the local marketplace. Results of individual company studies are shared with other business leaders, the goal being to convince these companies to initiate family planning programs as well.

Of the 13 business analyses TIPPS has completed, the following have been selected as illustrative examples:

- The Milpo Mining Company in Peru employs 900 workers and provides a full benefits package including all health and medical benefits for workers and their 6,000 dependents. A market survey carried out by TIPPS showed that employees consider the ideal family size to be 2.8 children, in contrast to the 6.4 children they actually have. The business analyses done showed that now Milpo pays considerable costs per child and per family, and that the costs for adding family planning services would be modest. The prospective analysis showed Milpo's cost-to-benefit ratio to be 1:9. Milpo decided to add family planning and maternal/child health services and has invested \$25,000 over a two-year period.

A workshop held for 34 companies presented the results of the Milpo study, and half the attendees requested TA for adding family planning services to their operations.

- CIMAS is the leading health insurance company in Zimbabwe with 160,000 subscribers and a growth rate of 10 percent. Over 2,000 companies purchase CIMAS services. The business analysis completed by TIPPS revealed that subscribers have relatively small families--2.5 children--and desire families averaging 3.1 children. The most costly subscribers are young women. The cost-to-benefit ratio was calculated as 1:1.17. While this ratio is modest, CIMAS management intends to add coverage of family planning services as soon as possible, in an effort both to respond to an existing high demand from subscribers for services and to improve the company's image.

Results of the CIMAS analysis were presented to the National Medical Aid Society, a group encompassing 26 insurers. One member, with 140,000 subscribers, intends to add family planning coverage.

Key findings of the TIPPS project to date include the following:

- It is important to select leading companies for the TIPPS approach;
- It is important to work with the CEO and other key staff;

- Presentations based on both health benefits and financial benefits are the most influential;
- It is essential to involve local groups and institutions in conducting business analyses and in providing family planning services;
- It is possible that a company will offer family planning services even when the benefit-to-cost ratio is negative; and
- Government policies have a strong influence over a company's decision with regard to the provision of family planning services.

7.3 Case Study: SOMARC

Vicki Baird, The Futures Group

Contraceptive Social Marketing (CSM) uses the marketing process and the existing commercial infrastructure to increase the availability, knowledge about, and correct use of contraceptives among couples in the middle and lower socioeconomic strata. CSM programs are designed to complement other family planning service techniques, such as clinics, community-based distribution, and outreach workers. CSM programs use a broad-based commercial distribution system to sell high quality contraceptive products at affordable prices to consumers who prefer to use the commercial sector for supplies.

CSM programs can be designed in various ways, as demonstrated by projects implemented by The Futures Group in Indonesia and the Dominican Republic. In Indonesia, The Futures Group works with a local distributor who purchases the product (condoms). Now in its third year, the Indonesia CSM project has achieved its project goals in reaching new contraceptors, increasing male responsibility for family planning, gaining widespread acceptance of advertising and promotion of contraceptive products, and maximizing cost recovery. In the Dominican Republic, the local IPPF affiliate and a private pharmaceutical company work together to distribute high-quality, low-cost oral contraceptives. By reducing the price of the pill by 50 percent and using innovative advertising, sales increased from 10,013 cycles per year in 1985 to 249,83 cycles per year in 1988.

Both projects demonstrate the benefits of joint ventures between the public and private sector--the private sector experienced increased sales and the public sector shifted part of the cost burden--achieved a growth in the overall market as well as in contraceptive prevalence.

7.4 Case Study: Enterprise

Joel Lamstein, John Snow, Inc.

The Enterprise Program has been involved with a wide range of profit-making and nonprofit groups in an effort to make these groups more "businesslike" with the aim of achieving sustainability of family planning initiatives. Two examples of groups involved in Enterprise are a PVO in Indonesia and an employee-based family planning program at a factory site in Mexico.

In Indonesia, Enterprise worked with YKB, a non-profit family planning organization, that runs clinics serving middle to high income clients. With Enterprise's assistance, a business plan for sustainability was developed which included encouragement to plan activities intended to generate income and to help subsidize other clinics. This experience illustrated a certain reluctance on the part of PVOs and NGOs to venture into money-making activities. It also demonstrated that accounting systems used by these groups do not always accurately show true costs.

