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POPULATION TECHNICAL ASSISTANCE PROJECT

OCCASIONAL PAPERS

MEXICO CITY POLICY IMPLEMENTATION STUDY

by

John Blane
Matthew Friedman

Occasional Paper No. 5

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Table of Contents

Glossary iii
Executive Summary v

Chapter 1 Introduction 1

Chapter 2 Compliance with the Mexico City Policy 9

Chapter 3 Grantee and Subgrantee Understanding of the Requirements of the Mexico City Policy 21

Chapter 4 The Policy's Impact on Family Planning Programs 23

Chapter 5 Concluding Remarks 29

List of Tables

Table 1	Legal Status of Abortion in the Six Countries in the Mexico City Policy Study	4
Table 2	Number of Subproject and Clinic Visits, by Country and Cooperating Agency	6
Table 3	Categories of Clinic Staff Interviewed in Depth, by Country	7
Table 4	Overview of Activities Related to Compliance with the Mexico City Policy	9
Table 5	Percent of Subprojects Informing Staff on the Mexico City Policy, by Method of Communication	14

List of Appendices

Appendix A	A.I.D. Mexico City Policy Procedures
Appendix B	Summary of Research Findings on Abortion in the Six Countries under Review
Appendix C	Scope of Work: Mexico City Policy Implementation Study
Appendix D	Profile of Five Cooperating Agencies
Appendix E	Mexico City Policy Implementation Study Checklist
Appendix F	Organizations Visited

Glossary

A.I.D.	U.S. Agency for International Development
AIDS	Acquired immune deficiency syndrome
AVSC	Association for Voluntary Surgical Contraception
CA	Cooperating Agency
CEDPA	Centre for Development and Population Activities
FHI	Family Health International
FPA	Family Planning Association
FPIA	Family Planning International Assistance
IEC	Information, education, and communication
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region
IUD	Intrauterine device
NGO	Non-governmental organization
NORPLANT®	Five-year contraceptive implant
POPLINE	On-line computer population resource
POPTECH	Population Technical Assistance Project
PVO	Private voluntary organization
TFPA	Turkey Family Planning Association
USAID	U.S. Agency for International Development (mission)

Executive Summary

Introduction

At the United Nations International Conference on Population in Mexico City in 1984, the U.S. delegation presented a new U.S. policy regarding abortion which had been prepared by the White House. This "Mexico City Policy" states that the United States does not consider abortion to be an acceptable element of family planning programs and sets standards governing the provision of U.S. assistance to both foreign government family planning programs and those implemented by foreign non-governmental organizations (NGO). In accordance with this policy, A.I.D. developed administrative procedures governing family planning assistance provided by A.I.D. directly to government agencies and foreign NGOs or indirectly through U.S. domestic family planning intermediaries (A.I.D. Office of Population Cooperating Agencies [CA]). These provisions apply to approximately 660 A.I.D.-funded subprojects.

Study Methodology

The major objectives of this study were threefold: 1) to determine whether recipients of grants and their subgrantees are in compliance with the standard clause in their agreements that implement the requirements of the Mexico City Policy; 2) to determine whether the standard clause is understood by the grantees and subgrantees; and 3) to determine what impact, if any, the Mexico City Policy (as embodied in the standard clause) has had on family planning programs.

A two-member team worked from February to August 1990 to carry out this study. Five A.I.D. CAs and their subgrantees in six countries were studied to ascertain whether they were in compliance with their agreements and subagreements. The CAs were the Association for Voluntary Surgical Contraception (AVSC); the Centre for Development and Population Activities (CEDPA); Family Health International (FHI); International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR); and The Pathfinder Fund.

A total of 49 subprojects were reviewed in 6 countries -- 10 in Pakistan, 8 in Bangladesh, 12 in Brazil, 8 in Kenya, 4 in Egypt, and 7 in Turkey. The team interviewed subproject staff, inspected clinic facilities and equipment, and reviewed service statistics, information, education, and communication (IEC) materials, publications, training protocols, files, and financial statements. All documentation required of CAs related to the Mexico City Policy was reviewed for each subproject, including certification agreements.

Cooperating Agency Compliance

The five CAs are taking reasonable steps to verify that their subgrantees are in compliance with their agreements regarding the Mexico City Policy, both at the time an agreement is signed and throughout the agreement period. These steps include 1) the development of procedures for screening NGOs during the preliminary proposal development stage, 2) the receipt of written certification from subgrantees stating that they will abide by the policy, 3) efforts to verify that these certifications are accurate, and 4) the monitoring of compliance on a continuing basis once a project is under way.

Subgrantee Compliance

All of the subprojects reviewed were found to be in complete compliance with the standard clauses implementing the Mexico City Policy. There was no indication that any of the subprojects is carrying out or promoting abortion. Most subgrantees have specific procedures to help their staffs comply with the standard clause. Moreover, some form of self-monitoring is carried out by nearly all of the subgrantees in addition to the external monitoring visits by the grantee's in-country, regional, or headquarters staff.

Grantee and Subgrantee Understanding of the Policy

Most CA senior staff have a good understanding of A.I.D.'s procedures for implementing the Mexico City Policy. Subgrantee senior staff are less familiar with the fine points of these procedures. The major criticism voiced by the subgrantees about the procedures was that the language used was sometimes confusing and difficult to understand. This made it difficult for them to pass on the information to clinic staff, especially those at a low literacy level.

Impact of the Policy on Family Planning Programs

Most of the subprojects visited have not been affected significantly by the Mexico City Policy. This is especially true in those countries in which abortion is both illegal and contrary to cultural traditions and religious beliefs. In several subprojects in Bangladesh and Turkey as well as a few in Brazil, Pakistan, and Kenya, however, project management have reacted to the Mexico City Policy requirements by approaching the abortion question with an overcautiousness that extends to activities clearly permitted under the policy. This overcautiousness is based on a fear that any association with abortion-related activities, however indirect, could place a program's funding in jeopardy. Although some organizations are overly cautious because they perceive the legal language in A.I.D.'s procedures to be confusing, usually program staff deliberately impose restrictions on their programs to avoid any possibility of staff inadvertently doing something that might put program funding at risk.

Concluding Remarks

In order to reduce some of the overcautiousness found within the subprojects, the following steps might be considered to ensure that the standard clause implementing the requirements of the Mexico City Policy is more easily understood by project personnel.

1. The standard clause could be revised to clarify what is permitted in important areas, such as research and the treatment of septic abortion cases.

2. The standard clause could be revised to state that if a violation were discovered, but found to be inadvertent, the subgrantee would be given an opportunity to correct the problem before the agreement was terminated.

3. CAs could provide more help to subgrantees and their staffs to understand the requirements of their subagreements. In addition, a provision could be added to the standard clause regarding requests by subgrantees for clarification on different aspects of the clause.

4. A short, easy-to-read publication providing examples of what is and is not permitted under the standard clause could be prepared. This publication would be targeted toward subproject administrative and clinic personnel.

1. Introduction

Mexico City Policy

At the United Nations International Conference on Population held in Mexico City in 1984, the chairman of the U.S. delegation to the conference and the U.S. Agency for International Development (A.I.D.) administrator presented a new U.S. policy regarding abortion which had been prepared by the White House. The relevant portion of this "Mexico City Policy" states

> *The United Nations Declaration of Rights of the Child (1959) calls for legal protection for children before birth as well as after birth. In keeping with this obligation, the United States does not consider abortion an acceptable element of family planning programs and will no longer contribute to those of which it is a part. Accordingly, when dealing with nations which support abortion with funds not provided by the U.S. government, the United States will contribute to such nations through segregated accounts which cannot be used for abortion. Moreover, the United States will no longer contribute to separate non-governmental organizations which perform or actively promote abortion as a method of family planning in other nations.*
>
> *U.S. Government authorities will immediately begin negotiations to implement the above policies with the appropriate governments and organizations.*[1]

A.I.D. Procedures Developed to Implement the Mexico City Policy

As instructed, A.I.D. has developed administrative procedures[2] governing family planning assistance provided by A.I.D. directly to foreign government agencies and foreign non-governmental organizations (NGO) or indirectly through A.I.D. Office of Population Cooperating Agencies (CA). A.I.D. funds can be provided to government family planning programs that include abortion, but none of the funds can be used to perform or promote abortion. All grants and cooperative agreements negotiated with U.S. domestic CAs (grantees) and foreign NGOs (subgrantees) must contain a standard clause making foreign NGOs ineligible for A.I.D. assistance if they perform or actively promote abortion as a method of family planning. Domestic or U.S. CAs are eligible for population assistance without regard to their privately

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[1]Excerpted from the Policy Statement of the United States of America at the United Nations International Conference on Population (Second Session), Mexico City, August 6-13, 1984.

[2]Throughout the paper these procedures are referred to as the Mexico City Policy.

funded abortion activities, but they must agree not to provide U.S. funds or assistance to ineligible foreign NGOs.

Detailed requirements of the Mexico City Policy are presented in two seven-page sections of the A.I.D. handbook: one section for A.I.D. grants to U.S. domestic CAs which make subgrants to foreign NGOs and one for grants made directly by A.I.D. to foreign NGOs (see Appendix A).

Requirements for Grantees and Subgrantees

A U.S. domestic CA (grantee) must agree that it will not provide A.I.D. assistance to a foreign NGO unless the foreign NGO certifies in writing that it does not currently and will not during the term of a cooperative agreement perform or actively promote abortion as a method of family planning or provide financial support to any NGO that conducts such activities. In the context of the Mexico City Policy, to perform abortions means to operate a facility in which abortions are performed *as a method of family planning.* To promote abortion actively means to commit resources, financial or otherwise, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning. This includes

1) operating a family planning counseling service that regularly provides advice and information regarding the benefits and availability of abortion as a method of family planning;

2) providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful, or encouraging women to consider abortion;

3) lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying a government to continue the legality of abortion as a method of family planning; or

4) conducting a public information campaign in A.I.D.-recipient countries regarding the benefits and/or availability of abortions as a method of family planning.

In signing this agreement, the grantee agrees to permit an authorized A.I.D. representative to check at any time for compliance by inspecting documents and materials, observing family planning activities of foreign subgrantees, consulting with its family planning personnel, or obtaining copies of any financial statements or reports.

If a foreign subgrantee violates its agreement and performs or actively promotes abortion as a method of family planning while receiving A.I.D. funds, the U.S. CA must terminate the subgrant and withhold any further disbursements. A refund of amounts already disbursed is not required unless

the foreign NGO obtained the subgrant by falsely certifying that it did not perform or actively promote abortion or actually used A.I.D. funds to perform or promote abortion.[3]

Permissible Abortion-Related Activities

There are a number of instances in which abortion-related activities are permitted. For example, abortions are permitted under circumstances that do not fall within family planning service provision, i.e., if the life of the mother were to be endangered by the fetus being carried to term, or if a pregnancy were the result of rape or incest. The policy also makes a distinction between "active" promotion (not permitted) and "passive" referral (permitted). Responding to a question as to where a safe, legal abortion may be obtained is not considered active promotion if the question is asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counselor believes that the ethics of the medical profession in the country require a response as to where the abortion may be obtained safely. Finally, an individual acting on his/her own and not as part of an organization may be involved in abortion-related activities, such as lobbying for the legalization of abortion, provided that the organization for which he/she works neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent the organization.

Objectives of Study

This study had three major objectives:

- To determine whether recipients of grants and their subgrantees are in compliance with the standard clauses in their agreements which implement the requirements of the Mexico City Policy;
- To determine whether the standard clause is understood by the grantees and subgrantees; and
- To determine what impact, if any, the Mexico City Policy (as embodied in the standard clause) has had on family planning programs.

Country Selection

A.I.D. selected six countries for study. Country selection was based on two criteria: 1) geographic location -- representative countries from Asia and the

[3]Any amount that is refunded to the U.S. CA may be used for other subgrantees rather than paid to A.I.D. A U.S. CA is not financially responsible to A.I.D. for violations by a subgrantee unless the U.S. CA knowingly furnished A.I.D. assistance to a foreign subgrantee which performs or promotes abortion as a method of family planning or failed to make reasonable efforts to verify the validity of the foreign subgrantee's certification or knows that the subgrantee has violated the agreement and fails to terminate assistance.

Near East, Africa, and Latin America were selected, and 2) the legal status of abortion -- a mix of countries was selected, ranging from Turkey, where abortion on demand is legal, to Pakistan, where abortion laws are highly restrictive. Table 1 provides an overview of the legal status of abortion in the six countries chosen for the study: Bangladesh, Brazil, Egypt, Kenya, Pakistan, and Turkey.

Table 1

Legal Status of Abortion in the Six Countries in the Mexico City Policy Study

	Risk to a Woman's Life	In Case of Rape or Incest	Risk to a Woman's Health	Upon Request
Bangladesh	x	x	x	x
Brazil	x	x		
Egypt	x			
Kenya	x			
Pakistan	x	x		
Turkey	x	x	x	x

See Appendix B for a summary of the legal status of abortion in each of the countries studied.

Composition of the Study Team

A two-member team worked from February to August 1990. The team members were John Blane, former U.S. Ambassador to Chad and Rwanda, and Matthew Friedman, research associate with the Population Technical Assistance Project (POPTECH).

Study Methodology

The study team conducted a literature review and POPLINE database search to identify any abortion-related studies carried out in the six countries chosen for the study. In addition, the team contacted organizations that had done research related to international abortion issues and obtained their studies. Additional background documents were obtained from A.I.D. (See Appendix B Attachment.)

The study team also held meetings with representatives of the Office of Population and other bureaus within A.I.D. The meetings focused on background information related to the Mexico City Policy and a review of the

study's scope of work (see Appendix C for the complete scope of work). On the basis of these discussions, the team developed an overall strategy and a checklist (questionnaire -- see below) to be used to gather information during field visits. The team also selected subprojects within each country. The strategy was presented to an A.I.D. coordinating group, which included representatives from each division of the Office of Population.

