

022-0918

613.942
#199

Development Information Center
Bureau for Development Support
Agency for International Development
Washington, D.C. 20523

EVALUATION REPORT
INTERNATIONAL PROGRAMS
ASSOCIATION FOR VOLUNTARY STERILIZATION
(AID/pha/C-1128)

A Report Prepared By:

MARIAN V. HAMBURG, ED. D.
MICHAEL S. BURNHILL, M.D.
ALFREDO GOLDSMITH, M.D.
PHYLLIS T. PIOTROW, PH. D.

11/11/76
Rafael...
Alfonso...

During the Period:

JANUARY 18 THROUGH FEBRUARY 9, 1977

Under the Auspices Of The:

AMERICAN PUBLIC HEALTH ASSOCIATION

Supported By The:

U. S. AGENCY FOR INTERNATIONAL DEVELOPMENT
OFFICE OF POPULATION - AID/pha/C-1100

AUTHORIZATION:
Ltr: POP/FPS 11/4/76
APHA Assgn. No. 1100-052

CONTENT

	Page
I. INTRODUCTION	1
II. FINDINGS AND RECOMMENDATIONS	
A. International, Regional and Country Conferences	5
B. Service Programs	6
C. Plans and Policy Development	10
D. Information and Evaluation Programs	11
E. Specialized Resource and Reference Capability	12
F. National Associations for Voluntary Sterilization and the World Federation of Associations for Voluntary Sterilization	13
G. Training Programs	15
H. Central Office	16
III. CONCLUSIONS	19
APPENDICIES	
A. Suggested Evaluation Design	20
B. Questions And Items Commonly Considered By The Evaluators	29
C. List Of Grants To Be Visited By The Evaluation Team	31
D. IPAVS Sponsored Conferences And Participants From Selected Countries, 1975-1977	34
E. Listing of Additional Documents Made Available To The Evaluation Team	
ANNEXES	41

EVALUATION REPORT
INTERNATIONAL PROGRAMS
ASSOCIATION FOR VOLUNTARY STERILIZATION
(AID/pha/G-1128)

I. INTRODUCTION

Since 1972 the Agency for International Development (AID) has maintained grant agreements with the International Program, Association for Voluntary Sterilization (IPAVS) for the purpose of advancing the acceptance of voluntary sterilization as a basic component of family planning and health service programs throughout the developing world. Background information relating to the development, growth and purpose of IPAVS is given on pp. 1-3 in the 1975 Evaluation Report. On September 1, 1975 IPAVS renewed its contract (AID/pha-G-1128) with AID for a period of three years in order to continue its current activities. The current (revised) Management Plan for IPAVS cites seven specific objectives toward the achievement of this purpose:

- (1) To support, organize and conduct international, regional and country conferences relating to voluntary sterilization.
- (2) To assist developing countries in designing, developing and implementing voluntary sterilization medical service programs.
- (3) To encourage development of national action plans and programs for the incorporation of voluntary sterilization into countries' family planning programs for all levels of the medical and health professions and services.
- (4) To foster the development of information and education programs in developing countries where voluntary sterilization programs are funded by IPAVS.
- (5) To develop specialized resource and reference center capability in voluntary sterilization for audiovisual, printed and consultant services.
- (6) To assist in development of training programs for physicians, nurses, midwives, social workers, equipment technicians, etc., in voluntary sterilization programs.
- (7) To stimulate and support the development of National Associations for Voluntary Sterilization (NAVS) and the World Federation of Associations for Voluntary Sterilization (WFAVS).

In addition to satisfying contractual requirements, the evaluation was designed to assist IPAVS in identifying the strengths and weaknesses of its various programs so that it might benefit from past experiences and adjust to new needs. The evaluation may also assist IPAVS in the preparation of its new project proposal for fiscal 1978.

When appropriate, the evaluation team followed the Project Evaluation Guidelines (AID Document No. 10261) in developing a common methodology for the conduct of the evaluation.

A number of points which AID thought were important to the evaluation were spelled out in a memorandum from the Project Monitor (Appendix A). These were further clarified in discussion with the members of the evaluation team.

Since individual subgrant reports were to be prepared by each member of the evaluation team, the team met in New York to formulate common procedures for the evaluation based on the AID Project Evaluation Guidelines and discussions with the Project Monitor. The team drafted a set of questions and items (Appendix B) that should be addressed by each evaluator, when appropriate, in his or her evaluation of IPAVS. Thus, all evaluators used a common set of procedures and methods in their evaluations of IPAVS.

The team met with IPAVS staff at several levels. They consulted with the AID Project Monitor and the Chief of the Family Planning Services Division. They had free access to all IPAVS files, documents, contracts, subgrants, field trip reports, I&E and medical publications, and reviewed selected items. They investigated IPAVS's managerial, administrative and subgrant evaluative procedures.

Members of the evaluation team visited 10 countries (40 subgrants) which IPAVS had selected in consultation with AID (Appendix C).

The evaluation was not a financial audit of IPAVS or its subgrantees. Instead, it was a review and appraisal of the extent to which IPAVS has been able to achieve the seven objectives listed earlier - page 1. The results of the evaluation have been divided into two sections. The first is a set of general findings and recommendations which is not specific to any one project, subgrantee or country. The second is a set of individual reports on the particular projects evaluated. (See Annexes)

Although the evaluation team did not review projects prior to 1975, it is important to look at the scope and trend of IPAVS subgrants from 1972 to projected 1978 to see the relative size and emphasis on various functional programs. (See Table 1)

Generally, IPAVS has advanced from an initial ground-breaking international conference to emphasis first on training and then, since 1975, on substantial support for service programs. Conferences and training have become increasingly national and regional in orientation and represent a smaller proportion of total funds. IPAVS plans in 1976-77 to more than double its support for information and education, and for the establishment of national organizations through which indigenous leaders can support voluntary sterilization. This represents a rational trend - first stimulating and responding to the interest of physicians and health personnel, and second, stimulating and responding to the increased public demand for sterilization as a method of family planning and to the increased interest of governments in national sterilization plans and programs.

The evaluation team was impressed by the ability IPAVS has demonstrated in implementing these actions efficiently and effectively within its present terms of reference. Many of the recommendations offered, therefore, represent less a reflection of past or present shortcomings than an indication of the future directions or emphases which IPAVS and AID should consider in order to respond to the opportunities now opening up for leadership and action in voluntary sterilization.

Table 1. Number of Subgrants

	<u>1972-1973</u>	<u>1973-1974</u>	<u>1974-1975</u>	<u>1975-1976</u>	<u>Projected 1976-1977</u>	<u>Projected 1977-1978</u>
SERVICE	10	16	11	32	55	70
TRAINING	5	9	8	3	20	45
I & E	0	1	2	1	10	15
EQUIPMENT	2	4	3	6	12	20
NAVS	0	1	7	5	15	22
CONFS	<u>2</u>	<u>5</u>	<u>7</u>	<u>2</u>	<u>10</u>	<u>12</u>
TOTAL	19	36	38	49	122	184

BUDGET AMOUNT

	<u>1972-1973</u>	<u>1973-1974</u>	<u>1974-1975</u>	<u>1975-1976</u>	<u>Projected 1976-1977</u>	<u>Projected 1977-1978</u>
SERVICE	149,000	490,855	398,950	804,214	1,300,000	1,800,000
TRAINING	124,500	504,879	303,569	65,389	400,000	900,000
I & E	-0-	4,000	23,735	26,740	200,000	400,000
EQUIPMENT	12,600	20,725	21,295	101,233	250,000	500,000
NAVS	-0-	11,760	89,430	110,634	216,000	392,000
CONF	<u>206,594</u>	<u>57,555</u>	<u>56,006</u>	<u>325,483</u>	<u>100,000</u>	<u>150,000</u>
TOTAL	488,694	1,089,774	892,985	1,433,693	2,466,000	4,142,000

II. FINDINGS AND RECOMMENDATIONS

A. INTERNATIONAL, REGIONAL AND COUNTRY CONFERENCES

Although the evaluation team was not able to attend any current conferences, individual members had attended a number of previous meetings and were impressed with the competence, enthusiasm and action orientation of those involved in international sterilization activities. Participants in IPAVS conferences have been carefully selected with a view toward identifying key people who can be real "movers and shakers" in their own countries. To date these conferences have been an important element in stimulating sterilization activities nationally and internationally. It is to be expected, however, that conferences will play a smaller role as more and more countries are ready to focus directly on the provision of sterilization services.

Since the time of the last evaluation (February 1975), the following international and national conferences have been organized by IPAVS: (See Appendix D)

1. Third International Conference on Voluntary Sterilization, Tunis, February 1-4, 1976. Two hundred sixty-one registered participants from 66 countries attended. Eighty-five percent of those who attended were physicians (52% OB/GYNs, 3% Urologists). The conference appeared to have a considerable impact as 83 percent of those who were currently engaged in sterilization activities thought their programs should be changed or expanded.

2. Asian Regional Conference, Taiwan, May 1976. The conference was attended by 150 health and medical leaders to promote the acceptance and understanding of voluntary sterilization as a method of fertility control.

3. Indonesian National Conference, Jakarta, June 1976 Over 100 medical and paramedical personnel attended to introduce the Indonesia Society for Voluntary Sterilization, outline its activities and plans and review the status of voluntary sterilization in Indonesia.

4. Egyptian Regional Conference. The conference was attended by 50 key policymakers, physicians and community leaders to discuss and identify the obstacles to sterilization in Egypt and how to overcome them.

Participants for the conferences are selected by IPAVS in close cooperation with local AID population officers, other international agencies and by recommendation from people active

in the voluntary sterilization movement. Participants in these conferences, with a few exceptions, are usually physicians who are already committed to the concept and implementation of voluntary sterilization programs.

RECOMMENDATIONS

1. For future conferences IPAVS should identify and invite persons who are not necessarily physicians, but who are involved with in-country policymaking; e.g., directors of health and welfare, economic planners, etc.
2. The conferences should also include representatives of the potential consumers and include the paramedical personnel, social workers and health educators who are frequently involved in recruiting and counseling the consumers. The addition of these people to the conferences is particularly important as it is they, rather than the physicians, who invariably are responsible for creating consumer awareness and stimulating the demand for sterilization.
3. The conferences should have an open registration for all who wish to attend and not just those invited or sponsored by IPAVS.
4. The fourth international IPAVS conference should be held in 1978 in a large Catholic area, e.g., Latin America, because the concept of voluntary sterilization is not yet fully accepted by policymakers in Latin American countries even though there is a steadily increasing demand for sterilization services. A fifth conference might be held in subsaharan Africa. The conference, if held in Latin America, could facilitate the development of a national Latin American AVS. This in turn could help to change sterilization policies, such as the "120 rule" still used by some countries in the area. As a result of previous IPAVS conferences, the aforementioned concepts are already integrated into the family planning policies of many countries.
5. IPAVS should continue to develop and support regional conferences specifically oriented to the needs and problems of different geographic areas.
6. Future conferences should include subjects such as motivation, I&E, organizational problems and legal changes, rather than focusing heavily on techniques and medical procedures.

B. SERVICE PROGRAMS

The IPAVS Revised Management Plan of October 1975 and additional documents provided to the evaluators show that

IPAVS has excellent procedures for identifying, preparing and monitoring subgrant proposals for service programs.

IPAVS is now devoting by far the largest portion of its funds to provision of services. This is being done in the first instance by support of sterilization services offered by private organizations, clinics and hospitals. Services are also being provided to an increasing extent in cooperation with government agencies and facilities. Making sterilization services truly available in developing countries necessarily requires the use of government facilities, but it is likely that the quality of services offered will deteriorate somewhat when placed in the context of overcrowded government facilities staffed by busy physicians who have not had the benefit of extended sterilization training.

RECOMMENDATIONS

1. To maintain as high a quality of service as is realistically possible should be the main objective in continued IPAVS support and expansion of sterilization services.
2. Therefore, even where governments are beginning to assume responsibility for sterilization services, IPAVS should continue to support and encourage model clinics that can provide a high standard of comprehensive family planning services and serve as models for expanding programs.
3. IPAVS should encourage the location of new model clinics directly in rural or urban slum communities so that services can be maximally available to poor and urban women and men.
4. IPAVS, in cooperation with subgrantees, should develop a series of manuals:
 - (a) for medical personnel in the performance of sterilization procedures, and
 - (b) for nursing and other support staff to provide guidelines and standards, including not only patient care and pre-operative preparation but also such items as form of address, respect accorded the patient, type of clothing provided, space and attention to accompanying persons, sheets, bathrooms, food, transportation, release, etc. For examples of material prepared by subgrantees in NAVS's, see the country reports.

In the preparation of these guidelines, the NAVS's and subgrantees should be asked to participate fully

in developing materials and procedures that will be appropriate for different geographic areas. This should be a task for the WFAVS.

Voluntarism and Patient Consent. In all of the service programs reviewed by the evaluators, none would have been initiated without IPAVS assistance; and in all programs the concepts of voluntarism and informed consent are strictly observed according to the local requirements. No evidence of coercion of the patient by the physician, administrator or other personnel involved in the sterilization programs was apparent. The consent forms and guidelines for performing sterilizations are attached to the country reports.

All of those facilities visited had consent forms and procedures and a space for careful recording of medical history, lab tests and some counseling. Patients queried understood that the procedure was permanent, and that was why they wanted it. The long distances and times traveled via inconvenient means of transportation are eloquent testimony to the voluntary nature of these procedures in the countries visited.

RECOMMENDATIONS

1. IPAVS should continue to emphasize and monitor closely the information and counseling provided to men and women prior to sterilization to insure that all procedures supported by IPAVS are voluntary. Because of current publicity over abuses and coercion in non-AID funded programs (e.g., India), it is especially important for IPAVS to continue to set an example of high quality care and genuine concern for the patient so that these reports do not discredit voluntary sterilization in other countries.

Incentives. With respect to payment of incentives, conveyance fees or other monetary incentives or compensations for acceptors, all the women queried were surprisingly vehement in opposition. These included physicians, administrative staff and especially those involved in field work. Bangladesh and Pakistan field-workers complained that when incentives or other monetary payments were made in government programs, (1) more discussion was on the incentives than on the procedure, (2) those who were influenced by financial appeals were likely to complain later and thus discourage other women, (3) payments were degrading, (4) the woman was not made to realize that family planning was in her own and her family's best interest, and (5) in many cases the chit system for conveyance money meant that instead of receiving funds promptly from the service provider, the woman had to seek out some government official for reimbursement. He was usually hard to find, and, in fact, payment was not made.