In Mexico, Enterprise worked at one of Industrias Unidas' (IUSA) factory sites. The company was interested in initiating a family planning program in part because of the many abortions among employees and losses in workdays. Within 18 months after the start of its family planning program, the contraceptive prevalence rate had increased from 5 percent to 27 percent and there the number of pregnancies had dropped. An important lesson learned from this experience was that it is very important for clinic hours to correspond to the needs of targeted clients.

Two themes have surfaced during the life of the Enterprise project: "diplomacy" is called for throughout the process and private sector initiatives do not constitute a panacea, but must be integrated into overall economic development schemes.

Discussion: Malcolm Potts (FHI) raised several questions about CSM programs, including whether costs were high in relation to expected couple years of protection (particularly since costs of contraceptives are not factored in), whether sustainability is a realistic goal, and whether CSM projects have a clear idea of their goals. Deborah Armbruster (ACNM) pointed out that Enterprise is providing business skills to midwives.

George Brown (The Population Council) questioned whether CSM programs could penetrate the poorer and more rural areas and whether they could ever offer provider-dependent methods. Baird said that problems existed with reducing the cost of the provider-dependent methods.

Jane Bertrand (Tulane) pointed out that as few as 33 percent of users may be new users as opposed to switchers and asked what would be considered an unacceptably low level.

The point was also made that American companies are better than other national corporations from Europe or Japan with respect to social responsibility but that U.S. contraceptive manufacturers are not well represented. Cedric Phillips (Wyeth-Ayerst International, Inc.) stated that Wyeth had offered to make a low-cost line of contraceptives available for CSM programs but has only been asked to participate in Kenya and Zimbabwe. Baird indicated that one reason may be that the program is attempting to involve local companies in product provision, rather than going to outside sources.

8. Targeting Family Planning for Specific Groups

8.1 Male Attitudes Toward Family Planning in Selected African Countries

Maria Wawer, Columbia University, Center for Population and Family Health

Although males represent an important group of potential family planning users in sub-Saharan Africa, few programs have incorporated IEC and service delivery strategies directed to men. Reasons for this gap include the perception that men are more conservative and more likely to be hostile to family planning; the paucity of methods that can be offered to men coupled with the very limited use in Africa of the condom; the perception that contraceptive use is a maternal and child health intervention; and males' limited contact with health care providers.

The results of operations research projects in a number of African countries reveal that where family planning programs are operational, male knowledge levels are high and their attitudes towards the use of modern methods of family planning is undergoing a transformation:

- Over 75 percent of men in urban centers such as Ouagadougou and Niamey could name at least one modern method; over two-thirds of the men indicated they would consider family planning use; the proportion of men indicating current use of a modern method was 7.3 percent in Ouagadougou and 11.6 percent in Niamey (condom use was reported by over half the male users as opposed to fewer than 10 percent of female users, suggesting that the males tended to use condoms outside of their permanent relationships).
- The demand for condoms is growing in southwestern Uganda, in part because of a concern regarding AIDS. (There is no distribution system, however, and preliminary data have shown less than 2 percent current use of the method.)
- Focus groups show males to be aware of the importance of family planning for the health of the mother and child. (Economic considerations, however, were cited far more frequently in focus groups composed of men than those composed of females.)

In addition, the experience of contraceptive distribution programs in many African settings, such as markets in Nigeria, indicates that males are willing to become involved in family planning delivery in their communities.

In summary, family planning programs would profit from

- IEC campaigns that address issues of direct importance to men, particularly economic issues;
- Promotion of condom use within the marital unit for purposes of child spacing;
- Improved condom availability should become a priority--greater distribution through pharmacies, and private sector outlets such as markets and shops, needs to be encouraged.

Discussion: In answer to a question from John McWilliam (POPTECH), Wawer agreed it made sense to target newly arrived peri-urban men. Studies show that the lowest birth rates were in the peri-urban areas, probably because these younger, less established men

appeared to be those who were most worried about the effects of having too many children.

8.2 **Communication for Young People: Is Anybody Listening?**

Jose Rimon, Johns Hopkins University/Population Communication Services

The John Hopkins University/Population Communication Services project is working with the Population Center Foundation in the Philippines to utilize popular music in the promotion of sexual responsibility among Filipino young adults.

The project is divided into two phases: commercial and institutional. The commercial phase has used popular singers to record two songs with sexual responsibility messages, both of which have become commercial hits. The institutional phase links the songs and their messages to a telephone hot line through which young adults can get information, counseling, and referral to youth and counseling centers for further assistance.