Meetings with Cooperating Agencies

As part of the study, the team was to assess the degree to which five service delivery CAs and their subgrantees were complying with the standard clause in their grant and subgrant agreements (see Appendix C for the study scope of work). The CAs were the Association for Voluntary Surgical Contraception (AVSC); the Centre for Development and Population Activities (CEDPA); Family Health International (FHI); International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR); and The Pathfinder Fund (see Appendix D for a description of each CA and its programs).

The study team visited the headquarters of each CA to review the proposed study strategy. In addition, the team interviewed staff from the CAs to determine what approaches they used to monitor compliance of subgrantees. A review of CA files was made to check for the documentation required by the standard clause regarding the Mexico City Policy.

Checklist for Site Visits

The checklist used during site visits to subprojects contained 29 questions grouped in five sections: 1) background information; 2) review of policies, documents, and materials; 3) general questions; 4) clinic-specific questions; and 5) concluding observations. Two pages of questions were also asked of each clinic staff member interviewed.

Some of the questions were about the organizations' policies and procedures for ensuring compliance with their agreements; some were intended to determine if there were any physical evidence, such as records or equipment, that might demonstrate the foreign subgrantee's involvement in abortion activities; and some pertained to activities indirectly related to abortion activities. These latter included questions such as the following:

- Does the foreign subgrantee lobby to legalize or make abortion available as a method of family planning?

- Does the foreign subgrantee perform any biomedical research that relates in whole or in part to methods of, or the performance of, abortions or menstrual regulation[4] as a means of family planning?

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[4]Menstrual regulation is the term used to describe induction of the shedding of the endometrium or lining of the uterus before or shortly after the expected day of onset of menses, if an unwanted conception is suspected.

To help determine the extent of abortion referral activity, questions such as the following were included:

- Has the foreign subgrantee performed or made referrals for abortion in the case of rape or incest?
- Has the foreign subgrantee performed or made referrals for abortion because the life of the woman would be endangered if the fetus were carried to term?
- Have pregnant women stated that they have decided to have a legal abortion and requested information about where a safe, legal abortion can be obtained?

In the interviews with clinic staff, interviewees were also asked questions related to their understanding of the policy and its impact on their work (see Appendix E for a copy of the complete checklist).

Subproject Site Visits

Field visits were made to a number of subprojects in each country: Pakistan (10), Bangladesh (8), Brazil (12), Kenya (8), Egypt (4), and Turkey (7).[5] Table 2 provides a summary of the number of visits.

Table 2

Number of Subproject and Clinic Visits, by Country and Cooperating Agency

	CEDPA		FHI		PATHFINDER		AVSC		IPPF/WHR		TOTAL	
	Subproj.	Clinic	Subproj.	Clinic	Subproj.	Clinic	Subproj.	Clinic	Subproj.	Clinic	Subproj.	Clinic
Bangladesh	0	0	1	1	4	5	3	3	0	0	8	9
Brazil	0	0	1	1	2	1	6	5	3	5	12	12
Egypt	1	2	3	0	0	0	0	0	0	0	4	2
Kenya	3	4	0	0	2	2	3	3	0	0	8	9
Pakistan	2	4	0	0	4	4	4	4	0	0	10	12
Turkey	1	0	0	0	6	5	0	0	0	0	7	5
TOTAL	7	10	5	2	18	17	16	15	3	5	49	49

Whenever possible, the study team first met with USAID representatives. During subgrantee site visits, the team informed subproject directors of the purpose of the study and interviewed them and other senior staff in detail about the operations of the subproject. The team then interviewed staff who were in contact with clients, e.g., physicians, counselors, nurses, and social workers.

[5]Pakistan (February 15 - 26); Bangladesh (February 26 - March 8); Brazil (March 15 - April 1); Kenya (June 2 - 9); Egypt (June 13 - 21); and Turkey (June 22 - 30).

During all the interviews, the information collected was recorded. The copy of the checklist was completed by the team for each subproject after the site visit. This method was adopted in the hope that a less formal approach would put the interviewees at ease. Interpreters were used when necessary. Most of the staff interviews were conducted without the project director or senior staff members being present.

The first five sections of the checklist were completed on the basis of the interviews with the subproject director and other senior staff members. Section six was completed following the interviews with clinic staff. Table 3 provides a summary of the categories of clinical staff interviewed in depth, by country (see Appendix F for a list of the organizations visited).

Table 3

Categories of Clinic Staff Interviewed in Depth, by Country

	Bangladesh	Brazil	Egypt	Kenya	Pakistan	Turkey	Total
Physician	5	10	2	3	10	3	33
Nurse	4	4		9		4	21
Counselor	5			3	10		18
Community-based Distributor				7		3	10
Lady Health Visitor	1				6	1	8
Auxiliary Nurse		2	2				4
Social Worker		4					4
Psychologist		3					3
Lady Health Visitor (Assistant)					2		2
Community Organizer		1			1		2
Female Welfare Visitor	2						2
Traditional Birth Attendant					1		1
Research Supervisor	1						1
Researcher	1						1
Data Manager	1						1
Field Worker	1						1
Volunteer		1					1
TOTAL	21	25	4	22	30	11	113

The team also inspected clinic facilities and equipment and reviewed service statistics, IEC materials, publications, training protocols, files, and financial statements. All documentation required by the Mexico City Policy was reviewed for each subproject, including certification agreements. A copy of supporting documentation (e.g., a signed certification of compliance) was attached to the completed checklist.

Non-Subproject Site Visits

The team also visited a number of organizations not receiving A.I.D. funds, including hospitals, research organizations, women's groups, other donors, universities, etc. These visits were undertaken in an effort to collect information reflecting different perspectives on the status of abortion and attitudes towards abortion in each of the countries visited.

2. Compliance with the Mexico City Policy

Grantee (Cooperating Agency) Activities to Ensure Compliance

All CAs are taking reasonable steps to ensure that their subgrantees are in compliance with the Mexico City Policy, both at the time an agreement is signed and throughout the agreement period. These steps include 1) the development of procedures for screening NGOs during the preliminary proposal development stage, 2) the receipt of written certification from subgrantees stating that they will abide by the policy, 3) efforts to ensure that the certifications are accurate, and 4) monitoring of compliance on a continuing basis once a project is under way. The CAs use a variety of approaches for the preliminary compliance check and for monitoring activities. Table 4 provides an overview of activities implemented by the CAs to ensure compliance.

Table 4

Overview of Activities Related to Compliance with the Mexico City Policy

	CEDPA	FHI	PATHFINDER	AVSC	IPPF/ WHR
Preliminary Compliance Check					
Clause explained to organization	X	X	X	X	X
Questionnaire used to check for eligibility	X		X	X(2)	
Certification agreement required	X	X	X	X	X
Monitoring Activities					
Monitoring during field visits to check compliance	X	X	X	X	X
Checklist used in monitoring process	X	X		X	
Specific monitoring visits used		X			
Compliance reviewed as part of external audits			X	X	X
Use of outside consultants to check for compliance		X			
Reporting of compliance in progress reports					X
Written monitoring guidelines available	X	X	X	X	

CEDPA

Preliminary Compliance Check. During CEDPA's proposal development workshops, the conditions of the Mexico City Policy are reviewed with each potential subgrantee. If an organization agrees to these conditions, CEDPA uses a checklist to ensure that the organization is in compliance. The checklist includes eight questions about abortion activities, e.g., whether the organization performs abortions, provides abortion referrals, lobbies for legalization, etc. Once completed, the checklist is signed and submitted to CEDPA's Washington office for review.

Prior to final approval of a subproject, the subgrantee must sign an agreement in which it states it will abide by the prohibition on the performance or promotion of abortion. The signed letter and initial compliance checklist are submitted to A.I.D. with the final proposal.

Monitoring Activities. Since November 1989, CEDPA/ Washington staff have used a monitoring checklist during visits to subprojects. The checklist requires an inspection of clinic facilities and equipment, and a review of service statistics, fee schedules, records of incentive payments, IEC materials, publications and training protocols, financial statements, and written certification of compliance with the Mexico City Policy. Once the checklist is completed and signed by the subgrantee, a copy is sent to CEDPA/Washington and a copy is retained for the subproject files. Prior to the introduction of the checklist, monitoring of compliance was done on an informal basis during semiannual visits.

FHI

Preliminary Compliance Check. When a new subgrant is being considered or a subgrant is scheduled for re-funding, FHI provides the potential subgrantee with a written description of the Mexico City Policy. The subgrantee is asked to review the terms and conditions carefully and, if eligible, to sign a letter stating that it is in compliance and intends to remain in compliance. Once the letter is signed, FHI submits a copy to A.I.D. along with a letter requesting A.I.D. to approve the subgrant. FHI does not provide A.I.D. with a copy of the subagreement until this process has been completed.

Monitoring Activities. Both the primary subgrantee (often a research facility) and secondary clinics (sub-subgrantees) are monitored informally as part of FHI's routine site visits. A formal monitoring checklist is used to ensure compliance for some of FHI's larger subgrants. The latter is a six-page checklist with three sections: review of policies, documents, and materials; questions posed to organization staff; and monitor's remarks and recipient comments. A set of monitoring guidelines has also been developed to explain how to use the checklist. Both the checklist and the guidelines have been reviewed and approved by A.I.D.

FHI has used an outside consultant for its monitoring activities in order to ensure objectivity. To date, consultant monitoring visits have taken place in Bangladesh, Indonesia, and Sri Lanka. Formal determination of compliance is made by FHI/North Carolina after review of the monitoring report. Although FHI originally planned to have monitoring visits carried out annually, this has not been possible due to the high cost of such visits (the average cost of these visits has been about $5,000).

Many of FHI's subgrantees provide fixed-service contracts to specific agencies for data collection and research activities. Because the subgrantees do not provide direct technical assistance, but instead procure data collection/ research-related services, it is not necessary for them to sign the standard clause with regard to the Mexico City Policy. The scopes of work for all of FHI's fixed-service contracts are reviewed by A.I.D. and approved prior to funding.

Pathfinder

Preliminary Compliance Check. During the project development stage, Pathfinder's in-country representative, regional representative, or a staff member from Pathfinder's Boston office completes a monitoring checklist to determine whether a potential subgrantee is eligible for funding under the Mexico City Policy. The checklist requires an inspection of clinic facilities and equipment, and a review of service statistics, fee schedules, records of incentive payments, IEC materials, publications, training protocols, and financial statements. Once the checklist is completed, a copy is sent to Pathfinder's Boston office and another is retained by the in-country organization. The checklist is used for both new subprojects and renewal of existing subprojects.

Prior to the completion of a subproject proposal, the subgrantee is given a copy of the Mexico City Policy and is briefed on its contents. If the subgrantee agrees to the terms, the subgrantee is asked to sign a letter that certifies its noninvolvement in the performance or promotion of abortion. This letter is sent to A.I.D. along with the signed subproject proposal.

Monitoring Activities. Monitoring is carried out by both in-country and home office staff during periodic site visits. Pathfinder representatives question subgrantee staff and look for any evidence that the performance and/or promotion of abortion is taking place. In addition, external audits are regularly done by outside firms, during which compliance with the abortion clause is evaluated.

AVSC

Preliminary Compliance Check. As a first step in its proposal development process, AVSC determines whether a potential subgrantee is a government

or non-governmental organization. If the organization is a government agency and abortion is part of the government's family planning program, grant funds will be set up in a segregated account. If the potential subgrantee is an NGO, a checklist is used to verify compliance with the Mexico City Policy. This verification entails review of client medical records and registers, including records of payments of clients; inspection of operating room equipment and facilities; discussion with clinic counseling and medical staff and fieldworkers; review of information and education materials available to clients; and examination of financial statements and records. The potential subgrantee is also required to sign an understanding/certification and agreement statement to the effect that it will neither perform nor actively promote abortion as a method of family planning.

The signed agreement statement and the completed checklist are attached to the proposal for submission to AVSC/New York for final approval. When the proposal is submitted to A.I.D., AVSC includes in the transmittal letter a paragraph regarding verification of certification and AVSC's plans for monitoring to ensure adherence to the abortion clause. At the time the subagreement is obligated, language pertinent to the Mexico City Policy and the subgrantee's agreement with same is included in the agreement letter sent to the subgrantee.

AVSC has developed a detailed set of guidelines which outlines each step in the above process and delineates the responsibilities of specific staff members.

Monitoring Activities. Monitoring visits are conducted at least once a year by either regional or headquarters staff and are often combined with other planned activities. For subgrantees operating through multi-site facilities, several sites are visited; the actual sites to be visited are made known in advance to the subgrantee. The checklist used to determine eligibility (described above) is also used for on-site verification of compliance. In addition, auditors who perform periodic reviews of medical and financial records are instructed to determine whether a subgrantee is in compliance with the Mexico City Policy.

IPPF/WHR

Preliminary Compliance Check. Subgrants provided through IPPF/WHR are provided directly to the family planning associations (FPA) in a given country as part of a matching grant. When the Mexico City Policy was introduced in 1984, the FPAs were given a written description of the policy. Following a briefing on the policy by IPPF/WHR representatives, FPAs throughout Latin America agreed to certify their noninvolvement in the performance or promotion of abortion. (Abortion is illegal throughout Latin America, and hence the FPAs thought the Mexico City Policy would not affect their program activities.) No checklist was used to determine eligibility.

Monitoring Activities. Informal monitoring of activities is carried out by IPPF/WHR representatives from New York and senior officers of the FPAs. No monitoring checklist is used. External audits, which are conducted annually, also review compliance with the Mexico City Policy. In addition, in their quarterly reports to IPPF/WHR, the FPAs state that they are not involved in the performance or promotion of abortion.

Study Team Comments

During site visits to the headquarters of each of the five CAs, the team made random inspections of subproject files. In every case, a copy of the agreement letter was present; in some cases, there was other supporting documentation, e.g. checklists, as well. Based on discussions with CA staff, it was evident that the activities described above were well planned and clearly understood by both the senior staff and the subproject monitors.

Visits to the subproject sites also confirmed that the five CAs are taking reasonable steps to verify that their subgrantees are in compliance with the Mexico City Policy, both at the time an agreement is signed and throughout the agreement period.