RECOMMENDATIONS

1. IPAVS and AID should not support and should continue to discourage programs in which monetary incentives are provided to sterilization acceptors. In areas such as Latin America, some people are able and willing to pay for the procedure. Payment to acceptors, on the other hand, undermines the principle on which all family planning education efforts are firmly rooted - namely, that family planning is a benefit to the health and welfare of the individuals and families involved.
2. Facilities providing sterilization services should provide "health-reinforcing measures" such as a clean garment (to reduce wound infections), an overnight stay if the woman (or man) wishes, a good meal the next day or tea and a biscuit for same-day departures, a comfortable ride home, perhaps even a cake of soap, some food for a nourishing meal the next day, provision for follow-up services and, where possible, advice on seeking continued health care for the mother and children - which is especially important after sterilization. In addition to health benefits, this type of measure can have a constructive educational and motivational impact on other potential acceptors of sterilization.

Costs. In all facilities visited, the cost of performing a sterilization procedure has been developed in conjunction with IPAVS. The cost per procedure varies tremendously from project to project and from country to country. Further, many programs include training components. But the per procedure cost will decrease as the salaries of physicians and others are absorbed by the budgets of the national family planning programs. The cost will also decrease when the high start-up costs are amortized over the next years.

RECOMMENDATIONS

1. IPAVS should continue carefully to develop and monitor the costs of sterilization procedures in cooperation with subgrantees.
2. IPAVS should provide institutional reimbursement to hospitals or clinics for the space and services provided since this mechanism enables IPAVS to encourage and support some of the basic health needs of these impoverished populations at minimal extra cost.
3. IPAVS should continue to encourage fiscal autonomy, as feasible, by subgrantees.

Outreach. The majority of sterilization programs, as expected, are still based in urban centers. However, there is a gradual movement toward the extension of these urban programs into the rural areas where sterilization services are needed most.

Adequate transportation is essential to serve rural women where female sterilization is provided on an outpatient basis. IPAVS and AID have rightly been cautious in providing transportation; it is not necessary for field-workers distributing orals and condoms to travel to most areas in vehicles. However, with respect to outpatient female sterilization, the situation is quite different and should be so recognized. It is both inhumane and inefficient to expect a rural woman, accompanied by motivator, to travel 1-2 hours or more by bus, undergo a sterilization procedure under heavy local anesthesia, rest for 2-3 hours and then return by crowded public transportation for 1-2 hours, reaching home late in the day. Medically, such treatment encourages complications. From a motivational view, the woman is usually in such weak condition upon her return to the village that anyone who sees her would surely be discouraged from undergoing the same treatment. Economically, this approach means that one field-worker can bring only one patient per day instead of four or five who might be brought in a vehicle and must tolerate long delays waiting for crowded buses.

RECOMMENDATIONS

1. Until such time as quality services can be provided in rural areas, attention should be given to providing reasonable transportation for clinical facilities and especially for return of patients after female sterilization. Funds for transportation costs or vehicles should be provided, earmarked or arranged specifically for the hospitals or health facilities that provide sterilization services so that they cannot be shifted to other, non-family planning uses.

C. PLANS AND POLICY DEVELOPMENT

In the opinion of the evaluators, IPAVS has done an excellent job in initiating service programs within the context of local practice rather than waiting for countries to change their laws regarding voluntary sterilization. Changing the in-country laws does not appear to be within the scope of work of IPAVS. However, through the international conferences sponsored by IPAVS and through the results of the subgrantees' service programs, significant changes in the laws have come about. For example, El Salvador has moved from a very restrictive law which used

the "120 rule" and required the consent of three physicians, the husband and the wife, to a new law which will be signed shortly providing for sterilization on demand. (See El Salvador report.)

RECOMMENDATIONS

1. IPAVS should continue to encourage the development of voluntary sterilization services as a key element in national policy development.
2. Through conferences and the work of local groups, IPAVS should encourage changes in the law to make voluntary sterilization more readily accessible to all people.

D. INFORMATION AND EDUCATION PROGRAMS

IPAVS is just beginning to provide support for information and education programs in the sterilization field. Until this time, because sterilization was often either clearly illegal or at least of questionable legality in many countries, IPAVS has focused on training and provision of services rather than public information of any kind. It is entirely appropriate for those concerned with sterilization to extend their interest at this time into the I&E field. It is important, however, that these programs not be a mere repetition of conventional printing of brochures, pamphlets, posters and the like but rather that IPAVS avail itself of the opportunity to offer real leadership in this field and to focus resources where they can do the most good.

RECOMMENDATIONS

1. IPAVS must clearly define its information and education program objectives and then develop a strategy for their implementation.
2. The aforementioned strategy should include a training component for the local subgrantees because in many of the developing nations it is difficult to find persons qualified in communications.
3. Adequate attention should be paid to the crucial I&E role of personal communication between potential acceptors and the field-workers, health educators and users who themselves become the most successful advocates of sterilization. The "Women's Centers" project being developed at Lady Dufferin Hospital in Karachi and the "Vasectomy Clubs" organized by Profamilia in Colombia are excellent examples of this type of I&E and should be encouraged wherever possible. (See Pakistan report.)

4. IPAVS should work closely with other agencies to incorporate knowledge of and support for sterilization in the mainstream of national health, education and communications systems.
5. I&E efforts should increasingly be channeled toward the grass roots level by recognizing and encouraging local leadership and participation in programs directed toward improving the quality of life, including family planning and voluntary sterilization.
6. Emphasis should be placed in the future on careful evaluation of the impact, content, relevance and dissemination of I&E materials and activities that are supported by IPAVS. Hiring of an outreach worker may be a more effective use of I&E funds than additional materials.
7. Much more attention needs to be focused on male sterilization since it is a much simpler, safer and faster procedure than the female operation. The main problem to date has been the reluctance of men to undergo the procedure. Research, services, various types of educational activities fully evaluated, group meetings and other innovative activities should be undertaken to stimulate male interest in sterilization. Coercion is counter-productive, and quite properly against basic U.S. principles and policies, but more attention to the present objections which men raise to this procedure may help to make men more interested in this method of family planning.

E. SPECIALIZED RESOURCE AND REFERENCE CAPABILITY

IPAVS is developing a specialized library and resource center to respond to requests for information on sterilization throughout the world. The newsletters, IPAVS library (resource center) brochure and proceedings of IPAVS-sponsored conferences are oriented toward a medical audience and not toward the potential consumer.

RECOMMENDATIONS

1. It is recommended that IPAVS continue to provide high quality professional materials for medical persons and policymakers, but that promotional and educational material be developed locally in each country for local use.
2. It is recommended that IPAVS provide a prompt exchange of information among those interested in sterilization covering new developments in program evaluation, legal changes and other matters of interest in the field.

3. IPAVS should fully inform local subgrantees about this resource and should encourage them to establish similar local or regional resource centers.
 4. The IPAVS newsletter should be translated into Spanish and distributed throughout Spanish-speaking countries.
- F. NATIONAL ASSOCIATIONS FOR VOLUNTARY STERILIZATION (NAVS) AND THE WORLD FEDERATION OF ASSOCIATIONS FOR VOLUNTARY STERILIZATION (WFAVS)

To encourage indigenous leadership in the sterilization field throughout the developing world, and to meet the international need for a nongovernmental organization (NGO) devoted to sterilization, IPAVS has encouraged the formation of National Associations for Voluntary Sterilization (NAVS's) and a World Federation (WFAVS). There are now 19 NAVS's. These are basically membership organizations in which busy physicians predominate. Despite the prestige of their members, it is not easy for these fledgling organizations to find competent professional staff and undertake meaningful activities.

In many of the countries visited, model demonstration projects were having greater impact than the limited activities of the NAVS's. All of the NAVS's are virtually 100 percent funded by IPAVS and would cease to exist without IPAVS support. Despite the similarity of names, the national associations are not foreign counterparts of AVS/United States. The US Association is a financially viable organization supported by thousands of dues-paying members and contributors. In many LDC's, NAVS's are artificial constructs of AVS without indigenous resources and, as yet, without programs. Moreover, they are often managed by personnel outside the mainstream of a country's population/medical community whose primary reasons for establishing the association were their prior contact with an AVS representative or an NAVS member.

RECOMMENDATIONS

1. IPAVS should reconsider its policy of encouraging the formation of national associations, as a matter of course, and should continue to place principal emphasis on voluntary sterilization service, training and education programs.
2. Where NAVS's appear to have strong indigenous support and are helping to fill an unmet need, they should be provided much more comprehensive guidance in the development of I&E programs, management, data feedback, legal reform, where needed, and other activities.

3. IPAVS should work with WFAVS to draw up guidelines on the role of government program administrators and personnel in NAVS's. To assure genuine voluntary, nongovernmental organization (NGO) status for NAVS's, national government program administrators should be barred from executive roles in NAVS's, although a limited number can usefully serve on the board and expert committees or as honorary advisors or sponsors.
4. Standard procedures and guidelines should be established for the hiring of NAVS staff to minimize political pressures and to insure competent personnel and effective operations. It is especially important to insure that the staff hired now, as the NAVSs' begin operational roles, should be as competent and dedicated in their work as the present outstanding voluntary leaders. Advertising for all professional positions, careful interviewing, investigation of references, all should be mandatory and, if necessary, spelled out in IPAVS or WFAVS guidelines.
5. At the present state of development, since the NAVS visited did not appear to have the required degree of technical and managerial expertise to administer subgrants, IPAVS should not transfer any monitoring or fiscal responsibilities to them but should continue to provide close and direct supervision of all subgrants until further evaluation of the status of NAVS's is made.
6. Nonphysicians, including satisfied patients and field-workers, should be encouraged to join NAVS's, and membership should be open to all interested persons in order to reflect a cross section of the community.
7. Existing NAVS's should be encouraged to draw up their national plans for Unmet Needs, including short- or long-term training, services, education, links with field-workers and national policy.
8. Local branches of NAVS's should be started all over the country as well as in the central cities to provide pioneering services not only in government clinics but using private practitioners as well.
9. If IPAVS continues to encourage the work of NAVS's, action plans should be prepared, and strict guidelines for substantive activities should be developed before further action is undertaken by the central office and before substantial funding is committed.
10. NAVS's should take the lead in encouraging the integration of sterilization in government health

programs. Intensive efforts in both Bangladesh and Pakistan, for instance, to increase the number of sterilization acceptors, should be followed-up by the local organizations to insure a continuing role for sterilization in all possible government health facilities. This will mean fostering a more cooperative attitude between family planning officials and health officials than appears to exist in some countries.

G. TRAINING PROGRAMS

For the first three years of IPAVS operations, training has represented almost 50 percent of IPAVS funding. It is increasingly clear that the groundwork in the field of training has already been done. It is no longer necessary to bring large numbers of physicians or other trainees to the United States for specialized training which may not be relevant to their indigenous circumstances. IPAVS has been moving in the direction of local training and should be commended for this emphasis.

RECOMMENDATIONS

1. Further training should be provided geographically as close as possible to the trainees' home environment.
2. Training should focus on the team approach and not only on the physicians who perform the procedures. The nurses, technicians and paramedical personnel perhaps play a more important role in the functioning and success of a voluntary sterilization program than the individual physicians. This team approach can expedite the work flow, reduce the cost of service, minimize the need for equipment repair and improve the quality of service.
3. IPAVS should develop guidelines to assist subgrantees and NAVS's to identify the minimum required skills and training for each member of the teams involved in voluntary sterilization.
4. IPAVS, through the use of consultants and/or its own staff, should evaluate the medical aspects of its service and training programs on a continuous basis. This may require IPAVS to add an Obstetrician/Gynecologist to its staff. At the present time there is no mechanism to evaluate the quality of training and the subsequent performance of the trainees, regardless of where the training is provided.
5. Provision should be made to keep medical practitioners and surgical staff apprised of new developments and

to maintain and upgrade their competence in surgical sterilizations through seminars, workshops, post-graduate courses, etc., sponsored by in-country institutions. (For other training needs, see I&E Section and Central Office.)

6. IPAVS should continue to encourage inclusion of material and training on voluntary surgical sterilization in medical and other health-related professional curricula.

H. CENTRAL OFFICE

In reviewing and appraising the work of IPAVS since the previous evaluation in 1975, the team reviewed first the performance of the central office and then a number of field projects in 10 different countries. With respect to servicing its USAID contract and subgrantees, IPAVS is an efficient organization. The AVS Board of Directors, the IPAVS Subgrant Review Committee and the AVS Biomedical Committee all contribute significantly in volunteer capacities to the IPAVS.

In general, the evaluation team found that IPAVS officials had identified influential and competent medical leaders within each of the countries visited and had worked closely and cooperatively with them to design training and service programs and, more recently, information and education programs and further organization of national associations all designed to extend the availability and popularity of voluntary surgical sterilization for men and women.

The evaluation team was impressed with the procedures developed by the New York office for project development, project monitoring and project evaluation. Despite the vagaries of the international mails, IPAVS has maintained a regular flow of technical assistance and funding to nearly 150 projects throughout the world. To date the central office has kept pace with a substantial increase both in the number of projects and the overall funding, as indicated in Table 1.

Although IPAVS operations at present are extremely efficient, the recommendations made for further improving the work of the central office are crucial if IPAVS is to expand its operations as projected in Table 1.

RECOMMENDATIONS

1. Senior staff must delegate more authority to the appropriate professional staff. This may require the upgrading of some positions, revising job descriptions,

hiring new personnel and continuing on-the-job training. Guidelines should be developed to specify what type of decision can be made at what professional staff level in order to expedite handling of subgrant approvals and modifications.

2. Additional staff is needed with special expertise to handle several areas that will require additional attention:
 - a. An information and education specialist.
 - b. A medical staff member or consultant (preferably an OB/GYN-trained clinician).
 - c. A supplies manager skilled in surgical equipment procurement and maintenance.
 - d. Public health specialists for Latin America and the Far East where a majority of the subgrants are located.
3. In preparing subgrant proposals, IPAVS should maintain close communication with the proposed project director, the local AID population officer and the appropriate national government officials. If changes are made in projects in New York, all those in the field should be kept fully informed prior to final project approval. (See Honduras report.)
4. IPAVS should provide prompt and extensive feedback on all medical problems and complications, on demographic impact and performance and on managerial questions. Contributors should receive regular reports from IPAVS critically reviewing their progress.
5. Projects should not be technique-oriented. Overall sterilization targets should not be broken down by precise number of laparoscopies, minilaps or post-partum procedures performed. Services should be able to respond to consumer preference.
6. Senior staff should continue to give high priority to identification of dynamic leaders and innovative projects in developing countries. IPAVS has an outstanding record to date in supporting the kind of person and program that has had real national impact.
7. Wherever possible, subgrants within the same institution should be consolidated in order to minimize IPAVS paperwork and maximize in-country managerial experience.
8. Whenever possible, unscheduled visits should be made

to clinics and medical facilities to insure that high standards of service are upheld at all times and not only for important or foreign visitors.

