

I. PROJECT IDENTIFICATION

<p>1. PROJECT TITLE</p> <p>POPULATION DYNAMICS</p>		<p>APPENDIX ATTACHED</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. PROJECT NO. (M.O. 1095.2) 615-11-580-141</p>
<p>3. RECIPIENT (specify)</p> <p><input checked="" type="checkbox"/> COUNTRY Kenya</p> <p><input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL</p>	<p>4. LIFE OF PROJECT</p> <p>BEGINS FY 1969</p> <p>ENDS FY 1974</p>	<p>5. SUBMISSION</p> <p><input type="checkbox"/> ORIGINAL</p> <p><input checked="" type="checkbox"/> REV. NO. 4 MAY 10, '72</p> <p>DATE</p> <p>CONTR./PASA NO.</p>

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
											(A) JOINT	(B) BUDGET
1. PRIOR THRU ACTUAL FY	133	19	7			78	36	19	7			
2. OPRN FY 70	144	126	36				18	121	134			
3. BUDGE FY 71	141	116	36				25	79	25			
4. BUDGET +1 FY 72	211	85	28	45	45	61	20	48	16			
5. BUDGET +2 FY 73	130	60	24	30	45		40	30	12			
6. BUDGET +3 FY	100	30	12	30	45		40	30	12			
7. ALL SUBQ. FY												
8. GRAND TOTAL	859	436	143	105	135	139	179	327	106			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR The Netherlands, IPPF, Population Council, Ford Foundation, Sweden, Norway, U.K.	(B) KIND OF GOODS/SERVICES Technical Advisory Assistance and Contraceptive Commodities	(C) AMOUNT
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III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER DWMurray	TITLE Asst. Program Officer	DATE May 11, 1972
2. CLEARANCE OFFICER CLDoggett	TITLE Acting Director	DATE May 11, 1972

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE	DATE
TITLE	

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE	DATE
ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	

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Vihiga Division Family Planning Activity

General: The basic goal, purpose and structure of the Population Dynamics Project remain as stated in PROP Revision No. 3, upon which life-of-project authorization was granted on June 16, 1970. The purpose of this Revision is to add one new area of endeavor. This new activity is designed to complement other already-programmed inputs and increase assurances that the Kenyan Government will be able to design and execute a sound national family planning program over the long run. The life of project remains the same -- through FY 1974.

The following narrative pertains only to the special family planning activity to be carried out in conjunction with the Vihiga Special Rural Development Program.

A. Project Goal

1. **Goal Statement:** To increase the Kenyan Ministry of Health's ability to formulate and administer action-oriented family planning (FP) programs in rural areas.
2. **Measurement of Goal Achievement:** The goal will be achieved through incorporating into national family planning program design lessons learned from studies of alternative family planning service and motivation approaches implemented under this special project activity.
3. **Assumptions Related to Goal Achievement:** That the GOK will maintain a high level of interest in supporting an aggressive, effective national family planning program.

B. Project Purpose

1. **Statement of Purpose:** To try out and evaluate the relative effectiveness of alternative approaches to providing family planning services in a rural setting, and to identify key factors which impinge on acceptance of contraceptive practices among rural people in Kenya.
2. **Conditions Expected at End of Project:**
Knowledge of the following:
 - a. Approximate effective service radius of a rural family planning clinic.
 - b. Effectiveness of providing FP clinical services at rural health centers on a full-time versus a part-time basis.
 - c. Comparable ability of rural health centers to provide full-time FP services with existing staff and, alternatively, with no additional staff.

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- d. Effectiveness of a Mobile FP Unit in servicing areas relatively remote from established clinics.
- e. Extent to which rural women seek FP services in conjunction with MCH and other health services.
- f. Number of children of those rural women who accept contraceptive practices after face-to-face motivation sessions and of those who reject contraceptive practices after such sessions.
- g. Education level of acceptors and non-acceptors.
- h. Effectiveness of follow-up home visits as a means of improving continuation rates of new acceptors and of overcoming reluctance of recalcitrants.
- i. Attitudes of rural males toward family planning. (This would amount to a general listing of prevailing opinions, prejudices, and predispositions most commonly encountered, both in public gatherings and in private discussions.)

3. Assumptions Related to Achievement of Purpose:

- a. Cooperation from other elements of the Kenyan public health program in the project area.
- b. Cooperation of local political leaders.

