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INVESTIGATIVE REPORT

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SYNOPSIS

Inspection shows that prior to 1970 the Royal Thailand Government (RTG) had a pronatalist policy wherein large families and a high rate of population growth were encouraged. A World Bank Economic Mission study in 1958 recognized that the high rate of population growth was seriously affecting Thailand's development efforts. In 1970 the RTG declared a National Population Policy and in 1971 created the National Family Planning Program in the Ministry of Public Health. The total population of Thailand is reputed to be 40 million people with about 45% represented by children under the age of 15 and 9.5 million women between the ages of 15 - 45, the child bearing age period. Oral contraceptive commodities are on the RTG list of Dangerous Drugs and hence require prescriptions. There are approximately 500,000 people reputed to participate in the RTG Family Planning Program. In 1973 the Secretary General of the Planned Parenthood Association of Thailand (PPAT), an affiliate of the International Planned Parenthood Federation (IPPF) and the Deputy Prime Minister unjustifiably accused AID of supplying "inferior untested birth control pills" which resulted in headline stories in all Thailand newspapers. This same individual is now the Project Director for a new IPPF organization known as the "Community-Based Family Planning Services" (CBFPS) and its relationship with the PPAT, the IPPF's affiliate is very strained. The CBFPS is receiving AID-Financed contraceptive commodities (orals and condoms).

The report makes two major recommendations: (1) that a reevaluation be made of the AID-Financed contraceptive-commodity (orals and condoms) program to the RTG; and (2) that an evaluation of the AID-Financed program of furnishing the IPPF and its affiliates with contraceptive commodities (orals and condoms) be made as stated by the AID, Administrator when he agreed to make these contributions.

This document has been prepared by the Inspections and Investigations Staff of AID. It is being forwarded to you for

- RUC - your information and annotation; you could, if appropriate, refer the document to the appropriate office of the Department of State.

*William F. X. Band*

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## I. INTRODUCTION

The Office of Population, Family Planning Services Division, AID/W, requested the Director, Office of Inspections and Investigations, IIS/W, to conduct an informal inspection in Thailand relative to the distribution, use, and reporting of AID-financed contraceptive commodities. Inspector John J. Mitchell of IIS/W conducted this informal inspection in the Bangkok and Singburi areas of Thailand during the period May 7 through May 16, 1974, and was accompanied by a member of the USAID staff at all interviews.

## II. SCOPE OF THE INSPECTION

The scope of this informal inspection is limited to the distribution, publicity, and use of contraceptive commodities (orals and condoms) and the related reporting activities involved. The inspection included the following:

- A. Interview of Mission officials responsible for Family Planning Services work to ascertain procedures of the Host Government related to use of contraceptive commodities; ascertain other organizations involved in this program, review of overall procedures in use and verification of their effectiveness.
- B. Review of Host Government's capability and records pertaining to the receipt, warehousing, and accounting for contraceptive commodities; determine existence of any excess or shortfall based on current data.
- C. Review of Host Government's methods of distribution to determine time of arrival of commodities in country at port until received by end-user; random verification of the effectiveness of these methods throughout the country.
- D. Review of Host country's methods of furnishing information to the people relative to the availability of these commodities; review effectiveness of propaganda and its impact on utilization; review the reporting system being used and determine whether data is reliable.

- E. Review of methods used to gather statistics and the use of experience data on which requisitioning and reordering of commodities is based; determine accuracy and reliability of such information and data.
- F. Identify any U. S. -sponsored organizations in Host country at present that may possibly be engaged for the purpose of improving logistical management functions; determine any particular expertise such organizations might conceivably furnish.

### III. BACKGROUND

Thailand is one of the few Asian countries without a colonial history. It has an area of approximately 200,000 square miles. The estimated total population is reputed to be 40 million people. About 45% of the total population is represented by children under the age of 15. The Buddhist religion predominates with 94% of the population. Eighty-five per cent are employed as farmers. The entire labor force is approximately 19,000,000 with about 9,000,000 being Female Labor. Thailand consists of 71 Provinces (Changwat); 556 Districts (Amphur); 5,036 Sub-Districts (Tambol) and 59,934 Villages (Muban). Thailand is the world's 16th largest country with the population increasing at 3% per year and will double in about 22 years. It is estimated that there are approximately 9.5 million women in Thailand between the ages of 15-45, the child bearing age. The total number of eligible couples is estimated at 4.5 million.

The women in Thailand enjoy a relatively high position in the economic community which distinguishes it from the other countries visited, namely, Indonesia, Bangladesh and Pakistan. AID's contribution should not be overlooked in the development of the role of women in Thailand. For over 20 years women have been trained by AID and by AID-supported local institutions for leadership roles in health, in the Ministry of Public Health, Schools of Medicine and the private sector, as health practitioners, midwives, nurses and medical educators.

Thailand has a recorded history dating from 1200 and throughout the 750 intervening years it had a pronatalist policy, wherein large families

and a high rate of population growth were encouraged. It was not until 1958 when a World Bank Economic Mission recognized that the high rate of population was seriously affecting Thailand's development efforts. However, it took from 1959 to 1970 before the government declared a National Population Policy which states:

"It is the Policy of the Thai Government to support Voluntary Family Planning in order to help resolve various problems related to the very high rate of population growth, which constitutes an important obstacle to the economic and social development of Thailand."

Prior to the above-quoted Policy declaration and during the years 1968-1971 the Ministry of Public Health and other interested governmental and private agencies, carried out activities in the field of family planning quietly but with many restraints. In 1971 and after the declaration the following constraints still applied:

- (a) No public information activities, other than person-to-person contact.
- (b) No full time family planning workers.
- (c) No official targets established per clinic or per province.
- (d) No special family planning training centers established.
- (e) Instead, family planning activities were, and are, simply integrated into the general health services of the Ministry of Public Health and other governmental agencies.

(NOTE: See comments below under Section Field Visit and Attachment No. 2.)

IV. CURRENT STATUS

A. CURRENT ORGANIZATION - MINISTRY OF PUBLIC HEALTH

In 1971 the Ministry of Public Health formally created the National Family Planning Program and established the following objectives:

- (a) To reduce the population growth rate from over 3 per cent to 2.5 per cent by the end of 1976.
- (b) To inform and motivate eligible women about family planning concepts, making use, for the first time, of various methods of mass communications.
- (c) To make family planning services readily available throughout the country.
- (d) To integrate family planning activities with overall maternal and child health services and thus to mutually strengthen the activities in these closely related projects.

The reasons for the integration of family planning activities into existing governmental health services are given as follows:

- (a) Family planning is an integral part of overall maternal and child health activities.
- (b) Use of existing personnel reduces cost and duplication.
- (c) Improved maternal and child health is one objective of the family planning program.
- (d) Lack of official government support prevented the establishment of a separate structure, even if so desired.

The Ministry of Public Health has jurisdiction over the following:

84	provincial hospitals and 3 Bangkok hospitals
71	provincial health offices
300	first class health centers
2000	second class health centers
2300	midwifery centers in rural villages

Only the provincial hospitals and about 250 of the first class health centers have physicians in residence. In rural Thailand where 85% of the population live there is a doctor-population ratio of about 1 to 100,000 people. As noted above there are 59,934 villages with less than 10% covered by second class health centers and midwifery centers.

In view of the foregoing it is evident that the availability of safe effective contraceptive methods is limited by this inadequate health delivery system. The Third Five Year Plan (1972-76) calls for the expansion of the number of second class and midwifery centers at the rate of about 450 new clinics per year. Since these facilities are the basic means of receiving and distributing contraceptive commodities (condoms and pills) it is apparent that the program is strictly limited.

#### B. MINISTRY OF PUBLIC HEALTH (MOPH) - REPORTING SYSTEM

The MOPH reporting system with responsibility for evaluation and compilation of demographic data is vested in the National Family Planning Program (NFPP). It consists of six acceptor forms and three supply forms. (See Attachment No. 1) These forms are identified as follows:

- (1) Acceptor Log Book (Copy not attached. Remains at service unit.)
- (2) Client Record Form
- (3) Daily Activity Report (Remains at District Health Office - copy not attached.)
- (4) Monthly Activity Report
- (5) Acceptor Card (Copy not attached - retained by acceptor.)
- (6) Follow-up Card (Copy not attached - retained at service unit.)
- (7) Supply Order Sheet
- (8) Pill and IUD Inventory
- (9) Supply Log Book

The instructions for the use and dissemination of these reporting forms are simple and specific. (NOTE: These instructions are not being incorporated in this report but are available at IIS in this case record.) These forms are used by all service units controlled by the MOPH, but not for institutions outside the MOPH. Analysis of these forms will reveal that the necessary information for recording acceptors (users) and the ordering, receipt, distribution and supply is adequate. Time did not permit a review of these records in the various service units to verify the accuracy and timeliness of the data recorded.

### C. FUNDING

The U. S. is the major donor to Thailand's family planning/ population planning efforts. The major portion of such assistance to date has been the provision of contraceptives, particularly oral pills, and medical equipment for sterilizations.

In FY 1974 Title X Grants totaled \$2, 111, 000 of which \$1, 100, 000 was centrally funded oral contraceptives. For FY 1975 the estimate is for \$1, 847, 000 which will include \$1, 500, 000 for centrally funded oral contraceptives.

It should be noted that the Royal Thai Government (RTG) has agreed to purchase an increasing share of its oral contraceptive requirements. Under this agreement the RTG will purchase 25% of its oral contraceptive needs in FY 1974, 50% in FY 1975, 75% in FY 1976, and 100% thereafter.

For FY 1974 PIO/C 40041 in the amount of \$500, 000 was issued for 135, 000 gross condoms and PIO/C 40047 in the amount of \$50, 000 for 13, 000 gross.

The RTG in FY 1974 did purchase approximately 25% of its oral contraceptive needs from Wyeth Pharmaceutical Company. (See below Section V D titled RTG - MOPH - Purchases Oral Contraceptives.)

V. DISCUSSION

A. NUMBER OF ACCEPTORS (USERS)

During the period 1968 through 1971 the number of acceptors for the IUD method rose from 35,300 to 86,034. During this same period the use of oral contraceptives (pill) rose from 10,000 (1968), 60,459 (1969), 132,387 (1970), 294,607 (1971).

The sudden rise in the use of the oral contraceptives is due to the fact that in mid-year 1970 the MOPH after a 1969 pilot study, on the safety and effectiveness of allowing auxiliary midwives, ruled that those midwives who had received the basic family planning training course could prescribe the pill.

At this point it should be noted that the oral contraceptive (pill) is still on the RIG list of Dangerous Drugs and therefore a doctor's prescription is required.

In addition to the foregoing there is an accompanying major activity in the commercial sector for oral contraceptives over the counter and during this same period an average of 250,000 cycles of pills were sold commercially throughout Thailand every month primarily in urban areas.

As of May 1974 both USOM and MOPH officials estimate the number of users of some contraceptive method to be approximately one million couples with about 50% in each sector (government and commercial).

The use of condoms for family planning purposes is quite low and the supplies come almost 100% from the private sector. Condoms are produced locally in Bangkok by a company known as the Royal Thai Industries.