The hot line has been promoted through radio and television ads and is staffed by trained professional counselors who answer questions and refer callers needing face-to-face counseling to a network of counseling centers accredited by the project. In the first month of operation, the hot line averaged 1,000 calls per week.

The project has enjoyed tremendous support from a variety of areas. Multinational companies like Pepsi Cola and major national companies such as the Philippine Long Distance and Telegraph Company, have donated air time (to play the songs) and paid for collateral materials for the project. Other corporations such as Nike and Johnson & Johnson have donated products which were given out at project promotional activities. In all, over \$1 million in air time and materials have been donated to the project.

8.3 **Reaching Young Adults: Lessons from the Field**

John Paxman, The Pathfinder Fund

Two competing aphorisms help to orient this topic. One says "A little learning is a dangerous thing." The other states "A lot of learning is a little thing." Somewhere, probably between the two, lies the truth of experience from the worldwide attempts to reach young adults/adolescents with family planning services and information: "to learn is a good thing."

Various programmatic strategies used in this field--hospital, clinic and community-based, single-focus and multipurpose programs, the use of both professionals and peers, and research and public policy discussion--provide the opportunity to take a look at what appears to work, where, when and for whom.

For example, in Indonesia, at Koran reading sessions, systematic discussions of family planning were held and the women's auxiliary agreed to promote the policy that women should not marry before the age of 20, illustrating that informal systems can be used to reach youth.

An operations research project compared CBD with youth centers as purveyors of family planning information and services. The results indicated that CBD efforts were far less

costly than the youth center activities and were especially effective in reaching young, single males.

Lessons learned include the following:

- Programs directed at youth are still in the learning stage--most are pilot vehicles, and should be considered long-term (about 10 years) projects.
- Programs must be put in the hands of institutions powerful enough to create change.
- No one model suffices; various approaches reach varying groups.
- Youth themselves must be involved in the implementation of these projects.

9. Donor Panel

9.1 The World Bank

Ann Hamilton, Director, Population and Human Resources

The World Bank is constantly reevaluating its role in population, both from the macro-perspective of the relationship of population to economic growth and the environment and from the micro-perspective, or the relationship of population to health, education, and productivity.

The Bank carries out population-related activities in five areas:

1. Analysis and economic sector work which paves the way for new projects. A total of 24 sector studies has been carried out.
2. Policy development, an area in which the Bank has a comparative advantage in relation to other donors.
3. Loans for population projects. Loans have totaled \$80 million in each of the past three years. Asia receives the largest dollar amounts but Africa has received the preponderance of loans--12 of the last 18.
4. Research that explores the linkages between population and other factors; e.g., the relationship between level of education and family size.
5. Collaboration with other donors including A.I.D., UNFPA, WHO, and IPPF.

9.2 United Nations Population Fund (UNFPA)

Catherine Pierce, Chief, International and Non-Governmental Programs

UNFPA provided \$169 million in funding for population programs last year, the preponderance to Asia but a growing percentage to Africa. Programming takes place in response to priorities, including that 80 percent of resources are to go to 56 priority countries and that certain types of programs should be emphasized. Program administration is quite decentralized, giving country directors a large degree of programming authority.

9.3 Overseas Development Administration (ODA), United Kingdom

Ian Thomas, Senior Population Advisor, Health and Population Division

ODA's \$60 million in funding for population programs last year was directed primarily to 16 priority countries, 4 in Asia and 12 in Africa. Half the funds were channeled through multilateral programs, with UNFPA the major recipient, and the other half through bilateral efforts. Its multilateral funds support a wide spectrum of efforts, from vehicle purchases to research. Its bilateral funds go in part to eight small British dependencies in the Pacific and the Caribbean. ODA cooperates with The World Bank in Bangladesh, Pakistan, and Kenya.

9.4 MacArthur Foundation

Dan Martin, Program Director

The MacArthur Foundation is currently developing plans that will result in funding of between \$10 and \$12 million annually for population programs. Its objective will be to use these funds in areas that now tend to be overlooked.

The Foundation sees population as an area in which there is already a lot of money. Its planning study, which has been under way for the past two years, found that efforts were concentrated in three areas: 1) contraception; 2) technology; and 3) supply. Areas such as human rights and women appear to be underfunded, leading to the conclusion that the MacArthur Foundation should emphasize the cultural and demand aspects of family planning.