C. Project Outputs

1. Outputs

- a. Tabular summaries of key information on numbers of new contraceptive acceptors, revisits, type of contraceptives used, distance from acceptor's home to clinic, etc., for all FP clinical service facilities in the project area.
- b. Characteristics profiles of acceptors and non-acceptors in the project area.
- c. Analytical studies of male attitudes.
- d. Analytical studies of the above information and recommendations for possible adaptation of results to the national FP program.

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2. Output Indicators

- a. Bi-weekly summaries of all information gathered through the coupon reporting system from the eight health centers and the mobile unit.
- b. Periodic field reports from the special male motivation worker.
- c. Analytical reports of project results on a semi-annual basis plus other occasional reports considered timely and pertinent by the Ministry of Health FP Section.

3. Assumptions Related to Outputs

- a. Continuity of staff.
- b. Willingness of women contacted by motivation workers and women receiving FP services to provide information called for through the project reporting and evaluation system.

D. Project Inputs

1. The U.S. shall defray all recurrent operational costs of the program. The budget in Attachment A summarizes personnel and other operational costs. The GOK will meet these costs in the first instance and receive reimbursement from USAID/Kenya periodically upon presentation of appropriate vouchering documents.

The U.S. will also provide three vehicles as follows: one specially adapted van for use as a mobile unit and two 4-wheel drive station wagons (Wagoneer type). One of the station wagons will be used by the KRN/MW Project Manager to make regular visits to the six full-time health centers in the area. The second will be used by the FPAK Field Educator to provide necessary transportation to motivation workers.

The GOK shall provide the basic clinical facilities at eight locations in the project area and shall supply all contraceptive commodities used in the project area.

2. Schedule of Inputs

All personnel are to be recruited, trained, and in place as soon after July 1, 1972 as possible. The GOK will train all KRN/MWs in family planning clinical services and the FPAK will train the motivators. (Training of the KRN/MW Project Manager began in February 1972 and will be completed in May 1972.) Location chiefs in the project area will select motivation workers during June 1972. The mobile unit and one station wagon will be ordered in May 1972 by using Special Development Assistance funds. The second station wagon will be ordered in July 1972. Supplies for the reporting and evaluation system will be printed and distributed in the first two weeks of July 1972.

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3. Basic Assumptions Related to Inputs

- a. That procedures for allocating money for recruitment of personnel (by the Ministry of Health and FPAK) will allow prompt hiring and placement by no later than the end of July 1972.
- b. That a sufficient supply of contraceptive commodities can be made available to the project area through regular GOK channels without having to resort to special procurement.

E. Rationale

The Ministry of Health recently completed a five-year operational plan for the national family planning program. This Plan draws on such demographic data as are available from the 1969 census (and subsequent studies of basic census data) and attempts to specify how many and what type of personnel -- including motivational workers, enlisted nurses, registered nurses, and doctors -- will be required in order to realize any given percentage reductions in the growth rate by 1976. The manpower requirements model upon which the Plan is based takes as its targets alternative percentage reductions in the aggregate growth rate and then works backwards through a series of assumptions concerning the numbers of births to be avoided, relative effectiveness of alternative contraceptive methods, number of new contraceptive acceptors (by type) necessary per birth to be avoided, number of home visits or clinical sessions required to gain the target number of new acceptors, number of motivational worker man-days required per new acceptor, number of clinical personnel (of various types) required per new acceptor according to type of contraceptive technique used, etc., until at the end a framework of resource requirements is deduced.

At this point the new Plan has been approved by the Ministry of Health and the Ministry of Finance and Planning. Provisions have been made in the 1972-73 GOK budget projections for that portion of program costs which the Kenyan Government can finance, and the GOK is seeking external assistance for various other elements particularly in the area of Training. Beginning with the 1972-73 fiscal year, all elements of the Ministry of Health's family planning program will be carried out within the context of the new Plan.

As an important element of implementing the new Plan, the Ministry of Health intends to expand its ongoing efforts to monitor and evaluate all aspects of the national family planning program. The Family Planning Evaluation Unit at the Ministry already is equipped with automatic data processing facilities for use in tabulating, sorting, and analyzing information from health center reports across the country. In addition to this broad-scale evaluation, however, the Ministry is interested in conducting indepth evaluation of both traditional and innovative (for Kenya) approaches to family planning services under controlled conditions. Through such evaluation the Ministry hopes to learn ways in which the national program might be conducted more effectively and more economically.