## B. FIELD VISIT TO SINGBURI PROVINCE

On May 14, 1974, an interview was conducted with the Chief Medical Officer at the Provincial Health Office. The following data was obtained:

Population of Singburi	200,000
Number of Health Centers-total	41
1st class health center	1
2nd class health centers	36
Midwifery centers	4
Number of Hospitals in Province	2

A synopsis of this meeting is as follows - the supply of oral contraceptives is adequate - condoms used only by single persons - village people will not use them - no condoms distributed - strongest reactions (not physical) to the pill was due to change in brands - public finds out about pill through staff contacts and word of mouth - some via radio and newspaper - men do not want to bother using family planning methods - no private clinics of Planned Parenthood Assn. of Thailand (PPAT) or IPPF - people get pills at health centers and want them free - no incentives for motivating acceptors - no record is kept of "droupouts" - there will be a steady increase in pill acceptors not large - most people in province know about family planning - problem now is to get them to become acceptors - government should let private MD's have free pills and free gasoline for mobile teams and this would be more successful than setting up clinics. (NOTE: The complete question and answer interview is attachment No. 2 to this report.)

## C. AID-FINANCED COMMODITIES (ORAL CONTRACEPTIVES & COND

Since 1968 through March 1973 AID through the USOM had purchased over 150 million American oral contraceptive pills for the Thai family planning program, all of the oral contraceptives were approved by the U. S. Food and Drug Administration and included Norlestrin, Demulen, Norinyl and Ovral.

In 1970 the USOM purchased 3,500 gross condoms and delivered them for acceptance trials. Since that time no condoms have been purchased

because condoms are manufactured and sold in Thailand. However at the request of the MOPH AID/W through central funding is furnishing the following:

FY 1974 Funds PIO/C 40041 and 40047 \$550,000 worth of condoms to be delivered between September 1974 and March 1975. The total is 148,000 gross.

Off-Shore Procurement Authorized as follows:

Korea - 100,000 gross @ \$2.25 F.A.S. per gr.	=	\$225,000
Japan - 35,000 gross @ 4.00 F.A.S. per gr.	=	<u>140,000</u>
	Sub-Total	\$365,000
U.S.A. - 13,000 gross @ 4.23 F.A.S. per gr.	=	<u>54,990</u>
	Total	\$419,990

(NOTE: Does not include Transportation costs which will also be paid.)

In addition the Planned Parenthood Assn. of Thailand (IPPF) will receive in November 1974 U.S.A. - 10,000 gross @ \$4.23 F.A.S. per gr. = \$42,300. (Transportation charges not included but to be paid by AID/W.)

The Off-Shore Procurement of Condoms from Korea and Japan was done as follows:

"On June 28, 1974, the Administrator, AID approved the Office of Population request to procure a million gross of condoms from off-shore free world sources through UNICEF because that organization had previous experience in contracting for condoms from Korea. The estimated cost of this procurement is \$5,000,000. AID/W representatives had three meetings with UNICEF officials and decided not to use it as the authorized agent for this procurement. UNICEF refused to provide some safeguards to assure proper handling of the contract including delivery of acceptable condoms within the necessary time frame. UNICEF would not make provisions for quality control or audit procedures.

"In view of the foregoing AID/W officials on July 25, 1974, decided to negotiate AID contracts with off-shore suppliers. UNICEF was asked to cable all bidders on its bidder's list to give the same considerations it receives to AID. All bidders agreed and on August 7, 1974, AID/W officials negotiated a contract with the DONGKUK TRADING COMPANY at Seoul, Korea, and the KINSHO-MATAICHI CORPORATION."

(NOTE: This report covers only the procurement for Thailand amounting to approximately \$500,000 - the balance of \$4,500,000 was contracted to supply other countries.)

Oral Contraceptives

AID has purchased and delivered to the MOPH the following:

FY 1972	4,670,000 MC's
FY 1973	4,860,000 MC's
FY 1973 (July-Dec.)	2,350,600 MC's

Central Procurement Began

CY 1974	7,054,400 MC's
CY 1975	<u>6,000,000 MC's</u>
	24,935,000 MC's

In addition to the above bilateral procurement program AID/W is supplying AID-Financed oral contraceptives to the Planned Parenthood Assn. of Thailand (PPAT), the affiliate of the IPPF, as follows:

<u>IPPF Purchase Order No.</u>	<u>Quantity</u>	<u>Date Shipped</u>
Used by GSA		
48550	36,000 MC's	March 1974
48550	100,800 "	" "
48551	33,600 "	" "
48551	100,800 "	" "
48552	100,800 "	April 1974
48553	136,200 "	August 1974
48553	<u>408,600 "</u>	" "
Total	916,800 MC's	

The above shipments were made pursuant to IPPF Purchase Order Numbers which are also used by GSA. There is no review made at AID/W, Office of Population, such Purchase Orders are automatically approved and sent to GSA.

These shipments were sent to:

Mr. Mechai VIRAVAIIDYA  
Secretary General  
Planned Parenthood Assoc. of Thailand  
P. O. Box 1658, PHIATHAI BLDG.  
Bangkok, Thailand  
Free Gift

(NOTE: Mr. Mechai is not the Secretary General of the PPAT but is an official of the IPPF in Bangkok.)

D. MINISTRY OF PUBLIC HEALTH (MOPH) - PURCHASES ORAL CONTRACEPTIVES

During the Spring 1974 the RTG in accordance with the 25% agreement as set forth on Page 6 of this report purchased 1,000,000 Monthly Cycles of oral contraceptives (pills). This purchase was made after the RTG/MOPH negotiated with the Wyeth Pharmaceutical Co. of the U. S. and the Schering Pharmaceutical Co. Ltd. (Thailand). Wyeth won the contract as a result of submitting the lowest bid. The price was U.S. \$0.16 per monthly cycle; Ovral 28-Day (21 plus 7 iron); standard commercial package; manufactured in Australia.

It should be noted that until 1973, AID had been supplying Ovral-Wyeth contraceptive oral to Thailand at a cost to AID U.S. \$0.347 cents per monthly cycle. AID/W at the present time is supplying Norinyl oral contraceptives at an estimated cost of U.S. \$0.18 cents per monthly cycle. This means that the MOPH is now buying this OVRAL contraceptive at less than half the price paid by AID. It appears that this particular brand OVRAL is preferred in Thailand. (See Section V F. SECRETARY GENERAL, PLANNED PARENTHOOD ASSOC. THAILAND below.)

E. INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) -  
PROCUREMENT REQUESTS AND AID'S PROCESSING SYSTEM FOR AID-FINANCED  
CONTRACEPTIVE COMMODITIES TO IPPF AFFILIATES

On July 17, 1973, the AID, Administrator in a letter to the Secretary General, International Planned Parenthood Federation stated:

"AID is pleased to inform you that we now accept the principle that specified contraceptives (currently orals and condoms) including transportation costs, will be made available to IPPF's regular program outside the A.I.D.-share formula. ... These contraceptives will be identifiable A.I.D. contributions and therefore subject to the usual A.I.D. end-use and audit rules. CY 1974 would be a realistic and desirable time to start this new arrangement. I would note our intention to review the arrangement in 1975.

". . . We note with considerable interest the efforts of IPPF to develop a new organization for the purpose of 'stimulating the expanded non-clinical distribution of contraceptives.' When legal and other matters are sufficiently advanced, we would be pleased to work with IPPF regarding a possible A.I.D. contribution."

(See Attachment No. 3)

It should be noted that these AID-Financed contraceptive commodities are in addition to the AID-Share formula which according to the above-quoted letters is to be 38 per cent for CY 1974 and 36 per cent for CY 1975. If AID furnished these commodities under the AID-share formula the estimate is that it would be increased to 40.7%. The estimated amount of contraceptive commodities to be AID-Financed is \$1,500,000 in CY 1974 and this represents an increase in AID's total contribution to IPPF.

Beginning in 1974 IPPF has submitted purchase orders carrying its own number and quantity to be shipped to the IPPF affiliate in the designated country. IPPF does not submit any statement of justification for the order when it is submitted to the AID/W, Office of Population. The purchase order is automatically processed to GSA and the same purchase order number is retained by GSA for charges and shipping purposes. There is no review conducted by the Office of Population. No shipping or advisory documentation papers are sent to the AID Mission where the IPPF affiliate is located. In fact the Missions visited (Indonesia, Thailand and Bangladesh) had no information about the AID Administrator's letter of July 17, 1973.

(See Attachment No. 3)

All Missions visited advised that they were under instructions not to monitor or consult with the IPPF affiliate. Considerable resentment was expressed at the Missions about the lack of instructions from AID/W relative to the relationship which should exist between them and the IPPF affiliate. It was stated that every year the Mission is called upon to evaluate the performance of the IPPF affiliate and it is most difficult because of instructions to keep contacts at a minimum with the IPPF affiliates.

In the Missions visited Indonesia, Thailand and Bangladesh where this subject was discussed the question was raised as to what monitoring would be involved since these are AID-Financed contraceptive commodities. The Thailand Mission personnel advised that they were not aware of contraceptive commodities being shipped to the PPAT.

Confirmation of the above referred to information is best illustrated by Bangkok cable 17520 subject: IPPF 1975 Program Activities in Thailand which states in part:

"PPAT would not divulge in-country supplies and pipeline for contraceptives . . . pricing policy remains somewhat unclear. It appears that current price is a barrier to some . . . current reports place price range from BAHT 5 - BAHT 9 (\$.25 - \$.45) per cycle to acceptor. . ."

(NOTE: The RTG price per monthly cycle is 5 BAHT = \$.25)

F. SECRETARY GENERAL, PLANNED PARENTHOOD ASSOC. THAILAND (PPAT) - (IPPF AFFILIATE) - PUBLICLY CASTIGATES AID ON CONTRACEPTIVE COMMODITIES SUPPLIED TO RTG-MOPH

The Secretary General of the PPAT, which organization receives approximately 40% of its funds from the AID-share formula to IPPF as an affiliate, was reported in the four leading newspapers as making erroneous statements regarding the USAID to the Thai family planning program. This attack occurred during the period March 26 thru March 29, 1973. One headline reads, "Family Planners Reject Untried Pill as Insult."

"The Planned Parenthood Association of Thailand lodged a strong protest yesterday against what it termed an 'unforgivable callous act' of the U.S. Agency for International Development (AID) in sending inferior, untested birth control pills to Thailand.

"Secretary General Mechai VIRAVAIIDYA of the PPAT described such a move as an "insult" to the Thai people. The change in the brand of pills had "adversely affected" the otherwise successful family planning programme in Thailand, he charged.

"Mechai said the new pills were sent to Thailand by AID after producers of "OVRAL" - brand of the pills sent here over the past eight years - failed to win the government contract in the U. S. . . .

"Formerly, about 800,000 women obtained OVRAL pills from hospitals and health centers throughout the country . . .

"Mr. Mechai disclosed that when the AID realised it could not obtain OVRAL pills, it tried to cover the "unforgivable mistake" by supplying condoms to Thailand.

"But the condoms were again unpopular for they were "oversize" he said. "People have to use thread to tie the condoms when they are using them. Many people complained that the American condoms were too big," he said.