9. Local procurement of equipment should be authorized wherever possible according to AID rules and guidelines in order to avoid extensive delays in securing the supplies and equipment needed for clinical programs.
10. IPAVS should develop an inexpensive, simplified operating room equipment module that may be used under different conditions. Equipment such as expensive surgical tables and lamps should be discouraged. The Medical Advisory Committee of IPAVS, in close cooperation with local groups, should develop a revised, simplified minilap kit for AID procurement.
11. IPAVS should continue using JHPIEGO for laparoscope procurement and distribution. Where possible, IPAVS should support a trained instrument repair technician in-country to perform minor repairs and preventive maintenance of scopes.
12. IPAVS should continue its close and excellent coordination with other population/family planning organizations in order to complement existing programs and avoid duplication.
13. The IPAVS management system should be developed into a manual for use, not only by IPAVS, but also by other organizations both for grant development and for grant management. It might be necessary to supply extra funds for the organizing and publishing of a detailed manual.

III. CONCLUSIONS

It is the opinion of the evaluation team that IPAVS has achieved remarkable success in achieving the objectives set by AID of expanding the acceptance of voluntary sterilization as a basic component of family planning and health service programs throughout the developing world. This success is measured through the evaluative criteria of relevance, management, institutionalization and policy development. IPAVS input of money, equipment and technical assistance is reflected in measurable program output, such as number of personnel trained, number of sterilization facilities provided, number of procedures performed and initiation of national programs.

IPAVS illustrates that a single-purpose program with well-defined objectives is still needed and has a place in the family planning movement in order to achieve the larger developmental goal of reducing fertility worldwide. The key to the success of IPAVS is due not only to the particular type of program but also to the outstanding performance of the IPAVS staff.

It is fully expected that IPAVS will continue to provide outstanding leadership in the area of voluntary sterilization and in the expansion of services. There is a growing worldwide demand for sterilization services, and IPAVS has a crucial role to play in meeting this need.

Suggested Evaluation Design: International Project, Association for
Voluntary Sterilization (IPAVS)

I. Project Objectives

Since 1972, A.I.D. has maintained grant agreements with IPAVS for the purpose of advancing the acceptance of voluntary sterilization (VS) as a basic component of family planning and health service programs throughout the developing world. The current (revised) Management Plan for IPAVS cites seven specific objectives toward the achievement of this purpose. These include:

- 1) To support, organize and conduct international, regional, and country conferences relating to voluntary sterilization.
- 2) Assist LDCs in designing, developing, and implementing voluntary sterilization medical service programs.
- 3) Encourage development of National Action Plans and programs for the incorporation of voluntary sterilization into countries' family planning programs for all levels of the medical and health professions and services.
- 4) Foster the development of information and education programs in developing countries where voluntary sterilization programs are funded by IPAVS.
- 5) Develop specialized resource and reference center capability in voluntary sterilization for audio-visual, printed and consultant services.
- 6) Assist in development of training programs for physicians, nurses, midwives, social workers, equipment technicians, etc., in voluntary sterilization programs.

- 7) Stimulate and support the development of National Associations for Voluntary Sterilization (NAVS) and the World Federation of Associations for Voluntary Sterilization (WFAVS).

II. Evaluation Criteria

These "intermediate" project objectives will represent the primary focus of the IPA VS evaluation. That is to say that A.I.D. accepts the overall purpose of the grant -- expansion of voluntary sterilization -- as a reasonable and appropriate purpose within the larger developmental goal of reducing excess fertility worldwide. It is the intermediate objectives, however, in which IPA VS has invested its particular skills and resources; and it is in terms of these objectives by which IPA VS performance should be measured.

Measurement of performance against these objectives shall be both quantitative and qualitative. Quantitative performance shall be determined by examination of project outputs, and by determination of the "end-of-project status" of the representative projects being evaluated.

Performance shall be measured qualitatively by application of the criteria of Relevance, Management, Technology, Integration/Institutionalization; and Policy. These criteria are described as follows:

1. Relevance: This is defined as the appropriateness, adequacy, and pertinence of IPA VS program decisions, processes, and contributions to attainment of the overall project purpose. This criterion should be applied initially to IPA VS' selection of intermediate project objectives (see above), and subsequently to program activity within these objectives, including project selection, resource inputs and project outputs. The key consideration toward determining relevance is the predicted end-of-project status vis the project purpose.

2. Management: While consideration of relevance will suggest what actions are to be undertaken, management considerations suggest how these actions should be planned, organized, implemented, and evaluated. Management efforts should be directed toward ensuring maximum effectiveness of project inputs without hindering or obstructing project action; ensuring sub-grantee and IPA VS accountability for project inputs and outputs; and ensuring that alternative approaches can and are considered prior to making project decisions. Management indicators will include the degree of administrative skills possessed by IPA VS staff and project recipients; and employment of effective management "systems" and procedures. Attention should also be given to the "absorptive capacity" of IPA VS and sub-grant recipients, e.g., are IPA VS staff and management systems appropriate to the current workload? Are they sufficiently flexible to handle increased throughput of project sub-grant activities? Have IPA VS recipients demonstrated the administrative capacity to manage the incremental responsibilities incurred by their sub-grant activities?

3. Technical: VS services and training should be provided only by adequately trained personnel. Contributions of VS equipment should require demonstrated training and/or competence as a precondition to the contribution. (The standard against which services are to be measured shall be the prevailing standard of medical practice in the particular country in which IPA VS-assisted projects are conducted). The kind and volume of VS service resources (staff, equipment, clinic space, supplies) should be appropriate to the demand for VS services.

4. Integration/Institutionalization: The ultimate objective of IPAVS activities is to promote the world-wide acceptance of voluntary sterilization, integrating and institutionalizing it within ongoing comprehensive health and family planning programs. The evaluation should therefore consider the reasonably estimated likelihood that IPAVS-assisted projects will have long-range and continuing effects in the LDC's where they are implemented. That is, will the positive effects of present IPAVS activities continue to be felt and multiplied in years to come? What is IPAVS' role as agent of social change, rather than as public welfare agency?

5. Policy: The U.S. Foreign Assistance Act requires (that A.I.D.) take steps to ensure that U.S.-assisted population activities are characterized by their voluntarism, and are free of any form of force or coercion. No A.I.D. funds should be used in payment directly to acceptors to induce them to be sterilized, A.I.D. funds should not be used to pay doctors by the case directly for performing sterilizations. (A.I.D. funds can be used to reimburse an institution for incremental costs incurred in providing VS services; one of these costs is surgeons' fees).

Specific questions to be addressed shall include, but not necessarily be limited to, the following:

A. Relevance

- 1) Are the intermediate objectives appropriate and adequate to attain the overall project purpose?
- 2) Do the programs supported by IPAVS fulfill a real need? Does IPAVS support allow voluntary sterilization activities to be implemented which would otherwise not be possible?

- 3) Is there a favorable relationship between the benefits expected and the resources provided by IPAVS?
- 4) Are the programs supported by IPAVS sensitive to indigenous cultural values and traditions?
- 5) How useful have program activities (service and training, conferences, IE&C, local associations) been responding to demand for VS information and services? What effect have they had in increasing levels of demand for VS?

B. Management

- Field Projects: Service and Training

- 1) Are the programs which IPAVS supports organized in an efficient manner? Are they working effectively towards their stated goals and objectives?
- 2) Are the recipients of IPAVS assistance executing their programs according to plan and provisions initially agreed to?
- 3) Are resources being received and allocated in the most effective manner?
- 4) Do programs supported by IPAVS duplicate the activities of other organizations, governments?

- Field Projects: Conferences and IE&C

- 5) Have IPAVS Conferences and educational activities contributed to increasing the administrative skills of the participants in organizing VS service and training activities? In establishing local associations or chapters for voluntary sterilization?
- 6) Have conferences helped to identify needs for new services, training and research?

- IPAVS/New York:

- 7) Is IPAVS providing adequate planning assistance to local individuals and organizations in designing their VS programs?
- 8) Does IPAVS function effectively in providing equipment, supplies, funds and technical expertise to individuals and organizations receiving such assistance?
- 9) Has IPAVS established effective management procedures and controls for providing resources to recipients in LDC's?
- 10) Are the contractual provisions and monitoring mechanisms instituted by IPAVS adequate for ensuring the proper use of resources provided to recipients?
- 11) Are the recipients of IPAVS assistance satisfied with the working relationship between themselves and IPAVS? Do they feel that IPAVS staff are cooperative in fulfilling reasonable requests and helping to solve problems which may arise?
- 12) In planning and administering its activities, does IPAVS coordinate or compete with other granting agencies?
- 13) Are there any bottlenecks to effective IPAVS project management? What areas represent potential bottlenecks, i.e., in the event that IPAVS should assume a larger budget and workload under future A.I.D. grants?
- 14) Are sub-grantee reports and records collected by IPAVS of sufficient coverage and content to allow effective monitoring by IPAVS of sub-grantee performance? expenditure of funds?

C. Technical

- 1) Are the organizations or individuals receiving IPAVS assistance qualified to make proper use of the resources?

- 2) Do the organizations and individuals receiving IPAVS assistance adhere to proper medical standards?
- 3) Do programs supported by IPAVS provide for adequate follow-up of patients?
- 4) Do service programs include adequate provision for maintenance and repair of medical equipment?

D. Integration/Institutionalization

- 1) Do the organizations or individuals to whom IPAVS provides resources exhibit a positive interest in providing VS services?
- 2) What are the prospects of IPAVS-assisted projects continuing without IPAVS support?
- 3) Are local associations sufficiently broad in their representation and range of activities to promote continuing cooperation with other organizations, individuals and governments in promoting VS?

E. Policy

- 1) Are VS services provided in an atmosphere free of coercion? Are patients adequately informed? Are other contraceptive methods available and the patients free to choose from among them?
- 2) Are any financial or in-kind inducements offered to potential patients to undergo VS?
- 3) Has the project support mechanism utilized to date by IPAVS for service projects (payment of salaries for service staff plus partial reimbursement for institutional costs) resulted in optimal utilization of resources for VS services? Do recipients of IPAVS assistance believe switch to institutional-service-cost-reimbursement procedure would be more,

or less, effective in mobilizing resources for VS services?

III. Evaluation Procedure

The evaluation will be conducted largely by interviewing relevant staff of IPAVS, project directors of selected IPAVS-assisted projects in the nine countries, USAID and/or Embassy population Officers, and other-donor and government officials as appropriate; by examination of IPAVS and project records and reports; and by on-site observation of project activities.

The nine countries selected for on-site inspection (Taiwan, Korea, Philippines, Bangladesh, Pakistan, Egypt, Colombia, El Salvador, and Honduras) were chosen because they offered a wide range of project activities representing all of the IPAVS intermediate program objectives. Selection of specific projects in each country was made with the intention of securing a group of projects generally representative of the overall IPAVS program. The evaluation team is requested to examine these projects with this "representative" nature in mind, and to seek common denominators (positive and negative) to the extent possible. The team is therefore requested to not evaluate the specific projects they visit, but rather to employ the projects as case-studies supporting observations and conclusions having wider relevance to the total IPAVS program.

As the evaluation outline suggests, this assessment of the IPAVS program is mostly qualitative. Empirical measurement of IPAVS performance is generally possible by analysis of project outputs, including numbers of physicians trained, conferences held, sterilizations performed, etc., and comparison with project costs. These data are

readily available in IPAVS records. More elusive, and thus the primary object of this evaluation, are judgements of the direction, capacity, effectiveness and efficiency of IPAVS in achieving its project objectives. Quantitative data will, however, provide many of the indicators of IPAVS quantitative performance.

Questions and Items Commonly Considered
by the Evaluators

1. Conferences
 - a) Selection and type of participants
 - b) Topic of the conferences
 - c) Achievements of the conferences
2. Service Programs
 - a) Voluntarism and patient consent
 - b) Incentives
 - c) Costs
 - d) What is the outreach of the service programs
 - e) In-country situation without IPA VS assistance
 - f) Quality of monitoring
 - g) Feedback to the subgrantees
 - h) Problems with initiation and termination of subgrants
3. Plan/Policy Development
 - a) Legal status of sterilization
 - b) Ways in which local law/practice supports or retards program development
4. Information & Education and Reference & Resource Centers
 - a) Types of information and education materials
 - b) Objectives of IPA VS I&E program
 - c) Local training available for I&E persons
 - d) Evaluation of I&E output
 - e) In-country resource centers

5. National Associations for Voluntary Sterilization and World Federation
 - a) What are the achievements
 - b) Need for NAVS in areas visited
6. Training
 - a) Selection and type of trainees
 - b) Team training
 - c) Local versus international training
 - d) Evaluation of training
7. IPAVS Central Office
 - a) Staffing
 - b) Delegation of authority
 - c) Subgrant preparation, monitoring and implementation
 - d) Identification of potential subgrantees
 - e) Equipment
 - f) Interrelation with other AID-funded agencies

LIST OF GRANTS TO BE VISITED BY EVALUATION TEAM

<u>GRANT NUMBER</u>	<u>INSTITUTION</u>	<u>DIRECTOR</u>
BANGLADESH		
062-049-2I	Bangladesh Assn. for Vol. Ster. (Dacca)	Dr. Azizur Rahman
062-049-2S	Bangladesh Assn. for Vol. Ster. (Dacca)	Dr. Azizur Rahman
062-049-2N	Bangladesh Assn. for Vol. Ster.	Dr. Azizur Rahman
EGYPT		
070-057-1N	Fertility Control Society of Egypt (Assuit)	Prof. M. F. Fathalla
171-110-1	Misr Spinning and Weaving Hospital	Dr. Sayed Etman
070-058-1	Fertility Control Society of Egypt (Assiut)	Prof. M. F. Fathalla
EL SALVADOR		
135-087-1	Salvadorean Social Security Institute I.S.S.S. (San Salvador)	Dr. Ricardo Salvador Mendoza Tobar
147-091-1	Ministry of Public Health & Social Assistance (San Salvador)	Dr. Julio Astacio
177-107-1	Salvadoreno Social Security Institute	Dr. Ernesto Mcran Caceres
GUATEMALA		
156-109-1	APROFAM (Guatemala City)	Dr. Luis Galich
004-010-3	APROFAM/Hospital Roosevelt (Guatemala City)	Dr. Roberto Santiso- Galvez
089-061-1	APROFAM/Surgical Center (Guatemala City)	Dr. Luis Galich
041-047-1	APROFAM/Surgical Center (Guatemala City)	Dr. Luis Galich
HONDURAS		
180-114-1	Honduran Family Planning Assn.	Dr. Alejandro Flores Aguilar

