

Strategic Planning
Priority Needs for Family Planning in Brazil
Source and Application of Available Resources
Outgrowth of the Strategy Developed with the Evaluation of
AID Family Planning Programs in Brazil (Aug. 1987)

Prepared by: Howard B. Helman, AID Representative/Brazil (Nov. 1988)

PN/AE/4 220

BRAZIL

Brazil Strategy Document
FY '88

Country Background

Covering 3.3 million square miles, Brazil is the fifth largest country in the world. With a current population of 146,300,000 and an estimated growth rate of 2%, it is the sixth most populous nation and one of the fastest growing countries among those with more than 100 million people.

The Brazilian population is a young population, with 38.5% under the age of 15. This implies that, even with the decline in fertility rates currently underway, the population will continue to increase well into the next century because of the large cohorts that will reach reproductive age. Even using a "low" population projection, the population of Brazil will double in the next thirty years to surpass 200 million by the year 2000. (International Encyclopedia of Population, pp. 65-71)

The average population density in Brazil averages to about 14 persons per square kilometer. It is important to recognize, however, that many rural and/or jungle areas have a very low population density (1-3 persons per square kilometer), while the state of Rio de Janeiro has a dense population of 625 persons per square kilometer, accounting for nearly 50% of the total population of the state of Rio de Janeiro. (International Encyclopedia of Population, pp. 65-71)

A contraceptive prevalence survey made in 1986 by BEMFAM and Westinghouse/Population Council shows a contraceptive prevalence rate of 65.8% among married women or women living in union by consent. When all women are included this rate decreases to 43.8%. The highest rate of prevalence among married women was found in the states of Rio de Janeiro and Sao Paulo, and in the southern regions of the country. It was 70%. For central region in the east and for the urban areas in the north and west the prevalence rate was about 62%. The lowest rate was found in the northeast region where 53% of women living in union by consent use some kind of contraceptive method. The results of the prevalence study show that at least 4 million women are in need of family planning services. These women are to be found among the less-favored socio-economic classes and in regions where contraceptive prevalence is lower and the total rate of fecundity is higher. The rates of infant mortality are high as well. In 1982, in 1,000 live births 87 do not complete the first year of life. The rates in poorer regions in Brazil are above this national average. In the northeast region infant mortality has an average rate of 124 per 1,000 live births. (Jaguaribe et al, 1986) Studies of FUNDABEM, the National Foundation for the Welfare of Children, estimate that more than 32 million children in the country are in need of care. Some estimates report that more than 6 million children live in complete abandon. (DEPP, BENFAM, 1987) The urban

population which corresponded to 36% of the total population in 1950 increased to 67% in 1980. In the state of Rio de Janeiro between 1965 and 1979 the population living in slums increased 318% while the rest of the population increased 10%. (CPAIME, 1987) The results of the national study of prevalence showed a correlation between socio-economic indicators and the use of contraceptives. Prevalence rates varied by region, place of residence, age, level of education, and total number of children. Contraceptive use is lower in the northeast, north, central west and in rural areas. A lower rate of contraceptive use has been observed in populations of lower educational level, lower age bracket, and fewer number of children. Approximately 10.3% of the total population of the country is between 15-19 years old. The Brazilian Census of 1980 showed a number of 700,000 women under the age of 19 already mothers which represents an increase of 63% in relation to the census of 1970. It was

observed that the number of single mothers in urban areas had increased more than threefold in 10 years. (Barroso, 1986) The National Study of Prevalence showed that 40% of single mothers from 15-19 years old had sexual relations in the month previous to the interview and only 14% reported having made use of contraceptives.

Basic Demographic Data for Brazil

Total Population.....	143,300,000
Crude Death Rate.....	8 per 1,000
Crude Birth Rate.....	31 per 1,000
Annual Growth Rate.....	2.3%
Infant Mortality Rate (per 1,000 live births).....	71
Total Fertility Rate.....	4.1%
Per Capita GNP (in US\$, 1983).....	\$1,870.00
Percentage Urban/Rural.....	68/32
Literacy Rates Male/Female.....	76/73
Females as % of Formal Labor Force.....	24%
Fertility Rate Among Women Ages 15-19.....	57.4%
Total Population Under 15 Years of Age.....	37.5%
Percent Contribution of Women Ages 15-19 to Total Fertility Rate.....	7.1%
Contraceptive Prevalence (average of 10 independent states surveyed).....	61%

The Government of Brazil Position on Family Planning

The Brazilian government policies toward family planning have been changing since the 1974 Bucharest Conference on Population. At this meeting, at the last minute, Brazil adopted a favorable position on the right of every individual to have access to family planning services. Although this became the official position, there was no intention of implementing a program. In 1978, the Ministry of Health announced plans for a family planning program for the prevention of high risk pregnancies. This idea, however, encountered strong opposition from the Catholic Church and some political sectors. As a result, the choice of contraceptives under this program was limited to only pills. The program did not succeed.