"Mr. Mechai suggested that the government encourage local drug producers to manufacture pills. "We should be self-reliant in this essential medicament," he said . . . "

(See Attachment No. 4)

A synopsis of these newspaper stories was made at the time and reads as follows:

Concerning U.S. AID, Siam Rath Sunday frontpage headlined confusion in birth control project: The United States changes the medicine it gives Thailand. Paper's news story quoted Dr. Chern Donavanik, Director General of Medical and Health Department as saying USOM's change of birth control pills caused "adverse effects" among recipients. Dr. Chern was also quoted as saying Ministry of Public Health will find a way to remedy this problem by buying the pills itself to provide to women who come for birth control service, "in order to prevent any repercussions on the family planning project. Nation headlined family planners reject untried pill as "insult", carrying news story that Planned Parenthood Association of Thailand lodged strong protest against what it termed "unforgivable callous act" of U.S. Agency for International Development in sending inferior, untested birth control pills to Thailand. Paper quoted Secretary General Meechai Viravaidya of PPAT as saying change in brand of pills had "adversely affected" otherwise successful family planning program in Thailand. Meechai was quoted as saying "it is clear that the AID simply doesn't care what will happen to our family planning program and that AID regards the Thai Population as a figure." Daily news column nailed Gen. Prapas, Deputy Prime Minister (DPM), for saying that if U.S. cuts down on assistance to Thailand, latter will do same to U.S. Siam Rath column also noted concern expressed by people about Thai-U.S. relations after statement by DPM Gen. Prapas.

HEDGES

(UNDERLINING ADDED)

It should be noted that the foregoing statements failed to state that the oral contraceptive NORLESTRIN, which was criticized, had been approved for general use by the U. S. Food and Drug Administration (FDA) and continues to be prescribed for and routinely used by hundreds of thousands of women in the U.S. Also as reported above 3,500 gross condoms were delivered for acceptance trials in 1970 at the request of the RTG. No

condoms have been supplied since that time because they are manufactured locally. However AID is now about to furnish Korean and Japanese condoms as reported above in the total amount of 135,000 gross at an estimated cost of \$500,000.

Pertinent to the above reported newspaper articles the PPAT itself encountered considerable difficulty in August-September, 1973, as reported in the Bangkok Post of September 26, 1974. The report stated:

"The Family Planning Association of Thailand has sacked four ranking officials for attempting to usurp power. . . Their dismissal came after they accused association secretary-general Meechai VIRAVAIIDYA of malfeasance and failing to execute his duties . . . Mr. Meechai was cleared of malfeasance, but at the same time received a reprimand for neglecting his duties."

(See Attachment No. 5)

G. IPPF - COMMUNITY-BASED FAMILY PLANNING SERVICES - SUBMITTED FOR APPROVAL TO THE MINISTRY OF PUBLIC HEALTH BY THE PLANNED PARENTHOOD ASSOCIATION OF THAILAND - APRIL 30, 1974

When the Reporting Inspector (RI) met with USOM/Thailand Health and Population officials in May 1974 inquiry was made about the AID-Financed Contraceptive commodities (orals and condoms) being supplied to the PPAT in accordance with the AID, Administrator's letter of July 17, 1973. USOM officials advised that they had never seen the letter and had no knowledge of the commodities being supplied by AID/W to the PPAT. It was decided that since this is a new type of program it warranted further inquiry to ascertain how these commodities were to be ordered, by whom, how received, distributed, prices to be charged, and in particular the reporting and monitoring system.

A meeting was held with the IPPF Representative for Thailand and the IPPF Consultant on Community Base Contraceptive Program. It was explained that the IPPF is sponsoring a Community-Based Family Planning Services Program (CBFPS) which will distribute contraceptive commodities and the proposal had just been submitted to the RTG-MOPH. It was stated that the IPPF was developing a very thorough reporting and monitoring system but no details were given. No copy of this CBFPS Program was offered at this meeting. In fact about the only information obtained at this meeting was the statement "that there was great reluctance on the part of a voluntary agency to become closely identified with government because they feel that they would come under government authority and lose their freedom to operate as they wish." No evidence or documentation was given to substantiate this statement. It should be noted however that the proposal was being submitted to the RTG. A memorandum

of conversation on this meeting was made and is Attachment No. 6 to this report. The IPPF Representative then stated that he had arranged a meeting later in the day with Khun Meechai, IPPF Project Manager for the CBFPS to explain the proposal in detail.

(NOTE: Upon returning to the USOM offices the RI was informed for the first time about Mr. Meechai as reported above and that he was no longer Secretary General of the PPAT. It was stated that after he left PPAT he was put on the payroll of IPPF, London.)

The meeting with Mr. Meechai was limited to a discussion of the procurement and distribution of AID-financed contraceptive commodities as related to the CBFPS. Primarily it was an information seeking effort to ascertain the scope of the program as presented to the R.T.G. A copy of the proposal as titled above was given by Mr. Meechai. (The copy is being retained in the IIS file since the AID/W Office of Population received one in September 1974.) Mr. Meechai explained that he expected his contraceptives to come from two sources: first, AID-financed "Blue Lady" pills from IPPF in London, and second, local purchase by IPPF Thailand from its own resources. Mr. Meechai was asked why his group could not obtain all of its contraceptives through the Thai Government. He explained that the Ministry of Public Health was or has been providing small quantities of oral contraceptives in case of short falls in IPPF supplies, he preferred to maintain direct receipt from IPPF because IPPF -- with their large global purchases -- could obtain a better unit price than could the Ministry of Public Health. (See Attachment No. 7)

*great!*  
Mr. Meechai was asked to explain what type of promotion efforts IPPF was conducting for use of condoms. He responded by producing some photographs showing a large hall filled with women attending a presentation of the merits of condoms. The highlight of the demonstration was a number of school teachers blowing up condoms while a speaker explained the several uses for condoms. The speaker suggested, for example, that after being used, condoms should be washed and given to children for balloons, with the bottom portion detached for use as a rubber band to hold women's hair in place. Mr. Meechai was asked what sort of advance publicity he used to get such a large turn out at these meetings. Mr. Meechai said it is a secret. (See Attachment No. 7)

When asked if the IPPF planned to charge any price to the consumers of IPPF-distributed oral contraceptives, Mr. Meechai explained it was normal in Thailand to expect a "service charge" for goods or services even in government operations. This service charge for orals would be about five BAHT (25¢) per cycle. Pills would be free if a woman had no money to pay. (See Attachment No. 7)

(NOTE: Mr. Meechai is very proficient and articulate in the use of English and advised that he was educated in Australia. He is reputed to be of Thai-Scottish descent.)

The IPPF proposal for the CBFPS program was subsequently reviewed and analyzed by a qualified population officer at the request of the RI. His evaluation is as follows:

"SUBJECT: Comments on IPPF - Community Based Family Planning Service Project

"I. Coverage

"The project will operate in 21 districts in 19 provinces. An average of about 30,000 population in each district means serving a population of approximately 630,000 located in 2353 villages.

"II. Methodology

"The project establishes a parallel infrastructure to the National Family Planning Project at national, district, tambon (sub-district) and village levels. It proposes nine different mixes of program intensity in implementation. It has its own record keeping and distribution system although it mentions in passing giving "credit" to the RTG Family Planning Project for acceptors.

"III. Funding

"The first year operating budget, exclusive of the cost of contraceptives, is approximately \$300,000. Of this budget the major portion is cost of distribution (52.6%); next is supervision and evaluation (20.9%); then administration (13.6%); followed by Fund Raising (8.4%) and fixed assets (4.5%).

"IV. Comments

"The proposal as outlined makes no provision for becoming self-sustaining. It states that a \$0.25 charge will be made for oral pills and presumably a month's supply of condoms. No mention is made of the disposition of the funds generated which, if it served 60,000 couples out of 232,000 eligible women = 2,000 per district, would amount to 5 baht/month/cycle of pills and assuming a 60% continuation rate would be 60,000 x 1/2 5 x 7.8 cycles used amounting to be a little over 2 million baht or \$100,000. Of course some of this would be condom sales but they probably wouldn't be over 10% of the total.

"While this project does have the potential to significantly expand contraceptive distribution, failure to impose rigorous management and monitoring mechanisms, and failure to tie the project into the RTG system, could result in a number of abuses. For example, the supervision and resupply of agents in 2353 villages and the sustaining of 21 district communities would also be a Herculean task, it would seem to me resulting in possible laxness in operating procedures and perhaps black market operation. The parallel system might result in the robbing of acceptors and the hiring away of badly needed personnel from the RTG family planning services if new acceptors were recruited as the record forms indicate. If AID contraceptives were used, as well as others, it would be difficult to do "end-use". In terms of cost-effectiveness and accountability it would seem to me that tying into the government system of distribution and reporting would be preferable." (Underlining Added)

The foregoing comments failed to mention that oral contraceptives are still on the RTG list of Dangerous Drugs and therefore a Doctor's prescription and use of only midwives who had received the basic family planning training course could prescribe the pill. This raises the question which existed previously with the PPAT - will this project result in the recruitment of MOPH personnel particularly midwives and how will the RTG react? Will it criticize AID for providing the contraceptive commodities required to implement this program? Does the RTG know that AID is furnishing these commodities?

Mr. Meechai has admitted that a charge of U.S. \$0.25(¢) per monthly cycle will be made for oral contraceptives and he is expected to receive the 916,800 cycles of AID-Financed commodities already shipped. The sum of money his organization will receive from sales is:

$$916,800 \text{ cycles} \times .25(\text{¢}) = \$229,200$$

In addition this project is to receive 10,000 gross U.S. condoms AID-Financed at \$4.23 per gross F.A.S. or approximately \$45,000 cost to AID. A plan to repackage the condoms into a package of 12 for a month's supply is being considered and the charge will be U.S. \$0.25(¢). This means that another \$30,000 is to be received by the CBFPS making an approximate total of \$250,000.

Efforts to ascertain information about the accountability and disposition of the funds received from the sale of AID-Financed commodities by the CBFPS were unsuccessful in both Thailand and AID/W.

Additional information regarding this IPPF sponsored project and a joint Thai National Family Planning Program being funded by the Canadian Government is set forth in Bangkok cable 17520 (See Attachment No. 8). This cable also states that "the implementation seems to be suspect -- the statistician assigned to monitor this activity has resigned, we understand, because the design for spot checking progress outlined in the plan was not being followed by the Project Manager." (See Attachment No. 8)

The Project Manager of the CBFPS has a business card which reads:

MECHAI VIRAVAIIDYA  
Director  
Community-Based Family Planning Services  
Thailand-Laos

16 SUKHUMVIT SOI 14  
Bangkok, Thailand  
Tel. 519470, 527280

RES: 8 SOI PROMMIT  
SUKHUMVIT SOI 39  
Bangkok Tel. 912570

It should be noted that there is no identification with the IPPF, the PPAT or any registered company. This fact required further inquiry as to the legality of the CBFPS and whether or not it is authorized to receive or utilize AID-Financed contraceptive commodities. It does not appear to meet the requirement set forth in the AID-Administrator's letter (See Attachment No. 3) of being a "IPPF regular program." The subterfuge of the PPAT's receiving the commodities and then passing them to the CBFPS appears to be an effort to meet the legal question raised in the Administrator's letter of July 17, 1973.