Three themes are now being considered as the heart of the MacArthur program:

1. Women's reproductive health, which would focus on reducing the separation between health and population;
2. Links between population and the environment; and
3. Improved use of mass communication.

The Foundation foresees providing grants to young leaders in high fertility countries and plans to develop an international advisory committee, with all its members from high fertility countries.

9.5 Buffett Foundation

Allen Greenberg, Executive Director

The Buffet Foundation is planning a new program that would involve provision of up to \$3 million in the area of population. Plans are not well developed, but the expectation is that some of the funds would be spent in the U.S. and that the program would focus on such areas as private marketing of services and contraceptive research. There will also be involvement in abortion. In general, the Foundation is seeking opportunities to exert leverage on other funding sources.

Discussion: Anne Firth Murray, panel moderator, announced that other foundations, in particular Hewlett and Packard, were also funding population efforts and overall might be expected to increase the amount from \$1 to up to \$10 million over the next 10 years. Dan Martin, pointing out that foundation funding would also be minuscule portion of the funding available for population and family planning, described the role of the foundation as a gadfly that would stimulate discussion and refuel the momentum that seems to have been lost in the area of population. He indicated that no money would be put into contraceptive technology.

10. Summary of Discussion Groups

10.1 Planning Country Program Strategies

Data on population levels, trends, and projections point to an increasing demand for family planning services well into the next century. All indicators, however, suggest that governments and donor agencies will not be able to marshal the resources necessary to meet this demand. It becomes imperative in A.I.D.'s view, therefore, that a more efficient process be used to focus and target service delivery programs.

This can be accomplished through a more comprehensive understanding of the service delivery environment at the country level. To attain this understanding, simple analytical techniques can be utilized to identify the characteristics of couples. The data necessary to do this analysis can be found in standard fertility and contraceptive prevalence surveys, particularly DHS surveys.

Specifically, four steps should be followed:

- Define the target group, that is, women who are in greatest need of family planning services, either because of their high reproductive risk or because they wish to space or limit the number of their future children.
- Define the appropriate contraceptive methods based both on the above characteristics and social and economic characteristics.
- Identify the source of contraceptive methods, based on current source of supply, and ability to provide services efficiently. (This becomes especially important in designing programs for the hard-to-reach women.)
- Identify strategies for IEC and promotion of services, such as whether promotion should be generic or brand specific; whether certain legal and regulatory restrictions limit the types of methods available; the promotion and IEC that can be carried out, and so forth.

After completion of the technical analysis, it is important to consider whether the recommended activities can be implemented given the social and cultural context within which the programs will be carried out. The status of service delivery, economic situation, political conditions, support for family planning, and other factors are all critical constraints that may hamper the effective implementation of programs.

10.2 Use of Private Sector Management Tools

There are several private sector management tools that can be of use in family planning programs:

- Cost-benefit analyses.
- Strategic budgeting, which requires a clear understanding of program objectives and can result in balance sheets that show improvements. This kind of budgeting is an important step towards sustainability.

- Mission statements that provide clear, concise descriptions of an organization's purpose and goals.

10.3 Breastfeeding for Birthspacing

Breastfeeding has been the subject of a number of A.I.D.-sponsored meetings: the July 1988 and February 1989 A.I.D. and Georgetown breastfeeding meetings; the December 1988 Inter-Agency Working Group on Breastfeeding; and the August 1988 Bellagio Conference on Breastfeeding as a Family Planning Method. The following findings have emerged from these conferences:

- If a mother's menstrual cycle has not resumed, if she breastfeeds with little or no supplementation, and if her baby is under six months old, she will have a 98 percent protection against pregnancy.
- Efforts are being made to determine the best ways to promote the use of progestin-only pills for lactating women.
- Some breastfeeding is better than none, but when the optimal pattern is not followed, additional family planning methods must be used.

10.4 Administrative Issues - Buy-ins

The administrative breakout focused primarily on buy-ins, and the guidelines for buy-ins that have been drawn up by the Office of Procurement, and cabled to the field last January. (See Appendix C for a summary of these guidelines.)

Some of the major points of discussion in this meeting were definitional: buy-ins are mechanisms to take funds obligated under one project and to move them to another. The term "buy-in" does not apply to grants and cooperative agreements, only to contracts. For grants and cooperative agreements, the addition of funds from another source should be considered as an "add-on," and in order to be accepted by the procurement office, must be for "assistance" rather than "services" purchased by the missions.