During his inaugural speech in 1979, Joao Batista Figueredo, then president of Brazil, spoke of the need to introduce family planning into government health programs and asserted the right of every individual and couple to have access to these services. Soon afterwards, the legislation was amended to allow physicians and clinics to advertise family planning services as well as counseling on contraceptive use.

In February 1986, the Ministry of Social Security finally approved a family planning program. On April 9, 1986, the Ministry of Health sent a document on family planning care guidelines for use country-wide.

In June 1986, the Ministry of Social Security established the Foundation Brazilian Legion of Assistance (LBA) belonging to the Social Security including in their program services the support of family planning. In October of 1986, based on the decisions of the Ministry of Health and Social Security, the Ministry of Education determined that all the health units belonging to private or public schools in the health area must provide orientation about contraceptive methods to their students in the general clinic or in obstetrics/gynecology giving preference to methods of periodic abstinence. And finally, in January of 1987, the Council of Social Development decided to create a interministerial committee on family planning. They recommended the implementation of an integrated program for the health care of the mother in all states opening up the participation of institutions at the state and national level as well as philanthropic institutions.

The country is presently preparing a new Constitution and different committees composed of parliamentarians have been created to revise, propose and amend the laws. They are working on a wide range of issues that encompasses human rights, women's rights, education, family planning, divorce, etc. There has been a large number of groups involved in lobbying for the implementation of constitutional laws in areas that will affect the population issue in Brazil. (See John Paxman's Trip Report of May 29, 1987)

The Pathfinder Fund Program in Brazil

I. Family Planning Services

A. Public Sector

Because of the recent governmental policy decision, the public sector is supposed to take on the responsibility for the provision of family planning services in Brazil, formerly something left exclusively to the private sector. Guidelines have been published by the Ministry of Health (MOH), but program implementation has not followed. The State Secretariats of Health are the major health providers in the country. They are under the State Government but receive guidelines and

Brazil Strategy Document
FY'88

projects from the MOH. Many of them are interested in integrating family planning services with existing health programs, but have been cautious to do so because of political sensitivity to family planning and no clear instructions from Federal MOH in this regard. The federal government has a dual position: on the one hand they prepare guidelines for family planning programs while on the other they establish new regulations and restrictions to family planning service implementation. The federal government staff has criticized surgical family planning, IUD insertions, and most other methods not to mention sterilization. They are very much concerned about having a good educational component in their program, but what really happens is that they have neither the clinical nor the administrative expertise to implement a good and effective family planning program in a short period of time. For political reasons, they are reluctant to accept the experience and know-how of private sector family planning institutions.

B. Private Sector

Private institutions are responsible for the majority of family planning services provided in the country today. IPPF-affiliated BEMFAM, which provides CBD services in many states of the country and is now increasing the number of its clinics to support these programs, is the major family planning provider in the country. ABEPF has about 150 affiliates from different institutions, medical schools and private and non-profit clinics, many of which started with Pathfinder support. ABEPF affiliates are autonomous and receive technical support and information from ABEPF and many of their commodities from CPAIMC. CPAIMC is a large organization working primarily in Rio de Janeiro where it has a large family planning/maternal and child health network. Some private sector family planning providers have developed their organizations in different regions and act as regional training centers.

It is important to mention that there is some association today between the public and private sectors regarding family planning. In its fight for survival, the private sector strives to integrate their services with those of the public sector. The private sector is also trying to sub-contract their services to the Social Security System. However, the public sector accepts no technical support from the private sector --- something which could be very valuable at this stage for the effective implementation of their proposed family planning programs. The atmosphere at this time is one of non-acceptance on both sides.

Expanding existing family planning services to low-income rural and urban areas, two major underserved populations in Brazil, is a priority for Pathfinder. To this end, Pathfinder proposes

H

Brazil Strategy Document
FY'88

to continue a number of activities in fiscal year 1988, including: work with state bodies to integrate family planning with existing maternal and child health services, and; increase the availability of post-partum family planning services in maternity hospitals.

II. Training

A. Medical Schools

Seventy-five medical schools in the country continue to be the major training resource for family planning. The recommendation made by the Ministry of Education for the introduction of family planning teaching in Medical Schools has not caused great impact. Family planning training standards are not yet accepted and integrated into the teaching of gynecology and obstetrics in many medical schools, and many physicians are not effectively trained in this area. Seven medical schools have already received support from Pathfinder to implement theoretical and practical family planning into the curriculum. Others have received just commodities for the training sites. Medical school professors generally feel positive about family planning and that services and training need to be more widely offered in medical school settings.

Pathfinder proposes to standardize a family planning curriculum for the medical schools of Brazil, to improve the practical and theoretical training of medical students, and to improve family planning services at training sites.

B. Government and Private Programs

Pathfinder proposes to identify potential training sites where government and private family planning program personnel can be trained in the management and delivery of family planning services.

III. Adolescent Fertility

There is no defined adolescent fertility policy in Brazil. Age at marriage differs according to socio-economic level. Early marriage or union is more common among the low socio-economic levels than in the middle-to-upper classes. The same is true for cases of pregnancy out of wedlock occurring with higher frequency among adolescents. In addition, there is no policy on contraception distribution to adolescents. Sex education is an issue which has been frequently discussed in universities, schools of biological sciences, and schools of education. Its implementation in high schools has also been frequently discussed. Some private high schools have started to give sex education to their students. The acceptance and interest among parents and teachers is high. There is no policy on denying school attendance of pregnant students.

5

Brazil Strategy Document
FY'88

Pathfinder proposes to increase family planning services and education to adolescents in Brazil.

IV. Women

As in many countries, laws regarding women's rights in Brazil have been evolving. In 1932, women gained the right to vote through a constitutional amendment. Worker's legislation is similar for both men and women, specifying that both men and women should earn the same salary for the same work and should have equal job opportunities. The law also provides for maternity leave and makes the number of years needed for retirement less for women than for men. With regard to marriage rights, women have the same rights and constitutional guarantees as men. However, the women's movement in Brazil is still fighting a law in the civil code which names the man as the head of the household. In the lower economic sectors, it is more common for women to stay at home while men seek work outside.

Pathfinder proposes to continue its work in building a constituency among women's groups and organizations to support the availability of family planning and to improve the quality and responsiveness of services provided, and to improve women's status.

V. AIDS

Brazil now places second in the world in AIDS victims and as of yet has no ongoing program for its prevention or for education. The Ministry of Health has recently begun a national campaign but there has been some criticism by factions in the medical field that state that hunger, malnutrition, and highly contagious diseases such as malaria, yellow fever, and dengue should have priority. The Church, which has great influence among politicians, is also concerned with the way in which such a program will be carried out. Some grantees, such as CPAIMC, have already requested support for victims that have been found among patients in the maternity wards.

Pathfinder proposes to support programs in AIDS prevention and education beginning with sponsoring experts and specialists in the field at Brazilian conferences and meetings.

VI. Policy

As previously indicated, there is no population policy in Brazil. There have, however, been actions taken to create and implement a policy which almost always comes up against a good deal of public and political opposition, slowing the process repeatedly. Included in this debate is the controversy of nurses providing family planning services, which is illegal at this time.

Pathfinder proposes to promote the creation of a national population/family planning policy in Brazil, to create a public environment favorable to family planning and to promote the participation of nurses in family planning service delivery.

Brazil Strategy Document
FY'88

population/family planning policy in Brazil, to create a public environment favorable to family planning and to promote the participation of nurses in family planning service delivery.

VI. Mission Grant

As previously indicated, the Government of Brazil is interested in integrating family planning with existing public health clinics and programs throughout Brazil. The USAID Mission in Brazil awarded Pathfinder a one-year grant to coordinate achieving the above objective, primarily through training in family planning to the health workers in the public programs, using the expertise and experience of the private sector. Currently, Pathfinder is funding six projects under this grant.

The following pages outline Pathfinder's workplan for fiscal year 1988, as well as our long term goals for Brazil.

TOPIC	ESSENTIAL OR DESIRED	ACTIVITY	FUNDING SOURCES/REQUIREMENTS
I. Training and related actions to facilitate public health service involvement (Federal and State) in expanding access to family planning information/services; integration of family planning into women's health priorities	E	A. Training of personnel of Sao Paulo State Secretary of Health (CEMICAMP).	To be identified (may include POP Council).
	E	B. BEMFAM "CONVENIOS" (agreements) with N.E. states and municipalities to train and reenforce public health service paraprofessionals; also may include training in female sterilization, post partum IUD counseling/insertion for MOH.	IPPF, Pathfinder Fund, FPIA, AVSC. level of effort presently in doubt.
	E	C. ABEPF and affiliated organizations train state and municipal public health workers using ABEPF training network; ABEPF affiliates (e.g. CEPECS, CMI, CLAM), enter into "convenios" with state and municipal governments for training and post training reenforcement for public health posts.	AVSC
	E	D. Demonstration/training program, female sterilization and IUD, maternity hospital in Sao Paulo (Rio Future possibility) (see also IV.G.)	AVSC
	E	E. Special Thematic Programs with MOH and/or SSOH:	DA, Pathfinder Fund, MOH, Odebrecht Foundation. Not yet identified.
	E	1. young adult education (see VII.A, B);	
	E	2. young adult services - training of paraprofessionals (see VII.C);	
	E	3. bringing family planning into maternal health agenda - training of paraprofessionals;	
	D	4. AIDS (training for AIDS and family planning preventive education, IEC) (see VIII.A.);	Not yet identified.
	D	5. male target group opportunities (schools, military).	

TOPIC	ESSENTIAL OR DESIRED	ACTIVITY	FUNDING SOURCES/REQUIREMENTS
III. Sustainability of Family Planning Organizations	E	A. ABEPF (strategic plan completed; review in progress).	PF, AVSC, DA, MSH, ENTERPRISE
	E	B. BEMFAM (planning at relatively preliminary point).	IPPF, AVSC, MSH, ENTERPRISE, DA
	E/D	C. Other groups (CPAIMC, CMI, CEPECS, Sofia Feldman, CLAM, CAEMI, PROPATER)	ENTERPRISE, MSH (CPAIMC only)
	D	D. Training for ABEPF member organizations.	MSH
IV. Addressing Quality Issues	E	A. Increasing availability at accessible price of condoms of satisfactory quality.	Opportunity still being sought
	E	B. Addressing quality issues related to female sterilization (Phase I, Sao Paulo) (see I.D.)	AVSC
	E	C. Expanding use, while improving quality of use and marketing of pills (see II.B.6)	SOMARC, funded
	D	D. Study what impact AIDS concerns are having on female contraceptives practices.	FHI, private source
	D	E. Work on improved user systems in family planning service delivery.	PF
	E	F. Continue BEMFAM reproductive risk program.	JHPIEGO
	D	G. Expansion of IUD use (diversifying the method mix);	AVSC, other funding being sought BEMFAM, ABEPF
	D	H. Multi-city vasectomy promotion (diversifying the method mix);	PROPATER
	D	I. Research (to be determined)	PCS, Population Council
V. Pre-Service Training	E	A. Medical School Curriculum Content and Training;	PF funded for one year
	E	B. Nursing School Curriculum Development and training.	DA, FF (funded for one year)

TOPIC	ESSENTIAL OR DESIRED	ACTIVITY	FUNDING SOURCES/REQUIREMENTS
VI. In-Service Training Programs	E	A. ABEPF network of training centers (see, in part only, I.C.)	(To be included within ABEPF sustainability package)
	E	B. BEMFAM CBD and public health paraprofessional training (see, in part, I.B.)	Scale and sources of funding to be determined.
	E	C. CPAIMC training in specialized areas	DA, JHPIEGO (phasing out)
	D	D. Others.	
VII. Young Adults	E	A. Documentation for young adult multipliers; multiplier training.	MOH, ODEBRECHT, DA, FPIA
	E	B. Fostering network for young adult education.	PF
	D	C. Young adult education and services within family planning programs (activities being developed).	To be identified.
	E	D. Special access opportunities:	
	D	1. workplace - FIESP (see II.B.1); 2. military (see I.E.5) 3. high risk target groups, large gatherings (to be developed).	
VIII. AIDS	E	A. AIDS prevention in family planning education and service programs; training of family planning paraprofessionals.	All programs and sources to be determined will include use of HE (AIDS) funds.
	E	B. Family planning organizations collaborating with MOH and State Governments on training of paraprofessionals (see I.A., B., C.)	
	E	C. Family planning organization programs targeted to high risk STD/AIDS groups.	
	D	D. Building relations between Family Planning and other Social Service organizations concerned about AIDS.	
	D	E. Family planning organizations' education/services targeted to employees and delivered through FIESP enterprises (see II.B.1); also, separate activities of larger family planning organizations directed to enterprises.	