H. COMMENTS ON SALES OF PILLS - INSTITUTE FOR POPULATION AND SOCIAL RESEARCH - MAHIDOL UNIVERSITY

Some statements warranting consideration by all AID officials responsible for supplying oral contraceptives to the RTG are contained in "Working Paper No. 6 dated June, 1974, published by the Institute For Population and Social Research, MAHIDOL UNIVERSITY, Bangkok". These comments in part are:

"In recent years, dissemination of birth control pills has been made a major formal responsibility of the Government Midwife. The pills are donated to the Thai government by the United States Department of State Agency for International Development, and formally they are supposed to be available to users at no cost. Actually, local health officials such as Government Midwives charge recipients a minimum of 5 BAHT per month.\* This charge seems to be a standard, country-wide practice. It is described as a voluntary donation for the improvement of the local health station, at the discretion of the Government Midwife. In theory it is waived for the indigent; in practice it is rarely waived for anyone . . . . Often supplies of the pill are not maintained and it is unavailable at various health stations for weeks at a time . . . Moreover, Government Midwives frequently own drugshops (although subordinates may act as drugsellers) which sell birth control pills at about 12 BAHT (U. S. \$0.60(¢) per cycle with a greater profit than those distributed through government channels. It is even possible for Government Midwives to take free government pills and sell them on an itinerant basis at the market price. . . .

"\*This charge of 5 BAHT is about one-half an unskilled worker's daily wage. Within recent months the charge seems to be increasing to 7-10 BAHT. It is often claimed that this sum is not a significant obstacle for a large fraction of the poorer people, even though sufficient desperation. ("motivation") . . . .

"Many women buy birth control pills on the private market without any contact with the health station, and many others receive them from the Government Midwife for a short time and then switch to a drug shop, perhaps the Government Midwife's own. In many cases, Government Midwives encourage women who experience initial side effects to get "better medicine" at a drug store. Because clients are sensitive to price differences, if health stations offered a good selection of popular brands below the market price, and without nonmonetary discouragement, it would seem the health stations could become the major supplier of the pill (or if desired, virtually the sole supplier). And at a lower cost, or actually free, there is every reason to believe that pill usage could be substantially increased\*. . .

"\*In contrast, the recent policy of disguising all health station birth control pills which are supplied by U. S. A. I. D. in a uniform "blue lady" packaging (Speidel et al 1974:66) may well support the belief that the government pill is different and inferior -- suitable only to the "charity ward." (Underlining Added)

(NOTE: Copy of this publication available at Office of Population, AID/W.)

I. CY 1975 - ROYAL THAI GOVERNMENT (RTG) IN TRANSITION

The USOM has advised that CY 1975 will be a period of transition in many respects. Thailand will have a new government, a new Minister of Public Health and a new Undersecretary, all of which may influence defined priority areas of need which may or may not mesh with AID's priorities; and a number of possible approaches to a U. S. assistance program in these areas will be suggested in FY 1975 by a joint RTG/WHO/IBRD/AID health sector assessment to be conducted that year.

J. ROYAL THAI GOVERNMENT (RTG) - MINISTRY OF PUBLIC HEALTH (MOPH) AND INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) - FUNDS COLLECTED FROM AID-FINANCED CONTRACEPTIVE COMMODITIES

The RTG/MOPH has established firm prices for contraceptive commodities as discussed above under the theory that some charge should be made in order that recipients will appreciate the value. The IPPF Community-Based Family Planning Services is also selling AID-Financed contraceptive commodities. Since both the MOPH and the IPPF keep records as to sales being made the Mission has available the means to determine the actual number of users in the program as well as the amount of funds collected.

## VI. FINDINGS AND RECOMMENDATIONS

### FINDING NO. 1

The Royal Thai Government has negotiated a contract with Wyeth Pharmaceutical Company for the purchase of 1,000,000 monthly cycles of the oral contraceptive OVRAL at U.S. \$0.16 cents per cycle to be supplied in commercial package. AID/W under the central funding program for contraceptive commodities has supplied the RTG with 13,054,000 cycles for CY 1974 and CY 1975 with NORINYL pills in the "Blue Lady" package for approximately \$0.18 cents per cycle. The RTG has established a firm 5 BAHT (\$0.25 cents) charge per monthly cycle as a "service charge," "sale" or so-called "client donation."

### DISCUSSION

AID/W, Office of Population for CY 1974 and CY 1975 has ordered and shipped 13,054,000 monthly cycles of oral contraceptives (NORINYL) to the RTG (See Page 10 this report). "The RTG controlled price is a maximum of 5 BAHT (\$0.25) per cycle." (See Attachment No. 8)  
 $13,054,000 \text{ cycles} \times \$0.25 \text{ cents} = \$3,263,500$  proceeds received from "sales" or "service charges" by the RTG.

Review of Project Agreement No. 209-4004 dated August 24, 1973, and its revisions by the Desk Officer reveals that no provision is made relative to the proceeds received by the RTG. This PRO AG provides the authorization for the 13,054,000 cycles of oral contraceptives furnished to the RTG.

It should be noted that the RTG has agreed to purchase an increasing share of its oral contraceptive requirements as follows: 25% (1974), 50% (1975), 75% (1976), and thereafter 100%. (See Page 6 of this report.) The USOM estimates that the number of pill users in CY 1974 to be 350,000 and in CY 1975 to be 450,000 for a total of 800,000 users. This will require a total of 10,400,000 cycles. (800,000 x 13 months) As of December 31, 1973, there were an estimated 3,000,000 cycles in the central warehouse which will make a total of 16,054,000 cycles furnished by AID. If we add to this figure the 1,000,000 cycles purchased by the RTG in CY 1974 plus the amount to be purchased in CY 1975 of approximately 3,000,000 cycles the RTG will have available over 20,000,000 cycles or more than enough to carry it through CY 1976.

If the proceeds received by the RTG of \$3,263,500 as shown above can be used to purchase oral contraceptives and assuming they can continue to buy from Wyeth at \$0.16 cents per cycle it will provide:

$$\$3,263,500 \div 0.16 \text{ cents} = 20,396,875 \text{ cycles}$$

This report shows that AID had previously supplied the OVRAL pill to Thailand and that it is preferred over other brands. In fact when AID was unable to furnish OVRAL it was publicly criticised in 1973 (see Pages 13, 14, and 15 of this report.) AID at that time was paying \$0.347 cents per cycle for the OVRAL pill. (See Page 11 of this report.) It is well known that AID today is unable to purchase OVRAL pills at \$0.16 cents per cycle.

Now that the RTG is going to make available this OVRAL pill the possibility exists that AID can again be criticised. A report recently published by the MAHIDOL UNIVERSITY states:

" . . . the recent policy of disguising all health station birth control pills which are supplied by U. S. A. I. D. in an uniform "blue lady" packaging . . . may well support the belief that the government pill is different and inferior -- suitable only to the "charity ward." (See Page 21 this report.)

Another factor involved is that the RTG's price of 5 BAHT (0.25 cents) per cycle "is about one-half an unskilled worker's daily wage." (See Page 20 this report) It is possible that A. I. D. could be criticised for agreeing to this RTG price even though there does not appear to be any formal agreement on this matter.

With regard to the AID-Financed Off-Shore purchases of condoms for the RTG from Korea and Japan (see Page 9 this report) there is a provision in the PRO AG which states "The MOPH will also arrange for necessary packaging and distribution of condoms provided by AID hereunder. All proceeds derived from sales, service charges and client donations made in connection with distribution of the condoms shall be deposited in the Special Counterpart Account. (Sub-Account D) Up to one-third of total proceeds so deposited may be utilized to defray local packaging costs."

In CY 1975 Thailand will have a new government with a new Minister of Public Health and a new Undersecretary, all of which may influence defined priority areas of need which may or may not mesh with AID's priorities. (See Page 21)

#### RECOMMENDATION

In view of the foregoing it is recommended that AID re-evaluate the agreement to furnish AID-Financed contraceptive commodities (orals and condoms) beyond CY 1975 now that the ordering of these previously authorized commodities has been completed in CY 1974.

#### ACTION OFFICES

USOM/Thailand  
AID/W, Office of Population

#### MONITORING OFFICE

AA/Bureau for East Asia

#### FINDING NO. 2

The AID, Administrator in July 1973 in a letter to the Secretary General, International Planned Parenthood Federation (IPPF) agreed to provide AID-Financed Contraceptive Commodities (currently orals and condoms) including transportation costs, to the IPPF's regular program, outside the AID-share formula beginning in CY 1974. These commodities as AID contributions will be subject to the usual A. I. D. end-use and audit rules. The letter also mentioned efforts of the IPPF to develop a new organization for the purpose of stimulating the expanded non-clinical distribution of contraceptives but made no commitment regarding an AID contribution. The IPPF has established a new organization in Thailand in addition to its affiliate the Planned Parenthood Association of Thailand (PPAT). This new organization is receiving AID-Financed contraceptive commodities and making a "service charge" to recipients of the commodities.

## DISCUSSION

No instructions were issued by AID to its Missions relative to these AID-Financed commodities being shipped to the IPPF affiliates. These commodities are automatically and routinely ordered and shipped by AID on the receipt of an IPPF purchase order without any review by Mission or AID/W officials. IPPF does not furnish any justification or supporting documents to substantiate its purchase orders. No shipping or advisory documents are sent to the Missions. There are no instructions from AID/W relative to the relationship which should exist between the Mission and the IPPF affiliates. In fact the interpretation of Mission officials of AID/W verbal instructions is to keep contacts at a minimum yet each year they are called upon to evaluate the performance of the IPPF affiliates, in this case the PPAT. (See Pages 11, 12 and 13 of this report.)

The IPPF has established a new organization in Thailand known as the Community-Based Family Planning Services (CBFPS) reputedly with the approval of the RTG. AID has shipped a total of 916,800 monthly cycles of oral contraceptives to the former Secretary General of the PPAT who is now the Project Director for this new organization. (See Pages 10 and 11) An analysis of this CBFPS project is set forth on Pages 17 and 18 of this report. The CBFPS is to make a "service charge" of \$0.25 cents per monthly cycle for recipients.

916,800 cycles x \$0.25 cents = \$229,200

There is no mention of the disposition of the proceeds being generated by these AID-Financed commodities. (See Pages 17, 18 and 19 of this report.)

The CBFPS project and its relationship with the PPAT is very strained. At operational levels this project maintains logistic and personnel structures which parallel the RTG National Family Planning Project. This adds to the cost of both programs and

generates occasional friction at the field level. There is a similar but smaller project which is linked closely with the current Family Planning Program utilizing existing resources rather than establishing a parallel structure. This project is being funded by the Canadian Government. (See Attachment No. 8)

The USOM states "that the IPPF practice of selling contraceptives and contraceptive services as a means of fund raising is a potentially dangerous policy and that AID/W consider emphasizing support on an institutional basis." (See Attachment No. 8)

The failure to tie the CBFPS project into the RTG system could result in a number of abuses. For example, the supervision and resupply of agents in 2353 villages and the sustaining of 21 district communities would be a Herculean task resulting in possible laxness in operating procedures and perhaps black market operations. The parallel system might result in the robbing of acceptors and the hiring away of badly needed personnel from the RTG family planning services if new acceptors were recruited as the record forms indicate. If AID contraceptives are used as well as others, it would be difficult to do end-use and audit. In terms of cost-effectiveness and accountability it would seem that tying into the government system of distribution and reporting is preferable. (See Page 18 and Section J on Page 21 of this report.)