The discussion touched on the different procedures for buy-ins using bilateral funds and those that use non-bilateral funds. The former are treated as discrete delivery orders and the latter are obligated to the recipient contracts by a contract amendment adding incremental funding. Buy-ins must conform to the end-dates of both the "donor project" and the "recipient project."

Procurement has also set an illustrative floor of \$25,000, and a ceiling of \$250,000 for buy-in amounts. It is easier for missions to issue purchase orders directly for anything less than \$25,000. Very large buy-ins may circumvent competition, and therefore the A.I.D. Office of Procurement reviews these requests on a case-by-case basis. It should also be noted that contractors should neither request nor receive internal A.I.D. program documents (PIO/Ts) from A.I.D. project officers.

Questions that arose requiring further attention include the issue of missions sharing some of the administrative or core costs of the centrally funded projects they are buying into and reports requested by the mission above and beyond the requirements of the central contract.

10.5 Law Reform for Family Planning Service Delivery

There is evidence worldwide that contraceptive law is becoming more liberal. Developments include the following: liberalization of contraceptive access, removal of spousal consent requirements, increased authorization for non-MDs to insert IUDs, expanded indications for pregnancy termination. Law reform, however, may be a final step in policy reform rather than an initial step.

In Niger, the law reform process was motivated in large part by a growing family planning clinic program funded by USAID and UNFPA. In this case, repeal of the French anti-contraception law of 1920 (still on the books in a number of Francophone African countries) was merely a last step in a four-year process. Repeal of these laws, however, can pave the way for further regulatory reform that may be necessary to implement a policy.

Legal barriers can hamper CBD systems, particularly by limitations on who may prescribe or provide contraceptives. They can also inhibit private sector activities through prohibitions on resale of donated goods, absence of contraceptives on "essential drugs" lists, excessive tariffs on imported contraceptives, and restrictions on brand name advertising (or on advertising of contraceptives altogether).

10.6 NORPLANT® Implant Strategy

Until formal FDA approval of NORPLANT® is received, CAs cannot support the purchase of the product or provide extensive training. NORPLANT® has been introduced into 46 countries with a total of about 350,000 users, and The Population Council has resources from UNFPA to initiate studies in 10 new countries.

During introductions, family planning service providers need to take into account the following considerations:

- Financing Implant Purchases. Current estimates are that NORPLANT® will cost about \$18.00 per set. In addition to the purchase price, there are high costs related to service delivery, special instruments for insertion/removal, and appropriate training for insertion, removals and counseling.
- Distribution Logistics. Only normal warehousing conditions are required, with dry conditions being the most important, for the storage of NORPLANT®. The product is stable in a wide range of temperatures and has a five-year shelf life (this is distinct from the five-year contraceptive action after the implants are inserted).
- In-Country Training Program. The Population Council, FHI, AVSC, and PATH have developed a standardized training manual, which is being field tested and should be published by the end of 1989. A recurrent theme in training is that physicians are impatient with the five-day training course. This could be shortened by designing training materials that are comprehensive but with modules that can be selected to tailor the program to a country's own need. Another option might be to provide supervisors, for an initial period of time, who can oversee insertions and removals.

In addition, the issue of removals is one that will be critical for all programs and may require some retraining. PATH is working on the development of a model arm that can be used in removal training.

- Local Adaptation of IEC Materials. PATH has developed both regional and country-specific materials, which are available for adaptation to other country programs. As NORPLANT® becomes more widely available, it will be important to coordinate IEC materials development and purchases.
- Service Delivery Management. A program managers' manual has been prepared for WHO by The Population Council, and funds, both A.I.D. and non-A.I.D., exist for operations research.
- Roles of the Cooperating Agencies. CAs need to prepare carefully for any move into the arena of NORPLANT®. The service delivery management infrastructure must be in place, and the potential must exist for providing high quality services.

11. Wrap-up Session

Duff Gillespie, Agency Director for Population

There are several thoughts for all CAs working in family planning to continue to keep in mind:

- It is necessary to have a willingness to change; this involves self-criticism, flexibility, and personal commitment;
- Change is slow--it is evolutionary rather than revolutionary;
- The level of dialogue must continue to improve;
- The tension that results when a new paradigm replaces an old one can be either healthy or a problem; and
- There is a continuing need for CAs to work collaboratively with organizations outside A.I.D.