Subgrantee Activities to Ensure Compliance

Education of Clinical Staff

Most subgrantees have procedures to help their clinical staffs comply with the Mexico City Policy, which include explaining the policy to newly hired staff. Many subgrantees discuss the policy with their staffs during orientation, training, and monthly meetings. One subgrantee in Pakistan requires staff to read and sign an Urdu translation of the policy before they begin work.

In Bangladesh and Turkey, where abortion and menstrual regulation are legal, educating clinic staff about the Mexico City Policy is considered to be important to ensure that staff members do not violate the policy. On the other hand, in countries in which abortion is illegal and contrary to cultural traditions and religious beliefs, subgrantees believe that less education on the policy is needed because most staff are well aware that existing laws place restrictions on carrying out or promoting abortion that are consistent with the Mexico City Policy.

In all but one country visited, over three-fourths of the clinical staff interviewed recalled being told about the subproject's policy on abortion. The exception was Kenya, where 64 percent of the clinical staff interviewed indicated that they did not remember having had this policy explained to them. All were, however, well aware that Kenyan law prohibits abortions. According to most of those interviewed in Kenya, their knowledge of the legal and health issues related to abortion was gained during their medical training. One person stated, "It was made very clear to us that if we were involved in

abortion-related activities that we would lose our ability to practice medicine and would go to jail." In a project in Kenya based in a religious hospital that is strongly against abortion, the clinical staff stated that there is no need to discuss any restrictions on abortion -- "an unspoken policy on abortion is well understood by all."

In two subprojects in Pakistan and Brazil, the policy is not explained to all staff members because the topic is considered either to be too sensitive or to be already understood. According to one project director in Pakistan, "our staff would be offended if we were to try to explain to them any restrictions on abortion because they would never think of advocating abortion because of their religious beliefs."

Table 5 shows the percentage of subprojects in each country using various procedures to present and/or reinforce the Mexico City Policy requirements over time.

Table 5

Percent of Subprojects Informing Staff on the Mexico City Policy, by Method of Communication

	Bangladesh	Pakistan	Brazil	Kenya	Turkey	Egypt
Policy explained when staff hired	88%	60%	83%	75%	86%	25%
Reinforced during monitoring visits (Subgrantee)	100%	90%	67%	63%	57%	100%
Periodic staff meetings/ discussions	50%	50%	25%	63%	57%	25%
Training/ orientation exercises	25%	40%	17%	13%	43%	25%

Internal Monitoring

Although the Mexico City Policy does not require subgrantees to undertake internal monitoring, some form of self-monitoring is carried out by nearly all of the subgrantees in addition to the external monitoring by the grantee's in-country, regional, or headquarters staff. By and large, this seems to be done to avoid any situation in which a subgrantee's funding might be placed in jeopardy. Internal monitoring is usually carried out by the subproject director or some other senior staff member. Most monitoring includes periodic visits to observe the clinics, interview staff, and review records, and it is generally done on an informal basis during a regularly scheduled visit.

Some organizations have a more formal approach to internal monitoring. The All Pakistan Women's Association subproject in Rawalpindi (funded by CEDPA) has its senior staff regularly interview not only clinic staff, but also clients in order to ascertain whether field/clinic staff have provided any abortion information during visits. In addition, a written summary (in Urdu) of the restrictions on abortion activities is posted in the clinic. In another example, members of the executive committee of the Bangladesh Association for Voluntary Sterilization in Rajshahi (an AVSC-funded subproject) make periodic site visits to the subproject to ensure compliance.

Internal monitoring activities have occasionally resulted in the dismissal of employees associated with abortion activities. In one case, a lady health visitor in Pakistan was fired for performing abortions in her home. (Since abortion is illegal in Pakistan, whether the Mexico City Policy existed or not, this person would have been fired.)

Although most of the subgrantees had some procedure for monitoring their own subproject activities with regard to the Mexico City Policy requirements, the team found that 11 did not -- 5 in Brazil, 3 in Kenya, 1 in Pakistan, and 2 in Turkey. In all of these cases, very conservative attitudes toward abortion exist either within the organization itself or the surrounding community. In Brazil, one subgrantee stated that the Mexico City Policy is explained to newly hired staff and that there was no need to monitor adherence to it. As an organization established specifically to prevent abortions, the organization believes that its staff already take a strong antiabortion position. Further, personnel are informed about the legal restrictions and consequences of being involved in abortion activities during their academic training. As the director pointed out, "All our staff know that abortion is against the law. Just as one does not need to be reminded that robbing a bank is against the law, no one has to keep reminding my staff that abortion activities are illegal." In a subproject in Kenya, because the subgrantee is a religious organization strongly opposed to abortion, the senior officials do not believe there is a need to monitor the clinic's activities. In Pakistan, the director of one project pointed out that, because abortion is taboo in the community, mentioning it would be "highly inappropriate" and could be "offensive."

Study Team Comments

All of the subprojects reviewed were found to be in complete compliance with the Mexico City Policy; there was no indication that any of the subprojects is carrying out or promoting abortion.

Signed copies of the agreement letters were found for each subproject reviewed. These letters, however, were not always on file at all subproject sites. Reasons given for not having the letters on file included 1) the organization signed and submitted the letter without making a copy, and 2) the signed copy was kept on file at the parent organization's central office.

Sub-Subgrantee Activities to Ensure Compliance

Seven subprojects reviewed have sub-subgrantees -- Brazil (6) and Kenya (1). In all cases, the sub-subgrantees are required to sign the certification and agreement letter stating that they will comply with the Mexico City Policy. Routine monitoring of the sub-subgrantees is done by the subgrantee and the CAs involved.

Other Aspects of Compliance

"Passive" and "Active" Referrals for Abortions

"Passive" Referral. According to the Mexico City Policy, "passively" responding to a question regarding where a safe, *legal* abortion may be obtained is permitted, provided the question is asked by a woman who is pregnant and has already decided to have an abortion.

Of the countries visited, only Bangladesh and Turkey have legal abortion and are therefore affected by this aspect of the policy. In Bangladesh, two of the eight subprojects visited have a policy allowing staff members to "passively" refer women. In Turkey, five of the seven subprojects visited allow staff to refer women for abortions under the circumstances outlined in the Mexico City Policy. (See Chapter 4 for a further discussion of "passive" referral.)

"Active" Referral. Nearly all the subprojects visited reported that they have received requests from women for information about abortion. Newly established family planning clinics appeared to receive the largest number of requests. Once a clinic has become better established and it has become known that the clinic only provides family planning services, the number of requests diminishes.

No instances were found of subproject staff having promoted or provided advice or information to clients about the benefits and availability of abortion as a method of family planning. When asked about abortions, family planning workers either refuse to provide any information or, more often, they counsel the women to continue the pregnancy and come back for a family planning method after giving birth. Essentially, the approach used depends on a

subproject's policy with regard to abortion, which is determined in large part by each country's laws and its cultural and religious practices and beliefs. Many subprojects indicated that they are strongly opposed to abortion and have never considered it to be a method of family planning. In Brazil, for example, several organizations receiving A.I.D. funding were established for the express purpose of providing family planning to reduce the number of abortions. In Kenya, the major reasons cited for counseling the continuation of a pregnancy were that abortion is illegal and that it is dangerous to a woman's health. In contrast, in Pakistan and Egypt, the major argument against abortion is religious.[6]

Performance of and Referrals for Abortions Permitted under the Mexico City Policy

In those instances in which the Mexico City Policy permits abortions or abortion referrals -- when a woman's life is in danger due to complications associated with a pregnancy or in the case of rape or incest -- the decision to refer a patient for an abortion or to carry out an abortion is unrelated to the Mexico City Policy. Rather, medical ethics and existing laws in a given country are the sole determining factors in such a decision.

Life of the Mother. In the six countries visited, the study team learned of 14 instances of a woman's life being in danger if she had carried a pregnancy to term (Bangladesh, 1; Brazil, 4; Pakistan, 4; Egypt, 2; and Kenya, 3). This low number is not surprising because most of the subprojects reviewed do not provide comprehensive care for pregnant women as part of their regular activities.

Out of these 14 instances, only two subgrantees stated that they have carried out or would carry out abortions under the permitted circumstances. In one of these cases, an A.I.D.-funded Presbyterian hospital in Kenya had planned to perform an abortion on a woman who had a life-threatening heart condition; prior to the procedure, however, the woman died. Another subproject in Kenya, which provides family planning training for private physicians, indicated that physicians who receive the training do perform abortions in instances when a pregnancy may be life-threatening.

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[6]Many of the subproject personnel interviewed indicated that they do not consider abortion to be a method of family planning. Rather, abortion is looked on as an extraordinary procedure to terminate pregnancies in those cases in which the birth of a child would have imposed an intolerable health, economic, or social hardship. As one clinic director put it, abortion is at best an "unpleasant necessity," the least objectionable alternative. Of course, in countries where abortion is available it is sometimes used in cases of contraceptive failure and when couples have not used contraceptives. In such situations, abortion can be viewed as a family planning method of last resort.

In most cases, however, women are referred to facilities not associated with the subproject for additional medical consultation if the mother's life may be in danger. The diagnosis of whether an abortion is required is almost never made by subproject personnel. Most of the referrals are made because the subprojects are not equipped to diagnose or treat problem pregnancies. In four cases, women were referred to other facilities because the subprojects' own internal policies prevented them from carrying out abortions under any circumstances. Although the subprojects involved are located in private hospitals which could have carried out the procedure, because of religious restrictions or a desire to avoid legal red tape all chose to refer such patients to government facilities for diagnosis and treatment.

Health of the Mother. The Mexico City Policy does not allow abortion or abortion referral in cases in which a woman's *health* might be in danger if she were to carry to term. All of the subprojects indicated that they would either try to treat the health condition or refer the woman to a qualified specialist for further assistance; none would discuss abortion as an option under these circumstances.

Rape and Incest. Two subprojects -- one in Brazil and one in Pakistan -- cited examples of women reporting that they had been raped. In both cases, the women were referred to the local government hospital for treatment; the subprojects did not present abortion as an option. Neither case was followed up by subproject staff.

In Brazil, court authorization must be obtained before a woman who has been raped can have an abortion. In Pakistan, where rape is often considered adultery (which is a crime in Pakistan), few women admit to having been raped out of fear of being sent to jail. Egypt and Kenya do not allow abortion in the case of rape or incest.

Abortion-Related Research

None of the subprojects reviewed conducts biomedical research related, in whole or in part, to methods of or the performance of abortions or menstrual regulation. One subproject in Bangladesh and another in Egypt, however, do carry out biomedical research on contraceptive methods, including NORPLANT®, oral contraceptives, and intrauterine devices (IUD).

One of the A.I.D.-funded organizations in Kenya indicated that it does carry out research related to the incidence of septic abortions. Many subgrantee personnel, however, believe that any research related to abortion violates the policy. Others who knew that certain research related to the subject was permitted, chose not to undertake this kind of research in order to prevent being associated with the abortion issue (see Chapter 4).

Public Information Campaigns on Abortion

Nearly all of the subgrantee personnel interviewed indicated that they did not support abortion. Six individuals (one in Bangladesh, two in Kenya, and three in Turkey), however, stated that they were either in support of legalizing abortion or of providing more public information on abortion; two of these individuals were directors of subprojects. The study team discussed this issue at length with these subproject personnel and is satisfied that they have not represented their views as being those of their organizations. The study team is also satisfied that their organizations were not involved in conducting public information campaigns promoting the benefits or availability of abortion as a method of family planning, nor were they involved in lobbying to legalize or make abortion available in their countries. As one subproject staff member in Turkey stated, "We may not like the restrictions the policy places on us; however, because we agreed to it we will always abide by it."

3. Grantee and Subgrantee Understanding of the Requirements of the Mexico City Policy

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Grantee-Level Understanding of Policy Requirements

Most CA senior staff interviewed by the study team have a good understanding of A.I.D.'s procedures for implementing the Mexico City Policy. Several staff members did comment, however, that the procedures are written in complicated legal language (see Appendix A) which has led several of the CAs to seek legal assistance to review and interpret the procedures. In some cases, certain aspects of the policy procedures have been summarized to make them more accessible to CA and subproject staff.

Subgrantee-Level Understanding of Policy Requirements

Senior staff in most of the in-country organizations visited are aware of the major points of the procedures that concern basic restrictions, e.g., the prohibition of "active" referral, lobbying activities to legalize abortion, the procurement of equipment to perform abortions, and so on. On the other hand, most do not have a grasp of the fine details. For example, approximately one-third of those interviewed did not know that there are certain circumstances in which they could refer clients for abortions, i.e., "passive" referral.

Even after reviewing the written procedures thoroughly, staff members are not always clear about what is permitted. In Bangladesh, staff of one subproject asked under what circumstances it was permitted to carry out research related to abortion trends. A group in Brazil wanted to know whether it is permitted to invite organizations involved in promoting the legalization of abortion to workshops or receptions.

Some questions asked about the policy do not have clear-cut answers. For example, a physician in Kenya wanted to know whether abortion would be permitted in the case of a woman suffering from AIDS. According to the physician, pregnancy speeds up the disease process significantly in AIDS patients, thus placing the mother's life in danger much sooner than if she were not pregnant. Another physician in Kenya wanted to know whether a woman who was found to be at risk of committing suicide (verified by a psychologist) because of an unwanted pregnancy would constitute a case in which the life of the mother was in danger.

The degree to which the policy is understood by the subgrantees appears to depend on the status of abortion laws in a particular country. For example, in Bangladesh and Turkey where abortion is legal, subgrantee staff seem to put more emphasis on fully understanding the policy than do staff in countries in which abortion is illegal. The reason for this is that in those countries in which abortion is illegal, the grantees assume that the policy has less relevance for them.

The major complaint cited by the subgrantees about the policy was that the language is, in places, confusing and difficult to understand. A number of people stated that the policy "told you what you couldn't do but did not tell you what was permitted." For example, two subproject directors were unclear as to whether they were permitted to treat cases of septic abortion. Others felt that the way the policy is written makes it difficult to disseminate the information to clinic staff -- especially those who are at a low literacy level.