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A working group of representatives from the Ministry of Health, Ministry of Finance and Planning, and USAID was established in December 1971 and charged with devising a special family planning effort for a rural area of Kenya where alternative approaches to motivational work and the actual providing of family planning services could be intensively studied from the standpoint of effectiveness and comparative costs. The committee considered several alternative designs for the project, and, after a visit to the proposed project area and discussions with local health, family planning, and political officials, produced the plan incorporated in this PROP.

The target area is the Vihiga Division of Kakamega District, Western Province. Vihiga Division was chosen because, as one of the GOK's Special Rural Development Project (SRDP) areas, it possesses a local administrative structure geared to the implementation and evaluation of experimental programs. Vihiga Division also is one of the most densely populated rural areas of the country.

The working group paper has been approved by the Ministry of Health and USAID/Kenya. USAID now proposes to finance operational costs of the program for two years. At the end of that time the GOK may or may not continue the same level of effort in the project area as during the period of U.S. financing. Government interest in continuing these services will depend largely upon the evaluation of each approach's effectiveness -- something the project itself is designed to determine. Presumably, the least effective methods will be dropped and the more effective and efficient approaches will be incorporated into the national program.

F. Course of Action

1. Implementation Plan:

- a. Design of basic project strategy, including resource requirements: December 1971 - March 1972.
- b. Approval of basic project design by GOK and incorporation of necessary budgetary provisions in the FY 1972-73 budget presentation due January 31: January 1972. (Note: three estimates were revised in April 1972.)
- c. Design of detailed project evaluation mechanism (including reporting forms and necessary administrative procedures): March - April 1972.
- d. Order project vehicles: May 1972.
- e. Recruitment of new staff: March - July 1972.
- f. Training of new staff: April - July 1972.
- g. Meeting with all Location Chiefs and Assistant Chiefs to discuss the program: June 1972.
- h. Assignment of new personnel to project site: July 1972.
- i. Operation and continual evaluation: Ongoing from July 1972

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through June 1974.

j. Annual project reviews: July 1973 and July 1974.

2. Narrative Statement

The Special Family Planning Activity for Vihiga Division will evaluate the effectiveness of three alternative package approaches to motivating new acceptors and providing clinical services. These three approaches are characterized as Low, Medium, and High Intensity. A special evaluation system will be built into the project. Evaluation will be a continual ongoing element throughout the two-year project period. The three basic approaches to be evaluated are as follows:

- a. **Low Intensity Approach:** This is the approach now followed most widely in Kenya and, as such, will serve as the key for demonstrating the effectiveness of the other two approaches in comparison with customary practices. The telling characteristic of this approach is the availability of FP services on only a periodic (once per month, bi-weekly, or what-not) basis. Under the project, the health centers at Sabatia and Kaimosi (in the northeast quadrant of the Division; see attached map) will continue as at present with their once-a-month FP clinics. In addition, a new Mobile Unit staffed with a Medical Assistant (para-medical type) and a Kenyan Enrolled Nurse/Midwife (KEN/MW) will conduct weekly, bi-weekly, or monthly FP clinics at selected locations in Nyangori Location (southeast quadrant) and in the part of West Bunyore Location lying to the northwest of Luanda (near the western edge of the Division). These areas to be served by the Mobile Unit are relatively inaccessible to established clinics.
- b. **Medium Intensity Approach:** The health centers at Mbale, Vihiga, and Kima will have a KEN/MW available to provide FP services at all times. Each of these centers already has a KEN/MW on its staff, but none have received family planning services training. They will be provided this training and shall be available to provide services upon request at any time.
- c. **High Intensity Approach:** The health centers at Ehusiratsi, Kilingiri, and Hamisi will each be provided with an additional KEN/MW trained in FP to join existing staff. All three of these centers also now have on board KEN/MWs who are not being used for FP services. The new girls will constitute a net addition to staff at these centers. In addition to this extra effort on the clinical services side, a special programmed follow-up effort will be conducted in the areas served by these three centers. Motivation workers in these

TRNG →

areas will make follow-up visits to all new acceptors as well as to prospective acceptors who were contacted in face-to-face sessions but did not go to a health center.