In addition to the above the "PPAT would not divulge (to the Mission) in country supplies and pipeline for contraceptives . . . current reports place price range charges from BAHT 5 - BAHT 9 (\$0.25 - \$0.45) per cycle to acceptor." (See Attachment No. 8)

#### RECOMMENDATION

The AID Administrator's letter (See Attachment No. 3) states, "I would note our intention to review the arrangement in 1975," regarding the making available of AID-Financed commodities to the IPPF as an AID contribution. In view of this statement, and

the information set forth in this report it is recommended that the evaluation consider the following matters:

- (1) Should AID continue to supply AID-Financed contraceptive commodities (orals and condoms) directly to IPPF and its affiliates or should the IPPF obtain its requirements from the Government's AID-Financed commodities. (Provisions in some PRO AG's specify participation by Voluntary Agencies.)
- (2) Should the IPPF and its affiliates require a "service charge" or "sales price" for AID-Financed commodities, if so, should such charges be limited to the same amount charged by the Host Government if any and should AID approve such charges and the disposition of the proceeds.
- (3) Should the IPPF be required to submit substantiating statements and documents as to the number of users (acceptors) in the affiliates program in support of purchase orders submitted to AID/W for AID-Financed commodities and should the Missions review such requests prior to AID/W action.
- (4) Should AID notify the Host Governments of the type and amounts of AID-Financed commodities being shipped to IPPF affiliates in the event the commodities are not being obtained from the Governments in order that the Government can make arrangements to obtain reports on the number of users (acceptors).
- (5) Should AID be supplying AID-Financed commodities to the IPPF, Community-Based Family Planning Services project since it is not a regular program as required by the Administrator's letter.
- (6) Should IPPF be permitted to make "service charges" for AID-Financed Commodities where such charges may be harmful to the Family Planning Program by placing these commodities out of reach of the lowest income people who are the main targets of the entire program.

In addition AID/W should:

(a) issue instructions clarifying the relationships which should exist between AID Missions and the IPPF affiliates, also the Mission's role in monitoring the AID-Financed contraceptive commodities being supplied and the disposition of the proceeds resulting from "service or sales charges."

(b) establish procedures for IPPF to follow regarding management and accountability records relative to the AID-Financed commodities being supplied.

ACTION OFFICE

AID/W Office of Population

MONITORING OFFICE

AA/Bureau for Population  
and Humanitarian Assistance

CLIENT RECORD FORM\*  
FAMILY PLANNING PROGRAM

Form 01 (Front Side)

1. No. (1-5)   
2. Code (6-11)

DATE \_\_\_\_\_ UNIT \_\_\_\_\_ SUBDISTRICT \_\_\_\_\_ DISTRICT \_\_\_\_\_ PROVINCE \_\_\_\_\_

3. TYPE OF CLIENT (12)  
 1 New acceptor  
 2 Change of method  
 3 Change of clinic and of method  
 4 Change of clinic, same method

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_  
 4. HOME: Municipal  1 Rural  2 Address \_\_\_\_\_  
 (13) Subdistrict \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_

5. AGE  (14-15)  
 9. EVER PRACTICE FP? (23)  
 Never  0  
 IUD  1  
 Pill  2  
 Injection  3  
 Other  4

6. NUMBER OF CHILDREN  
 Male  (16-17) Female  (18-19)

7. DO YOU WANT MORE CHILDREN? (20)  
 Yes  1 No  2  
 Not sure  3

8. MONTHS SINCE LAST DELIVERY OR  
 ABORTION  
 No. of months  (21-22)

10. OCCUPATION Husband Wife  
 (24) (25)  
 Farming/Fishing  1  2  
 Other  2  1

11. METHOD CHOSEN (26)  
 IUD  1 Condom  5  
 Pill  2 Other Method  6  
 Vasectomy  3 Other  7  
 Tubal ligation  4 service  
 (Box 7 to be checked only for type 4  
 acceptors in item 3 above)

12. DATE OF SERVICE  
 Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
  
 (27-30)

Checklist for Personnel Prescribing Oral Contraceptives

Check the following by history and examination	Visit 1		Visit 2		Visit 3	
	Yes	No	Yes	No	Yes	No
1. Yellow skin or yellow eyes _____						
2. Mass in the breast _____						
3. Discharge from the nipple _____						
4. Swelling or severe pains in the legs _____						
5. Severe chest pains _____						
6. Unusual shortness of breath after exertion _____						
7. Severe headaches _____						
8. Excessive menstrual periods _____						
9. Increased frequency of menstrual periods _____						
10. Bleeding after sexual intercourse _____						
11. Varicose veins in the legs _____						
12. Blood pressure (Yes = above 160) _____						
13. Urine for sugar _____						
14. Urine for protein _____						

Instructions:

- If all the above are answered in the negative, the patient may receive oral contraceptives.
- If any are answered in the positive, the patient must first be seen by a physician.

IUD Insertion

The first day of last menstruation before IUD insertion \_\_\_\_/\_\_\_\_/\_\_\_\_

P.V. Examination:

Vagina: No discharge  Discharge (describe) \_\_\_\_\_

Cervix: Normal  Erosion (describe) \_\_\_\_\_

Uterus Position: { Anteflex  Midposition  Retroflex  Size: { Normal  Enlarged  Sound \_\_\_\_\_

Adnom: Normal  Tender  Mass  Thickening

Remarks: Size of IUD \_\_\_\_\_

Physician's name \_\_\_\_\_

\* This regional filing attached to the left half of the client record  
 for the regional office is to be sent to the HPTF Research and  
 Evaluation Unit for every client.

32

MONTHLY ACTIVITY REPORT  
FAMILY PLANNING PROGRAM

39  
(Form 03)

PROVINCE \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DISTRICT \_\_\_\_\_

REPORTING UNIT \_\_\_\_\_

TOTAL NO. OF SUB-UNITS \_\_\_\_\_

NO. OF SUB-UNITS REPORTING THIS MONTH \_\_\_\_\_

1. NEW ACCEPTORS

- 1.1 IUD \_\_\_\_\_
- 1.2 Pill \_\_\_\_\_
- 1.3 Tubal ligation \_\_\_\_\_
- 1.4 Vasectomy \_\_\_\_\_
- 1.5 Other \_\_\_\_\_
- 1.6 Other \_\_\_\_\_

TOTAL \_\_\_\_\_

2. Revisits

- 2.1 IUD \_\_\_\_\_
- 2.2 Pill \_\_\_\_\_
- 2.3 Other \_\_\_\_\_

TOTAL \_\_\_\_\_

3. Home visits

- 3.1 Postpartum \_\_\_\_\_
- 3.2 Acceptor \_\_\_\_\_
- 3.3 Other \_\_\_\_\_

TOTAL \_\_\_\_\_

4. Cycles of Pills Distributed

- 4.1 New Acceptors \_\_\_\_\_
- 4.2 Old Acceptors \_\_\_\_\_

TOTAL \_\_\_\_\_

REPORTER \_\_\_\_\_

POSITION \_\_\_\_\_

Unit .....

District ..... Province .....

No.	Item	Unit	Number Ordered	Number Distributed	Remarks
1.	Pill	Cycles			
2.	IUD	Pieces			
3.	IUD	"			
4.	IUD	"			
5.	IUD	"			
6.	Regular Inserter	"			
7.	PP - Inserter	"			
8.	F.P. Form 01	Books			
9.	F.P. Form 02	"			
10.	F.P. Form 03	"			
11.	F.P. Form 04	Sheets			
12.	F.P. Form 06	"			
13.	F.P. Form 07	"			
14.	Health Education Materials				
	.....				
	.....				
15.	Others .....				

Signature .....

(.....)

Position .....

Date .....

34

Province .....

Month .....

Unit	PILL				IUD			
	Previous Balance	Re-ceived	Dis-tributed	New Balance	Previous Balance	Re-ceived	Dis-tributed	New Balance
Provincial Medical and Health Service Office								
1. P.M.H.S.O. Clinic								
2. District Capital Clinic (excluding P.M.H.S.O. Clinic)								
3. District .....								
4. District .....								
.....								
.....								
.....								
.....								
10. District .....								
etc.								
Hospital .....								

Signature ..... Reporter

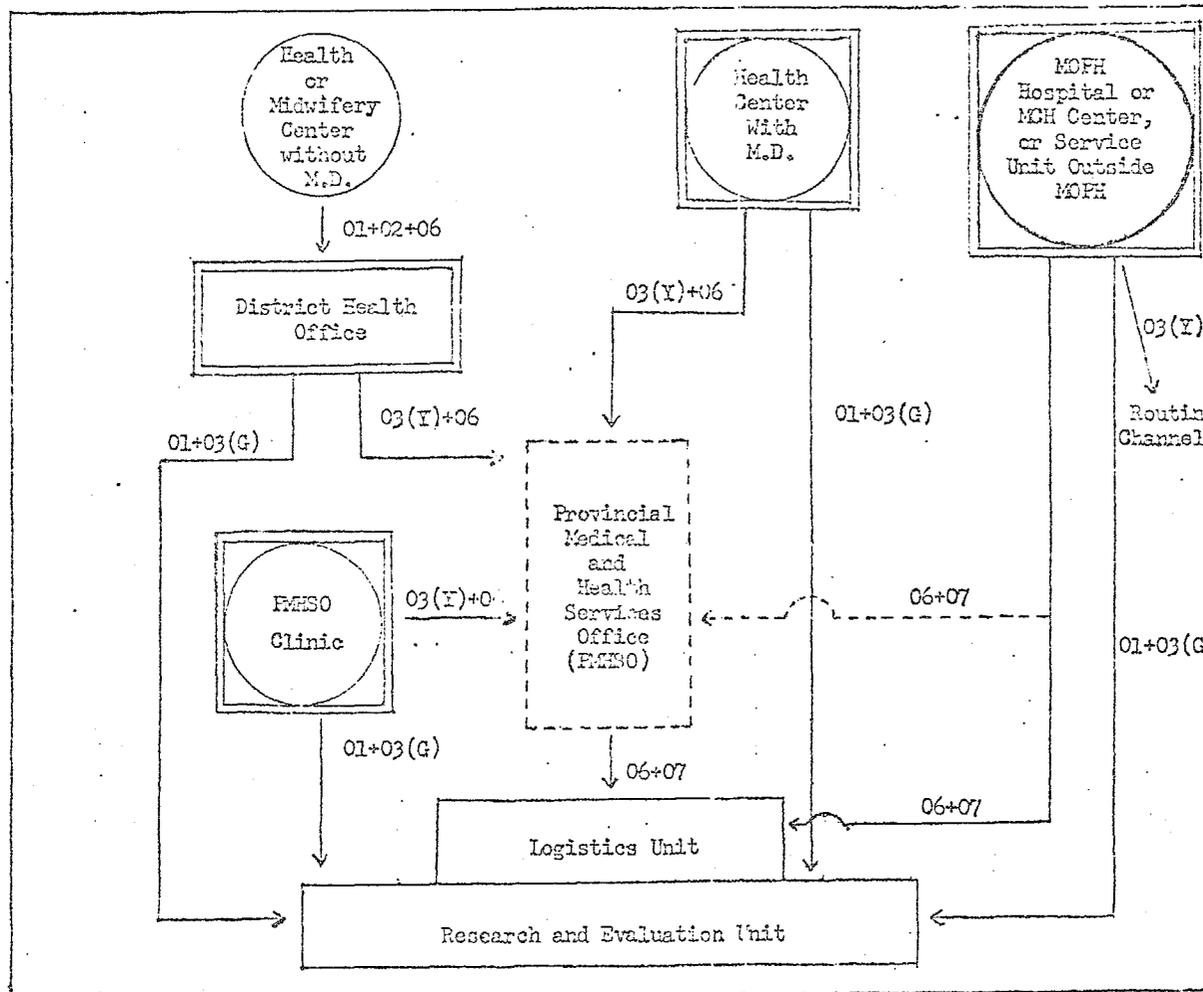
(.....)

Position .....

Date .....

35

NATIONAL FAMILY PLANNING PROGRAM REPORTING SYSTEM FLOW CHART



FORM	TITLE
00	Acceptor Log Book
01	Client Record Form
02	Daily Activity Report
03	Monthly Activity Report
04	Acceptor Card
05	Follow-up Card
06	Supply Order Sheet
07	Fill and ICD Inventory
08	Supply Log Book

- Note : 1. The symbols (Y) and (G) refer to the Yellow and Green copies, respectively, of Form 03.
2. All Service Units keep copies of the various forms in their own office. Forms 00, 05, and 08 stay exclusively at the Service Unit, Form 04 stays with each acceptor.

จำนวนผู้รับบริการรายใหม่ จำแนกตามวิธีป้องกันปฏิสนธิ, ตามสังกัดของหน่วยงาน, และจำแนกเป็นรายเดือน  
 NUMBER OF INITIAL ACCEPTORS, BY CONTRACEPTIVE METHOD, BY ORGANIZATION, AND BY REGION

ประจำเดือน:  
 MONTH OF :

	จำนวนเดือนนี้ Number This Month					รวมยอดตั้งแต่ต้น Cumulative Number				
	I.U.D.	PILL	F. STER.	M. STER.	TOTAL	IUD	PILL	F. STER.	M. STER.	TOTAL
ยอดรวมทั่วประเทศ NATIONAL TOTAL										

จำแนกตามสังกัด DISTRIBUTION BY ORGANIZATION

กรมอนามัย	Dept. of Health									
กรมการแพทย์	Dept. of Medical Services									
หน่วยงานอื่น ๆ	Other Organizations									

จำแนกเป็นรายภาค DISTRIBUTION BY REGION

พระนคร-ธนบุรี	Bangkok-Thonburi									
ภาคกลาง	Central Region									
ภาคตะวันออกเฉียงเหนือ	Northeast Region									
ภาคเหนือ	Northern Region									
ภาคใต้	Southern Region									

หมายเหตุ : 1. "จำนวนเดือนนี้" เป็นตัวเลขจากรายงานกิจกรรมประจำเดือน (แต่ยังมีได้รวมตัวเลขจากรายงานที่ส่งล่าช้า)  
 2. "ยอดรวมตั้งแต่ต้น" เป็นตัวเลขตั้งแต่เริ่มเปิดบริการซึ่งได้มาจากการสอบถามไปยังหน่วยงานต่าง ๆ รวมกันแล้วได้มาจากรายงานกิจกรรมประจำเดือน แต่ไม่รวมการล่าช้าก่อนหน้านั้น นับตั้งแต่ 1. 7. 2523  
 รายงานนี้ "ฉบับ" นี้ได้มีตัวเลขรวมของภาคอื่น ๆ ที่ส่งล่าช้าไว้ด้วยแล้ว

NOTES : 1. "Number This Month" are taken from monthly clinic reports (not including late reports).  
 2. "Cumulative Number" are obtained from the special questionnaires plus the cumulative figures taken from the monthly clinic reports. I.U.D. and pill figures are cumulative from the beginning of services, whereas the sterilization figures are cumulative from 1955.  
 3. Figures from late reports for the previous month (s) are included in the "Cumulative Number".

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 ORGANIZATION :

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 REGION :

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 MONTH OF :

๑๑๖ :  
 Page

Province	Initial Acceptors This Month						Cumulative							
	I.U.D.		Pill		Sterilisation		I.U.D.		Pill		F. Ster.		M. Ster.	
	New	Revisit	New	Revisit	Female	Male	251...	Total	251...	Total	251...	Total	251...	Total

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## National Family Planning Program

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Department of Health

NUMBER OF PILLS IN .....

*Sample Page*

Province	District	No. of Clinics in District	NUMBER OF PILL DISTRIBUTED		
			New Acceptor	Old Acceptor	Total
Krabi	Muang Krabi				
	Kolanta				
	Khao Phanom (King)				
	Khlong Thom				
	Aoluk				
Kanchanaburi	Muang Kanchanaburi				
	Thong Pha Phum				
	Tha Maka				
	Thi Muang				
	Sai Yok				
	Bo Phloi				
	Phanom Thuan				
	Si Sawat				
	Saughla Buri				
Kalasin	Muang Kalasin				
	Kamalasai				
	Kuchinarai				
	Tha Kantho				
	Yang Talat				
	Somdet				
	Sahatsakhan				
	Khao Wong (King)				
	Hua Ned (King)				
Kamphaeng Phet	Muang Kamphaeng Phet				
	Khanu Worakabsaburi				
	Khlong Khlung				
	Phran Kartai				
Khon Kaen	Muang Khon Kaen				
	Kranuan				
	Chonnabot				
	Chum Phae				
	Nam Phong				
	Ban Phai				
	Phon				
	Phu Wiang				
	Pancha Khiri				
Si Chomphu (King)					

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FIELD VISIT TO SINGBURI PROVINCE AND THA-CHANG  
1ST CLASS HEALTH CENTER

On May 14, 1974, at 1645, USOM Advisor, Norma Brainard, interpreter Khun Petchada left Bangkok via USOM car for Singburi and they accompanied Mr. John Mitchell, AID/W to review the receipt, distribution and reporting on contraceptive commodities.

Upon arrival in Singburi at 0830, Ms. Brainard and Khun Petchada purchased 7 brands of oral contraceptives at a local drug store. The price ranged from 12 to 17 baht per cycle. One brand was later found to be empty and another one was missing six tablets. One brand made in England was dated 1970 and the other brands had no date. At 0900 the group previously mentioned arrived at Singburi provincial health office and had a conference with Dr. Sommai Thongprasert, chief medical officer until 1100. One public health nurse set in on the conference.

The following information was received through questions asked by Mr. Mitchell to Dr. Sommai:

Population of Singburi = 200,000

Number of health centers - total = 41  
1st class health center = 1  
2nd class health center = 36  
Midwifery centers = 4

Number of hospitals in province = 2

How are oral contraceptives received in province?

The PHO receives pills from Bangkok. There are 6 district health offices in province. Each district health officer receives pills from provincial health office. The health centers receive pills from district health officer.

How many people come to health centers for pills?

The number of acceptors varies. The chief medical officer has recently been appointed. His plan is to set up a target number of pill acceptors (5 per month) for each health center. Presently not many centers reach the target. Sterilizations are popular in the province.

How does the public find out about the pill?

Mostly through the staff. A few hear from radio and newspaper.

What about the condom?

Condoms are not popular, except for single people.

If you have a promotion campaign will condoms be accepted more?

It is hard to persuade village people to use them. The chief medical officer tries to encourage the use of condoms, but he is not very successful. When the doctor (chief medical officer) interviews couples, he finds the men don't want to bother using family planning methods.

Are there any bad effects from the pill?

Only slight side effects.

Do you receive enough pills?

Yes.

The PHO stated that one of the strongest reactions (not physical) to the pill was due to change of brands, because the women were reluctant to continue pills when the brands were changed.

Do the midwives explain the use of pills to the patients?

Yes.

Do you know about IPPF? Have you had any experience with them?

Yes, he heard of Mr. Meechai through a meeting which he attended, but he doesn't know him personally.

Is the midwife reluctant to promote family planning because it reduces her business?

No, she does general public health work.

Do you know of any pill distributed in this province by PPAT or IPPF?

No.

Are there private clinics under PPAT or IPPF in this province?

No.

Are there other private clinics in the province distributing pills?

No.

How many people buy pills on the open market?

Don't know, not many, as the prices are too high. People prefer to get the pills at the health centers.

Do you believe PPAT or IPPF should give out pills in your province?

No, it's useless as the patients can get pills from the government health centers at \$ 5 per cycle.

Suppose PPAT or IPPF want to set up clinics. What do you think about this?

It's not useful. Most women are already family planners. It hard to reach the target of 5 new acceptors per month now, because most are already acceptors.

Are there incentives in the province for motivating acceptors?

No.

Do you believe pills should be distributed by other organizations or should they all be dispensed through government clinics?

In this province, other clinics are not necessary. Most couples want 2 or 3 children before they use family planning. Vasectomies are popular. Dr. Serraf has personally done 300 vasectomies every year. This includes some men from other provinces.

Who motivates the men?

Men encourage each other. Sometimes the wife hires her husband to get it done.

Has there been much of an increase in population in the province in the past 20 years?

Yes.

Are birth statistics kept in the province?

Yes, for more than 10 years.

Are most births attended by midwives?

Yes, now, but previously they were attended by granny midwives.

Must all births be registered?

Yes, within 15 days.

When did pill project first begin in this province?

August 1971.

Has there been a regular increase in pill acceptors.

Yes.

Do many pill acceptors drop out?

Yes, some, but no record is kept of drop out.

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Do you think there will be a big increase in pill acceptors in the future?

Yes, but not a big increase, but a steady increase.

Do women talk to each other about the pill?

Yes, it has advantages and disadvantages. They discuss the good and the bad one.

Is this the way that most of the people find out about the pill?

Yes, word of mouth and from the midwife.

Are the health services in the province adequate?

Yes.

Why is there such good medical service in this province?

There are two hospitals. At first one of them was a first class health center and it was expanded to be a hospital.

Number of government doctors in province = 11 (includes public health and hospital doctors)

Private MDs = 0

Government nurses = 60 (Hospital and Public Health)

Midwives = 50<sup>+</sup> (Public health only)

Sanitarians = 50<sup>+</sup> (These have not been trained in family planning yet)

Has there been a problem of pilferage of pills at the health centers?

Formerly, yes, but now strict records are kept.

Do you have pill statistics for the past 3 years?

Yes.

(Statistical report is attached to this memo. The last monthly report is complete for March. The report includes IUD's and pills, but no sterilizations as they are not done at the health centers.

Is there a problem getting reports from the health centers?

No.

How long has there been a reporting system on pills?

Since August 1971.

Do you think the <sup>keeping of</sup> records is hard or simple?

Simple.

Summary of statement by John Mitchell to chief medical officer and family planning nurse.

It is very important for the reporting system to be good and accurate. It is based upon what is used and what you think will be used, because U.S. government must order pills two years in advance. The U.S. provides pills for 72 countries and must know two years in advance how many are needed.

What does the government of Thailand do to tell the people about the pill?

Some TV announcement. Midwife and other health personnel do health education.

Do you feel enough is done in area of propaganda?

Yes, most people in the provinces know about family planning now. The PHO has a new project planned. There will be 5 days of training for rural scouts (Tambon adults). There will be 300 in each group and the training will take place after the harvest. The objective of training is to increase the knowledge of scouts concerning health and agriculture. Family planning will be integrated into the training session. The age of participant will be 15 to 60 or 70 years of age. Ten groups have already been trained.

What objections do people raise for not using the pill? Is it religion, health, ignorance etc.?

Most of the objections are due to lack of education. The poor and the uneducated don't want to believe in the doctor. They have a general resistance concerning health matters. The community leaders have not been too successful in this project concerning family planning.

The PHO plans to have training program for community development leaders.

If there is more than one organization giving out pills, would a bad situation arise such as black market?

There may be a problem. These private clinics should be set up in large provinces and services should be free.

Let us assume PPAT will charge \$ 5 for a cycle of pills. How many people will go to that clinic?

There won't be any problem as the government sells them for same price. The PHO thinks if government lets private MD have free pills and free gasoline for a mobile team, this would be more successful than setting up PPAT clinic.

Do you think Thai women want free pills or do they want to pay for pills.

They want free pills.

In the afternoon a trip was made to Tha-Chang 1st class Health Center, approximately 30 kilometers from provincial health office. Dr. Somnai chief medical officer accompanied USOM Advisor, USOM interpreter, Khun Patchad and John Mitchell, USAID/Washington to the center.

The Tha-Chang first Class Health Center has bed capacity for 16 in patients. On the day of the visit all the beds appeared to be in use and there were several patients sitting in the waiting room.

Approximately 200 general patients receive services each month in the out patient clinic. Approximately 10 deliveries are done each month.

Number of staff = 2 nurse midwives  
3 midwives  
1 nurse's aid

Information received through questions asked by Mr. Mitchell to health officer and nurse at health center.

How many cycles of pills do you request each month?

500 cycles. There are approximately 10 new pill acceptors each month.

How do patients find out about the pills?

Through home visits and education to general patients who come to clinic.

How many families are visited per month.

5-7 families per day. Visits are made every afternoon by the nurse.

Have the pill acceptors been increasing?

Yes, they are steadily increasing over the past years.

How many IUDs are inserted here?

2 or 3 per month by the doctor.

How many cycles of pills are given out to each woman?

On the first visit one cycle is given. On second visit if patient has no problems, then 3 cycles are given. Some patients get 4 or 5 cycles.

Do you do sterilizations here?

No, the equipment is not adequate for sterilization.

The health officer stated he had done 336 female sterilizations in past 5 years but he previously worked in another hospital.

Are condoms distributed here?

No.

What kind of pills are available?

Norinyl 1 + 50 only.

Mr. Mitchell asked to see the pills and examine the packages. They were found to be locked in a cupboard. There were several cartons on the shelf and they were dated 3 - 73. Mr. Mitchell discussed the difference in U.S. pills, date, manufacture, etc. and pills from other countries. He emphasized the importance of keeping accurate records and also recording the stock number when pills are received. He also emphasized the importance of keeping pills locked in cupboard to prevent pilferage.

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PILL DISTRIBUTION REPORT SINGHABURI PROVINCE

	<u>1972</u>	<u>1973</u>	<u>1974</u>
January	3,047	4,520	5,600
February	3,908	4,172	4,697
March	4,156	4,748	4,396
April	4,811	6,989	
May	4,011	3,452	
June	4,322	5,769	
July	3,957	4,269	
August	4,592	3,871	
September	4,261	4,495	
October	4,283	4,943	
November	4,485	4,723	
December	<u>4,479</u>	<u>4,311</u>	
TOTAL	50,312	56,256	14,693

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BIRTH REPORT SINGHABURI PROVINCE

	<u>1972</u>	<u>1973</u>	<u>1974</u>
January	331	308	327
February	345	259	304
March	337	246	351
April	332	260	
May	312	294	
June	243	286	
July	275	254	
August	312	281	
September	258	278	
October	313	325	
November	308	358	
December	<u>311</u>	<u>340</u>	<u>          </u>
TOTAL	3,677	3,489	982

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DEPARTMENT OF STATE  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON

OFFICE OF  
ADMINISTRATOR

JUL 17 1973

Miss Julia Henderson  
Secretary General  
International Planned Parenthood  
Federation  
18-20 Lower Regent Street  
London, SW 1Y 4PW, England

Dear Miss Henderson:

This is in response to your letter of May 25, 1973.

A.I.D. is pleased to inform you that we now accept the principle that specified contraceptives (currently orals and condoms,) including transportation costs, will be made available to IPPF's regular program outside the A.I.D. -share formula. As you recall, in the event that A.I.D. decides to provide a contribution to IPPF, the formula would be 38 percent for CY 1974 and 36 percent for CY 1975. We anticipate that orals will be allocated in the fashion established by Amendment 17 of Grant AID/csd-1837, while condom procurement from G.S.A. will be supported by funds obligated under the Grant but excluded from the formula. These contraceptives will be identifiable A.I.D. contributions, and therefore subject to the usual A.I.D. end-use and audit rules. CY 1974 would be a realistic and desirable time to start this new arrangement. I would note our intention to review the arrangement in 1975.

*This is a copy of the original copy by Mr. Tolson*

We note with considerable interest the efforts of IPPF to develop a new organization for the purpose of "stimulating the expanded non-clinical distribution of contraceptives." When legal and other matters are sufficiently advanced, we would be pleased to work with IPPF regarding a possible A.I.D. contribution.

Sincerely,

*John A. Hannah*  
John A. Hannah

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# FAMILY PLANNERS REJECT UNTRIED PILL AS 'INSULT'

The Planned Parenthood Association of Thailand lodged a strong protest yesterday against what it termed a "unforgivable callous act" of the US Agency for International Development (AID) in sending inferior, untested birth control pills to Thailand.

Secretary General Mechai Viravaidya of the PPAT described such a move as an "insult" to the Thai people.

The change in the brand of pills had "adversely affected" the otherwise successful family planning programme in Thailand, he charged.

Mechai said the new pills were sent to Thailand by AID after producers of "Ovral" -- brand of the pills sent here over the past eight years -- failed to win the government contract in the US.

Mr Mechai said: "It is clear that the AID simply doesn't care what will happen to our family planning programme and that the AID regards the Thai population as a figure."

For eight months now the AID has supplied the Public Health Ministry with the Noristrine pills instead of the Ovral pills. Noristrine is known for having unfavourable side effects and is unsuitable for regular use.

Formerly, about 800,000 women obtained Ovral pills from hospitals and health centres throughout the country but they have shunned Noristrine pills which induce dizziness and vomiting.

Mr Mechai said many girls have turned to drugstores where a set of pills costs between five and eight baht. "These girls may lose faith in the government because they cannot depend on hospitals or health centres."

Mr Mechai disclosed that when the AID realised it could not obtain Ovral pills, it tried to cover the "unforgivable mistake" by supplying condoms to Thailand.

But the condoms were again unpopular for they were "oversize", he said. "People have to use thread to tie the condoms when they are using them. Many people complained that the American condoms were too big," he said.

Mr Mechai suggested that the government encourage local drug producers to manufacture pills. "We should be self-reliant in this essential medication," he said.

The PPAT has been drafting a four-year plan aimed at publicising family planning and instilling the concept into Thai society.

The plan is expected to be launched by mid-April and Mr Mechai said it will include a telephone answering service, a two-minute pregnancy testing service and many other activities that will encourage people to adopt family planning.

BANGKOK POST  
WEDNESDAY 26 SEPT. '73

## Four fired in family planning upheaval

THE Family Planning Association of Thailand has sacked four ranking officials for attempting to usurp power.

Fired in the "mini-coup" were Mr Thong Duoruang, Mr Prachab Chaiyasarn, Miss Tabtim Sunthayakorn and Mr Prayong Sawai-wongse.

Their dismissal came after they accused association secretary-general Meechai Viravaidya of malfeasance and failing to execute his duties.

The accusation, made on August 20, was accompanied by an emergency bulletin calling on association employees to take their orders from Mr Thong and to hold all documents.

A committee set up to investigate the dissidents found them guilty of overstepping their authority, instigating unrest within the association and leaking inside information to outsiders, including foreigners.

Mr Meechai was cleared of malfeasance, but at the same time received a reprimand for neglecting his duties.

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Attachment No 5

MEMORANDUM FOR CONVERSATION

SUBJECT: Family Planning: Contraceptive Procurement Program

DATE OF MEETING: May 10, 1974

PARTICIPANTS: Mr. McCann, IPPF Representative, Thailand  
Dr. Corbett McDonald, IPPF Consultant on Community Based  
Contraceptive Program  
Mr. John Mitchell, IIS/AID/W  
Mr. Scott W. Edmonds, Population Advisor, O/HPP-USOM

COPIES TO: O/HPP

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Mr. Mitchell opened the discussion by stating the purpose of this visit to 4 countries, including Thailand, was primarily a fact finding mission to obtain information on the use and procurement of USAID provided contraceptives as well as a look at reporting systems. He also said that investigation was not part of his function on this trip.

Dr. McDonald who was only present for a few minutes because he had a meeting for another appointment, gave a very brief statement on the local "Community Based Contraceptive Project" in which he stated that IPPF was developing a very thorough reporting and monitoring system. However, he was not able to give details.

Mr. Mitchell then asked specifically how the contraceptives for the program were going to be brought into the country since AID/W is buying for IPPF and how the reporting system was going to be keyed to national demographic targets as well as accountability for proper distribution. He then suggested that one method of doing this was to plug in the reporting system of the national government family planning project system. Mr. McCann indicated that they are planning to do this as far as reporting was concerned as well as maintaining their own reports. However they were planning to bring in their commodities directly rather than through MOPII.

PEAT's role in the project is to be one of motivating and referring contraceptive clients which were to receive their contraceptives from the IPPF project. Their role then would be a cooperative one but not a major commodity responsibility according to Mr. McCann. Mr. Mitchell pointed out some of the legal advantages to obtain contraceptives through the government program rather than importing them by IPPF as far as accountability and follow-up were concerned such as black marketing. He also mentioned the problem from AID/W's points of view of identification of AID provided contraceptives

DRAFTING OFFICER: O/HPP:SWEdmonds:cb

DATE OF PREPARATION: May 13, 1974

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Attachment No 6

and co-mingling with those procured from other sources which might be purchased by IPPF. Mr. McCann responded by saying that there was great reluctance on the part of a voluntary agency to become closely identified with government because they feel that they would come under government authority and lose their freedom to operate as they wish.

Mr. Edmonds pointed out that there were other voluntary agencies who are planning to support family planning operations in Thailand in close cooperation with the Family Planning Project which they are now doing and plan to obtain their contraceptives from the government and remain part of the government reporting system.

Mr. McCann had kindly arranged a meeting in the afternoon with Khun Meechai, IPPF project manager for the Community Based Contraceptive Project. He said that Khun Meechai would be providing more specific information and details on the contraceptive reporting system at that time.

Mr. Mitchell

MEMORANDUM FOR CONVERSATION

SUBJECT: Family Planning: Contraceptive Procurement Program

REFERENCE: MEMCON with IPPF

DATE OF MEETING: May 10, 1974

PARTICIPANTS: Mr. Meechai Veeravidya, IPPF Project Manager  
Mr. John Mitchell, IIS/AID/W  
Mr. Gerard Bowers, IPPF/PPF

COPIES TO: O/IPPF

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Following-up on a suggestion of Mr. McCann, local IPPF representative, Mr. Mitchell requested the appointment with Mr. Meechai Veeravidya to discuss procurement and distribution of AID-financed contraceptives through IPPF in Thailand. Mr. Mitchell opened the discussion by asking Mr. Meechai to briefly describe the channel through which IPPF intended to obtain contraceptives for a proposed Community Based Contraceptives Distribution Program. Mr. Meechai explained that he expected his contraceptives to come from 2 sources: first, AID-financed "Blue Lady" pills from IPPF in London and second, local purchase by IPPF Thailand from its own resources. Mr. Mitchell asked if there was any way that AID/W could be kept apprised of the respective quantities of oral pills from each source. Mr. Meechai replied that AID/W should simply ask IPPF London for a statement indicating how many cycles of pills IPPF had purchased for Thailand using AID funding. Mr. Bowers suggested that IPPF Thailand also periodically inform USOM regarding the amounts of contraceptives that IPPF purchased locally. This figure would supplement the information provided by IPPF-London and the combined total, when used in conjunction with local IPPF client usage statistics, would provide an accurate measure of contraceptive usage and pipeline requirements. Mr. Meechai said that this information could be provided. Mr. Mitchell then asked Mr. Meechai if his organization was distributing any condoms. Mr. Meechai said that his group was very active in promoting the use of condoms as a family planning method, primarily by attempting to dis-associate the condom from its popularly-held image (in Thailand) as a V.D. prophylactic. He mentioned that his group was using 8-9 thousand gross of Japanese condoms, but he asked if he might also be able to receive some of the new multi-colored condoms being provided by AID. Mr. Bowers suggested that Mr. Meechai attempt to work out an agreement along this line with the Ministry of Public Health (recipients of AID procured condoms) but Mr. Meechai indicated that he would prefer direct donation to his organization. Mr. Mitchell asked why Meechai's group (IPPF)

DRAFTING OFFICER: O/IPPF:GRBowers:cb

DATE OF PREPARATION: May 13, 1974

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Attachment No 7

did not obtain all of their contraceptives through the Thai Government. Mr. Meechai explained that whereas the Ministry of Public Health was or has been providing small quantities of oral contraceptives in case of short falls in IPPF supplies, he preferred to maintain direct receipt from IPPF because IPPF--with their large global purchases--could obtain a better unit price than could the Ministry of Public Health.

Mr. Mitchell asked Mr. Meechai to explain what sort of promotion efforts IPPF was conducting for condoms. Mr. Meechai responded by showing some photographs showing a large hall filled with women attending a presentation of the merits of condoms. The highlight of the demonstration was a number of school teachers blowing up condoms while a speaker explained the several uses for condoms. The speaker suggested, for example, that after being used, condoms should be washed and given to children for balloons, with the bottom portion detached for use as a rubber band to hold women's hair in place. Mr. Bowers asked what ~~sort~~<sup>sort</sup> of advance publicity Mr. Meechai used to get such a large turn out at these meetings. Mr. Meechai said it is a secret.

Mr. Mitchell asked if Mr. Meechai was aware of any pilferage of AID financed oral contraceptives in Thailand. Mr. Meechai estimated that about 50 thousands cycles per shipment were probably pilfered at the port, but that in his opinion, there was probably very little pilferage along the in-country distribution channel. He further opined that the Blue Lady pack, because it was so closely identified with the official RTG family planning program, had very little value as a black market item. Mr. Mitchell pointed out that several pharmaceutical companies were also adopting the Blue Lady package and therefore leakage of AID financed pills into the private sector might be more of a problem in the future than it is now.

Mr. Mitchell then asked if the IPPF planned to charge any price to the consumers of IPPF-distributed oral contraceptives. Mr. Meechai explained that it was normal in Thailand to expect a "service charge" for goods or services even in government operations. This service charge for orals would be about five baht ( 25 ¢) per cycle, but that the pills would be free if a woman had no money to pay.

Mr. Meechai was interrupted at this time by a long-distance phone call from Australia. Mr. Mitchell thanked Mr. Meechai for the appointment and left.





Department of State

TELEGRAM

UNCLASSIFIED

PAGE 02 BANGKO 17520 060657Z

B.3 "BLUE LADY" PAKK ORALS ARE PROVIDED. HOWEVER, IPPF RECEIVES ABOUT 20 PERCENT OF PILL REQUIREMENTS FROM NON-AID SOURCES. THE WARNING ON PILL USAGE IS NOT A BARRIER TO ACCEPTANCE ACCORDING TO PPAT SINCE MOST THAI ACCEPTORS DO NOT READ ENGLISH.

B.4 THE PPAT REPORTS THAT THEY PROVIDE SOME FREE ORALS TO THE NEEDY BUT THEY DID NOT INDICATE NUMBER OF THESE PEOPLE SERVED. THEY NOTE A CHEAPER PRICE IS BEING CHARGED IN RURAL AREAS BUT DID NOT SPECIFY THE PRICE DIFFERENTIAL.

B.5 NURSES ARE BEING USED TO RESUPPLY PILLS AND TO INSERT IUDIS UNDER PHYSICIAN SUPERVISION.

B.6 AN IPPF SPONSORED COMMUNITY BASED DISTRIBUTION DEMONSTRATION PROJECT (CBP) IS ABOUT TO GET UNDERWAY IN 24 DISTRICTS (APPROXIMATELY 1 MILLION POPULATION). THE DETAILS OF THE PROJECT PLAN HAVE BEEN SENT TO AID/W (TOAID A-284, DATED 8/21/74) USOM'S EARLY JUDGEMENT ON THE LONG RANGE VALUE OF THIS PROJECT IS THAT IT WILL HAVE A MARGINAL IMPACT ON LEVELS OF CONTRACEPTIVE USAGE. THIS IS  
a) THE PROJECT HAS A VERY ENDS RELATIONSHIP WITH PPAT (THE IPPF LOCAL AFFILIATE) ALTHOUGH THERE HAS BEEN AN UNDERSTANDING THAT, IF SUCCESSFUL, PPAT WILL TAKE OVER THE PROJECT AFTER THREE YEARS. RELATIONS BETWEEN CBP AND PPAT ARE STRAINED.

b) AT OPERATIONAL LEVELS THE PROJECT MAINTAINS LOGISTIC AND PERSONNEL STRUCTURES PARALLEL TO THE RTG NATIONAL FAMILY PLANNING PROJECT. THIS ADDS TO THE COST OF BOTH PROGRAMS AND GENERATES OCCASIONAL FRICTION AT THE FIELD LEVEL.

c) THE NEPP IS COOPERATING ON A SIMILAR BUT SMALLER PROJECT WHICH IS LINKED CLOSELY WITH THE CURRENT FAMILY PLANNING PROGRAM UTILIZING EXISTING RESOURCES RATHER THAN ESTABLISHING APARALLEL STRUCTURE. THIS IS BEING FUNDED BY THE CANADIAN GOVERNMENT.

d) THE METHODOLOGY PLANNED FOR EVACUATION OF THE PROJECT APPEARS

GOOD BUT THE IMPLEMENTATION SEEMS TO BE SUSPECT--THE STATISTICIAN ASSIGNED TO MONITOR THIS ACTIVITY HAS RESIGNED. WE UNDERSTAND, BECAUSE THE DESIGN FOR SPOT CHECKING PROGRESS OUTLINED IN THE PLAN WAS NOT BEING FOLLOWED BY THE PROJECT MANAGER.

e) THE NPPH IS STUDYING AND EXPECTS TO IMPLEMENT DURING THE NEXT YEAR OR TWO A PLAN WHICH WILL PLACE A VOLUNTEER FAMILY PLANNING AND HEALTH AGENT IN EVERY VILLAGE (47,000) IN THAILAND ALLOWING FOR COMPLETE COVERAGE OF SERVICES.

f) POSITIVE FACTORS OPERATING ARE THAT THE PROJECT IS BEING PERIODICALLY REVIEWED BY A JOINT COMMITTEE OF RTG AND PRIVATE SECTOR OFFICIALS AND THAT THEY WILL BE MAKING SUGGESTIONS FOR

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IMPROVEMENT.

9.6 OUR ASSESSMENT OF CURRENT OPERATIONAL CAPABILITY OF THE PPAT IS THAT THERE HAS BEEN SIGNIFICANT IMPROVEMENT, DURING THE PAST TWELVE MONTHS, OVER THEIR PREVIOUS PERFORMANCE. THIS IS PARTICULARLY EVIDENT IN THE AREA OF MANAGEMENT OF RESOURCES AND COORDINATION WITH OTHER FAMILY PLANNING ACTIVITIES IN BOTH THE PRIVATE AND PUBLIC SECTOR. OUR MEETINGS WITH KEY STAFF REVEALED A SENSE OF DIRECTION AND COHENSIVENESS CONSPICUOUSLY ABSENT DURING THE PREVIOUS EIGHTEEN-MONTH PERIOD UNDER THE OLD LEADERSHIP.

C.1. A) THE PPAT HAS MADE A CONSIDERABLE CONTRIBUTION TO IE&C ACCOMPLISHMENTS IN THE PAST AND CONTINUES TO PLAY A MAJOR ROLE IN THIS AREA. THE USE OF INDIGENOUS DANCE AND SONG GROUPS IN RURAL AREAS HAS BEEN VERY HELPFUL IN AROUSING INTEREST OF RURAL INHABITANTS IN ADOPTING FAMILY PLANNING.

B) IT IS OUR DEFINITE FEELING THAT BOTH PPAT AND IPPF SHOULD EXPAND THIS ASPECT OF THEIR PROGRAM. THEY SHOULD BUILD ON THEIR COMMUNITY ORGANIZATION PROGRAM IN CONJUNCTION WITH ARD (ACCELERATED RURAL DEVELOPMENT) AND COMMUNITY DEVELOPMENT DEPARTMENT OF THE MOI AND PUT SPECIAL EMPHASIS ON EFFORTS TO ORGANIZE RURAL WOMEN TO ACTIVELY PARTICIPATE IN FAMILY PLANNING ON A GROUP BASIS.

C) IT IS OUR VIEW, HOWEVER, THAT THE IPPF PRACTICE OF SELLING CONTRACEPTIVES AND CONTRACEPTIVE SERVICES AS A MEANS OF FUND RAISING IS A POTENTIALLY DANGEROUS POLICY AND THAT AID/W CONSIDER EMPHASIZING SUPPORT ON AN INSTITUTIONAL BASIS TO THIS PVO.

C.2 THE PPAT CURRENTLY IS NOT TAKING THE LEAD IN NON-CLINICAL DISTRIBUTION OF CONTRACEPTIVES BECAUSE OF THE ACTIVITIES OF THE IPPF COMMUNITY BASED PROJECT.

C.3 IT IS USOM'S OPINION THAT THE PPAT IS INFLUENTIAL WITHIN THE OVERALL RIG POPULATION PROGRAM.

THESE COMMENTS ARE MADE ON THE BASIS OF DISCUSSIONS WITH OFFICIALS OF THE NFPP, THE REGIONAL REPRESENTATIVE OF IPPF, STAFF OF PPAT, AND THE UNFPA COORDINATOR. IN ALL CASES COOPERATION WAS EXCELLENT.  
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