Overall, as might be expected, the extent to which the Mexico City Policy is understood by staff members from most organizations differs depending on their position in a given organization; i.e., the directors and senior personnel have a much better understanding of the policy than do staff at the clinic level. Nearly all clinic staff interviewed stated that they understood the policy. When asked to state what the policy actually says, however, few were able to provide any details other than that "most everything" associated with abortion is prohibited.

4. The Policy's Impact on Family Planning Programs

Subproject/ NGO Responses to the Mexico City Policy Requirements

Personnel in most of the subprojects visited indicated that they have had little or no difficulty adjusting to the Mexico City Policy. This is especially true in those countries in which abortion is both illegal and contrary to cultural traditions and religious beliefs.

At the same time, the study team learned of four NGOs (three in Brazil and one in Kenya -- countries in which abortion is illegal) that had previously received A.I.D. funds but had refused to sign the agreement with regard to the Mexico City Policy and that were, therefore, ineligible for new funding. Although the groups were not participating in any abortion-related activities, they stated they were dismayed that the United States was imposing restrictions that could affect whether they chose to participate in the ongoing debate over abortion reform or express their opinion on abortion. The director of a project in Kenya indicated that, if abortion were to be legalized in the country, his organization would seriously consider whether to sign the clause again because of objections to another government's placing limitations on activities that were legal in Kenya.

In addition, in several subprojects in Bangladesh and Turkey, as well as a few in Brazil, Pakistan, and Kenya, project management have reacted to the Mexico City Policy requirements by approaching the abortion question with an overcautiousness that extends to activities clearly permitted under the policy. This overcautiousness is based on a fear that any association with abortion-related activities, however indirect, could place a program's funding in jeopardy. Although some organizations are overly cautious because they find the legal language in A.I.D.'s procedures to be confusing, usually program staff deliberately impose restrictions on their programs to avoid any possibility of staff inadvertently doing something that might put program funding at risk.

Imposition of Restrictions on "Passive" Referral in Bangladesh and Turkey

In countries in which abortion is legal, project staff may, in accordance with the Mexico City Policy, refer to abortion facilities women who have decided to have an abortion and are seeking guidance as to where they may have the procedure done safely (see Chapter 1). The team found that many project staff are not authorized to make such referrals, even under permissible circumstances, for fear they will be thought to be advocating abortion. Instead of providing information or referrals, clinic staff are often told not to say anything or to turn the person away. One subproject director explained these prohibitions by stating that if any exceptions were made, "Someone might someday say that we are in violation of the clause because of something

one of our staff members did or said with regard to referrals. It is better to limit all referral activities than be put in this situation." In Bangladesh, nearly all the clinics visited have a policy restricting their staffs from providing abortion information and/or referral to women under any circumstances. In other cases, some staff tell clients seeking this information that the procedure is harmful to them and could easily result in infertility or death. When asked why this statement is made, a nurse being interviewed responded, "This gives us a reason why we can't talk about abortions." As a result, the staff are unable to refer women to a safe menstrual regulation provider.

In Turkey, where abortion (specifically menstrual regulation up to 10 weeks) is legal, two subprojects stated that they have a policy never to provide referrals to pregnant women who request information on where to receive a safe abortion. One subproject will not provide this information due to a concern that community-based workers might not fully understand the distinction between "passive" referral and "active" promotion and might inadvertently say the wrong thing. In the other case, the subproject director misunderstood the policy to mean that abortion referral is not permitted under any circumstances.

These restrictions appear to have an effect on the relationship between family planning staff and clients. Staff from several clinics in Bangladesh, for example, pointed out that it is difficult to develop a comprehensive client/provider relationship with some clients because the abortion issue is treated differently from other topics. One woman staff member stated, "We open our arms when it comes to family planning, pre- and post-natal care, and any other health-related activity, but shun those women who ask for information on abortions. The ironic part is that these women are the ones most in need of our support and guidance."

Several family planning workers in Bangladesh and Turkey said that some women become frustrated and angry with them for not providing information on menstrual regulation; this has resulted in some long-term clients not returning to the clinic for services. These subproject personnel feel that if clients fail to return for family planning services because of a sense of alienation, the clinics miss an opportunity to reach women at a time when they may be most receptive to family planning.

Incomplete Client Medical Histories

The overcautious response is also evident with regard to documenting women's abortion experiences. For example, officials from two subprojects in Pakistan and three in Bangladesh admitted that they have internal policies that restrict their staffs from documenting information related to women's abortion histories, even when the clients volunteer the information. This has resulted from a fear of having the word "abortion" appear in medical charts. In one case reported in Pakistan, a clinic's initial interview form was revised

to remove questions that asked a woman how many abortions she had had. Another organization in Bangladesh removed the word "abortion" from its interview form and replaced it with the word "miscarriage." Although the organization realizes that collecting information on a person's abortion history is permitted, it is uncomfortable with the word appearing in any of its documentation. In all these instances, important information pertaining to a woman's reproductive history is not being gathered.

Limitations Imposed on Data Collection

The overcautious response by subproject management has also had an effect on data collection and on a broad range of research activities. One organization in Bangladesh, for instance, collected statistics on abortion trends prior to the introduction of the Mexico City Policy; it no longer does. Even though collection of these data is permitted under the policy, the organization is concerned that if it were associated with the collection of data on abortion trends, its A.I.D. funding might be terminated.

In Egypt, according to a representative from a local PVO not receiving funding from A.I.D., "Since the Mexico City Policy took place, all discussion of abortion and abortion-related issues has stopped. Those receiving A.I.D. funding are frightened of the policy and have thus turned their backs on a significant health issue [septic abortions] that is important in the context of female reproductive health." Although not advocating abortion on demand, the representative felt that a better understanding of the phenomenon is necessary for the protection of public health.

Limitations on Purchase of Equipment

In Pakistan, one organization indicated that it had planned to purchase a D&C (dilation and curettage) kit in order to be able to provide an additional gynecological service to those clients who might require the procedure for health reasons. After lengthy discussions, however, the idea was dropped because the organization decided that the kit might cause some people to think that the clinic performed abortions, despite the fact that the organization is already well known for its antiabortion policies. Several AVSC subprojects have also decided not to purchase certain equipment for the same reason.

Restrictions on Staff Activities

In several subprojects in Bangladesh, staff are told that they are not to mention or discuss the word abortion under any circumstances, even while off duty. Physicians working part-time in the clinic are told that they may not perform menstrual regulation procedures as part of their work with government clinics or in their own private practices, even though these

activities are not prohibited by the Mexico City Policy. As one nurse stated, "That topic is never to be discussed. We were told that if we ever mentioned the word we would lose our jobs."

In another case in Brazil, a health worker at a vasectomy clinic (with only male clients) was fired when it was discovered that he had pro-abortion views. In this case, the person was fired simply out of fear that his views might affect the program's funding.

Under normal circumstances, clinic staff often accompany women to a hospital or clinic for a medical procedure, such as for a sterilization procedure or an appendectomy. In several clinics in Bangladesh, however, if a woman were to come in suffering from a septic abortion, the staff would not be permitted to accompany her to the hospital for treatment, even if it were done on a staff member's own time. Again, this is due to a concern that such an activity might be misunderstood, thereby placing the program at risk.

Deterrent to Collaboration among NGOs

In Bangladesh, family planning organizations can be divided into two categories: those that have some association with menstrual regulations and those that do not. Since the Mexico City Policy has been in effect, collaboration between the two has been almost completely eliminated. Representatives from NGOs involved in menstrual regulation are not invited to family planning receptions, workshops, or training sessions. One such representative stated that, "Since the abortion policy went into effect, we have been treated like outcasts. Since we are all working with the same purpose in mind -- to promote family planning -- there is no reason why we can't help each other achieve this end." Thus, opportunities to exchange important information on family planning activities that could help to reduce duplication of effort and improve services are often lost.

Although the policy does not place restrictions on collaboration between these two groups (provided no funds go to the group performing menstrual regulations), there appears to be a fear of guilt by association. In other words, A.I.D.-funded NGOs fear that any contact with groups doing abortion-related work might be considered a violation of the Mexico City Policy.

Response of the Government of Bangladesh to the Policy

Several interviewees reported that the Government of Bangladesh has reacted to the Mexico City Policy by muting its support for menstrual regulation in an apparent attempt to avoid giving offense to the United States, one of the country's major foreign assistance donors. Although menstrual regulation is still performed in government hospitals, publicity for the program was said to have declined sharply since the adoption of the Mexico City Policy. For example, it was pointed out that the government has significantly reduced the number of billboards and posters advertising menstrual regulation and is doing

less data collection on abortion. According to the interviewees, the government has not changed its policy on menstrual regulation, but it is making an effort to reduce the visibility of the program.

Cooperating Agencies' Response to the Policy

Fear of repercussions from the Mexico City Policy was reported to have stifled debate at a 1985 conference sponsored by one of the CAs for Brazilian women's groups. At the conference, the issue of abortion was brought up during one of the discussion sessions. Many of the participants were irritated when told by the CA's representatives that they were not allowed to discuss the topic during the conference because it violated the Mexico City Policy. According to one conference participant, "There was a feeling that this was a form of censorship and went against the U.S. government's own emphasis on freedom of speech." This had the net effect of weakening the collaborative relationship the CA had once had with a number of the groups.

In addition, two CAs reported that they have not approached some organizations in Turkey (1), Kenya (1), Brazil (2), and Bangladesh (2) with funding or re-funding plans because they felt that the organizations might not agree or be in compliance with the Mexico City Policy.

CAs other than those with A.I.D. cooperative agreements (i.e., those implementing programs under a contractual arrangement with A.I.D.) have also become overly cautious in some of their activities as a result of the Mexico City Policy. For example, when the study team attempted to collect information on maternal mortality from one organization, concern was expressed that the organization might be cited as the source of the information in this study. This concern arose because the maternal mortality data covered all causes of mortality, including abortion. Another CA indicated that it removes the mention of abortion in its publications under any circumstances, even when the topic is discussed in the context of the health problem posed by septic abortions. As one staff member put it, "You'd better not mention abortion in an A.I.D. publication."

5. Concluding Remarks

5. Concluding Remarks

Compliance with the Mexico City Policy

Both the recipients of assistance (U.S. CAs) and their subgrantees (foreign NGOs) were found to be in complete compliance with the requirements of the Mexico City Policy. At the grantee level, all five CAs are taking reasonable steps to verify that their subgrantees are in compliance with the Mexico City Policy, both at the time an agreement is signed and throughout the agreement period. At the subgrantee level, there are no indications that any of the subprojects is carrying out or promoting abortion.

Understanding of the Mexico City Policy

Although most CA senior staff have a good understanding of the Mexico City Policy and A.I.D.'s procedures for implementing it, subgrantee senior staff are less familiar with the fine points of the procedures. The major criticism voiced by the subgrantees about the procedure was that the language used was sometimes confusing and hard to understand. They felt that this made it difficult to communicate the information to clinic staff, especially those at a low literacy level. Further, in cases in which subproject staff found the wording of the procedures difficult to understand, many tended not to perform activities that were clearly permitted to avoid a situation in which they might inadvertently misinterpret the policy, e.g., research on abortion trends.

Impact of the Mexico City Policy

Most of the subprojects visited have not been affected by the Mexico City Policy. In several subprojects in Bangladesh and Turkey, as well as a few in Brazil, Pakistan and Kenya, however, project management have reacted to the Mexico City Policy requirements by approaching the abortion question with an overcautiousness that extends to activities clearly permitted under the policy. Although it was not possible to document the long-term effects of this overcautiousness, concern was expressed that this situation may be having an impact on women's health issues in some cases. To determine the extent of this impact, a more detailed assessment is needed.

Suggestions on How the Policy Might Be Made More Easily Understandable

The following steps could be taken to ensure that the standard clause implementing the requirements of the Mexico City Policy is more easily understood by project personnel.

1. The clause could be revised to clarify what is permitted in important areas, such as research and the treatment of septic abortion cases. Revisions might include a description of specific circumstances under which research related to abortion (other than biomedical research) could be undertaken, e.g., studies on abortion trends.

2. The standard clause could be revised to state that if a violation were discovered, but found to be inadvertent, the subgrantee would be given an opportunity to correct the problem before the agreement were terminated. (Following such an event, however, the CA would be required to monitor the project more carefully.)

3. CAs could provide more help to subgrantees and their staffs to understand the requirements of their subagreements. In addition, a provision could be added regarding requests from subgrantees for clarification on different aspects of the clause. The provision might state that when questions related to the clause arise at the subproject level, the subgrantee should first seek clarification from the CA (grantee). If the CA were unable to answer the question, the request would be passed on to A.I.D. for written clarification. After providing written clarification to the subproject, A.I.D. could share this information with other CAs.

4. A short, easy-to-read publication providing examples of what is and is not permitted under the standard clause could be prepared. This publication should 1) be targeted toward subproject administrative and clinic personnel, 2) be printed in a number of languages, and 3) cover a number of subjects related to the policy, e.g., monitoring, referral, and equipment procurement. Everyday examples of different situations using illustrations could be used to help make the policy more understandable. For example, when discussing the different types of referrals several scenarios might be used to demonstrate the difference between "active" promotion and "passive" referral.

Appendices

Appendix A

A.I.D. Mexico City Policy Procedures

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A.I.D. Mexico City Policy Procedures

REQUIREMENTS FOR A.I.D. FOREIGN CAs[1]

(c) Prohibition on Abortion-Related Activities:

(1) No funds made available under this grant will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

(2) No funds made available under this grant will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(d) Ineligibility of Foreign Nongovernment Organizations That Perform or Actively Promote Abortion as a Method of Family Planning:

(1) The recipient certifies that it does not now and will not during the term of this grant perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries or provide financial support to any other foreign nongovernment organization that conducts such activities. For purposes of this paragraph (d), a foreign nongovernmental organization is a nongovernmental organization which is not organized under the law of any State of the United States, the District of Columbia or the Commonwealth of Puerto Rico.