TOPIC	ESSENTIAL OR DESIRED	ACTIVITY	FUNDING SOURCES/REQUIREMENTS
IX. Commodities	E	A. Keep up flow of commodities to family planning organizations (including those whose recurrent cost support is being phased out).	FPIA, PF
	E	B. Use contraceptive commodity supplies to permit training to be effective, including in post training follow-up.	FPIA, PF, Population Council
	D	C. Develop and evaluate use of spermicidal lubricated condoms.	FPIA, FHI
	E	D. Develop commodity import/procurement and maintenance services by CPAIMC.	JHPIEGO (funded)
	E	E. Increase availability of condoms (see IV.A.)	

Policy and Development

Resources for the Awareness of Population Impact on Development (RAPID III), Project No. 936-3046, 1988-1992.

Estimated expenditures for FY 1989 are \$50,000.

Options for Population Policy (OPTIONS), Project No. 936-3035.04, 1986-1991.

Estimated expenditures for FY 1989 are \$50,000.

Innovative Materials for Population Action (IMPACT), Project No. 932-3035.2, 1985-1990.

Estimated expenditures for FY 1989 are \$50,000.

Technical Information on Population for the Private Sector (TIPPS), Project No. 936-3035.01, 1985-1990.

Estimated expenditures for FY 1989 are \$50,000.

Demographic and Health Surveys, Project No. 936-3023, 1984-1988.

Estimated expenditures for FY 1989 are \$45,000.

Research

Family Health International (FHI), Project No. 936-3041, 1985-1990.

Estimated expenditures for FY 1989 are \$125,000.

Population Council Program, Project No. 936-3050, 1988-1993.

This new project funds the Population Council to continue the same activities supported under 936-3005, working with the same Brazilian organizations.

Estimated expenditures for FY 1989 are \$150,000.

Natural Family Planning (NFP), Project No. 936-3040, 1985-1990.

Estimated expenditures for FY 1989 are \$42,000.

Contraceptive Research and Development (CONRAD), Project No. 936-3044, 1986-1990.

Estimated FY 1989 expenditures are \$40,000.

Family Planning Services

Family Planning International Assistance (FPIA), Project No. 932-0955, 1971-1989.

This project has been extended through FY 89.

Estimated FY 1989 expenditures are \$300,000.

Family Planning Services, The Pathfinder Fund, Project No. 932-3042, 1968-1990.

Estimated expenditures for FY 1989 are \$700,000.

Program for Voluntary Sterilization, Project No. 936-3049, 1988-1993.

This new project funds the Association for Voluntary Sterilization to continue the same activities supported under 932-0968, working with the same Brazilian organizations.

Estimated expenditures for FY 1989 are \$784,000.

Family Planning Enterprise, Project No. 936-3034, 1985-1989.

Estimated expenditures for FY 1989 are \$400,000.

Expansion and Improvement of Family Planning Programs, Project No. 936-3043, 1985-1992.

Estimated expenditures for FY 1989 are \$1.1 million.

Information and Training

Training in Reproductive Health II, Project No. 936-3045, 1987-1992.

Estimated expenditures for FY 1989 are \$450,000.

Population Service Information Program (PIP), Project No. 936-3032, 1984-1992.

Estimated expenditures for FY 1989 are \$70,000.

Population Communication Services (PCS), Project No. 936-3004 1983-1991.

Estimated expenditures for FY 1989 are \$200,000.

Paramedical Auxiliary and Community Family Planning Personnel Training II, (PAC II), Project No. 936-3031, 1984-1989.

The project end date was extended to September 30, 1989.

Estimated expenditures for FY 1989 are \$265,000.

Family Planning Management Training, Project No. 936-3039, 1985-1990.

Estimated expenditures for FY 1989 are \$247,000.

BRAZIL

Five Year Strategy 1985-1990 and FY'88 Workplan

I. SERVICES

Long Term Goal: To increase the availability of family planning client education and services, with a high concern for the user's perspective in low-income rural and urban areas.

FY '88 Objectives

- A) To work with non-profit private organizations to support family planning services and to provide commodities, training and technical assistance.