The future directions of A.I.D.'s population program are not yet known, but there has been a big improvement since 1981 when the future of the program itself was in doubt.

Appendices

Appendix A
Conference Agenda

2/6

APPENDIX A

Conference Agenda

Agency for International Development

Meeting of the
Office of Population's
Cooperating Agencies

April 10-12, 1989
Rosslyn Westpark Hotel

Agency for International Development, Office of Population
Sixth Annual Meeting of Cooperating Agencies
Westpark Hotel, Rosslyn, Virginia
April 10-12, 1989

PROGRAM

MONDAY, APRIL 10, MORNING

8:00am Promenade Area
Meeting Registration - Distribution of Packets and Name Tags
Continental Breakfast

8:30am Rosslyn "B"
Opening Session

8:35 Welcome and Announcements
8:40 Introduction of Keynote Speaker

8:50 Keynote Address

9:10 Questions and Answers

9:20am Rosslyn "B"
Population Program Update

10:00am
Break (refreshments available)

10:15am Rosslyn "B"
Contraceptive Technology

10:20 The A.I.D. NET 90-Day Injectable Contraceptive
10:40 Advances in Vasectomy: No Scalpel Technique
11:00 Condoms: Research, Development and Testing
11:20 NORPLANT and IUDs: Program Issues

11:45am Rosslyn "B"
Evaluation

11:45 Performance Indicators
11:55 Lessons Learned from POPTECH Project Evaluations
12:10 Moving from Project Evaluation to
Program Impact: Kenya Case Study

12:45pm Rosslyn "A"
Luncheon:

1:15pm Family Planning in the 1990s:
A Political Perspective

1:45 Reflections from the Hill

2:00 Questions and Answers

2:30pm Rosslyn "B"
Updates

2:30 AIDS
2:45 Debt Swapping for Development

3:15 Population Projects Database

3:45 Informed Choice

Sarah Clark, Deputy Director for
Population

Jeff Spielner, ST/POP/R
Nyle Brady, Senior Assistant
Administrator for S&T

Alan Woods, A.I.D. Administrator

Duff Gillespie, Agency Director for
Population

Moderator: Jeff Spielner, ST/POP/R

Gary Grubb, FHI
Doug Huber, AVSC
Jim Shelton, ST/POP/R
Forrest Greenslade, Population Council

Moderator: Dick Cornelius, ST/POP/PDD

Leo Morris, CDC
John McWilliam, POPTECH
David Oot, USAID/Nairobi

Moderator: Elizabeth Maguire,
Associate Director for Population

Sharon Camp, Vice President,
Population Crisis Committee

Mark Kirk, Chief of Staff for
Congressman John Porter

Moderator: Jim Shelton, ST/POP/R

Jeff Harris, ST/H
Deborah Burand, Conservat. Int. Found.
and Edward Honnold, GC/LP
Elizabeth Schoenecker, ST/POP/CPSD
and Susan Klein, JSI
Phyllis Plotrow, PIP/JHU

4:00pm

Breakout Session: Small Group Discussions

1. Planning Country Program Strategies:
Better Targeting of Resources for Country Needs
Shenandoah "A"
2. The Use Of Private Sector Management Tools
and Techniques for NGO and Public Sector Programs
Dogwood
3. Breastfeeding for Birth Spacing.
Shenandoah "B"
4. Administrative Issues
Rosslyn "B"
5. Law Reform for Family Planning Service Delivery
Shenandoah "C"
6. NORPLANTR Implant Update Briefing and Strategy
Rosslyn "A"

Moderator: Judith Seltzer, ST/POP/PDD
Rapporteur: Ken Yamashita, Futures
Martin Vaessen, DHS
Karen Foreit, TIPPS

Moderator: Betsy Brown, ST/POP/FPSD
Rapporteur: Dan Blumhagen, FPSD
Sheila Maher, Futures
Peg Hume, MSH
Jack Reynolds, URC

Moderator: Victoria Jennings, Georgetown
Rapporteur: Carol Cabbs, ST/POP/R
Miriam Labbok, Georgetown
Jim Shelton, ST/POP/R

Moderator: Kathy Kosar, ST/POP/OCS
Rapporteur: Sigrid Anderson, OCS
Steve Dean, FM/OP/W/HP
Gene Westlake, FM/PAFD/CMA

Moderator: Alta Charo, ST/POP/PDD
John Paxman, Pathfinder
Maurice Middleberg, Futures
Patricia Allman, Futures

Moderator: George Brown, Pop Council
Rapporteur: Laneta Dcrflinger,
ST/POP/R
Forrest Greenslade, Population Council

5:45pm

RECEPTION

Westpark Hotel Cafe, Mezzanine

TUESDAY, APRIL 11

8:00am Promenade Area
Registration of New Participants
Continental breakfast

8:25am Rosslyn "B"
Announcements

Jeff Spieler, ST/POP/R

8:30am Rosslyn "B"
A.I.D.'s Partnerships with the For-Profit
Private Sector in Family Planning

Moderators: Maureen Norton, ST/POP/FPSD
David Logan,
Management Consultant

8:30 Introduction and Overview
8:45 Case Studies: TIPPS
9:00 Case Studies: SOMARC
9:15 Case Studies: Enterprise
9:30 Sustainability/Wrap-up
9:35 Discussion

David Logan
Joe Deering
Vicki Baird
Joel Lawstein
David Logan

10:00am
Break (refreshments available)

10:15am Rosslyn "B"
Targeting Family Planning for Specific Groups

Moderator: Hernan Sanhueza, IPPF/WHR

10:15 Male Attitudes Toward Family Planning in
Selected African Countries
10:35 Communication for Young People:
Is Anybody Listening?
10:55 Reaching Young Adults: Lessons from the Field

Maria Wawer, Columbia University
Jose Rimon, PCS
John Paxman, Pathfinder

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11:15am Rosslyn "B"
Donor Panel

The World Bank
United Nations Population Fund
Overseas Development Administration, United Kingdom
MacArthur Foundation
Buffett Foundation

Moderator: Anne Firth Murray,
Global Fund for Women
Ann Hamilton
Catherine Pierce
Ian Thomas
Dan Martin
Allen Greenberg

12:00pm
Summary of Discussion Groups

12:00 Planning Country Program Strategies
12:10 Financing Family Planning in the 1990s
12:20 Breastfeeding for Birthspacing
12:30 Administrative Issues
12:40 Law Reform for Family Planning Service Delivery
12:50 NORPLANT^R Implant Strategy

Moderator: Elizabeth Maguire,
Associate Director for Population

12:50pm
Wrap-Up Session

Duff Gillespie, Agency Director for
Population

1:00pm
Lunch (open)

- Selected Training Films (to be announced)

2:30pm
Division Meetings (Agendas in Registration Packets)

| | | |
|-------------|---------------------------------|----------------|
| 2:30 - 5:00 | Commodities and Program Support | Shenandoah "B" |
| 2:30 - 5:00 | Family Planning Services | Rosslyn "B" |
| 2:30 - 5:30 | Information and Training | Dogwood Room |
| 2:30 - 5:30 | Policy Development | Club |
| 2:30 - 5:00 | Research, Biomedical | Shenandoah "C" |
| 2:30 - 4:00 | Research, Operations | Shenandoah "A" |

WEDNESDAY, APRIL 12

9:00am
Regional Bureau Meetings (Agendas in Registration Packets)

Africa Bureau (AFR/TR/HPN)
Asia and Near East (ANE/TR/HPN)
Latin America and Caribbean (LAC/DR/P)

Rosslyn "A"
Shenandoah "B"
Shenandoah "A"

12:00pm
Lunch (open)

The A.I.D. Office of Population wishes to express its gratitude to all of the speakers and participants. Special thanks are extended to CEDPA and MSH for the excellent logistical arrangements.

Appendix B
List of Participants

APPENDIX B

List of Participants

Agency for International Development
Meeting of the Office of Population's Cooperating Agencies
April 10-12, 1989

List of Cooperating Agencies

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Meeting of the Office of Population's Cooperating Agencies
April 10-12, 1989

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Appendix C
Office of Procurement Standardized Buy-in Procedures

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APPENDIX C

Office of Procurement Standardized Buy-in Procedures

The Office of Procurement has recently issued standardized buy-in procedures which were discussed at the Administrative break-out session of the Cooperating Agencies meeting. The following is a synopsis of these procedures supplemented by points of clarification that were discussed during the break-out session.

These new buy-in procedures are for all new centrally funded contracts. It should be noted that these procedures apply only to contracts and not to grants and cooperative agreements. For the latter, the addition of funds from another office are "add-ons", not "buy-ins" and must be requests for assistance rather than the purchase of services.

- I. Definition: A "buy-in" permits use of a contractor's services by other offices, bureaus and missions by taking funds obligated to these other offices and moving them to the recipient contract.
- II. There are general guidelines for the new "Z" contracts, which are cost-reimbursement level-of-effort contracts that permit buy-ins.
 1. The new "Z" contracts will be awarded under full and open competition procedures established in FAR, subpart 6.
 2. Each contract will establish an overall level-of-effort.
 3. The total level-of-effort will consist of two parallel segments:
 - a. The first segment will cover activities funded by the central (sponsoring) office;
 - b. The second segment will cover anticipated activities funded by other offices, bureaus and missions--buy-ins.

The level-of-effort established in the contract may not be changed. Without specific authorization in writing from the contracts officer, there is no flexibility between the two parallel levels-of-effort.

 4. For processing documents, buy-ins should first be discussed with the central project's cognizant technical officer (CTO) before the PIO/T is drawn up and sent to Washington. Once the PIO/T is complete, all copies should be sent to the central project office, which will get clearances from the geographic bureaus and send the PIO/T to Procurement.
 5. There are two types of buy-ins: non-bilateral buy-ins and bilateral buy-ins.

- a. If the buy-in is using non-bilateral funds, the money is obligated to the recipient contract through a contract amendment as incremental funding, in much the same way as funds from the central/sponsoring office are obligated. After discussing the proposed buy-in with the project's CTO, missions buying-in with non-bilateral funds should submit all copies of the PIO/T with funding citations and a scope of work to the central project office. The central office will obtain bureau clearances and process the buy-in through Procurement. Technical directions are given by the central office CTO. Missions should also be aware that there will be no refund for any balances in the buy-in should the activity be billed for less than the total buy-in. Upon receiving the PIO/T, the Procurement office requires 30 days to process these buy-ins.
 - b. Buy-ins using bilateral funds are obligated by discrete delivery orders issued by the contracts office. Funds obligated by a delivery order may be used only for the services in the delivery order scope of work. After discussing the proposed buy-in with the project's CTO, the mission should submit a PIO/T to the central project office which includes a contractible scope of work, a budget, the level of effort, and an implementation schedule. Upon receipt of a request for a bilateral buy-in, the Procurement office will ask the contractor for a cost proposal based on the scope of work and the level-of-effort. Each delivery order will contain a scope of work, level-of-effort, line item budget, period of performance, limitation of costs, etc. These delivery orders are, in essence, "mini-contracts." Any balance of funds left over after all the work has been completed for the buy-in will be deobligated and sent back to the originating office or mission. The contractor can start expending funds only after the delivery order has been completely processed, unless authorized by the Contracting Officer in writing. The Contracting Officer will only give this authorization if cost negotiations with the contractor have been completed. The contracts office requires 60 days to process bilateral buy-ins.
6. The Office of Procurement has established an illustrative floor and ceiling for buy-ins. Anything below \$25,000 and over \$250,000 will be reviewed on a case by case basis by contracts. Buy-ins that are less than \$25,000 may more easily be processed by the missions as purchase orders. Anything over \$250,000 may be more appropriately competed outside the buy-in contract.
 7. To be accepted, buy-ins must meet two tests:
 - a. they must be consistent with the scope of work of the contract;
 - b. the requested level-of-effort must be acceptable within the existing ceilings of the contract.
 8. The total amount of funds obligated in the contract, includes all amendments plus the sum of the amount obligated in all delivery orders.

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9. Buy-ins may not extend beyond the term of either the "donor project" or the "recipient project."
10. It should be understood that missions do not have an official direct relationship to the contractor. The request for the buy-in, cost estimates, and the appropriateness of the scope of work and level-of-effort should be discussed with the contract's CTO and with the Office of Procurement.
11. Missions cannot specify individuals or sub-contractors that the contractor must use for the buy-in.
12. The contractor is required to provide reporting by funding source.
13. Contractors will be required to report to the Office of Procurement semi-annually on the status of buy-ins, containing at least a listing of all buy-ins, their original estimated level of effort and dollar value, and the actual level of effort and funds expended for that buy-in.