(2) The recipient agrees that the authorized representatives of A.I.D. may, at any reasonable time, (i) inspect the documents and materials maintained or prepared by the recipient in the usual course of its operations that describe the family planning activities of the recipient, including reports, brochures and service statistics; (ii) observe the family planning activity conducted by the recipient; (iii) consult with family planning personnel of the recipient; and (iv) obtain a copy of the audited financial statement or report of the recipient, if there is one.

(3) In the event A.I.D. has reasonable cause to believe that the recipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall make available to A.I.D. such books and records and other information as A.I.D. may reasonably request in order to determine whether a violation of the undertaking has occurred.

(4) The recipient shall refund to A.I.D. the entire amount of assistance for family planning furnished under this grant in the event it is determined that the certification provided by the recipient under subparagraph (1), above, is false.

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[1]Source: A.I.D. Handbook #13. Trans. Memo. No. 13:43. Effective Date June 19, 1987, Pages 4C-47 - 4C-53.

(5) Assistance for family planning to the recipient under this grant shall be terminated if the recipient violates any undertaking required by this paragraph (d), and the recipient shall refund to A.I.D. the value of any assistance furnished under this grant that is used to perform or actively promote abortion as a method of family planning.

(6) The recipient may not furnish assistance for family planning under this grant to a foreign nongovernmental organization (the subrecipient) unless (i) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities and (ii) the recipient obtains the written agreement of the subrecipient containing the undertaking described in subparagraph (7), below.

(7) Prior to furnishing assistance for family planning under this grant to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this grant, perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities.

(ii) The recipient and authorized representatives of A.I.D. may, at any reasonable time, (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one.

(iii) In the event the recipient or A.I.D. has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. A.I.D. may also review the family planning program of the subrecipient under these circumstances, and A.I.D. shall have access to such books and records and information for inspection upon request.

(iv) The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this grant in the event it is determined that the certification provided by the subrecipient under subparagraph (6), above, is false.

(v) Assistance for family planning to the subrecipient under this grant shall be terminated if the subrecipient violates any undertaking required by this paragraph (d), and the subrecipient shall refund to the recipient the value of any assistance furnished under this grant that is used to perform or actively promote abortion as a method of family planning.

(vi) The subrecipient may furnish assistance for family planning under this grant to another foreign nongovernmental organization (the sub-subrecipient) only if (A)

the sub-subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities and (B) the subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertakings and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (7) (i)-(v), above.

(8) Agreements with subrecipients and sub-subrecipients required under subparagraphs (6) and (7) shall contain the definitions set forth in subparagraph (13) of this paragraph (d).

(9) The recipient shall be liable to A.I.D. for a refund for a violation by a subrecipient relating to its certification required under subparagraph (6) or by a subrecipient or sub-subrecipient relating to its undertakings in the agreement required under subparagraphs (6) and (7) only if (i) the recipient knowingly furnishes assistance for family planning to a subrecipient which performs or actively promotes abortion as a method of family planning, or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient, or (iii) the recipient knows or has reason to know, by virtue of monitoring which the recipient is required to perform under the terms of this grant, that a subrecipient has violated any of the undertakings required under subparagraph (7) and the recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate assistance to a sub-subrecipient which violates any undertaking of the agreement required under subparagraph (7) (vi), above. If the recipient finds, in exercising its monitoring responsibility under this grant, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (13) (iii) (A) (II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph (13) (iii) (A) (II) and shall describe to A.I.D. the reason for reaching its conclusion.

(10) In submitting a request to A.I.D. for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of certification provided by the subrecipient. A.I.D. may request the recipient to make additional efforts to verify the validity of the certification. A.I.D. will inform the recipient in writing when A.I.D. is satisfied that reasonable efforts have been made. If A.I.D. concludes that these efforts are reasonable within the meaning of subparagraph (9) above, the recipient shall not be liable to A.I.D. for a refund in the event subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to A.I.D. the efforts made by the recipient to verify the validity of the certification.

(11) It is understood that A.I.D. also may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(12) A subrecipient must provide the certification required under subparagraph (6) and a sub-subrecipient must provide the certification required under subparagraph (7) (vi) each time a new agreement is executed with the subrecipient or sub-subrecipient furnishing assistance for family planning under this grant.

(13) The following definitions apply for purposes of this paragraph (d):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals which do not include abortion in their family planning programs.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counsellor reasonably believes that the ethics of the medical profession in the country require a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning;

(IV) Conducting a public information campaign in A.I.D.-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape, incest or if the life of the mother would be endangered if the fetus were carried to term.

(C) Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for the action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance for family planning to a foreign nongovernmental organization means to provide financial support under this grant to the family planning program of the organization, and includes the transfer of funds made available under this grant or goods or services financed with such funds, but does not include the purchase of goods and services from an organization or the participation

of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(14) In determining whether a foreign nongovernmental organization is eligible to be recipient, subrecipient or sub-subrecipient of assistance for family planning under this grant, the action of separate nongovernmental organizations shall not be imputed to the recipient, subrecipient or sub-subrecipient, unless, in the judgment of A.I.D., a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (d). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request A.I.D.'s approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to A.I.D. therefore, that the family planning activities of the organizations are sufficiently distinct as to warrant not imputing the activity of one to the other.

(15) Assistance for family planning may be furnished under this grant by recipient, subrecipient or sub-subrecipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(e) The grantee shall insert paragraphs (a), (b), (c), and (e) of this provision in all subsequent subgrants and contracts involving family planning or population activities which will be supported in whole or in part from funds under this grant. Paragraph (d) shall be inserted in subagreements and sub-subagreements in accordance with the terms of the paragraph (d). The term subagreement means subgrants and subcooperative agreements.

REQUIREMENTS FOR U.S.-BASED NGOs[2]

(c) Prohibition on Abortion-Related Activities:

(1) No funds made available under this grant will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to women to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for abortion.

(2) No funds made available under this grant will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(d) Ineligibility of Foreign Nongovernment Organizations That Perform or Actively Promote Abortion as a Method of Family Planning:

(1) The recipient agrees that it will not furnish assistance for family planning under this grant to any foreign nongovernmental organization which performs or actively promotes abortion as a method of family planning in A.I.D.-recipient countries or which provides financial support to any other foreign nongovernmental organization that conducts such activities. For purposes of this paragraph (d), a foreign nongovernmental organization is a nongovernmental organization which is not organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

(2) Prior to furnishing funds provided under this grant to another nongovernmental organization organized under the laws of any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, the recipient shall obtain the written agreement of such organization that the organization shall not furnish assistance for family planning under this grant to any foreign nongovernmental organization except under the conditions and requirements that are applicable to the recipient as set forth in this paragraph (d).

(3) The recipient may not furnish assistance for family planning under this grant to a foreign nongovernmental organization (the subrecipient) unless:

(i) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities, and

(ii) the recipient obtains the written agreement of the subrecipient containing the undertakings described in subparagraph (4), below.

(4) Prior to furnishing assistance for family planning under this grant to a subrecipient, the subrecipient must agree in writing that:

(i) The subrecipient will not, while receiving assistance under this grant, perform or actively promote abortion as a method of family planning in A.I.D.-

[2]Source: A.I.D. Handbook #13. Trans. Memo. No. 13:43. Effective Date June 19, 1987. Pages 4D-53 - 4C-60.

recipient countries or provide financial support to other foreign nongovernmental organizations that conduct such activities.

(ii) The recipient and authorized representatives of A.I.D. may, at any reasonable time, (A) inspect the documents and materials maintained or prepared by the subrecipient in the usual course of its operations that describe the family planning activities of the subrecipient, including reports, brochures and service statistics; (B) observe the family planning activity conducted by the subrecipient; (C) consult with family planning personnel of the subrecipient; and (D) obtain a copy of the audited financial statement or report of the subrecipient, if there is one.

(iii) In the event the recipient or A.I.D. has reasonable cause to believe that a subrecipient may have violated its undertaking not to perform or actively promote abortion as a method of family planning, the recipient shall review the family planning program of the subrecipient to determine whether a violation of the undertaking has occurred. The subrecipient shall make available to the recipient such books and records and other information as may be reasonably requested in order to conduct the review. A.I.D. may also review the family planning program of the subrecipient under these circumstances, and A.I.D. shall have access to such books and records and information for inspection upon request.

(iv) The subrecipient shall refund to the recipient the entire amount of assistance for family planning furnished to the subrecipient under this grant that in the event it is determined that the certification provided by the subrecipient under subparagraph (3), above, is false.

(v) Assistance for family planning provided to the subrecipient under this grant shall be terminated if the subrecipient violates any undertaking in the agreement required by subparagraphs (3) and (4), and the subrecipient shall refund to the recipient the value of any assistance furnished under this grant used to perform or actively promote abortion as a method of family planning.

(vi) The subrecipient may furnish assistance for family planning under this grant to another foreign nongovernmental organization (the sub-subrecipient) only if (A) the subrecipient certifies in writing that it does not perform or actively promote abortion as a method of family planning in A.I.D.-recipient countries and does not provide financial support to any other foreign nongovernmental organization that conducts such activities and (B) subrecipient obtains the written agreement of the sub-subrecipient that contains the same undertaking and obligations to the subrecipient as those provided by the subrecipient to the recipient as described in subparagraphs (4) (i) - (v), above.

(5) Agreement with subrecipients and sub-subrecipients required under subparagraphs (3) and (4) shall contain the definitions set forth in subparagraph (10) of this paragraph (d).

(6) The recipient shall be liable to A.I.D. for a refund for a violation of any requirement of this paragraph (d) only if (i) the recipient knowingly furnishes assistance for family planning to a subrecipient who performs or actively promotes abortion as a method of family planning, or (ii) the certification provided by a subrecipient is false and the recipient failed to make reasonable efforts to verify the validity of the certification prior to furnishing assistance to the subrecipient, or (iii) the recipient knows or has reason to know, by virtue of monitoring which the recipient is required to perform under the terms of this grant, that a subrecipient has violated any of the undertakings required under subparagraph (4) and the

recipient fails to terminate assistance for family planning to the subrecipient, or fails to require the subrecipient to terminate such assistance to a sub-subrecipient which violates any undertaking of the agreement required under subparagraph (4) (vi), above. If the recipient finds, in exercising its monitoring responsibility under this grant, that a subrecipient or sub-subrecipient receives frequent requests for the information described in subparagraph (10) (iii) (A) (II), below, the recipient shall verify that this information is being provided properly in accordance with subparagraph (10) (iii) (A) (II) and shall describe to A.I.D. the reasons for reaching its conclusion.

(7) In submitting a request to A.I.D. for approval of a recipient's decision to furnish assistance for family planning to a subrecipient, the recipient shall include a description of the efforts made by the recipient to verify the validity of the certification provided by the subrecipient. A.I.D. may request the recipient to make additional efforts to verify the validity of the certification. A.I.D. will inform the recipient in writing when A.I.D. is satisfied that reasonable efforts have been made. If A.I.D. concludes that these efforts are reasonable within the meaning of subparagraph (6) above, the recipient shall not be liable to A.I.D. for a refund in the event the subrecipient's certification is false unless the recipient knew the certification to be false or misrepresented to A.I.D. the efforts made by the recipient to verify the validity of the certification.

(8) It is understood that A.I.D. also may make independent inquiries, in the community served by a subrecipient or sub-subrecipient, regarding whether it performs or actively promotes abortion as a method of family planning.

(9) A subrecipient must provide the certification required under subparagraph (3) and a sub-subrecipient must provide the certification required under subparagraph (4) (vi) each time a new agreement is executed with the subrecipient or sub-subrecipient furnishing assistance for family planning under the grant.

(10) The following definitions apply for purposes of this paragraph (d):

(i) Abortion is a method of family planning when it is for the purpose of spacing births. This includes, but is not limited to, abortions performed for the physical or mental health of the mother but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act).

(ii) To perform abortions means to operate a facility where abortions are performed as a method of family planning. Excluded from this definition are clinics or hospitals which do not include abortion in their family planning programs.

(iii) To actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.

(A) This includes, but is not limited to, the following:

(I) Operating a family planning counseling service that includes, as part of the regular program, providing advice and information regarding the benefits and availability of abortion as a method of family planning;

(II) Providing advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered

active promotion if the question is specifically asked by a women who is already pregnant, the women clearly states that she has already decided to have a legal abortion, and the family planning counselor reasonably believes that the ethics of the medical profession in the country require a response regarding where it may be obtained safely);

(III) Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying such a government to continue the legality of abortion as a method of family planning;

(IV) Conducting a public information campaign in A.I.D.-recipient countries regarding the benefits and/or availability of abortion as a method of family planning.

(B) Excluded from the definition of active promotion of abortion as a method of family planning are referrals for abortion as a result of rape, incest or if the life of the mother would be endangered if the fetus were carried to term.

(C) Action by an individual acting in the individual's own capacity shall not be attributed to an organization with which the individual is associated, provided that the organization neither endorses nor provides financial support for action and takes reasonable steps to ensure that the individual does not improperly represent that the individual is acting on behalf of the organization.

(iv) To furnish assistance to a foreign nongovernmental organization means to provide financial support under this grant to the family planning program of the organization, and includes the transfer of funds made available under this grant or goods or services financed with such funds, but does not include the purchase of goods and services from an organization or the participation of an individual in the general training programs of the recipient, subrecipient or sub-subrecipient.

(v) To control an organization means the possession of the power to direct or cause the direction of the management and policies of an organization.

(11) In determining whether a foreign nongovernmental organization is eligible to be a subrecipient or sub-subrecipient of assistance for family planning under this grant, the action of separate nongovernmental organizations shall not be imputed to the subrecipient or sub-subrecipient, unless, in the judgement of A.I.D., a separate nongovernmental organization is being used as a sham to avoid the restrictions of this paragraph (d). Separate nongovernmental organizations are those that have distinct legal existence in accordance with the laws of the countries in which they are organized. Foreign organizations that are separately organized shall not be considered separate, however, if one is controlled by the other. The recipient may request A.I.D.'s approval to treat as separate the family planning activities of two or more organizations, which would not be considered separate under the preceding sentence, if the recipient believes, and provides a written justification to A.I.D. therefore, that the family planning activities of the organizations are sufficiently distinct as to warrant not imputing the activity of one to the other.

(12) Assistance for family planning may be furnished under this grant by recipient, subrecipient or sub-subrecipient to a foreign government even though the government includes abortion in its family planning program, provided that no assistance may be furnished in support of the abortion activity of the government and any funds transferred to the government shall be placed in a segregated account to ensure that such funds may not be used to support the abortion activity of the government.

(13) The requirements of this paragraph are not applicable to family planning assistance furnished to a foreign nongovernmental organization which is engaged primarily in providing health services if the objective of the assistance is to finance integrated health care/services to mother and children and birth

spacing or family planning is one of several health care services being provided by the organization as part of an integrated system of health service delivery.

(e) The grantee shall insert paragraphs (a), (b), (c), and (e) of this provision in all subsequent subagreements and contracts involving family planning or population activities which will be supported in whole or in part from funds under this grant. Paragraph (d) shall be inserted in subagreements and sub-subagreements in accordance with the terms of the paragraph (d). The term subagreement means subgrants and subcooperative agreements.

Appendix B

Summary of Research Findings on Abortion in the Six Countries under Review

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Summary of Research Findings on Abortion in the Six Countries under Review

Bangladesh

Legal Status of Abortion

Bangladesh law prohibits abortion except to save the life of the mother. In all other circumstances, anyone performing or obtaining an abortion is subject to three years imprisonment if the abortion is performed during the first trimester and seven years imprisonment if the abortion is performed after the fourth month. If a women dies as the result of an abortion, the person who performed it may be imprisoned for life.

Although these laws are still in place, in 1976 Bangladesh began to permit abortions during the first trimester if the woman's spouse or guardian consented and in cases of rape, unwilling conception, or divorce after conception. Abortion was also permitted if the pregnancy was expected to result in the birth of an infant "with breathing problems."

At about the same time, the Government of Bangladesh adopted menstrual regulation by vacuum aspiration of the uterine contents as an "interim method of establishing non-pregnancy" for women at risk of being pregnant. Since this procedure does not require that the pregnancy status of a woman be clinically confirmed, menstrual regulation is not affected by the law restricting abortion. The high rates of maternal morbidity and mortality associated with illegal abortions, in addition to the dangers of childbirth, were the major justifications for the government's acceptance of menstrual regulation.

Incidence of Abortions

The exact number of abortions that take place in Bangladesh every year is unknown. One study carried out in 1978, which is often cited in the literature on the subject, estimates that 780,000 abortions occur annually (Obiadullah et al., 1981). A later study, carried out among a rural population of 267,000, found that there were 9,317 live births and 412 induced abortions, a ratio of 44.2 induced abortions per 1000 births (Khan et al., 1986).

Because menstrual regulation is not considered illegal, it is easier to collect data on its incidence. Since 1975, approximately 400,000 menstrual regulation procedures have been reported (70,000 per year). Approximately 3,000 physicians and 2,600 female welfare visitors have been trained to perform menstrual regulations. The following groups have provided this training: Menstrual Regulation Training and Service Program, Mohammedpur Fertility Service and Training Center, and the Bangladesh Women's Coalition (Dixon-Mueller, 1988).

Abortion User Profile

Several studies provide some insight into the characteristics of women who seek menstrual regulation/abortion in Bangladesh. One study found that the women had an average of 5.5 children over 17.5 years of their reproductive lives (Begum, 1978). Another study, which is consistent with these findings, found that induced abortions were more prevalent among women over the age of 35 and among women who have more than 5 children (Khan et al., 1986). Most of those who had abortions reported that they did not want any more children (Begum, 1978). One study reported that women seeking menstrual regulation were generally "married, uneducated and often kept in seclusion" (Dixon-Mueller, 1988).

Health-Related Issues

The number of women in Bangladesh who have illegal abortions and suffer complications or death as a consequence is high. Among 1,038 women who were admitted to a Medical College Hospital within a period of 110 days, 45.5 percent were admitted as a result of abortion complications (Anonymous, 1978). In another study, 1,118 health workers from 63 hospitals and 732 non-hospital facilities were interviewed to identify maternal and abortion-related deaths. Of 1,933 pregnancy-related deaths identified, 498 (25.8 percent) were attributed to induced abortions. Extrapolating these results, the authors estimated that 7,800 deaths result each year from abortion complications (Obiadullah et al., 1981). In an effort to determine the magnitude of this problem in rural areas, one study interviewed health workers in 795 centers. There were 1,590 reported cases of complications due to abortions, of which 498 (31.3 percent) were fatal. According to the study, 42.1 percent of abortions were performed by traditional birth attendants and 18.1 percent were performed by traditional practitioners. Medically approved procedures were only used in 9.1 percent of the cases. The incidence of abortion complications after medically approved procedures was less than 5 percent (Measham, 1981).

Brazil

Legal Status of Abortion

Abortion is illegal in Brazil and carries a sentence of 1 to 10 years in prison for both the patient and the person who performs the abortion. Exceptions to the law include cases in which the mother's life is at risk or if the pregnancy has resulted from rape. If a therapeutic abortion is needed, a board composed of three physicians must first review the case, after which the case is submitted to a regional judicial council for approval.

Incidence of Abortions

In Brazil, different sources report a range of figures on the incidence of induced abortions. For example, according to several articles published in Brazilian newspapers, the number of illegal abortions ranges from 2 to 5 million per year. One article pointed out that in the State of Sao Paulo alone, "5 thousand women interrupt unwanted pregnancies daily" (*Folha de Sao Paulo*, 1989). Another stated that for every pregnancy that goes to full term in Brazil there are two that are interrupted by abortion (*Planejamento Agora*, 1988). These figures are found repeatedly in the popular press and were given to the study team on numerous occasions.

On the other hand, specific research carried out on the incidence of abortions provides a mix of results:

- As part of two maternal child health/family planning studies, 4,000 women between the ages of 15 and 44 were surveyed in Pernambuco and Bahia states. According to the results, 12 percent reported at least one induced abortion (Rodrigues et al., 1980).

- Researchers in Rio de Janeiro reviewed the medical records of 1,000 women using the services of a family planning center between 1972 and 1974 to investigate the incidence of induced abortions. According to the records, 31.2 percent said that they had had at least one induced abortion (Rodrigues et al., 1980).

- One study estimated that there were 5.2 induced abortions per 100 deliveries (Bossemeyer et al., 1976).

45

- A review of 46 questionnaires sent to Brazilian hospitals on the subject of abortion revealed that there had been 132,280 deliveries and 29,541 induced abortions -- 22 induced abortions for every 100 deliveries (Rodriques, 1965).

Health-Related Issues

Two studies done in Brazil point out that the rate of maternal mortality related to illegal abortions is as high as 47.5 percent (Rodriques, 1965) and 50 percent (De Faria, 1975). An article published in the *Folha de Sao Paulo* states that at least 400,000 deaths per year are caused by illegal abortions (Boscov, 1989).[1]

According to a number of sources in Brazil, use of the drug Cytotec (Searle Laboratories) has become a popular means of terminating a pregnancy. This over-the-counter drug, used primarily in the treatment of gastric ulcers, induces abortion when administered intravaginally. Once the drug is taken, the woman often requires curettage.

Egypt

Legal Status of Abortion

Abortion of an established pregnancy is legally restricted under article 260-2 of the Egyptian Penal Code. An exception to the abortion laws is made if a woman's life is at risk. Carrying out illegal abortions exposes both the woman and the abortionist to prosecution. This, however, does not usually happen because most cases are never reported.

Several studies indicate that a woman can legally regulate her own fertility post-coitally or before proof of pregnancy. According to one article, menstrual regulation by vacuum aspiration of the uterine contents is legal. In addition, post-coital contraception, such as the morning-after pill, can also be legally used because it is used to prevent implantation before pregnancy has been established. Nevertheless, these activities were reported to be highly clandestine due to the strict cultural and religious taboos associated with abortion in Egypt.

Incidence of Abortions

Although abortion is illegal in Egypt, its practice has been found to be fairly pervasive. According to one researcher, it is estimated that out of the 1.5 million pregnancies that occur in Egypt every year, 59,000 result in induced abortions (Kamal, 1984). The results of other studies are as follows:

- A survey done in rural Egypt estimated that for every 18 deliveries, there was approximately 1 induced abortion (Anonymous, 1984).

- A study that compared the pregnancy outcome of 25,000 women in urban, rural, and industrial areas found that 8.45 percent resulted in induced abortions (El-Sherbini et al., 1981).

- A study of married female teachers in Alexandria found the rate of induced abortions to be at least 20 per 100 live births (Larson, 1972).

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[1]These maternal mortality figures provided in this article appear to be highly exaggerated.

- In 1971, the Kas -el-Eini University Hospital reported that 30.5 percent of the total abortion-related admissions were for induced abortions. These were often high age and parity patients with complicated abortion cases (Kamal, 1984).

Abortion User Profile

According to one study (Suliman, 1979), the incidence of induced abortion in Egypt was progressively correlated with the increase in level of income of the individual and level of urbanization. It was also progressively correlated with the number of children, duration of marriage, number of pregnancies, and age of the women. Industrial centers had the most abortions, followed by urban and rural areas.

Health-Related Issues

Studies in Egypt indicate that death from abortion constitutes from 2 percent to almost 10 percent of all maternal deaths. One study found a mortality ratio of 33.3/1000 for illegal abortion cases; another found a mortality rate of 56.7/1000 for septic abortion cases in Tanta University hospital (Anonymous, 1980).

As is the case in other developing countries, abortion-related complications can have a profound effect on health resources. A study undertaken among women patients at Kasr-el-Aini Hospital in Cairo found that more than 50 percent of the hospital budget was spent on cases of induced abortion. In addition, extra-complicated abortion cases cost a minimum of 25 Egyptian pounds more to treat than other cases (Kamal et al., 1973).

Kenya

Legal Status of Abortion

Kenyan laws on abortion, like most of the laws in anglophone Africa, have their origin in English law. Under English Common Law (prior to the nineteenth century), abortion was not considered a crime before the fetus quickened, and women who had abortions were immune from prosecution. In 1803, abortion became a felony in England, albeit with light punishment prior to quickening. In 1861, the Offenses Against the Person Act in Kenya made induced abortion a felony regardless of the duration of the pregnancy. The act, however, was not well defined and made no provision for the termination of pregnancy on medical grounds. In 1938, the law was altered to allow abortions to be carried out to preserve the mother's life or to save her from becoming a "physical or mental wreck."

Today, abortion in Kenya remains highly restricted. According to Kenya's penal code, "any person who, with intent to procure miscarriage of a woman, whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, is guilty of felony and is liable to imprisonment for fourteen years." Women are prohibited from effecting their own abortions or allowing abortions to be performed on them. In addition, the penal code prohibits the supply of drugs or instruments intended to be used for causing a miscarriage. The law does allow abortions to be done to save the mother's life. In this case, two doctors -- one a physician and the other a psychiatrist -- must certify that the operation is necessary to preserve a woman's life.

Incidence of Abortions

Although there is little information on the incidence of abortions throughout Kenya, records at the Kenyatta National Hospital in Nairobi provide some insight into the magnitude of the problem. During the late 1970s and early 1980s the hospital reported 2,000 to 3,000 admissions per year for complications resulting from illegal abortions. In 1988, the number of admissions rose to 30 to 60 per day (10,000 a year), a fivefold increase (Coeytaux, 1988).

Abortion User Profile

In a study of 610 women admitted to Kenyatta National Hospital, abortion was found to be most common among single adolescent girls who had no knowledge of contraception -- 43 percent were adolescents, 79 percent were unmarried, and 60 percent were school girls or unemployed women. Sixty-four percent of the patients were aware of family planning, but only 20 percent had used any family planning method in the previous 12 months. In most cases abortion was used as an alternative to contraception (Aggarwal et al., 1982).

Health-Related Issues

A retrospective analysis of 95 deaths due to abortion at the Kenyatta National Hospital between 1974 and 1983 found that the average death rate over the ten-year period was nearly 3 deaths per 1000 admissions; 5 - 15 per thousand for septic cases (Wanjala et al., 1985).

With regard to health resources, a study in Kenyatta National Hospital found that 60 percent of the acute gynecological beds were occupied by patients admitted for abortion-related reasons (Aggarwal, 1982).

Pakistan

Legal Status of Abortion

In Pakistan abortion is illegal under all circumstances except when the mother's life is at risk or in cases of rape.

Incidence of Abortions

No research is available on the number of induced abortions that take place in Pakistan. Although many interviewees stated that the incidence was low, one government official stated that in some of the urban hospitals a significant number of beds (nearly 50 percent) in some gynecological wards were occupied by women who have had "back-street" abortions and were suffering from sepsis.

Turkey

Legal Status of Abortion

From 1927 to 1961, the Turkish Government was strictly pro-natalist. This policy was based on the country's low population density and the loss of many men during numerous wars fought during this period (Durmus, 1975). To reward those who had many offspring, families with more than five children were exempt from so-called "road taxes" and given medals by the government.

During the 1950s, the death rate began to decrease significantly due to the use of insecticides in malaria control and antibiotics in the treatment of communicable diseases. This decrease corresponded with a significant increase in population and in the number of abortions in the country. To respond to these trends, the government began to reexamine the population situation. In addition, the Minister of Health established a committee to study the problem of abortion.

In 1963, the Turkish Family Planning Association was established. Shortly after, in 1965, a new family planning law was passed that permitted "the use of contraceptive agents and devices." Sterilization and abortion, however, were still forbidden, except for medical indications, rape and fetal defect or if the life of the mother was endangered (Durmus, 1975).