<u>GRANT NUMBER</u>	<u>INSTITUTION</u>	<u>DIRECTOR</u>
<u>HONDURAS</u> (Cont'd)		
106-112-1	Honduran Family Planning Assn.	Dr. Alejandro Flores Aguilar
179-113-1	Honduran Family Planning Assn.	Dr. Alejandro Flores Aguilar
<u>KOREA</u>		
082-055-2N	Korean Assn. for Voluntary Sterilization	Dr. Hee Yong Lee
082-055-1N		
119-073-1	The Nat'l. Medical Center (Seoul)	Dr. In Sou Park
100-083-1	Hanyang University Medical Center (Seoul)	Dr. Sang Whan Song
145-055-1EM	Korean Assn. for Voluntary Steril. (Seoul)	Dr. Hee Yong Lee
124-086-2	Family Planning Clinic, Yonsei Univ. (Seoul)	Dr. Hyun Mo Kwak
124-086-1		
<u>PAKISTAN</u>		
097-071-1N	Pakistan Assn. for Vol. Ster. (Lahore)	Dr. Fakhar-un-Nisa
112-066-1	Family Planning Assn. of Pakistan (Ka)	Dr. Razia Ansari
113-067-2	Family Planning Assn. of Pakistan	Mr. Surayya Jabeen
113-067-1	Family Planning Assn. of Pakistan (Lahore Branch)	Dr. Qamar Zaman
053-044-1/2	Lady Dufferin Hosp. (Karachi)	Dr. Faridon Setna
<u>PHILIPPINES</u>		
025-036-3	Biomedical Research Assoc. Inc. (Manila)	Dr. Gloria Aragon
025-036-2		
020-021-3	Southwestern Univ. (Cebu City)	Dr. Emilia Dacalos
020-021-2		
076-054-2	Philippines Public Health Assoc. (Manila)	Dr. Jesus C. Azurin
<u>SRI LANKA</u>		
028-026-1	Univ. of Sri Lanka (Peredeniya)	Dr. Malcolm Fernando
103-069-1N	Sri Lanka Assn. for Vol. Ster. (SLAVS)	Dr. Malcolm Fernando
186-000-1	Family Planning Assn. of Sri Lanka	Dr. Daya Abeywickrema

<u>GRANT NUMBER</u>	<u>INSTITUTION</u>	<u>DIRECTOR</u>
TAIWAN		
000-003-3	MCH Demonstration Project (Taipei)	Dr. Wan Hsuen Chiang
079-048-3N	Rep. of China Assoc. for Voluntary Steril.	Dr. Wan Hsuen Chiang
079-048-2N	Rep. of China Assoc. for Voluntary Steril. (Taipei)	Dr. Wan Hsuen Chiang

IPAVS-SPONSORED CONFERENCES
AND PARTICIPANTS FROM SELECTED COUNTRIES

1975-1977

Third International Conference on Voluntary Sterilization

IPAVS sponsored three major conferences and participated in a fourth during the 1975 - 76 period. Focal point of the conference activity was the Third International Conference on Voluntary Sterilization held in Tunis, February 1-4, 1976. Two hundred sixty-one registered participants from 66 countries attended. The conference was highly successful, reaching a relatively new audience of participants from developing nations (71% of those attending had not attended the Second International Conference in Geneva, 1974).

Eighty-five percent of the conferees were physicians, among whom 52% were Ob-Gyns, and 3% were Urologists. The small representation of urologists reflected the greater emphasis on female sterilization. The participants were approximately evenly divided among those working for service organizations, governmental agencies or education and research institutions. Nearly all were connected with organizations which currently support or engage in voluntary sterilization activities or which plan to start such activities within the year.

The impact of the conference was considerable: 83% of the conferees who are currently engaged in voluntary sterilization activities thought that their programs should be changed or expanded based upon discussions and information presented at the Conference.

Tunis was chosen for the Conference site as a strategic geographic location, in one of the few African countries to adopt an anti-natalist population policy, and whose President Bourguiba was providing leadership in family planning to nations of Africa and the Mid East.

PARTICIPANTS FROM
SELECTED COUNTRIES

BANGLADESH

AHMED, Mr. Aziz
General Manager
Sonali Bank of Bangladesh
Dacca, Bangladesh

BEGUM, Dr. Sultana
Medical Director, BAVS
Polyclinic
307 Elephant Road
Dacca, Bangladesh

EGYPT

AHMED, Dr. Wajuhuddin
Advisor, Pop. Centre Al Azhar
U.N.F.P.A.
P.O. Box 1894
Cairo, Egypt

DAHAB, Dr. Tarick Aboul
Assistant Lecturer
Ain Shams University Hospital
3 Finney Square
Dokki
Cairo, Egypt

EL-MARSAFAWY, Dr. Fathia
Director
Family Planning Department
Ministry of Health
Cairo, Egypt

EL-MINAWI, Dr. Mahmoud
Associate Professor Ob/Gyn.
Cairo University
Cairo, Egypt

EL-SAMMAA, Dr. Mustapha H.
Deputy Chairman S.C.F.P.
Lazoghli Square
Cairo, Egypt

FATHALLA, Prof. M. F.
Faculty of Medicine
Assiut University
Mabarrah Hospital
Assiut, Egypt

EGYPT (Cont'd)

FODA, Prof. Mohamed S.
Fert. Control Soc. of Egypt
8, Salah Eldin
Cairo, Egypt

MARZOUK, Dr. Z.
President F.P.A. Alexandria
I.P.P.F. E.F.P.A.
21, Raid Pasha St.
Alexandria, Egypt

EL SALVADOR

QUAN, Dr. Angel
Professor and Chairman
Department of Ob/Gyn
University of El Salvador
Hospital de Maternidad
San Salvador, El Salvador C.A.

GUATEMALA

GALICH, Dr. Luis
Director Medico
APROFAM
4 Av. 2-18 Zona 1
Guatemala City, Guatemala

GONZALEZ, Dr. Fausto
Head, Laparoscopy Program
APROFAM - ACEP
5, Av. 1-29
Guatemala City, Guatemala

SANTISO, Dr. Roberto
Executive Director
APROFAM
4a Ave. 2-18 Zona 1
Guatemala City, Guatemala

SOTOMORA, Dr. Oscar
Head, Laparoscopy Program
Social Security Institute
11 Calle 2-3721
Guatemala City, Guatemala

HONDURAS

FORTIN, Dr. Benjamin
Hospital Materno Infantil
Colegio Medico de Honduras
Tegucigalpa, Honduras

MEDINA, Dr. Carlos
Executive Director
Hospital Materno Infantil
Tegucigalpa, Honduras

NUNEZ, Dr. Joaquin
Honduran A.V.S.
Hospital La Polichlinca
Comayaguela, Honduras

SAMAYOA, Dr. Enrique O.
Colegio Medico
Clinicas Medicas B. Morazan
Tegucigalpa, Honduras

KOREA

LEE, Dr. Hee Yong
Prof. & President
Korean A.V.S.
Dept. of Urology
College of Medicine
Seoul National University
Seoul, Korea

PARK, Dr. Hyung Jong
Professor and Dean
School of Public Health
Seoul National University
Seoul, Korea

PAKISTAN

BOIKHAN, Dr. M.S.
President
Pakistan Medico Int'l.
32 d.P. Berar Housing Society
Karachi, Pakistan

FAKHAR-UN-NISA
Asst. Prof. Ob/Gyn.
King Edward Medical College
Lady Willingdon Hospital
Lahore, Pakistan

MALLICK, Dr. S. A.
Director
National Post-Partum Project
Population Planning Council
Karachi, Pakistan

PANAMA

AUSTIN, Dr. Karl
Santo Tomas Hospital
Ave. Justo Arosomeja
Calle 40 #33, Apartado 8732,
Panama City, Panama

PHILIPPINES

ABUBAKAR, Dr. Alma
Area Supervisor
Family Planning Organization
Benlor Building
368 Quezon Blvd. Extension
Quezon City, Philippines

APELO, Dr. Ruben
Professor of Ob/Gyn.
University of the Philippines
Philippine General Hospital
Manila, Philippines

ARAGON, Dr. Gloria
Professor Ob/Gyn.
University of the Philippines
Philippine General Hospital
Manila, Philippines

BAYAN, Dr. Flora B.
Director, National F.P. Office
Philippine Public Health Assn.
San Lazaro, Philippines

DACALOS, Dr. Emilia
Chief, Family Planning Service
Dept. of Family Planning
MHAM College of Medicine
Southwestern University
Cebu City, Philippines

DE LA PAZ, Dr. Alicia
N. R. Medical Foundation
Nicanor Reyes St.
Manila, Philippines

GABRIEL, Dr. Carolina
Project Director
Sterilization Project
115 M. Ponce
Malabon, Rizal, Philippines

PHILIPPINES (Cont'd)

GABRIEL, Dr. Mel
Program Administrator
Mobil Family Planning Program
20. M.H. Del Pilar
Malabon, Rizal, Philippines

ISIDRO, Dr. Rosario L.
Professor, Dept. of Ob/Gyn.
University of the Philippines
College of Medicine
Manila, Philippines

LOPEZ, Dr. Danilo
Director, Medical and
Clinical Services
FPOP
P. O. Box 1279
Manila, Philippines

OBLEPIAS, Dr. Virgilio R.
Assistant Professor
Mary Johnston Hospital
Tondo, Manila, Philippines

REYES, Dr. P., Jr.
Associate Professor
Children's Medical Center
11 Banawe
Quezon City, Philippines

SAN LUIS, The Honorable
Felicisimo
Governor
Laguna Province
Santa Cruz, Laguna, Philip-
pines

SOUTH AFRICA

WOODROW, Dr. E. G.
Chairman of C.A.V.S.
Rondebosch 7700, South
Africa

SRI LANKA

ABEYKOON, Dr. Palitha
Lecturer
Faculty of Medicine
University of Sri Lanka
Peradeniya, Sri Lanka

SRI LANKA (Cont'd)

DE SILVA, Dr. N.
Government Medical Officer
Family Health Bureau
Ministry of Health
Colombo 3, Sri Lanka

FERNANDO, Dr. M.
Head, Dept. of Community Medicine
Peradeniya Campus
Peradeniya, Sri Lanka

CONFERENCES SPONSORED BY IPAVS
IN 9 COUNTRIES TO BE VISITED BY
IPAVS EVALUATION TEAM FOR PERIOD
Jan. 1975 - Jan. 1977

BANGLADESH

Bangladesh Association for Voluntary Sterilization
"Seminar on Family Planning", February 26-27, 1975, Dacca.
40 participants, 20 observers, all from Bangladesh. (IPAVS
support \$8,500)

EGYPT

Egyptian Fertility Control Society "Regional Confer-
ence on Voluntary Sterilization", June 18-20, 1975, Alexandria,
Egypt.

200 Egyptian participants, 34 international participants
(Sudan, Lebanon, Iran, Bangladesh, Indonesia, Nigeria, Pakistan,
Afghanistan, Yugoslavia, Turkey, Tunisia, Malaysia, Jordan).

(IPAVS support \$12,000, of which approximately \$2,000
was for publication of Proceedings.)

KOREA

Korean Association for Voluntary Sterilization, "National
Seminar on Voluntary Sterilization", June 13-14, 1975, Korea.

200 Korean participants. (IPAVS support \$11,400, ap-
proximately \$2,500 for publication of Proceedings.)

CONFERENCE PARTICIPANTS FUNDED BY IPAVS
FROM 9 COUNTRIES TO BE VISITED BY
IPAVS EVALUATION TEAM FOR THE PERIOD
Jan. 1975 - Jan. 1977

- S-73 Professor Hee Yong Lee, Korea, funded to attend "Inter-
national Congress of Andrology", July 12-15, 1976,
Barcelona, Spain.
- S-69 Professor Mahmoud Fathalla, Egypt, funded to attend PUSSI
Conference, Indonesia, June 3-5, 1976.
- S-80 Dr. Hanifa Wijnjososatro and Dr. H. M. Judono, Indonesia
funded to attend 8th World Congress of Obstetrics/
Gynecology, October 17-22, 1976, Mexico City.
- S-89 Dr. Delfina de Badia, El Salvador, funded to attend
American Association of Gynecological Laparoscopists
meeting in Atlanta, November 17-21, 1976.

IPAVS-FUNDED INTERNATIONAL TRAINING TRIPS FOR
INDIVIDUALS FROM 9 COUNTRIES TO BE VISITED BY
IPAVS EVALUATION TEAM
Jan. 1975 - Jan. 1977

- S-65 Dr. Shamin Afzal, Pakistan (Population Planning Council) funded to observe clinics in Korea, Thailand and Philippines, April 30 - May 16, 1976.
- S-75 Dr. Joaquin Nunez, Honduras (Honduras FPA) funded to observe mini-laparotomy at ADS, El Salvador, May 27-29, 1976.
- S-86 Mr. Louis D'Souza, Pakistan Government equipment technician, funded to USA to learn laparoscopic equipment maintenance and repair, October 11-23, 1976, KLI Factory, Ivyland, Penna.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANTS

1. Revised Management Plan, FY September 1 - August 31, 1975-1978, IPAVS, October 1975
2. Instructions On How To Prepare Financial Reports, IPAVS, Revised 12/29/76
3. Instructions For Filling Out Quarterly Report Form Form (F42A and F42B), IPAVS, 10/10/75

(Also see Country reports in Annex)

ANNEX

Country and Project Reports

		<u>Page</u>
I	Korea -- Dr. Marian V. Hamburg	A-1
II	Sri Lanka -- Dr. Marian V. Hamburg	A-9
III	Bangladesh -- Phyllis T. Piotrow	A-10
IV	Honduras -- Alfredo Goldsmith	A-18
V	Guatemala -- Alfredo Goldsmith	A-22
VI	El Salvador -- Alfredo Goldsmith	A-25
VII	Pakistan -- Phyllis T. Piotrow	A-31
VIII	Phillippines -- Michael S. Burnhill	A-39
IX	Taiwan -- Michael S. Burnhill	A-43

KOREA

(Dr. Marian V. Hamburg)

General

In all places, IPAVS has excellent relationships with subgrantees, who appreciate the help they receive. Up to this time most effort has been on providing equipment and on training physicians. It now seems timely to expand training to other health professionals and to emphasize information and education programs, incorporating them into existing systems - formal and informal. There is a need for extending services into rural areas.

KAVS is serving an important role and should be encouraged to strengthen its IE&C functions. It enjoys good relationships with the Ministry of Health. Dr. Kyo Ho Han suggests KAVS as coordinator of subgrants. However, subgrantees all seem to enjoy their direct relationship with IPAVS, which is probably much more efficient than working through KAVS at this time.

Persons Contacted

Dr. Hee Yong Lee, President, KAVS

Dr. Hyan Mo Kwak, Vice President, KAVS

Dr. Hyung Jong Park, Vice President, KAVS

Dr. Kyo Ho Han, Director, MCH Bureau, Ministry of Health and Social Affairs

Mr. Hee Kyo Cho, Administrative Director, MCH Bureau, Ministry of Health & Social Affairs

Mr. Young Whan Whang, Equipment Technician, KAVS

Miss Boon Kim, Clerk Typist, KAVS

Mr. James R. Brady, Chief, Health Sector Unit, USAID

Dr. Sang Whan Song, Professor, Department of Ob/Gyn, Han Yang University

Dr. Hyun Mo Knak, Professor and Chairman, Yonsli University

Dr. Dae Hyan Kim, Chief, Department of Ob/Gyn, Wonju
Union Christian Hospital

Hee Doe Ahn, Acting Director of Planning Office, Wonju
Union Christian Hospital

I. Project Identification Number: 082-055-1N, 2N

A. Project Title: Korean Association for Voluntary
Sterilization

B. Brief Project Description

Support to give KAVS the initial capability to initiate a national campaign to promote voluntary sterilization and to assist already established national family planning agencies, both governmental and private, to implement activities related to voluntary sterilization.

C. KAVS has established a national headquarters, selected and hired a full-time administrator and secretary and undertaken many of the functions for which it was set up - the chief one at this time being the "preventive maintenance" of the laparoscopic equipment through visits to the places where equipment has been provided. It has planned and conducted a national seminar on voluntary sterilization and is in the process of expanding membership to include additional professionals, providing a broader base of support.

Questions regarding relationships between KAVS and IPAVS were submitted to the President, Dr. Kee Yong Lee, in advance of a formal meeting with the board. Answers to all questions were prepared and appear on an attachment to this report (memorandum entitled IPAVS, dated January 26, 1977). Additionally, KAVS provided this consultant with a complete report on the current status of the KAVS; a summary of the national family planning budget in 1977; a copy of the evaluation report of the first national seminar on voluntary sterilization held on June 13, 1975 at the KIFP; and a review of the voluntary surgical contraceptive program of Korea dated November 29 - December 7, 1976.

D. Recommendations

1. KAVS will be able to carry out more of its program objectives as it expands its membership to include other health professionals

and not limit its membership to MDs. The long-range plan might include a dues-paying structure that would make the organization more self-sufficient.

2. The organization should be more aggressive in providing information and education programs throughout the country - not limiting its activities to Seoul.
3. Board members expressed the need for additional funding to provide better equipment repair service, which is a current need. Perhaps it would be valuable to train an additional person to help in this function.
4. The good relationships existing between the Ministry of Health, the Family Planning Association and the KAVS should be encouraged.
5. Additional assistance from IPAVS in management techniques, IE&C project methodology and evaluation would be helpful.

E. Persons Contacted

See general report.

II. Project Identification Number: 119-074-1

A. Project Title: Culdoscopic and Laparoscopic Sterilization.

B. Brief Project Description

To broaden the National Medical Center's family planning program through the expansion of its laparoscopic program, the implementation of a culdoscopic program and the initiation of a public information and education program.

C. This project appears to be achieving its objectives of training physicians and residents in the techniques of laparoscopy and culdoscopy and providing services to persons seeking them. The services are carried out within the context of a complete family planning program, and there are few problems. The major problem is the long delay in receiving culdoscopes.

D. Recommendations

Training should be expanded to include nurses and others providing voluntary sterilization services.

E. Persons Contacted

See general report.

III. Project Identification Number: 100-083-1

A. Project Title: Laparoscopic Sterilization Program.

B. Brief Project Description

The initiation of a laparoscopic sterilization program providing a minimum of 500 laparoscopic sterilizations during the grant period; training residents and an instructor in the department of ob/gyn.

C. This grant has expired, and no new grant proposal has been submitted since Dr. Song lost his assistant who went into private practice. No new assistant has been assigned, and without one Dr. Song will not reapply.

Physicians were trained in the use of the laparoscope although there was need for a training scope, which Dr. Park did not have.

There is concern about complications that do develop, especially in training physicians. There was also an expression of the need for incentives for physicians - extra pay for the extra time and risk.

This program was able to service many women from rural area recruited through local health centers. They came in groups.

D. Recommendations

A training scope might reduce the risk of complications. Some provision needs to be made for the additional cost of service when complications do occur.

E. Persons Contacted

See general report.

IV. Project Identification Number: 124-086-2

A. Project Title: Minilaparotomy Service and Training Program.

B. Brief Project Description

The initiation of a minilaparotomy training program with physicians from rural provinces.

C. This project appears to be well conducted and achieving its objectives.

D. Recommendations

1. Training should not be limited to physicians but should be extended to nurses and other family planning workers.
2. There are many opportunities to expand I&E activities beyond pamphlet production, and these should be encouraged by IPAVS.
3. Content on voluntary sterilization might well become a part of the regular training of physicians and specialists through medical curricula, and this should be encouraged.

E. Persons Contacted

See general report.

V. Wonju Union Christian Hospital

The people involved in this project are concerned about its continuation and would like to have more than a one-year guarantee. Due to lack of adequate space, they are doing female sterilizations on Saturdays only - sometimes as many as 30 a day. Sometimes they have to turn people away. They would like to expand their service through renovation of space for another operating room and/or have a mobile clinic which could be shared by other rural hospitals in Korea. They welcome assistance from IPAVS. They could use help in analyzing demographic data they are collecting in connection with their service.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Current Status Of The Korean Association For Voluntary Sterilization, January 1977, Korean Association for Voluntary Sterilization.
2. Evaluation Of The First National Seminar On Voluntary Sterilization Held On June 13, 1975, - 1976, KIFP.
3. Review Of The Voluntary Surgical Contraception Program Of Korea, Nov. 29 - Dec. 7, 1976, Korean Association for Voluntary Sterilization.

IPAVS EVALUATION

January 26, 1977

Korean Association for Voluntary Sterilization

A. Service Programs

1) Would project have started without AVS?

No, the Association could not be started without AVS.

2) Where will project be when funding ends?

In considering the present situation of the Association, it will be difficult for the Association to be continued. when funding ends.

B. National Program and Policy

1) Is there a national association?

Yes, there are national associations such as Planned Parenthood Federation of Korea, Korean Institute of Family Planning and this Association.

2) Is sterilization legal?

Yes, sterilization is legal.

3) What are the relationships between other organizations and delivery of health care?

The Association stimulates the development of sterilization within the national program through the provision of technical advice, as requested, to organizations carrying out relevant programs. This will involve coordination with other organizations such as the Planned Parenthood Federation of Korea (PPFK), Korean Institute of Family Planning (KIFP) and a few medical schools.

Experts on sterilization are also be provided by the Association to serve on our advisory committees of 'male sterilization' and 'female sterilization', and to provide technical assistance for related activities. These advisory committees are composed of Korean experts in the Korean Association of Urologists and Korean Association of Obstetricians and Gynecologists.

For efficient operation of the Association, necessary administrative cooperations are also provided by the Ministry of Health and Social Affairs.

- 4) How could AVS help promote the integration of sterilization into health care system?

To integrate the sterilization into health care system in Korea, it is hoped that grant from AVS in Korea will be coordinated by the Association.

- 5) Do you think all of the appropriate people are involved in the planning and promotion of sterilization program in your country?

Yes, all of the appropriate people are involved in the planning and promotion of sterilization program in Korea.

C. IE & C

- 1) What are you doing in IE & C?

The Association has coordinated to develop pamphlets on sterilizations using laparoscopy and mini-laparotomy, and to develop manuals on mini-laparotomy procedure. The pamphlets have been distributed to various hospitals and health centers for education of the people in urban and rural areas throughout the country, and the manuals have been distributed to medical schools and KIFP for teaching of trainees, medical students and other paramedical personnels.

Currently the Association is developing teaching slides and manuals on various sterilization procedures using vasectomy, laparoscopy, culdoscopy and mini-laparotomy for teaching and training of physicians in remote areas as well as medical students.

Posters and pamphlets are also planning to be utilized to publicize the activities of the Association and to provide explanations of the simple and low-cost sterilizations.

- 2) What help do you get from AVS?

IPAVS provides suggestions and recommendations on various IE & C activities in addition to the fund.

- 3) What help would you like to get?

To promote relationships among the members of the Association, to promote effectiveness of the program through dissemination of information on sterilization and to serve a media for introducing research finding and new information, quarterly newsletter is also planning

to be published. However, it is very difficult to carry on the Association Newsletter with current limited staffs. We would like to recruit of IE & C specialist who will take charge of IE & C including the publication of Newsletter.

4) How do you identify persons to assist in IE & E?

5) How can you know how much these programs are helping you reach goals of sterilization program?

Number of sterilizations performed.

6) What kind of help do you get from AVS from their library and resource center? What kind of help would you like?

IFAVS provided teaching slides on mini-laparotomy and laparoscopy procedures. We would like to get some advanced books on various population and family laplanning for our library.

SRI LANKA

(Dr. Marian V. Hamburg)

General

At the present time no grants have been approved by the government and hence are not yet operative. Approvals must be given by the Division of Family Health, and it is uncertain when such approvals will be forthcoming.

SLAVS is organized to provide the focus on voluntary sterilization which has not been emphasized through the Family Health Association, which has a long history in Sri Lanka and a large program.

Dr. Fernando and Dr. Abeykoon expressed their appreciation for the excellent help given by IPAVS. They stressed the need, however, for monies for transportation - a most important need in Sri Lanka. They would like to see SLAVS become a channel for all voluntary sterilization money that may come into the country. They perceive the SLAVS program as task-oriented projects administered by a small staff and three or four active committee members. Much emphasis should be placed on operational research, including evaluation. Dr. Fernando and Dr. Abeykoon appear to be very capable leaders, and the university is a natural location for extending the voluntary sterilization program and carrying out pilot projects which could serve as models.

Persons Contacted

Professor Malcolm Fernando, Faculty of Medicine, University of Sri Lanka

Dr. Palitha Abeykoon, Faculty of Medicine, University of Sri Lanka

Mr. Daya Abeywickrema, Executive Director, Family Planning Association of Sri Lanka.

Basaayake Sriani, Family Planning Association of Sri Lanka

Dr. Siva Chinntamby, Project Director, Family Planning Association of Sri Lanka

Mr. Clark Billings, USAID

Mr. Thomas Arndt, USAID

Dr. A. Majeeb Kahn, UNFPA Adviser

BANGLADESH

(Dr. Phyllis T. Piotrow)

General

In Bangladesh the achievement of independence from socially more conservative Pakistan in 1971, the disruption caused by that war and especially the widely publicized plight of thousands of women deprived of husbands and any visible means of support and often pregnant in addition, the economic disasters and famine of 1974 and the growing strength of local institutions appear to have produced a basic change in the thinking at many levels in Bangladesh and a very broad acceptance of family planning. This attitude contrasts, for example, with the more conservative atmosphere in Pakistan and makes it possible to attempt substantial expansion of family planning services, education and experimental delivery systems with some optimism.

BAVS has played an important role in introducing a first-rate surgical sterilization service in Dacca that sets a standard of surgery and training well above that of the government and medical schools. This has been the first BAVS objective, and within the inevitable constraints of a very poor underdeveloped country with great transportation problems and troublesome AID-enforced restrictions on procurement and use of equipment and drugs, this objective has been achieved. Moreover, the administrative ability, personal enthusiasm and political skills of BAVS President Azizur Rahman, plus the regular and realistic supervision provided by IP/AVS suggest that BAVS can be an effective spearhead to extend services to other urban areas and in rural camps and to provide the continuing training that is urgently needed.

At present, there seems little doubt that the demand for sterilization, especially tubal ligation, exceeds the ability of BAVS and other good facilities to provide it. Informed consent forms and counseling were required at BAVS and the Model Clinic & Research Center. BAVS now averages 20-30 patients daily and has had as many as 100. At the Model Clinic run by the government, women arrive at 7-9 a.m. and fight over the opportunity to be served that day. Sterilization camps are often crowded beyond expectation and face serious problems because of a scarcity of trained surgeons and continuing logistical and equipment problems. Yet the majority of patients are over 35 and have more than six

children. Thus, the demographic impact is still not great.

Several major needs exist. First is clearly the provision of services in rural areas outside Dacca. This involves training, provision of appropriate surgical facilities, supplies, equipment and effective local and national management. This task should appropriately be undertaken by the government. However, the current structure of the Ministry is subject to enormous bureaucratic delays; government pay scales for physicians are extremely low and therefore do not encourage already overworked physicians to learn or perform sterilization operations. Incentive pay for participation in sterilization camps does not provide consistent motivation for adequate recruitment, nor do these incentives encourage consistent high quality delivery care systems or surgical skills. Thus, the role of BAVS in helping extend services to rural areas remains important.

Second, but undoubtedly of great effect in increasing the coverage and impact of sterilization, is the educational and motivational role that sterilization services offer. It is unanimously agreed that the best motivator is a satisfied patient who reports a good experience at the clinic. Moreover, few women come to the clinic alone. They are usually accompanied by a village dai or midwife, government or private agency field-worker, a friend or husband and often a young child. These women continue to persuade and bring in women for service often for a small fee (5 tk or about 35¢). The relationship between the client and field-worker on the one hand and the clinic on the other is one of the crucial educational and motivational contacts in the system.

Persons Contacted

Dr. M. A. Sattar, Secretary, Population Control & Family Planning Division (PC&FP), Bangladesh

Dr. Nargis Akhtar, Assistant Director, Service Delivery, PC&FP Directorate

Dr. Azizur Rahman, President, BAVS

Dr. Sultana Begum, Medical Director, BAVS Clinic

Dr. Halida Hanom, Physician, Model Clinic

Mrs. Peggy Curlin, Director, Concerned Women for Family Planning

Mrs. Mustari Khan, Extension Supervisor, Concerned Women for Family Planning

Dr. Adelaide Penny Satterthwaite, Coordinator, UNFPA

Mr. Michael Jordan, USAID Population Officer

Mr. Dallas Voran, USAID Population Officer

Mrs. Sallie Huber, USAID

Dr. Douglas Huber, Cholera Research Laboratory

Dr. George Curlin, Cholera Research Laboratory

I. Project Identification Number: 062-049-2S

A. Project Title: BAVS Dacca Clinic and Peripheral Service Activities.

B. Brief Project Description

The purpose of the project is to provide sterilization services for men and women by performing approximately 1,500 male and 2,500 female procedures at the Dacca clinic and 3,000 additional procedures at 8 rural camps, other private and/or government centers, including counseling, follow-up, training and evaluation.

C. BAVS has clearly established an outstanding surgical service, providing skilled surgery especially for minilap and vasectomy and high caliber training, all of which is widely agreed to be superior to that provided by most medical colleges in Bangladesh. About 20-30 procedures are performed six days a week after less than two years of operation. Complications are low and usually minor. Rural camps served by BAVS doctors are considered among the best in the country.

BAVS has developed useful technical innovations. At the BAVS clinic, physicians perform a simplified form of minilap procedure that does not use a uterine elevator. Their instrument sets are simple and inexpensive; the kit is extremely convenient for large-scale field work. The BAVS vasectomy kit in which the instruments are pocketed in a specially designed one-piece strap is a masterpiece of simplification.

In choosing Dr. Azizur Rahman to operate this program, AVS has clearly chosen a qualified, vigorous, flexible and effective administrator who has given major attention to the first priority - competent surgery. However, there is still much that can be done to improve the facility.

D. Recommendations

1. The physical facilities of the BAVS clinic are inadequate; more space is needed, and especially more beds for post-operative patients who spend the night and return to their homes the following day. These women are often pulled out of bed to make room for the next day's patients. Also, sheets are needed for the beds as well as clean bathrooms on the same floor as the recovery rooms.
2. IPAVS should insist upon prompt relocation to larger quarters on one floor, if possible, and closer to the poorer sections of Dacca. The present clinic is located in a suburban housing area less than a mile from the existing Model Clinic of the government (supported by the Pathfinder Fund) and about ten miles from the old Dacca residential areas where the poorest families live.
3. Closer AVS supervision is needed on post-operative treatment and follow-up. Although BAVS staff assured us that a good meal was provided, the morning following the procedure, half a dozen "field-workers" who bring patients to the clinic insisted that only bread and tea were served to the women who must then proceed home not having eaten a nourishing meal for 1½ to 2 days. Since everyone agrees that the most successful motivators are women who have had a good experience at the clinic, more attention should be given to the comfort and feeding of patients and of those who accompany them to the clinic. Patients should be addressed and treated respectfully.
4. Although money incentives cause serious problems, health-reinforcing measures, such as providing a clean sari or longhi (the only garment most poor women or men wear), a good meal and perhaps also a cake of soap and a month's supply of vitamins, should be fully supported. A supply of rice for a good meal on the following day should be encouraged for health reasons and to minimize post-operative infection. Patients often complain of feeling dizzy and weak after sterilization. Whether these complaints are real or imagined, special efforts should be made to be sure that clients leave the clinic clean, well-fed, with a clear

impression of having been well-treated, and with proper counseling on follow-up treatment and care. This is surely worth as much as, or more than, community meetings, press publicity and other more conventional forms of I&E.

5. To provide a more accurate check of BAVS performance in these areas, unscheduled inspection visits by New York staff should be made as often as feasible. AID and other organizations with representatives in Dacca should be encouraged to note and report problems to IPAVS. IPAVS should consider a "patient services representative," or ombudsman, whose main role would be to talk with field-workers, patients and other organizations using the service to hear their perceptions of what is good and bad about the service. This may be very different from the Medical Director's or surgeons' views that foreign visitors usually hear.
6. It might be necessary to provide more direct on-line supervision of training in their program in order to encourage the use of additional sedation. The performance of mini-laps, while reasonably well done by Bangladesh standards, appears to produce more discomfort in the carrying out of the procedure than has been witnessed elsewhere.
7. It would be extremely helpful if certain local medications could be purchased on the open local market rather than shipped into the country directly from the US.

E. Persons Contacted

See general report.

II. Project Identification Number: 062-049-2I

- A. Project Title: National Information and Education Project for Voluntary Sterilization.
- B. Brief Project Description
 1. To maintain a separate I&E unit at BAVS headquarters.
 2. To conduct a nationwide radio campaign.

3. To conduct a newspaper publicity campaign.
4. To produce and distribute printed materials.
5. To publish a quarterly nontechnical newsletter.
6. To establish a library and nontechnical resource center.
7. To organize and hold seminars in twelve areas.
8. To conduct 44 small group and community meetings.
9. To conduct a letter-writing campaign for selected elite target audiences.
10. To stimulate local participation in the above.
11. To develop and implement a self-evaluation plan.

C. Team members met with the new I&E officer, Mr. Sherazi, a former journalist recently hired, who appears to be developing a program along the lines indicated. An extensive scrapbook of newspaper clippings showed intelligent use of BAVS press releases for general publicity and information. One column critical of BAVS activities for focusing solely on sterilization and not overall development was promptly answered by letters from BAVS honorary sponsors, taking up the charges and making the case for sterilization as an important adjunct of development programs. BAVS has excellent simple slides on male and female sterilization that can be used for elite and professional briefings.

Quite fortuitously, team members were able to attend a small group meeting scheduled in a nearby village. The meeting seemed well planned and publicized with speakers from BAVS and other cooperating groups, addressing about 50 men and women (and at least twice as many young children) seated in the village square. The village leader asked what should be done for couples with only one child. Pills and condoms were recommended. The village social welfare worker noted that the people were interested but would need more personal "motivation work" before they would come to the clinic. The women were then led to a separate private meeting with a BAVS volunteer lady as they would not speak in front of the men. Although there was no evidence of opposition to sterilization, it seemed clear that further individual contacts and arrangements for transportation to the clinic would

be necessary in order to translate the general interest of the community into individual seeking out of sterilization services.

D. Recommendations

1. I&E work based on press releases and group meetings is probably not as effective as person-to-person communication by satisfied sterilization acceptors, village dais and local leaders, but it is a relatively inexpensive and easily organized means of introducing and/or reinforcing personal communications and should be maintained.
2. It is important that this work be carried on beyond the immediate Dacca environs, that it be coordinated with those actually providing services, whether BAVS or government health centers, and that personal contact and follow-up be encouraged.
3. BAVS is also planning to make a film locally for general distribution. There have been some problems in implementing this plan because of close and detailed supervision from New York. Because IPAVS does not have film-making expertise and BAVS will in any case have to hire a local contractor, greater local flexibility should be permitted in this effort.
4. The film and other techniques should be used to provide more communication with the women waiting for the procedure and the dias and friends and children who accompany them to the clinic. These women wait for hours in the yard with little to do. A health educator with simple materials might be able to talk usefully with these women about child care, nutrition and related concerns as well as sterilization and other forms of family planning. As these women are important motivators for family planning, this opportunity to increase their knowledge and effectiveness should not be missed.

E. Persons Contacted

See general report.

III. Project Identification Number: 062-049-2N

- A. Project Title: BAVS Headquarters Program.

B. Brief Project Description

The proposed activities of BAVS under this grant include recruiting staff and, in effect, establishing an organization; promoting national policy; identifying local leaders, service facilities, experts and other opportunities for action.

C. BAVS is still very much Dr. Rahman himself. But an administrative infrastructure is now being developed, and like the I&E program, useful activities are planned and under way.

D. Recommendations

1. More attention and help from IPAVS is needed to assist the other Bangladesh chapters of BAVS outside of Dacca in the preparation of their grant applications and programs.
2. Fiscal changes should be made so that dollar funds can be transferred directly to the country to eliminate fluctuations in the purchase of local currency which have recently adversely affected their budget. The buying of takas in New York at a price lower than in Bangladesh and the estimating of US procurement costs without sufficient knowledge of shipping and packing charges has led to a \$9,228 deficit in the 1976 BAVS budget.

E. Persons Contacted

See general report.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Female Sterilization Admission Form, BAVS Dacca Clinic.
2. Doctor's Order Sheet, BAVS Dacca Clinic.
3. Medical Examination and Clinical Record, Family Planning Model Clinic and Research Centre, Dacca.

HONDURAS

(Dr. Alfredo Goldsmith)

General

The evaluator did not visit the sub-grant in San Pedro Sula since the project is not yet operational.

At the earliest convenience a senior IPAVS member should be sent to Honduras to re-write the three sub-grants so that they outline exactly what will be done. Management assistance, which will be critical to the successful outcome of these programs, should also be provided.

- I. Project Identification Number: 180-114-1
 - A. Project Title: Female Sterilization Program, Materno Infantil, Tegucigalpa, Honduras.
 - B. Brief Project Description
 1. To initiate a full-time Female Sterilization Program.
 2. To perform a minimum of 600 laparoscopies and 200 mini laparotomies.
 3. To purchase needed medical equipment.
 - C. While the voluntary sterilization program under this sub-grant is not operational, this sub-grant was selected by the evaluation team in order to assess the ability of IPAVS to initiate a program in a country where voluntary sterilization does not have the general support of the government.

This hospital is critical for the diffusion of information on voluntary sterilization because it is affiliated with the School of Medicine. This school does not accept U.S. aid, but it is the only one in Honduras where postgraduate training in obstetrics and gynecology are offered.

Unfortunately, the final sub-grant does not fulfill the real needs of the new Honduran Sterilization Program. The current sub-grant took about three years to develop and the needs of Honduras have changed

since the sub-grant was first proposed. There were several errors that are considered corrected. They are:

1. The government of Honduras is financing the construction of an endoscopic unit for \$23,000, but this unit is designed for in-patient use. The patient would be required to stay at least 48 hours and this would increase the costs of sterilization considerably.
2. The operative technique used at this hospital is adequate based on the evaluation on procedures performed by Dr. Zawsrano. Sterilizations are performed under general anesthesia, which further increases the cost of the procedures.
3. In the sub-grant, under surgical equipment, there is provision for two operating tables costing \$7,600, which are totally unnecessary. The local mission will donate two remodeled tables obtained from the Brothers and Brothers Foundation of Pittsburgh.

D. Recommendations

1. Without modifying the entire budget, eliminate from it the two operating tables; eliminate the air conditioning unit (they are building central air conditioning), add one operating room lamp (so as to have 2 per room). Use the \$7,100 allotted in the budget for the above, to purchase surgical supplies locally by the sub-grantee (\$5,000) and assign the rest as a partial reimbursement for incremental clinical costs.
2. Allot funds for Dr. Zambrano to travel to IPAVS supported programs in which laparoscopy is performed as an outpatient procedure.
3. For the second year consolidate the three sub-grants in Honduras into one national grant.

E. Persons Contacted

Dr. Mario A. Zambrano, Chief, Department OB/GYN

Dr. Carlos Medina, Director, Materno Infantil Hospital

Dr. Joaquin Nunez, Medical Director, Hondurean FPA

Mr. John Peabody, AID/Honduras POP/Officer

Mr. Alejandro Flores, Director, Hondurean FPA

II. Project Identification Number: 106-112-1

A. Project Title: Male and Female Sterilization Program.

B. Brief Project Description

1. Performs a minimum of 800 female sterilizations and 120 voluntary male sterilizations.
2. Purchase medical equipment.
3. Initiate a training program.

C. Evaluation Statement

As with the other sub-grants for Honduras, this program is still not in operation although negotiations with IPAVS have been on-going for 3 years.

From the legal and methodological points of view there are several errors in the grant agreement. For example, page 3, first paragraph states that the target population consists of these women who satisfy the "120 rule". In December 1975 the ministry set forth liberal policies in a document available in IPAVS files.

During negotiations with IPAVS, the sub-grantee never saw copies of reporting documents (AVS reporting forms 42 A & B form 71, etc). IPAVS did not provide the sub-grantee with information or assistance on the development of patient brochures.

The budget provides for funds for consent forms. This should be eliminated because Honduras has a standard form for this purpose.

There is no description of the training system, an important part of this sub-grant; nor have provisions been made for partial reimbursement of the costs incurred by the trainees when they return to their local institutions to perform procedures.

D. Recommendations

1. Train Dr. Carlos Martinez in male sterilization techniques in Guatemala or El Salvador instead of locally. I doubt if the local urologist understands the concept of the voluntary outpatient vasectomy procedure.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Conclusiones Del Departamento En Relacion A La Esterilizacion Voluntaria Femenina, 31 de Diciembre de 1975, Tegucigalpa.
2. Solicited Para Esterilizacion, Hospital Materno Infantil, Depto. de Gineco-Obstetricia, 23-V-75.

GUATEMALA

(Dr. Alfredo Goldsmith)

- I. Project Identification Number: 156-108-1
- A. Project Title: Expansion of National Male and Female Voluntary Sterilization Service and Training Program.
- B. Brief Project Description
1. To expand the national voluntary sterilization program at the APROFAM Surgical Center, Hospital Roosevelt and IGSS Hospital and to initiate and/or expand the voluntary sterilization programs at 10 of the 22 National Provincial Hospitals.
 2. Perform a minimum of 1,500 male and female voluntary sterilization procedures at the Surgical Center, 1,000 female procedures at Hospital Roosevelt, 1,500 female procedures at IGSS and at least 2,000 male and female procedures at the 10 Provincial Hospitals.
 3. Train 10 MOH physicians in the technique of vasectomy and 5 MOH physicians in the female technique of laparoscopy and mini-laparotomy and 10 nurses to serve as physician assistants. All trainees will be from the Government Provincial Hospitals.
 4. Conduct an extensive public Information and Education program, through social workers, in support of the voluntary sterilization programs at the provincial hospitals and for the APROFAM voluntary sterilization programs in Guatemala City.
 5. Purchase needed medical equipment.
- C. This sub-grant represents a consolidation of sub-grants 089-061-1, 004-010-3 and 041-047-1 as a result of agreements between the Government of Guatemala, the local FPA, local AID mission, and IPA VS to develop a three year program in order to incorporate voluntary sterilization into 22 government provincial hospitals and three surgical centers in Guatemala City.

The objectives of the previous three grants have more than been achieved (5022 laparoscopies, 1636 vasectomies performed from Sept. 1973 to Sept. 1976) except in the Social Security Hospital. Since June 1976 the program has been suspended due to two deaths (according to IPAVS files). Dr. Santiso, Project Director, however, only knows of one death. The only problem with the previous grants was in the administration of the sub-grant. Under the new grant this potential problem has been corrected since Dr. Galich, Medical Director, will devote 100 percent of his efforts to the sub-grant. Also a program administrator/evaluator was hired.

As a result of the information and education program of the previous sub-grants, a recent KAP survey conducted by the University of Chicago indicated that 15.6% of these interviewed had heard about vasectomy, 46.1% had heard about female sterilization, and 1.9% of the sample women had been sterilized.

The consent forms are adequate as well as the mechanisms for informing the patients.

The training in vasectomy and laparoscopy are adequate. The surgical minilaparotomy procedures do not appear to be adequate, based on various discussions with the involved staff.

D. Recommendations

1. IPAVS should immediately proceed to have Dr. F. Gonzalez retrained in outpatient minilaparotomy performed under local anesthesia. During this year he will be responsible for training 10 physicians in minilaparotomy.
2. As soon as IPAVS heard about the two deaths due to general anesthesia, immediate action should have been taken. The purpose of the IPAVS Complication Report Form is to alert IPAVS of problems in the field so that corrective action may be taken.
3. Allowances must be made in the sub-grant budget for partial reimbursement for incremental clinical costs for the 10 trainees when they return to their provincial hospitals.
4. IPAVS should work with Dr. Galich to strengthen his administrative capabilities.

E. Persons Contacted

Dr. Roberto Santiso, Executive Director, APROFAM

Dr. Ricardo Lopez Urzue, National Coordinator for
Family Planning

Dr. Fausto Gonzalez, Surgeon, APROFAM Surgical Center

Mr. J. Paul Jones, AID Pop/Officer

Mrs. Ana Maria de Posadas, Nurse, Pilot Clinic

Dr. L. Galich was not contacted since he was out of town organizing a voluntary sterilization program in one of the provincial hospitals.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Final Results Of The University of Chicago - APROFAM IE&C And KAP Research Project In Guatemala. Publisher unknown.
2. Consent Forms for Voluntary Sterilization Used by Association Pro-Bienestar de la Familia de Guatemala.
3. Complication Reports at the Social Security Hospital (IGSS), Guatemala 005-011-3. Memo from Russ Vogel to Dr. Lubell, Jan. 13, 1977.

EL SALVADOR

(Dr. Alfredo Goldsmith)

- I. Project Identification Number: 165-105-1
- A. Project Title: Voluntary Sterilization Santa Tecla Clinic.
- B. Brief Project Description
1. Start voluntary sterilization in Santa Tecla Clinic.
 2. Perform 950 Female and 310 Male procedures.
 3. Conduct I & E campaign.
 4. Purchase medical equipment.
- C. In spite of long delays the program is still not operational for the following reasons:
1. Poor management of the local FPAA.
 2. Lack of autoclave to sterilize equipment.
 3. Salaries not compatible with those paid by ADS.
 4. Information and education component cannot be initiated since funds for this have not yet been received.
- D. Recommendations
1. Solve the autoclave and salary problems.
 2. Due to the historical management problems at the ADS and the critical role which IPAVS has in the government program, the sub-grant with the Santa Tecla Clinic should not be funded for a second year.
- E. Persons Contacted
- Dr. Vernon Madrigal, Director of Research
- Dr. Gustavo Argueta, Medical Director
- Mr. Ricardo Casaneda, Executive Director
- AID, Population Staff, Salvador Mission

II. Project Identification Number: 035-034-1

- A. Project Title: Establish Male Voluntary Sterilization Program in Santa Ana.
- B. Brief Project Description
 - 1. Train 5 physicians in vasectomy.
 - 2. Perform 100 vasectomies (minimum).
 - 3. Add staff for patient motivation.
 - 4. Provision of 3 vasectomy kits.
- C. Although \$1000 were advanced in December 1974 the program is still not operational.
- D. Recommendation

Cancel the sub-grant and transfer the funds to project 165-105-1.
- E. Persons Contacted

See report for project 165-105-1.

III. Project Identification Number: 135-087-1

- A. Project Title: Voluntary Sterilization ISSSS, Central Medical Unit.
- B. Brief Project Description

The purpose of the sub-grant is to implement a program in female surgical sterilization, via laparoscopy and mini-laparotomy and a male surgical sterilization program via vasectomy. The "Central Medical Unit," in addition to meeting the demand for voluntary sterilization services in the metropolitan San Salvador region, will serve as a training center for medical and paramedical personnel currently employed in various other units of the Social Security Institute, principally in the regional hospitals located in Santa Ana, San Miguel, and Sonsonate.
- C. The initiation of the program was delayed due to delays in the receipt of equipment provided to the project by AID. Although the Central Medical Unit is the most modern outpatient facility in the country with a computerized system for the evaluation of family planning services, no training is being conducted and there is little demand for voluntary

sterilization at this clinic, since most patients who use the Social Security System use the main Hospital. Voluntarism is respected and the achievements of this clinic, through December 1976, are as follows:

<u>T I P O</u>	<u>ESTE MES</u>	<u>ANO A LA FECHA</u>
LAPAROSCOPIA	42	55
MINI-LAP	1	84=139
VASECTOMIAS	5	31
TOTAL	48	170

D. Recommendations

The project should not be funded for a second year.

E. Persons Contacted

Dr. Mendoza Tobar, Chief, Preventive Medicine Unit
AID Salvador Mission Population Staff

IV. Project Identification Number: 177-107-1

A. Project Title: Female Voluntary Sterilization Project
Social Security Institute.

B. Brief Project Description

This sub-grant will provide support to the Medical Center of the Social Security Institute. The purpose of this assistance will be to provide the ISSS with funds for staff support of an expanded female sterilization program. The service program will be conducted in conjunction with a resident training program. The objectives of the project are to:

1. Perform a minimum of 1,500 female voluntary sterilization procedures via laparoscopy and mini-laparotomy during the grant year.
2. Train 20 resident physicians in the technique of laparoscopy and mini-laparotomy.

C. Although the voluntary sterilization program is very successful in terms of the total number of sterilization procedures performed, it is doubtful that the goal of

1,500 interval laparoscopies and mini-laparotomies will be achieved. However, the postpartum sterilization program is very successful, and about 3 postpartum procedures are performed for every interval procedure. This trend should be encouraged.

The training provided to the residents is adequate. Voluntarism and informed consent are respected.

D. Recommendations

1. The objectives for the second year of the project should be stated in terms of total sterilization procedures to be performed rather than specifying the techniques to be used, e.g. laparoscopy.
2. Each trainee should be provided with a mini-lap kit in order to be able to perform the procedures when they practice at other Social Security Hospitals.
3. A senior staff person from IPAVS should visit this project since to date all communications have been handled by mail or through the AID Pop/Officer.

E. Persons Contacted

Dr. Ernesto Moran Caceres, Chief, Department of
OB/GYN Salvadoreno Social Security Institute
General.

AID Population Staff, Salvador Mission.

V. Project Identification Number: 147-091-1

A. Project Title: Laparoscopy Voluntary Sterilization Program, Ministry of Public Health and Social Assistance.

B. Brief Project Description

This sub-grant will provide support to the Ministry of Public Health and Social Assistance of El Salvador. The purpose of this assistance will be to greatly expand the laparoscopic voluntary sterilization program at the Government's Maternity Hospital, and to conduct a training program for MOH physicians and resident physicians of the Hospital de Maternidad in the technique of laparoscopy.

- C. Due to the cooperation of several international agencies (IPPF, PIEGO, IFRP, IPAVS) the performance of this program is outstanding, not only in terms of the numbers of procedures performed and quality of training, but also in being able to effect changes in the national laws governing voluntary sterilization.

Through this program a set of procedures were developed for performing vasectomy, minilaparotomy, culdoscopy and laparoscopy.

A semi-computerized data collection and consent form was developed. The number of sterilizations performed under direct support by IPAVS are as follows:

TOTAL DE ESTERILIZACIONES EFECTUADAS DE
MAYO A DICIEMBRE DE 1976 - 3.171

TOTAL ESTERILIZACIONES POR LAPAROSCOPIA
EFECTUADAS POR LA DRA. DE BADIA DE MAYO
A DICIEMBRE DE 1976 - 498

The only apparent weakness of the program is its information and education component for which \$4,800 is budgeted. In the brochures published by the project there is no direct reference to voluntary sterilization.

D. Recommendations

1. Adjust the salary budget so that salaries will reflect the recent increases of salary levels in the country.
2. The budget for the sub-grantee to locally purchase medical and surgical supplies should be flexible and not specific to particular items.
3. IPAVS should carefully review the target goals for laparoscopy, since there is still a high demand for post partum sterilization.
4. IPAVS should develop with the sub-grantee a stronger information and education program.
5. The program should be extended for at least two or three more years.

E. Persons Contacted

Dr. Angel Quan, Technical Director

Dr. Delfina de Badia, Surgeon and Trainer

Dr. Jose Coto, Project Director

Mr. Samuel Taylor, Pop/Officer, AID, Salvador

Mr. Robert Hollady, Assistant Pop/Officer

Mr. Roberto Chavez, Population Office, El Salvador

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Diferencias Sueldos Presupuesto A.V.S. Y Sueldos Actuales A.D.S., AVS Sub-Grant 165-105-1, 1:/XII/76.
2. COMPLEMENTO DE INFORMACION Y EDUCACION AL PROYECTO SANTA TECLA, San Salvador, 29 de Noviembre de 1976.
3. REGISTRO DE VISITAS DE PLANIFICACION FAMILIAR, Instituto Salvadoreno Del Seguro Social, Form M-74007.
4. SOLICITUD Y REGISTRO PARA ESTERILIZACION QUIRURGICA, Inetituto Salvadoreno Del Seguro Social.
5. Normas Y Procedimientos para la Esterilizacion Quirurgica, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil Y Planificacion Familiar, 11/Vi/75.
6. Reglamento para la Esterilizacion Quirurgica Masculina Por Vasectomia, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil Y Planificacion Familiar, 13/V/75.
7. Reglamentacion de la Esterilizacion Quirurgica Femenina Por Minilaparotomia, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil Y Planificacion Familiar, 20/II/1976.
8. Bases para la Reglamentacion de la Esterilizacion Quirurgica Femenina Por Culdoscopia, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil Y Planificacion Familiar, 23/IV/75.
9. Bases para la Reglamentacion de la Esterilizacion Quirurgica Femenina Por Laporoscopia, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil Y Planificacion Familiar, 22/IV/75.
10. FORMULARIO PARA ESTERILIZACION QUIRURGICA, Ministerio de Salud Publica Y Asistencia Social, 2/XII/1974.
11. Metodos Anticonceptivos para la Planificacion de la Familia, Ministerio de Salud Publica Y Asistencia Social, Division Materno Infantil.

PAKISTAN

(Dr. Phyllis T. Piotrow)

General

All those with whom the evaluation team member spoke emphasized the rapidly growing popularity of female sterilization and the difficulties in keeping up with this expanding demand. Experienced family planning administrators expressed surprise at the considerable demand. Physicians and surgeons at all the facilities visited were extremely busy, facing an increased surgical load and in some cases a lack of hospital space and supporting funds to provide the high quality service they wanted to offer. The number of surgeons, residents and backup staff was adequate, but crowded facilities and lack of funds for sheets, beds and even tea and a biscuit for patients being dismissed were cited in many cases.

The immediate problems for expansion of family planning/sterilization programs in Pakistan relate to (1) the basic lack of integration and coordination between the health services which employ many of Pakistan's gynecologists and surgeons and the population planning program, and (2) the inability of the Population Planning Division to plan and implement effective programs that reach the rural areas and the urban poor. In view of growing USAID concern over the lack of demographic impact of the government's long-term program, AID/Islamabad is likely to seek to condition further US assistance (and other donor support as well) on specific planning and implementation targets. In this case, the Government of Pakistan might try to use IPA/PA/NA/VA as a substitute for bilateral aid. This would open important opportunities for these organizations but also raise serious problems.

Persons ContactedIslamabad

Mr. Badruddin Zahidi, Joint Secretary, Population Planning Division

Dr. Shamin Afzal, Deputy Director, Technical, Population Planning Division

Col. Mullick, Technical Director, Population Planning Division

Dr. Andrew Hynal, USAID Population Officer

Mr. William McIntyre, Director, Population, Health & Nutrition Office, USAID

Mr. Thomas Mahoney, Deputy Population Officer, USAID

Mr. Joseph Wheeler, USAID Mission Director

Karachi

Dr. Rihanna, Medical Director, FPAP

Miss Ashraf Mirza, Executive Director, FPAP

Dr. Rezia Ansari, Professor of Ob/Gyn, Dow Medical College and Civil Hospital

Dr. Faridon Setna, Lady Dufferin Hospital

Mrs. Rasheeda Hussein, Lady Dufferin Hospital

Lahore

Dr. Fakhar-un-Nisa, Executive Secretary, PNAVS

Dr. Bilkis Fatima, President, PNAVS

Dr. Faleh Akhtar Khan, Urologist, Vasectomy Project Director, Mayo Hospital

Mrs. Begum Surayya Jabeen, Senior Director and Liaison with Government and International Agencies, FPAP

Mr. Badredi, Mirza, Administrative Officer, PNAVS

I. Project Identification Number: 113-067-1, 2

- A. Project Title: Voluntary Sterilization Clinic, Family Planning Association of Pakistan (Lahore).
- B. The purpose of this project is to finance 1,175 sterilizations (375 male, 500 laparoscopies, 300 minilaps), provide laparoscopes and other equipment, train a number of physicians and provide educational materials.
- C. Sterilization services are offered as part of a comprehensive family planning Model Clinic which has been operated by the Family Planning Association of Pakistan (FPAP) for some time.

Services are operating on schedule with a total of more than 1,100 sterilizations performed as of

February 1, 1977. FPAP is now using volunteers and FPAP vehicles to transport the patients to what appears to be an increasingly popular and efficient facility.

The clinic reports no complications and a very low pregnancy rate - both rates below those of the hospital-based programs. This may be the result of differing definitions and suggests the need for a standardized description of complications.

The major problem in the IPAVS-supported activities was related to equipment: delays in shipment and repair of a laparoscope and constraints on local procurement. Transport for patients is a continuing problem although FPAP does have some vehicles provided earlier by IPPF.

D. Recommendations

1. IPAVS should encourage more detailed reporting on medical complications as some may now be overlooked.
2. IPAVS should evaluate carefully the impact of FPAP's new policy of using volunteers instead of paid field-workers on the number of men and women coming for sterilization.
3. IPAVS should avoid duplication with FPAP's I&E efforts and concentrate on areas not now covered by FPAP.

E. Persons contacted

See general report.

II. Project Identification Number: 053-044-2

A. Project Title: Lady Willingdon Hospital (Lahore).

B. Brief Project Description

This project involves the second-year continuation and expansion of the service and training programs at Lady Willingdon Hospital, including 1,000 laparoscopies, 1,000 minilaparotomies and training of 60 physicians primarily in minilap.

C. Now in its second year, the project seems to be going extremely well and meeting planned objectives.

The project director and associated staff are well known, highly respected persons who are totally dedicated to quality health care and who combine high technical skills with a warm and humane attitude toward other staff and patients. They are exceedingly busy, however, and their devotion to medical and professional responsibility leaves little time for prolonged negotiations or maneuverings with politically oriented government officials.

There is no transportation at Lady Willingdon Hospital for this project. Records show that many women travel 1-2 hours for the procedure by bus and must return the same day also by bus. Government transportation is supposed to be available for women brought by government motivators, but an interview with the motivator who had brought a patient on the day of the evaluation confirmed Dr. Nisah's point that government vehicles were often transferred to other work and unavailable. Then the motivator has to meet the client, bring her in, wait and take her home by bus, rickshaw or whatever. Similarly, transportation is rarely available for follow-up visits.

D. Recommendations

A vehicle should be assigned to Lady Willingdon Hospital to take patients home after sterilization, to bring them for follow-up and to bring groups of women from more distant areas. This would be desirable both for medical reasons and as a motivational factor to make village women aware of how well they will be treated. The efficiency of the field-workers would also be increased.

E. Persons contacted

See general report.

III. Project Identification Number: 097-071-1N

A. Project Title: Pakistan Association for Voluntary Sterilization (Lahore).

B. Brief Project Description

The purpose of the project is to establish a national headquarters and staff, maintain statistics, conduct surveys, recruit members and carry out educational activities. Although the team was not briefed on

this in New York, it appears that PNAVS will also have some responsibility for nine hospital sterilization centers, mainly in government hospitals, to be funded by IPAUS at an annual cost of about \$600,000 as an integral part of the government program.

- C. PNAVS faces a potentially serious problem which may recur in other developing countries. Although

directors. These hospitals were selected or approved by Dr. Nisah specifically because of her confidence in these individuals. For the time being - perhaps as long as the present Joint Secretary remains in his post and until competent staff is selected - PNAVS should not be given important administrative or financial responsibilities.

4. The high caliber of PNAVS membership and non-government leadership assures that in time the projected, more active role of PNAVS can be undertaken, but for the moment PNAVS should concentrate on expanding various clinical efforts rather than PNAVS as an institution.

E. Persons contacted

See general report.

IV. Project Identification Number: 052-043-3

A. Project Title: Lady Dufferin Hospital (Karachi).

B. Brief Project Description

The purpose of the project is to renovate facilities for a substantial female sterilization unit in Lady Dufferin Hospital, to provide equipment including a laparoscope, to perform 2,800 female procedures, mainly laparoscopy, to train 12 doctors and to conduct an information and education program.

- C. The program was going well although clearly space was inadequate. An average of about 12 patients per day came for sterilization.

The planned new facilities, where a reasonable amount of potentially well lighted, well arranged and well ventilated space is available, will require substantial additional sums for adequate waterproofing, new electrical wiring and some structural changes. The sum of \$5,000 is obviously inadequate for the job, however, because building costs in Karachi have risen 300 percent since 1971, and many skilled Pakistanis are taking construction jobs in the Middle East.

Equipment problems include delays in receiving laparoscopes and repair of broken ones and faulty laparoscope design (trocar and forceps not fitting in ACMI scope so that leakage of gas occurred, making it difficult to maintain pneumoperitoneum).

The information and education component of the project was especially interesting. A female community organizer has been hired, and so far she has organized two local women's meetings to form women's clubs or women's centers. The women themselves promptly announced that family planning was their main need, and seven acceptors were recruited. Funding for this effort is minimal (\$500 until June 30, 1977), but all evidence suggests that this type of personal contact is far more valuable than brochures, posters or even radio and television to educate the women and persuade them to come for sterilization.

Transportation, both to bring and return patients and insure follow-up, is a constantly emphasized need. Conversation with two government motivators also revealed that transportation is often not available for them. Karachi buses are jammed, and motivators and patients both may have to wait one-half to one hour - an obvious discouragement to more distant patients.

Educational efforts also include lectures to government motivators and others to discourage the notion that women should diet after sterilization - a notion spread by some government family planning workers that caused many women to complain of faintness and dizziness at the follow-up visit.

In general, Dr. Setna and the able (and influential) project director, Mrs. Hussein, gave the impression that IPAVS was extremely penurious with funds. There is no money for tea and a biscuit for departing patients; no money for tea at women's meetings; no money for any transportation; no money for follow-up on 600-plus patients; the community organizer uses her own personal car to bring patients in; and funds are inadequate for the proposed renovation. (In the latter case they admitted their own original estimate was faulty.

D. Recommendations

1. IPAVS should review the budget for this project carefully and allow adequate funds to offer high quality services with appropriate space, counseling, food and other backup services.
2. The role of the new women's centers should be carefully evaluated, and if they are as successful as present evidence suggests,

IPAVS should provide additional support for this type of I&E.

3. Additional laparoscopes should be provided to minimize down time caused by need of repairs or parts.
4. Transportation of some sort should be provided to return patients to their homes and facilitate follow-up.

E. Persons Contacted

See general report.

ADDITIONAL DOCUMENTATION
MADE AVAILABLE TO THE CONSULTANT

1. Interview Form: Attitude of outdoor patients of Lady Willingdon Hospital and Mayo Hospital, Lahore, towards Voluntary Sterilization, Pakistan National Association for Voluntary Sterilization. (undated).
2. Survey Form: Prevalence of Activities of and Obstacles in the Provision of Voluntary Sterilization Services in Pakistan, Pakistan National Association for Voluntary Sterilization. (undated).
3. Research cum Progress Report of Laparoscopic Clinic, Lady Dufferin Hospital (July 1974 - June 1976) (undated).

PHILIPPINES

(Dr. Michael S. Burnhill)

General

In Manila we met with Dr. Benjamin de Leon who is acting director of the Philippines Population Commission. He gave us an overview of the Philippine position on sterilization.

The following morning we toured the Philippine General Hospital where Dr. De la Rama, current director of the program, described the program and showed us their reports, a field manual on surgical sterilization and a training manual on surgical sterilization.

In Cebu City Dr. Dacalos discussed with us the Southwestern University service and training program which is particularly innovative with regard to public education, using both radio and television to dramatize the vasectomy program and inform the public.

We discussed laparoscopic sterilization with Dr. Oblepias at Mary Johnston Hospital in Manila and observed the operation of the fertility center. At the Population Center Foundation, Dr. Conrado Lorenzo discussed the new sterilization program.

Persons Contacted

Teresa Van der Vlugt, USAID Population Officer

Dr. Benjamin de Leon, Acting Director of Population Commission

Dr. De la Rama, Director of Philippine General Hospital

Dr. Vicente Poblete, staff of Philippine General Hospital

Dr. Jesus C. Azurin, Philippines Public Health Association

Dr. Flora Bayan and Dr. Riodica, National Family Planning Office

Dr. Rubin Apello, former director of IPAVS project at Jose Fabella Memorial Hospital

Dr. Emilia Dacalos, Southwestern University, Cebu City

Dr. Oblepias, Mary Johnston Hospital, Manila

Dr. Conrado Lorenzo, Director of Field Projects, Population Center Foundation, Manila

Dr. Gloria Aragon, Biomedical Research Assoc., Inc. (Manila)

I. Project Identification Number: 025-036-2, 3

A. Project Title: Biomedical Research Association, Inc. (Manila).

B. Brief Project Description

To train 72 physicians in minilap and vasectomy; perform 2,400 minilaparotomies and 360 vasectomies; to provide trainee graduates with minilap and vasectomy kits; and to provide trainee follow-up and evaluation at their home institutions.

C. The Biomedical Research Association, Inc. at the Philippine General Hospital is functioning at an extremely high level of efficiency both in training and services and appears to be a model training center. The staff is quite enthusiastic and highly competent, and they produce a great amount of research material which has not been sufficiently publicized to date. The training manuals are models on which a general training manual might be developed for IPAVS. In addition, the staff provided valuable input on problems encountered with the large minilap kits being supplied to them through FPIA.

D. Recommendations

1. The minilap kits provided through the developing countries should be made available in terms of either a simplified kit or in components so that an entire kit, which is expensive, need not be sent to those places where all the instruments would not be used.
2. IPAVS should support the publication of the Association's research material relating to types of anesthesia used for minilaps and other projects.

E. Persons Contacted

See general report.

II. Project Identification Number: 076-054-2

- A. Project Title: Philippines Public Health Association (Manila).
- B. Brief Project Description
Development of orientation sessions, team training and questionnaires.
- C. Dr. Azurin's grant appears to be proceeding and meeting its operational objectives without problem. The orientation sessions, team training and questionnaires appear to have been developed and are currently in the process of being implemented so that the importance of sterilization will be emphasized in the medical schools and in midwife training programs and in public health mediums throughout the country.
- D. Recommendations
None.
- E. Persons Contacted
See general report.

III. Project Identification Number: 020-021-2, 3

- A. Project Title: Southwestern University (Cebu City).
- B. Brief Project Description
Provision of training services and vasectomy services.
- C. This center appears to be functioning well in meeting its objectives, both in Cebu City and in neighboring districts. The enthusiasm of the female physicians in both marketing and performing vasectomies is extraordinary. However, the center appears to be reluctant to develop simplified minilap procedures and is still performing female sterilizations under a spinal anesthesia in the hospital - a process which necessitates a 2-3 day stay in the hospital.

There were some problems in processing the Cebu City grants due to prolonged delays between the approval of the grant and the approval by the National Economic Development Board and the Population Commission. Discussions with Dr. Dacalos, members of the Population Commission and AID officials indicate that it would be prudent to provide the

Philippine government and USAID with information prior to approval of the grant by IPAVS and USAID/Washington.

D. Recommendations

1. The Center should be given additional supervision with relation to the performance of minilap.
2. The Center's techniques for recruiting vasectomy patients should be studied carefully to provide assistance in recruiting vasectomy patients from other areas.
3. Grants in process should be submitted to the appropriate government agencies and the local AID Population Officer for comment and criticism prior to approval by USAID/Washington in order to shorten the amount of bureaucratic delay occasioned by the present approval mechanism.

E. Persons Contacted

See general report.

TAIWAN

(Dr. Michael S. Burnhill)

General

At the Taiwan Association for Voluntary Sterilization, we had the opportunity to discuss past and present programs with Dr. Won Chiang and Mr. Chunnan Lo. We observed a vasectomy, watched an informational film on female cancer detection and reviewed their past and present reports. At a meeting with Dr. Chin Mau Wang, Director-General of the National Health Administration, the role of the Taiwan Association of Voluntary Sterilization and vasectomy in the Taiwanese Health programs was discussed. The entire Taiwanese Health programs was discussed. The entire Taiwanese population efforts were also reviewed.

Persons Contacted

- Dr. Wan Hsuen Chiang, Director, Taiwan Association for Voluntary Sterilization.
- Dr. Chin Mau Wang, Director-General of National Health Administration.
- Dr. Yen, former Director-General of the National Health Administration, now President of the Taiwan Family Planning Association.
- Dr. Chow Ching Len, Deputy Director-General, National Health Administration.
- Dr. Chang, Chairman of the Taiwan Association for Voluntary Sterilization.
- Mr. Lo, Secretary-General of the Taiwan Association for Voluntary Sterilization.

- I. Project Identification Numbers: 000-003-2 and 079-048-3N
 - A. Project Titles: MCH Demonstration Project (Taipei) and Association for Voluntary Sterilization / Republic of China.
 - B. Brief Project Description
 - 1. Project No. 000-003-3
 - To perform 250 vasectomies; train 50 MDs in

vasectomy; develop patient educational materials, posters and brochures; provide psychological and physiological follow-up work and testing of acceptors of voluntary sterilization services.

2. Project No. 079-048-3N

To promote legislative measures to expedite development and use of voluntary sterilization in Taiwan; conduct and encourage research in appropriate areas; encourage the incorporation of voluntary sterilization into public and private service programs; motivate and educate physicians and paramedical personnel and promote public education in the value of voluntary sterilization.

- C. The quality of services provided at the MCH demonstration project and the activities being performed by the TAVS are impressive. Their use of pioneering materials seems to be extremely advanced. In fact, they are over-recruiting or exceeding their targets as set with the Ministry of Health. The organization of the Board to include members of the Medical Association, the National Health Administration, the Provincial Health Department and the FPA seems to have placed TAVS in good graces with major family planning associations and ministries in Taiwan.

From conversation with the Minister of Health, it became apparent that MCH is now a misnomer because vasectomy services are included in the project. It was suggested that FH be used to designate the project as a Family Health Center so that the active participation of men (fathers) could be sought.

D. Recommendations

1. The MCH Demonstration Project should be used as a model to other NAVS's to include other relevant government medical schools and private officials on the board in order to facilitate the development of a national sterilization program.
2. The project designation should be changed from MCH to FH (Family Health) in order to solicit the cooperation of men (fathers) in the center.
3. The FH centers should include broader health education so as to provide a general reason

for client acceptance. The center should be identified by potential acceptors as dedicated to improving the quality of their life.

4. The FH centers should include instruction on proper nutrition, dietary preparation, dental care, treatment of simple illnesses, basic hygiene, as well as family planning and sterilization advice.
5. The specialized rural health worker should be retrained to become a general family health worker in order to facilitate the delivery or rural health care.
6. Further efforts should be made to assure follow-up supervision of trainees, including adequate provision of refresher courses and conferences to maintain esprit de corps and knowledge among service providers.

E. Persons Contacted

See general report.