Motivation activities will be carried out in all parts of the Division by locally-recruited female Rural Workers. Each of the Division's six Location Chiefs will choose one worker from resident women leaders. They will be given special training in family planning motivation techniques by the Family Planning Association of Kenya (FPAK) and will work in their home locations on a full-time basis under the supervision of an experienced FPAK Field Educator. The Field Educator will organize and monitor all FP motivation activities in the Division, including the special follow-up program in areas served by the Ebusiratsi, Kilingiri, and Hamisi Health Centers.

In addition to these six female workers, one male will be recruited locally and, after special training, will work in a less rigidly structured motivation and information gathering program aimed specifically at the male population in all parts of the Division. The purpose of this special activity will be both to bolster local interest in family planning and to gather information on male attitudes -- particularly those negative attitudes which should be targeted by other motivation workers and by mass media campaigns. This man also will report to the FPAK Field Educator.

The evaluation system will be built around a 5 x 7 inch coupon reporting form to be filled out for each woman contacted in a face-to-face motivation session and/or for each woman making her first visit for clinical FP services. (Revisits by prior users of contraceptive devices will not be covered.) A sample of the coupon format is shown in Attachment C.

The coupons will be prenumbered and will come in three color-coded copies. At the time of contact, the motivation worker will leave one copy with the prospective new acceptor and instruct her to turn it in at such-and-such clinic. The other copies will be retained in the motivation worker's suspense file at the clinic pending arrival of the new acceptor. Upon arrival at the clinic, the new acceptor would present her copy to the KEN/MW. If her copy was lost or if the woman never had one because she was motivated by someone other than a Rural FP Motivation Worker (such as a home economist, friend, or radio program) items 1, 8, and 9 of a new coupon would be filled out for her by the KEN/MW. The KEN/MW also will complete the standard Family Planning Clinic Card First Visit Form (see Attachment D) which is used by all GOK health centers. For those health centers in the Vihiga Division, this form will have one extra carbon copy. The KEN/MW will attach to this extra carbon the new acceptor's copy of the coupon (or the copies of the partially completed new coupon, as the case may be) and set these aside in a separate suspense file. Once each week the KEN/MW Project Supervisor and the local motivation worker will go through this suspense file. By checking coupon numbers, suspense copies of the coupons from the motivation worker's suspense file will be removed and the appropriate clinical information transcribed from the FP Clinic Card. In the case

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of coupons for which information only in items 1, 8, and 9 was inserted by the KEN/MW, the balance of the information would be transcribed from the extra carbon of the FP Clinic Card.

The local motivation worker would retain the original copy of the coupon. Those working under the High Intensity Approach will use these copies to program follow-up activities.

The second and third copies will be forwarded to the Vihiga project Headquarters for further processing. A bi-weekly tabulation will be made for each health center and the Mobile Unit as follows:

- a. Number of new visits.
- b. Distance from acceptor's home to clinic for each new acceptor.
- c. Method of referral.
- d. Type of contraceptive used.
- e. Purpose of visit to health center (FP only, MCH, etc.)
- f. Number of one-to-one motivation contacts in health center service area.

In addition to this information to be recorded for all FP facilities, the number of follow-up visits by motivation workers will be tabulated for the three High Intensity Centers. This information will be taken from special follow-up working files maintained by motivation workers serving these centers.

Separate tabulations will be made for acceptors and non-acceptors (for whom coupons were prepared, but who did not go to a clinic) in order to derive approximate characteristics profiles. Data to be considered will include:

- a. Age
- b. Level of education
- c. Number of living children
- d. Number of children who died
- e. Distance to clinic
- f. Type of contraceptive used

Altogether, these tabulations will allow comparisons of relative effectiveness among the three approaches -- a key objective of the project. Furthermore, since the tabulations will be on a geographic basis, the results will be amenable for analysis in relation to other SRDP programs in the areas served by each center. Particular emphasis will be given to possible correlation between level of FP acceptance and readiness to innovate in other areas.