In 1981, a national survey indicated that as many as 300,000 illegal abortions took place annually in Turkey. This and other information prompted the government to enact the Population Planning Law of 1983, which legalized abortions that were carried out by general practitioners up to the first 10 weeks of pregnancy (Ozgen, 1984).

Incidence of Abortions

Below is a summary of research findings on abortion trends. Despite the laws restricting abortion prior to 1983, it is evident that the practice of abortion was quite common.

- One study carried out in the early 1960s reported that for every two births there was one abortion (Mehlan, 1967).

- Another study completed in the late 1960s estimated that 200,000 abortions took place each year (Anderson, 1970).

- With regard to abortion trends, a study completed in 1980 found that the number of women having induced abortions increased from 7.6 percent in 1963 of women of reproductive age to 13.9 percent in 1975 (Tezcan et al., 1980). A follow-up to this study found that the rate had risen to 18 percent in 1978.

- The Turkish Fertility Survey reported that between September 1977-78, the abortion ratio for married women of childbearing age in Turkey was 26/100 live births. In addition, 33.6 percent of the 4,431 women interviewed stated that they had had at least one abortion (Akadli, 1985).

- The Hacettepe University implemented the Turkish Population and Health Survey in 1987. The study reported that 37 percent of the 5,398 women interviewed stated that they had had at least one abortion. In addition, the report estimated that 12.1 percent of the pregnancies in Turkey were terminated by induced abortions.

Abortion User Profile

According to a study that was based on data collected in 1975 (Tezcan et al., 1980), the proportion of women having induced abortions was highest in metropolitan areas and lowest in the villages; 1 out of 4 women in the metropolitan areas reported an induced abortion as opposed to 1 out of every 20 women in the villages. The educational status of the women was found to have an independent direct relationship with abortion practice. Professional women and wives of professionals had the highest abortion rates. In addition, use of private physicians was much greater in metropolitan areas; village women were more likely to resort to traditional midwives or self-induced abortions. The reasons most often cited for having an abortion were 1) too many children, 2) short pregnancy interval, and 3) economic hardships.

Other studies carried out several years later support these findings. For example, one study found that the ratio of ever-married women with secondary educations who had had an induced abortion was double the ratio for induced abortion among illiterate women. The study went on to conclude that although abortion is legal in Turkey, access to abortion-related information is still limited particularly to urban areas in Turkey (Dervisoglu, 1988).

Health-Related Issues

A study published in the late 1960s reported that 12,000 women died annually from illegal abortions and 500,000 suffered irreversible health damage (Mehlan, 1967). No other studies were found to substantiate these figures, which appear to be relatively high.

Appendix B

Attachment
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Appendix C

Scope of Work:
Mexico City Policy Implementation Study

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Background: In August 1984, at the International Conference on Population in Mexico City, a new policy on international population assistance was introduced by the United States Government. This policy, referred to as the Mexico City Policy, places restrictions on U.S. assistance to foreign family planning programs. The policy states that funding will not be provided to foreign nongovernmental organizations that perform or promote abortion as a method of family planning in foreign countries with funds from any source. U.S. organizations may not subgrant funds to foreign nongovernment organizations which engage in these abortion activities.

Implementation of the policy is through standard clauses developed by A.I.D. which are included in grants and cooperative agreements with nongovernmental organizations implementing family planning or population programs in other countries. There are approximately 660 A.I.D.-funded subprojects to which these restrictions now apply.

Problem: After an interval of five years, A.I.D. needs to evaluate the implementation of the Mexico City policy by our service delivery Cooperating Agencies. (The standard clauses, implementing the policy, are contained in Cooperative Agreements signed by CEDPA, AVCS, IPPF/WHR, FHI and Pathfinder which have a total of 660 subprojects.) A.I.D. itself reviews subprojects proposed by FPIA which has not signed the clauses. The clauses do not apply to contracts with A.I.D.

A.I.D. needs to determine

- Where recipients of grants and cooperative agreements and their subrecipients are complying with the requirements of the clauses;
- How well the clauses are understood;
- What if any are the misunderstandings in their application (i.e., participating in the referrals clause);
- What kinds of problems have been identified in their implementation;
- Do the recipients overreact on the side of caution; and
- Is there evidence that groups have refused to sign the clause and why.

Scope of Work: A team of outside consultants will study policy implementation at three levels:

- Cooperating Agencies
- Subrecipients, and
- USAID headquarters and missions.

The team will need to ensure that CAs are receiving certification from their subgrantees and are taking reasonable steps to verify that the certifications are true. Also, the activities of the subgrantees need to be examined prior to the implementation of the clauses by the CA. The team will also examine the documentation provided by CAs to A.I.D. regarding these measures, and A.I.D.'s review of this documentation at the time subproject proposals are approved as well as determine how CAs monitor compliance on a continuing basis.

From the foreign subgrantees, the team will verify that the organization complies with the undertakings made

to the cooperating agency, e.g., does not carry out abortions or do referrals, and does not actively lobby for the liberalization of abortion laws. The team will carry this out through direct observation, literature review and brochure checks. Additionally, the team will find out from subgrantees if they have related organizations which are promoting or carrying out abortion. Finally, the team will make sure that subgrantees are monitoring compliance of their sub-subgrantees, if any. The evaluation team will develop and administer a standard questionnaire checklist at each of the selected subproject sites in country (see below).

In addition to the specific subgrantees, the team will be expected to provide information as possible on

- how many agencies in country have refused to sign the clauses,
- what specific aspects of the clauses have the agencies been unable to accept, and
- what has been the effect of the clauses on family planning and abortion.

Based on their observation and evaluation study, the team will make suggestions on how the clauses might be streamlined or made more easily understandable by family planning providers.

From A.I.D./W and mission staffs, the team will determine what has been the impact of the clauses on A.I.D.'s population program. At the mission level, the team will ask A.I.D. staff to comment on problems with implementation at the field level and the role of USAID in implementing the clauses.

Team Composition: The study team will be headed by former Ambassador John Blane who is familiar with A.I.D., but has no ties to the population program. Ambassador Blane retired from the Foreign Service in 1988 after serving three years as Ambassador to Chad and three years as Ambassador to Rwanda. His distinguished career is marked by extensive service in Africa. While in the U.S., he served with the Environmental Protection Agency and the National Security Council's regional group for Africa. He was a Fulbright scholar at the University of Vienna, and served in Salzburg, Austria in the early 1960s. In each of his recent posts, there was a large A.I.D. program so that he is considered familiar with A.I.D. programming issues.

The team will be completed by Matthew Friedman, an evaluation specialist on the POPTECH staff. He will assist in developing and applying the standard checklist as well as assist in the fieldwork. Mr. Friedman has served as an evaluation specialist and research associate with POPTECH for the past two years. He has completed a masters degree in health education, and has assisted in several worldwide evaluations including the assessment of Contraceptive Social Marketing, the Enterprise Program, TIPPS and IMPACT. Prior to joining POPTECH, he served as an independent researcher and writer with the UNFPA and The Population Council in New York.

The effort will be administered by POPTECH, the Office of Population's project through which all independent, outside evaluations are carried out.

Schedule and Timing:

A.I.D. would like the study to begin as soon as possible and be completed before the end of FY 90. The schedule allows approximately two weeks for orientation and domestic travel. January 22 through February 4 have been set aside to carry out orientation of consultants, review of documents, finalization of standard checklist, and data collection for A.I.D. During this time a plenary meeting has been scheduled for January 25, 1990. The participants are to include the team and Washington contacts as listed below. The team will schedule individual meetings afterwards, as needed.

Washington Contacts:

PPC	Connie Carrino/Kathy Blakeslee
GC	Steve Tisa
ANE	Michael Jordan
LAC	Jack Thomas
	Tom Park
AFR	Gary Merritt
	John Coury
S&T	Brad Langmaid
	Duff Gillespie
	Sarah Clark
	Dawn Liberi
	S&T/POP CTOs
	Harriett Destler - CEDPA & IPPF
	Gary Leinen - AVSC & Pathfinder
	Laneta Dorflinger - FHI
OP	Steve Dean

Field Contacts:

Population Officers

Kenya	-	David Oot and staff
Egypt	-	Terry Tiffany and staff
Brazil	-	Howard Hellman and staff
Pakistan	-	Anne Aarnes and staff
Bangladesh	-	Gary Cook and staff

Site visits to CEDPA, IPPF, AVSC, Pathfinder and FHI headquarters have tentatively been scheduled for January 30 through February 2. To accommodate these site visits the following domestic travel schedule has been proposed:

January 30	-	FHI, Research Triangle, Durham, NC
January 31	-	CEDPA, Washington, D.C.
February 1	-	IPPF/Western Hemisphere Region, New York, NY
	-	AVSC, New York, NY
February 2	-	Pathfinder, Boston, Massachusetts

<u>Country Sites</u>:

The study will be carried out in representative countries in each of the three regions. Countries were considered according to the legal status of abortion. Countries are stratified according to where abortion is

- Available on demand,
- Limited to preserve the health of the mother, or
- Illegal.

Kenya, Egypt, Brazil, Pakistan and Bangladesh were selected based on criteria above and discussion with the Population Sector Council. Travel to these countries is tentatively being scheduled for the following dates subject to mission concurrence:

Pakistan	-	February 12-23
Bangladesh	-	February 24 - March 8

Brazil	-	March 15 - 30
Kenya	-	April 18 - 27
Egypt	-	April 29 - May 7

Reports: The team will be asked to provide a de-briefing to interested A.I.D. staff in late May. A written report (15-20 pages) is due no later than September 30, 1990. The report may be supplemented by annexes detailing country findings of analysis as needed.

Appendix D

Profile of Five Cooperating Agencies

Appendix D

Profile of Five Cooperating Agencies

A. Association for Voluntary Surgical Contraception

Project Title:	Association for Voluntary Surgical Contraception Program
Project Number:	936-3049
Contract/Grant Number:	DPE-3049-A-00-8041
Duration:	August 1988 - August 1993
Scope.	Worldwide
Five-Year Contract Level:	$80,000,000

Purpose: To make high-quality voluntary surgical contraceptive (VSC) services available as an integral part of developing country health and family planning programs.

Beneficiaries: Couples who have completed their families and who seek a method of permanent contraception for reasons of health and family well-being.

Description: The Association for Voluntary Surgical Contraception's (AVSC) International Project was created in 1972 to increase the availability of VSC to couples requesting these services. AVSC is assisting 120 subprojects in 66 countries by supporting service delivery activities, IEC and training of health personnel and physicians. AVSC also emphasizes voluntarism, informed choice, quality assurance, and evaluation as part of the support it provides to service programs.

B. The Pathfinder Fund

Project Title:	Family Planning Services: The Pathfinder Fund
Project Number:	936-3042
Contract/Grant Number:	DPE-3042-A-00-5045
Duration:	June 1985 - September 1991
Scope:	Worldwide
Five-Year Contract Level:	$60,000,000

Purpose: To introduce voluntary family planning services, information, and training to developing countries and to make existing family planning service systems more effective in both public and private sectors.

Beneficiaries: Rural and urban couples who gain access to comprehensive family planning information and services as a result of Pathfinder-sponsored projects.

Description: The Pathfinder Fund is a nonprofit organization founded in Boston in 1957 to initiate and encourage family planning programs and activities throughout the developing world. Since A.I.D. funding began in 1967, the Pathfinder Fund has sponsored over 2,300 projects in 85 countries and has helped encourage the establishment of national family planning associations in projects in 25 countries. Program activities emphasize community-based distribution, professional and paraprofessional training, clinical services, information and education, institutional development, logistics support, and youth.

C. **Centre for Development and Population Activities**

Project Title:	Extending Family Planning Services through Third World Women
Project Number:	936-3037
Contract/Grant Number:	DPE-3037-A-00-5020
Duration:	September 1985 - August 1990
Scope:	Worldwide
Five-Year Contract Level:	$5,856,000

Purpose: To increase the availability and accessibility of family planning services in developing countries through private sector organizations, particularly women's groups, including small-scale industries, factories, markets, church groups, and other PVOs.

Beneficiaries: (1) Third world managers in the private sector who have limited or no previous access to funding or technical assistance for family planning service delivery and (2) family planning clients in communities reached by this project.

Description: This project has been designed to develop and extend family planning services in selected developing countries, by utilizing the extensive alumnae network of the Centre for Development and Population Activities (CEDPA). Since 1978, CEDPA has provided management training to more than 600 middle-to-senior level managers in developing countries, most of whom are women. During this training, alumnae developed family planning service delivery project proposals.

D. **International Planned Parenthood Federation/Western Hemisphere Region**

Project Title:	Expansion and Improvement of Family Planning Services in Latin America and the Caribbean
Project Number:	936-3043
Contract/Grant Number:	DPE-3043-G-SS-7062-00
Duration:	September 1987 - September 1992
Scope:	Latin America
Five-Year Contract Level:	$27,000,000

Purpose: To provide technical, advisory and commodity support to selected Family Planning Associations (FPAs) throughout Latin America and the Caribbean (LAC).

Beneficiaries: Urban and rural couples in Latin America and the Caribbean. The project gives special attention to the major non-bilateral countries in the LAC region: Brazil, Colombia, and Mexico.

Description: Organized in 1953, the IPPF/Western Hemisphere Region (WHR) was incorporated as a U.S. private voluntary organization in 1955 in the State of New York. It currently has 43 member associations, of which 35 receive funds and technical assistance. IPPF/WHR provides technical, advisory, and commodity services to selected FPAs throughout Latin America and the Caribbean. The five-year program expands community-based distribution activities; increases family planning services through a network of private doctors (700); establishes family planning services in collaboration with the public and private sector; establishes family planning associations with private voluntary organizations; activates management information systems in FPAs; increases resource allocations to FPAs; carries out client surveys; and provides technical, advisory and evaluation assistance to member FPAs throughout the region.

E. **Family Health International**

Project Title:	Family Health International
Project Number:	936-3041
Contract/Grant Number:	DPE-CA-4047-00
Duration:	September 1984 - September 1990
Scope:	Worldwide
Five-Year Contract Level:	$63,400,000

Purpose: To test, assess, and improve fertility regulation technologies and to disseminate information on their safety, effectiveness, and acceptability.

Beneficiaries: Users of methods developed and introduced by this program.

Description: Family Health International (FHI) is an international nonprofit biomedical research and technical assistance organization dedicated to improving reproductive health, contraceptive safety, and health service delivery. Since 1971, FHI has collaborated with individual investigators, ministries of health, universities, and health care providers in over 90 countries.

Through its cooperative agreement with A.I.D., FHI 1) conducts comparative clinical trials on the safety and efficacy of various fertility control methods under local conditions; 2) trains overseas clinicians in fertility control techniques; 3) collects, analyzes, and disseminates data findings on fertility control; 4) establishes national fertility research programs; 5) provides limited equipment and supplies of new contraceptive technology; 6) assesses impact of fertility control modalities and delivery systems; and 7) conducts epidemiologic safety studies of fertility control methods.

Priority areas include the following: Norethindrone/cholesterol biodegradable pellets; three-month microsphere norethindrone injectable; the Filshie Clip for female sterilization; nonsurgical sterilization; new spermicides; the development of new, improved condoms; condom quality; and introduction of NORPLANT® implants.

Appendix E

Mexico City Policy
Implementation Study Checklist

Appendix E

Mexico Ciy Policy
Implementation Study Checklist

I. PREFACE

This review relates to abortion as a method of family planning. It is a method of family planning when abortion is for the purpose of spacing births. This includes abortions for the physical and mental health of the women, but excludes abortions because the life of the mother would be endangered if the fetus were carried to term or after rape or incest.

II. BACKGROUND INFORMATION

Implementing Organization under Review

Country:

City/Town:

Date Visited:

Organization/facility's name:

Type of organization:

Clinic:

Administrative:

Other:

Subagreement with:

Recipient (US based)

Subrecipient (if applicable)

Subagreement Number:

Subagreement Amount:

Subagreement Duration:

Personnel contacted

Name(s) and Title:

POLICIES, DOCUMENTS, AND MATERIALS REVIEW: PART I

		Yes	No	N/A
1)	Does the organization/facility include the provision or promotion of abortion as a means of family planning within the purpose of the organization?			
Comment:	_____	___	___	___
2)	Does the organization/facility have a written policy stating its position about abortion as a method of family planning?			
Comment:	_____	___	___	___
3)	Does the organization/facility have procedures to guide the staff in complying with the commitments it has made not to perform or actively promote abortion as a method of family planning?			
Comment:	_____	___	___	___
4)	Does the organization/facility have its signed certification and agreement on file?			
Comment:	_____	___	___	___
5)	Does the organization/facility have written certification and agreement from its subrecipients on file?			
Comment:	_____	___	___	___

POLICIES, DOCUMENTS, AND MATERIALS REVIEW: PART I Continued

		Yes	No	N/A
6)	Does the organization/facility have procedures available to monitor compliance of its subrecipients on file?			
Comment:	_____	___	___	___
7)	Do the organization/facility's financial records of A.I.D. funds indicate compliance with its commitments to avoid abortion as a method of family planning?			
Comment:	_____	___	___	___
8)	Does the organization/facility have any reports or records, e.g. service statistics, which show that it performs or promotes abortion as a method of family planning?			
Comment:	_____	___	___	___
9)	Does the organization/facility have brochures and/or posters which promote abortion as a means of family planning?			
Comment:	_____	___	___	___
10)	Does the organization/facility maintain or prepare documents and materials in the normal course of its operation that describe its family planning activities which would lead a reasonable person to conclude that the institution does or does not perform or promote abortion as a means of family planning?			
Comment:	_____	___	___	___

GENERAL QUESTIONS (RECIPIENT AND/OR CLINIC): PART II

		Yes	No	N/A
11)	Is the organization/facility currently conducting or planning to conduct a public information campaign in the community (e.g. education, training and/or other communication programs) that seeks to promote the benefits and/or the availability of abortion as a method of family planning?			
Comment:	_____	___	___	___
12)	Does the organization/facility lobby to legalize or make abortion available as a method of family planning?			
Comment:	_____	___	___	___
13)	Do any of your directors, officers or employees engage in the activities cited in items 2 and 3 above? If so, explain the steps taken to ensure that he/she does not improperly represent that he/she is acting on behalf of your organization.			
Comment:	_____	___	___	___
14)	Does the organization/facility provide special fees or incentives to women to motivate them to have abortions?			
Comment:	_____	___	___	___
15)	Does the organization/facility procure or distribute equipment intended to be used for the purpose of inducing abortion as a method of family planning?			
Comment:	_____	___	___	___

GENERAL QUESTIONS (RECIPIENT AND/OR CLINIC): PART II Continued

		Yes	No	N/A
16)	Does the organization/facility provide financial support to other nongovernmental organizations that perform and/or actively promote abortion as a method of family planning?			
Comment:	_____	___	___	___
17)	Does the organization/facility make payments to persons to perform abortions?			
Comment:	_____	___	___	___
18)	Does the organization/facility perform any biomedical research that relates in whole or in part, to methods of, or the performance of, abortions or "menstrual regulation" as a means of family planning?			
Comment:	_____	___	___	___
19)	How does the organization supervise the performance of their counsellors to ensure that they do not perform or actively promote abortion as a method of family planning?			
Comment:	_____	___	___	___
20)	Has the organization/facility performed or made referrals for abortions in the case of rape and incest? If so, how often has this happened?			
Comment:	_____	___	___	___

GENERAL QUESTIONS (RECIPIENT AND/OR CLINIC): PART II Continued

		Yes	No	N/A
21)	Has the organization performed or made referrals for abortions because the life of the woman would be endangered if the fetus were carried to term? If so, how do you make that judgement?			

Comment: _____ ____ ____ ____

22)	What is the organization's policy/practice for dealing with a woman whose pregnancy may present serious physical health problems which do not appear to endanger her life?			

Comment: _____ ____ ____ ____

CLINIC SPECIFIC QUESTIONS: PART III

		Yes	No	N/A
23)	Does the clinic perform abortions as a method of family planning?			
Comment:	_____	___	___	___
24)	Does the clinic actively promote abortion as a method of family planning?			
Comment:	_____	___	___	___
25)	Does the clinic provide advice and/or information to clients regarding the benefits and availability of abortion as a method of family planning?			
Comment:	_____	___	___	___
26)	Have pregnant women stated that they have decided to have a legal abortion and requested information about where a safe, legal abortion may be obtained? If so, what response is given and how is that documented?			
Comment:	_____	___	___	___

CONCLUDING OBSERVATIONS: PART IV

		Yes	No	N/A
27)	Does observation of family planning activities conducted by the institution confirm that the institution does not perform or promote abortion as a means of family planning?			

Comment: _____

_____

_____

		Yes	No	N/A
28)	Do consultations with the institution's personnel confirm that the institution does not perform or promote abortion as a means of family planning?			

Comment: _____

_____

_____

QUESTIONS TO CLINIC STAFF MEMBERS: PART V

		Yes	No	N/A
29)	Do you (the interviewee) perform abortions as a method of family planning?			
Comment:	_____	___	___	___
30)	Do you (the interviewee) recommend abortion as a method of family planning?			
Comment:	_____	___	___	___
31)	Do you (the interviewee) provide advice and/or information to clients regarding the benefits and availability of abortion as a method of family planning upon request?			
Comment:	_____	___	___	___
32)	Do you (the interviewee) understand the organization/facility's policy on abortion? If no, what is the source of this misunderstanding? (Explain) Could you explain to me the policy?			
Comment:	_____	___	___	___
33)	Have you (the interviewee) been trained in the organization/facility's procedure for carrying out the abortion policy? (Explain)			
Comment:	_____	___	___	___
34)	What kind of problems have you (the interviewee) faced in implementing the policy? (Explain)			
Comment:	_____	___	___	___

QUESTIONS TO CLINIC STAFF MEMBERS: PART V Continued

35) Have these restrictions relating to abortion had an impact on the way you operate in the clinic? If so, how? (Explain) — Yes ___ No ___ N/A ___

Comment: _____

36) Have you (the interviewee) performed or made referrals for abortions in the case of rape and incest? If so, how often has this happened? — Yes ___ No ___ N/A ___

Comment: _____

37) Have you (the interviewee) performed or made referrals for abortions because the life of the woman would be endangered if the fetus were carried to term? If so, how do you made that judgement? — Yes ___ No ___ N/A ___

Comment: _____

38) What do you do (the interviewee) when a women comes in whose pregnancy may present serious physical health problems which do not appear to endanger her life? — Yes ___ No ___ N/A ___

Comment: _____

39) Have pregnant women stated to you (the interviewee) that they have decided to have a legal abortion and requested information about where a safe, legal abortion may be obtained? If so, what response do you give and how is this documented? — Yes ___ No ___ N/A ___

Comment: _____

Clinic Staff Title _____

Clinic interview Number _____

Appendix F

Organizations Visited

Appendix F

Organizations Visited

United States

- United States Agency for International Development
  - Office of Population
  - Bureau for Program and Policy Coordination
  - General Counsel
- Association for Voluntary Surgical Contraception
- Centre for Development and Population Activities
- Family Health International
- International Planned Parenthood Federation/Western Hemisphere Region
- The Pathfinder Fund
- Population Crisis Committee

Pakistan

Islamabad

- United States Agency for International Development
- United States Embassy
- United Nations Population Fund
- Canadian International Development Agency
- Asia Foundation
- United Nations Children's Fund
- Population Welfare Division - Government of Pakistan

Rawalpindi

- Behbud Association (CEDPA)[1]
- Behbud Association (AVSC)

Peshawar

- All Pakistan Women's Association (AVSC)
- College of Family Medicine (Pathfinder)

Mardan

- [illegible] Community Development Council (Pathfinder)

Lahore

- [illegible] Planning Association of Pakistan (Pathfinder)
- Legal Aid Center Representative

[1]The name in parentheses identifies the Cooperating Agency providing subproject funding to the organization.

Karachi

- Darsano Chano Social Welfare Association (Pathfinder)
- All Pakistan Women's Association (CEDPA)
- Family Planning Association of Pakistan (AVSC)
- Pakistan Voluntary Health and Nutrition Association (AVSC)
- National Research Institute of Fertility Control
- Women's Action Forum

Bangladesh

Dhaka

- United States Agency for International Development
- United Nations Population Fund
- Bangladesh Association for Voluntary Sterilization (AVSC)
- Bangladesh Fertility Research Programme (FHI)
- Society for Human Rights in Bangladesh
- Women's Health Coalition
- Ministry of Health/Pathfinder
- Concerned Women for Family Planning
- Association for Voluntary Surgical Contraception
- Bangladesh Association for the Prevention of Septic Abortion
- Menstrual Regulation Training and Services Project
- Mohammedpur Fertility Services and Training Center

Chittagong

- Bangladesh Association for Voluntary Sterilization (AVSC)
- Bangladesh Government Railway Hospital (Pathfinder)
- Progressive Welfare Association (Pathfinder)

Rajshahi

- Tilottama Voluntary Women Organization (Pathfinder)
- Bangladesh Association for Voluntary Sterilization (AVSC)

Brazil

Rio de Janeiro

- Centro de Pesquisas de Assistencia Integrada a Mulher e Crianza (AVSC)
- Sociedade Civil Bem Estar Familiar no Brazil (IPPF/WHR)
- Associacao Brazileira de Entidades de Planejamento Familiar (AVSC)

Sao Paulo

- Promocao da Paternidade Responsable (FHI/AVSC)
- Associacao Maternidade de Sao Paulo (AVSC)
- Colectivo Feminista Sexualidade Saude
- Fundacao Carlos Chagas

Belo Horizonte

- Centro de Estudos e Pesquisas Clovis Salgado (Pathfinder)
- Santa Casa De Misericordia

Salvador

- The Pathfinder Fund
- Federal University of Bahia Medical School (Pathfinder)
  Hospital Santa Izabel (AVSC)
- Clinica Integrada de Planejaments Familiar (IPPF/WHR)

Recife

- Centro Materno Infantil do Nordeste (AVSC)
- Instituto de Reproduccion de Pernambuco (AVSC)
- Clinica Integrada De Planejamento Familiar (IPPF/WHR)
- SOS Corpo

Kenya

Nairobi

- United States Agency for International Development
- Population Health Services
- Kenya Medical Association (Pathfinder)
- John Snow Incorporated (AVSC)
- Christian Health Association of Kenya (AVSC)
- Kenya Family Planning Association (CEDPA/AVSC)
- Africa Medical and Research Foundation (CEDPA)
- Family Life Promotion Service (CEDPA)
- Kanu Maendeleo Ye Wanawake (Pathfinder)

Embu

- Kangaru Hospital (AVSC)

Chagoria

- Chagoria Hospital (AVSC)

Muka Mukuu

- Community-based clinic in Muka Mukuu (CEDPA)

Thika

- Kenya Family Planning Association Clinic

Taita-Taveta

- Kenya Family Planning Association Clinic

Egypt

Cairo

- United States Agency for International Development
- United States Embassy
- United Nations Population Fund
- Ford Foundation
- Cairo Family Planning Association
- Population Council
- Egyptian Family Planning Association
- Egyptian Fertility Care Society (FHI)
- National Population Council

Munufia

- Institute for Training and Research in Family Planning Clinic (CEDPA)

Kalyubia

- Institute for Training and Research in Family Planning Clinic (CEDPA)

Alexandria

- Institute for Training and Research in Family Planning (CEDPA)

Turkey

Istanbul

- Turkish Family Health and Planning Foundation (Pathfinder)
- Otomarson Clinic (Pathfinder)
- The Human Resource Development Foundation (Pathfinder)
- Institute of Child Health (CEDPA and Pathfinder)
- Pathfinder Fund

Izmir

- Human Resource Foundation Clinic (Pathfinder)

Ankara

- United States Embassy
- Turkish Family Planning Association

Eskisher

- Turkuji Esnaf ve Sanatkarlar Confederation (Pathfinder)