Proposed Activities:

- CAW 040-1: Sergipe, Integrated Family Planning Services (Funded in FY'86, renewal not necessary until Jan FY'88, Grantee: BEMFAM, \$73,000)
- CAW 041-1: Maranhao, Integrated Family Planning Services (Funded in FY'86, renewal not necessary until Jan FY'88, Grantee: BEMFAM, \$120,000)
- CPAIMC Commodity Distribution (20,000)
- BEMFAM Commodity Grant (Proposed)
- TIN: ABEPF Annual Meeting (\$15,000 USAID/CAW Funds, Grantee ABEPF)
- CAW 028-2: ABEPF Technical Information Center (\$25,000 USAID/CAW Funds, ends March FY'88, Grantee: ABEPFF)
- CAW 036-1: CPAIMC Natural Family Planning Services (Funded in FY'86, no renewal necessary)
- CAW 039-1: Seminars on Natural Family Planning (Grantee: CENPLAFAM, \$26,940, ends August, FY'88)

To increase the availability of FP material to the user.

- ABEPF Reproduction and Distribution of IEC Material
- B) To work with state secretariats of health to introduce family planning as a part of maternal and child health services, and to provide personnel training.

Proposed Activities:

- PF 018-1: Goias Secretariat of Health Family Planning Program (Funded in FY'86)
 - SUDESCO Family Planning in Urban Social Centers (\$35,000, August FY'88, Grantee: SUDESCO)
- C) To work with the social security system to provide training and commodities.
- (No specific activities are proposed for this fiscal year.)
- D) To work with private sector for-profit groups, including industry, labor unions and MHOs.
- (No specific activities are proposed for this fiscal year.)
- E) To increase the availability of post-partum services to adults and adolescents in maternity hospitals.

Proposed Activity:

- (New) Post-Partum Services in Adults and Adolescents (\$30,000-120,000 Private Funds, March FY'88)
 - CAW 015-4: Family Planning Services at Maternity Tyslla Balbino (Grantee: Maternity Tyslla Balbino, renewal April 88, \$26,000)
 - CAW 025-4: Family Planning Services at the Encruzilhada Maternity Hospital in Recife (\$26,000 USAID Funds, July FY'88, Grantee: Encruzilhada Maternity Hospital)
 - CAW/052-1: Paraiba Family Planning Services at School Hospital Lauro Wanderley (Grantee: Fed. University of Paraiba Medical School, \$36,693 USAID Funds, July FY'88)
- F) To work with community organizations which emphasize the link between the private and public sector.

Proposed activity:

- Training Seminars in Sexuality and Family Planning for State Health Providers and Community Leaders (Grantee: Servico de Orientacao Familiar -- SOF, June FY'88, \$ 23,621)

II. TRAINING

Long Term Goal: To provide theoretical and practical training for family planning providers and managers.

FY'88 Objectives:

Medical Schools

- A) To encourage medical schools to make family planning an official part of their curriculum through a central organization.
- B) To improve the quality of practical and theoretical teaching in medical schools.
- C) To improve the quality of family planning services at medical student training sites.

Proposed activities for above objectives:

- CAW 032-1: Production of Family Planning Teaching Materials for Physical and Medical Student Training (Funded in FY'86, no renewal funds necessary)
- (New) Seminar on Medical Schools (\$45,000 USAID/CAW Funds, August FY'88, Grantee: FEBRASGO)
- (New) Family Planning Exchange Program in Medical Schools (\$35,000 USAID Funds, April FY'87, Grantee: FEBRASGO)
- (New) Translation and Printing of the Health Provider's Guide to Contraception (\$10,000 Private Funds, Nov. FY'87, Grantee: Pathfinder)
- Support for Medical School Programs (Proposed, \$100,000)
- Family Planning Services at Encruzilhada Maternity Hospital (See I. SERVICES, 1, B)
- TIN : Travel by Dr. Sperotto to Subregional Meeting of the Andean Countries on Management and Training Aspects of Diarrheal Disease Control (DDC) Programs (\$1,885 USAID Funds, July FY'88)

Government and Private Programs

- A) To develop or identify centers in which to train family planning providers from government and private programs.

Brazil Strategy Document
FY'88

Proposed activities:

- (New) Training Center (\$30,000 USAID/CAW Funds, April FY'88, Grantee: IHRPE)
- (New) Travel and Training Grants, unspecified (\$50,000 USAID/CAW Funds, March FY'88)
- Voluntarios Sociales Family Planning Counseling (FY'88)

B) User Perspective: To train family planning providers in ways to improve the quality of service delivery.

Proposed activity:

- (New) User Perspective Seminar (\$75,000 New Funds, May '88)

III. ADOLESCENT FERTILITY

Long Term Goal: To increase the availability of family planning services and education for adolescents.

FY '88 Objectives:

A) To support adolescent education and service projects, and provider training.

Proposed Activities:

- Travel and Training Grants to CORA and El Camino (\$15,000 USAID/CAW Funds, June FY'88)
- CAW 049-1: CISCO, Community Center for Information on Reproductive Health and Family Planning in Londrina (\$52,590 USAID/CAW Funds, Grantee: CLAM, June FY'88)
- PAMPA, Project of Medical and Psycho-Social Assistance for Adolescents in ABC, Sao Paulo (Grantee: ABC Medical School \$40,692)
- CAW 050-1: Multi-disciplinary Services for High-Risk Groups at the University of Parana Medical School -- AMA (Grantee: Fed. University of Parana, \$42,874 USAID/CAW Funds, June FY'88)
- CAW 052-1: Paraiba, Family Planning Teaching and Services at the University Hospital Lauro Wanderley (\$36,693 USAID/CAW Funds, July, FY'88)

B

Brazil Strategy Document
FY'88

- PF: National Program for the Formation of Sex Educators (Grantee: CESEX: Centro de Sexologia e Education Sexual, \$39.927 Private Funds, August FY'88)
- Promotion of Courses on Sex Education in Brazilian States (Proposed \$30,000)
- National Meeting of Family Planning Adolescent Programs (Proposed \$40,000)
- CAW 015-4: Family Planning Services at Maternity Tyslla Balbino (See I. SERVICES, B)
- CAW 025-4: Family Planning Services at the Encruzilhada Maternity Hospital in Recife (See I. SERVICES, B)
- CAW 030-2: Family Planning and Sex Education in Low-Income Neighborhoods (\$28,999 USAID/CAW Funds, Dec FY'88, Grantee CPAIMC)

Long Term Goal: To create adolescent services which link community resources.

FY'87 Objectives:

- A) To support the development of an adolescent center for young women.

Proposed activity:

- PF 028-1: Orientation Center for Young Women in Manaus (Starting August 1, FY'88, \$31,598 Private Funds)
- (New) Fundacao Esperanca Adolescent Center

Long Term Goal: To create an environment in which adolescent fertility issues can be described, debated and understood.

Proposed activities:

- CAW 051-1: Adolescent Prevalence Survey in Salvador, Bahia with the Center for Disease Control (CDC) (\$45,000 USAID/CAW Funds, Grantee: ISP - Fed. University of Bahia, June FY'88)
- Adolescent Data Analysis from National Survey of Prevalence (Grantee: BEMFAM, \$20,000 USAID/CAW Funds, Sept FY'88)

IV. WOMEN

Long Term Goal: To continue to build a constituency among women's groups and organizations to support the availability of family planning, to improve quality of care, and to improve women's status.

FY '88 Objectives

A) To support the National Council of Women.

Proposed activity:

- PF 034-1: Women's Issues and Project Planning Course
(\$31,000 Private Funds, Oct FY'87, Grantee: Maria Augusta Rocha, no renewal funds necessary)

Brazil Strategy Document
FY'88

- B) To support the adaptation of a feminist reference book on women's health issues and strengthen the development of the Brazilian women's health movement.

Proposed Activity:

- PF/Brazil: PIN 033-1: Adaptation of Our Bodies, Our Selves (\$13,000 Private Funds, Grantee: Not identified).

- C) To build bridges between feminist groups and traditional family planning organizations.

Proposed Activities:

- Involve Feminist and Traditional Groups in the User Perspective Seminar (See II, TRAINING, D)

- D) To support Family Planning Services provision in an innovative way, by Feminist organization.

PF / Feminist Collective Sexuality/Health Outpatient Clinic

PF / PROMULHER - Family Planning Training for paramedical personnel on diaphragm fitting (US\$25,000.00)

- E) To support participation of women leaders in national and international events.

PF / SOS Corpo and other participants to Montreal Meeting.

Long Term Goal: To support women's entrance into the labor force through the funding of dissemination of experience.

- No specific activities are proposed for this F.Y.

IV. POLICY

Long Term Goal: To promote the creation of a national population / family planning policy.

FY 88 Objectives:

- A) To promote dialogue among leaders on population issues at municipal, state and national levels.

Proposed Activity:

- PF : To support activities of CEPPD on demographic issues and population policy (activities will be defined) US\$50,000.00

Brazil Strategy Document
FY'88

- B) To support the preparation and dissemination of materials for policymakers.

Proposed Activity:

- Revision and Dissemination of Population Policy: A Manual for Policymakers and Planners (Proposed for FY'88 funding)

- C) To promote the establishment of state level family planning policies and programs.

Proposed Activities:

- Send State Secretariat to CPAIMC (Funded in FY'86, no renewal funds necessary at this time)
- Send Social Security Representatives to Mexico (Funded in FY'86, no renewal funds necessary at this time)

- D) To establish an informal coalition of family planning organizations and programmatic issues common to all.

- No specific activities are proposed for this F.Y.

Long Term Goal: To create a public environment favorable to family planning.

FY 88 Objectives:

- A) To promote public debate and create favorable environment for family planning in Brazil.

Proposed Activities:

- Explore hiring a public relations/lobbyist for family planning (Proposed)
- Determine Pathfinder's role in influencing public policy based on need (Proposed)
- Manage the Media Workshop by Family Planning Leaders (Proposed)

Long Term Goal: To promote the participation of nurses in family planning services delivery.

FY 88 Objectives:

Brazil Strategy Document
FY'88

- A) To work with Nursing Associations in the Country for the promotion of Family Planning among nurses.

Family Planning Course at Brazilian Meeting of Nurses - December 87.
\$27,000.00

V. MISSION GRANT

Long Term Goal: To supply financial and technical assistance to Brazilian agencies involved in family planning training and service delivery, which can bridge the private/public sector service gap and serve as a model for the health component of the new World Bank loan to Brazil (a one-year grant from 07/01/86 to 05/31/88).

FY 88 Objectives:

- A) To fund four family planning training and service projects in existing public sector health programs.

On Going Activities:

- CAB 003-1: Training Courses in International FP and Health Services for Employees of Various Secs. of Health (\$49,813, Dec FY'87, Grantee: BEMFAM)
- CAB 004-1: Promotion of MCH Care Quality Improvement in Maranhao and Sergipe (\$99,462, December FY'87, Grantee: BEMFAM)
- CAB 005-1: VIII Annual Meeting of ABEPF (\$28,460, October FY'87, Grantee: ABEPF)
- CAB 006-1: Improvement in Training Resources (\$2,019.00 March FY'87, Grantee: CENPLAFAM)
- CAB 007-1: FP Integrated in Women's Health Care Program in Santarem (\$62,000.00 July FY'88, Grantee: Fundacao Esperanca)

23

VI. AIDS AND STD

Long Term Goal: To promote education and prevention on AIDS and STD.

- A) To promote the participation of experts on AIDS and/or STD at Brazilian Health Conferences.
 - TIN : Participation of AIDS Expert to Brazilian Medical Conference
 - (New) ABEPF AIDS Program

DISTRIBUTION OF L.A. FY87 PROJECT COMMITMENTS THRU 3/87
COMPARED TO FORWARD AGENDA (CAW, CAB & PF)

Region	Services	Training & T.A.	Policy	Ad. Fert.	Core Support	Other
LAS	75	20	0.7	0	0	4
LAN	100	0	0	0	0	0
BRA	35	18	25	5	0	17*
MEX	48	0	0	35	0	18**
<hr/>						
PF Forward Agenda						
LA	45	20	10	10	15	0

* Workshops, 1 women's issue project and ABEPF technical information center

** 2 small women's projects, a conference and primarily DP equipment

DISTRIBUTION OF L.A. FY86 PROJECT COMMITMENTS
COMPARED TO FORWARD AGENDA (AID, CAW & PF)

Region	Services	Training & T.A.	Policy	Ad. Fert.	Core Support	Other
LAS	60	7	13	0	0	20 ^a
LAN	59	8 ^b	0	11	0	22 ^b
BRA	53	12	17	3	0	15 ^c
MEX	72	2	4	7	0	15 ^d
PF Forward Agenda LA	45	20	10	10	15	0

- a) Women's activities 20% including 1 partially service delivery project (4%); 1 KAP and 1 Communications project (0.3%).
- b) Primarily 2 conferences and 1 evaluation training workshop, all of which could be in training, which would increase training to 25% and decrease other to 5%.
- c) Women's projects, conferences, eval/research, D.P.
- d) Mostly equipment for AV & DP.