The KRN/MW Project Manager and the PPAK Field Educator will prepare interim project evaluation reports on a semi-annual basis. These reports will summarize data from the bi-weekly summaries and compare the effectiveness of alternative approaches in attracting new acceptors. At the end of the first year, the Head of the Ministry of Health Family Planning Section will chair a comprehensive project review at Vihiga SRDP Headquarters. All concerned project personnel will attend, along with representatives from the local civil administration. The purpose of this review will be to evaluate progress to date and to develop recommendations for modifying the Vihiga program and, if appropriate, for adopting lessons learned into

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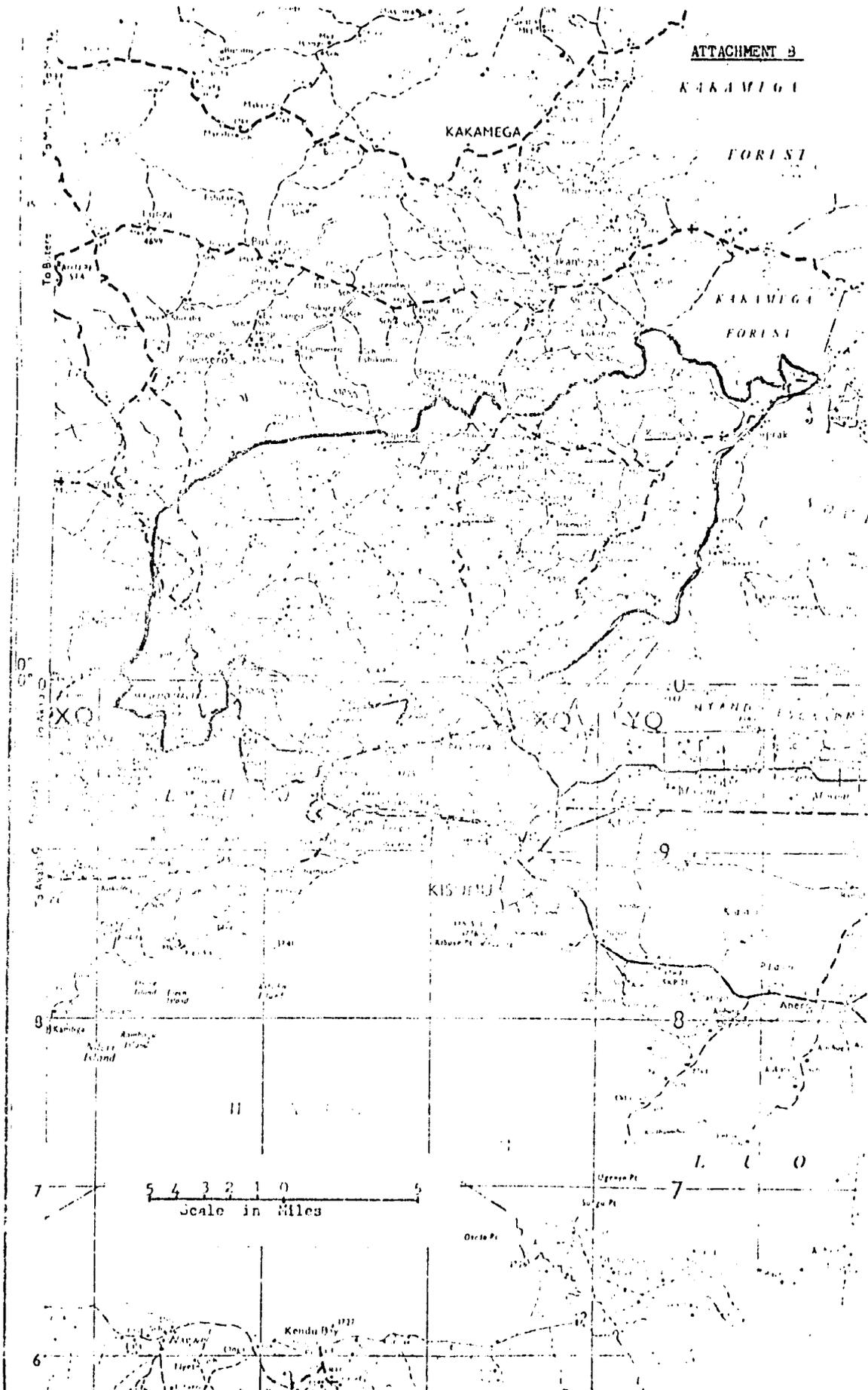
the national FP program. A similar final program evaluation review session will be held at the end of the two-year period of the activity.

ATTACHMENT AVihiga Family Planning Activity Budget

	<u>K E</u>		
	<u>Rate</u>	<u>FY '73</u>	<u>FY '74</u>
A. Personnel			
1. GOK Personnel			
a. Medical Assistant (1)	750	750	750
b. KRN/MW (1)	550	550	550
c. KEN/MW (7)	250	1,750	1,750
d. Clerk/Admin. Asst. (1)	250	250	250
e. Drivers (3 in '73; 4 in '74)	200	600	800
sub-total GOK personnel		<u>3,900</u>	<u>4,100</u>
2. FPAK Personnel			
a. Field Educator (1)	550	550	550
b. Rural Motivation Workers (6)	180	1,080	1,080
c. Male Motivation Worker (1)	300	300	300
sub-total FPAK Personnel		<u>1,930</u>	<u>1,930</u>
Sub-total All Personnel		5,830	6,030
B. Equipment and Supplies			
1. For Health Centers, Dispensaries, and Mobile Unit		750	350
2. Training and Information Material		500	500
3. Evaluation and Administration Supplies		350	350
sub-total Equipment and Supplies		<u>1,600</u>	<u>1,200</u>
C. Housing Allowances			
1. Medical Assistant	240	240	240
2. KRN/MW (1); KEN/MW (7); Field Educator (1) Total	60	540	540
sub-total Housing		<u>780</u>	<u>780</u>
D. Training			
1. For GOK Personnel		600	200
2. For FPAK Personnel		300	150
sub-total Training		<u>900</u>	<u>350</u>
E. Operational Expenses			
1. Maintenance and running of vehicles (3 in '73 and 4 in '74)		1,000	1,500
2. Surveys		750	750
sub-total		<u>1,750</u>	<u>2,250</u>
TOTAL		KE 10,860	KE 10,610
Dollar: Equivalents @ KE 1 = U.S. \$2.80	\$	30,408	\$ 29,708

ATTACHMENT B

KAKAMEGA



Attachment C

No: XXXXX

- (1) NAME _____ (2) DATE _____
- (3) AGE _____ (4) LEVEL OF EDUCATION _____
- (5) NUMBER OF LIVING CHILDREN _____
- (6) NUMBER OF CHILDREN BORN ALIVE WHO DIED _____
- (7) ADDRESS _____
- (8) NAME OF NEAREST FP CLINIC _____
- (9) DISTANCE TO NEAREST FP CLINIC _____
- (10) SOURCE OF REFERENCE _____

- (1) NAME OF CLINIC _____ (2) DATE OF VISIT _____
- (3) PURPOSE OF VISIT: FP FIRST VISIT _____ FP REVISIT _____
MCI _____ OTHER _____
- (4) METHOD ADOPTED (1) IUD
(2) PILL: TYPE _____ CYCLES _____
(3) INJECTION: TYPE _____
NO. OF MONTHS _____
(4) CONDOM
(5) OTHER _____
- (5) FAMILY PLANNING CLINIC CARD NO. _____

MINISTRY OF HEALTH
 FAMILY PLANNING CLINIC CARD

FIRST VISIT

ATTACHMENT D

No. 47679

1. Date: 2. Clinic Number: 3. Client Number:
 4. Client's full name:
 Husband's full name:
 Address:
 5. Tribe or Community:

**UNDERLINE the answer applicable
 and fill in the information required**

6. Marital Status: single/married/divorced/widowed
 7. Husband's Occupation:
 8. Former education of client: none/Standard Form
 higher education (specify):
 9. Age: years Age at first marriage: years
 10. Number of living children: none/
 Number of children who have died: none/
 11. Date last pregnancy terminated:
 Last menstrual period: date:
 months since last delivery/abortion
 Breast feeding: yes/no
 12. Previous Contraceptive Practice: no/yes: Clinic
 client No: method: date last visit:

13. MENUCIAL HISTORY

- Inflammation of veins: yes/no venereal disease: yes/no
 diabetes: yes/no heart disease: yes/no
 liver disease: yes/no renal disease: yes/no
 epilepsy: yes/no tuberculosis: yes/no

14. GENERAL EXAMINATION (for pill users only)

- Breasts: normal/abnormal (specify)
 blood pressure:

15. PELVIC EXAMINATION

- Uterus: anteverted/normal position/retroverted/ mobile/fixed
 normal/abnormal (specify)
 Adnexa: normal/abnormal (specify)
 Cervix: normal/abnormal (specify)
 vaginal discharge: no/yes

16. METHOD ADOPTED

- none (reason)
 (1) IUD, (type)
 (2) Pill, (type) number of cycles:
 (3) Injection, (type) number of months:
 (4) Condom
 (5) Other, (specify)

17. REMARKS:

RETURN DATE:

Prescribed by: