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Family Health International • Research Triangle Park, NC 27709 USA

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I. Summary

This report describes activities funded by Family Health International (FHI) during the seventh year of Grant AID/pha-G-1198 from the Agency for International Development.

In a major effort to develop and strengthen research capabilities in the area of reproductive health in developing countries, FHI provided support to national family health research centers (FHRCs) in Bangladesh, Indonesia, Sudan, Thailand, Egypt and Sri Lanka. The national FHRCs have assumed leading roles, not only in conducting country-relevant contraceptive technology research, but also in the promotion of active strong family planning programs in the countries where they are located.

Projects funded this year to enhance the technical abilities of programs and individuals with whom FHI works include the continued development of microcomputer technology and provision of training in statistics and computer use in Thailand, Indonesia and Sri Lanka; technical assistance in long-range strategy development for family planning programs in Senegal and Mali; and a number of training activities to improve the knowledge and skills of collaborating investigators and family planning providers around the world.

A substantial effort was made in the areas of maternal and child health and evaluation of family planning service programs. Emphasis was placed on Maternity Care Monitoring (MCM) projects in Africa where, in addition to ongoing studies, FHI developed three projects

in Senegal, Zaire and Ivory Coast partially funded with Africa Regional Bureau funds. Pregnancy epidemiology studies were ongoing in Ghana, Zaire and Bolivia.

Activities in this report are divided into research areas. They are identified by their Subgrant Identification Number (SIN) followed by a brief description of accomplishments.

II. Activities

A. Institutional Development

1. Family Health Research Centers (FHRCs)

Much of the grant's funds are devoted to developing and strengthening the research capabilities of national FHRCs in six developing countries: Bangladesh, Egypt, Indonesia, Sri Lanka, Sudan and Thailand. Organized largely through cooperative efforts of FHI and the national governments, these programs were designed to develop institutions capable of conducting biomedical and service delivery research that can be used by policymakers and providers of family planning services in those countries. The work of these organizations contributes to making decisions about the most appropriate methods of family planning to use in national programs and about the most effective ways to provide services.

FHI's ultimate goal is for the FHRCs to become autonomous, self-sufficient fertility research organizations with funding from a variety of sources to design and implement research, process and

analyze data and provide the findings in a useful format to policymakers and service providers. The FHRCs FHI helped found and support in India and Colombia in the 1970s continue to function independently. During the past fiscal year, FHI staff have continued to work closely with the FHRCs to develop 5-year plans for each of them, and to provide the necessary technical inputs to enable the programs to meet their development goals. The culmination of this year's work with the FHRCs was a week long meeting of the directors and deputy directors of the six FHRCs at FHI headquarters. This meeting, the first of its kind, provided a useful forum to discuss directions for the future and to share experiences among the six programs represented. An agenda of the meeting is attached as Appendix A.

The following sections describe briefly the major accomplishments of the national FHRCs during the fiscal year 1984. They are listed by subgrant identification number and by country/project title.

SIN 1203 - Bangladesh Fertility Research Program (BFRP)

The BFRP received its sixth year of funding from FHI during the past fiscal year. With a network of 35 participating hospitals, clinics, and independent researchers, many of them located in rural areas of Bangladesh, the BFRP maintains one of the largest biomedical research networks among the six FHRCs. The board includes representatives of the government of Bangladesh, the chairman also being Secretary for Family Planning and Population.

Investigators in the BFRP network have successfully implemented a wide variety of FHI grant funded studies in addition to contract research studies for FHI, for AID/Dhaka and for and other international organizations.

A major new endeavor during fiscal year 1984 was the initiation of a multicenter double-blind comparative clinical trial of three oral contraceptives (Noriday 1+50, Femenal and Lo-Femenal). This study, supported with bilateral funding from the USAID Mission in Dhaka, will recruit 1200 women randomly assigned to receive one of the three types of pills and will provide essential information to the national family planning program regarding the most appropriate dosage for Bangladesh women.

Other studies carried out during FY-84 included comparative trials of OCs with and without Vitamin B or Calcium supplements; a retrospective study of women using the injectables Depo-medroxyprogesteron Acetate (DMPA) or Noristerat; a comparative study assessing whether provision of prophylactic antibiotics (tetracycline) at the time of sterilization will reduce the rate of infections (for both men and women); and a study of progestogen-only OCs for lactating women. A number of IUD evaluations are also underway: Multiload vs. Copper T200; Multiload 375 vs CuT 380A, and CuT200 with iron, calcium and placebo supplements.

Maternity record studies continued in two centers, with a special emphasis to determine the incidence of pre-eclampsia and eclampsia in multi and primigravidae and their responses to treatment.

Regular activities of the BFRP funded under this grant included the annual contributors conference, additional training for research staff, publication of papers in professional journals and the publication of a quarterly newsletter.

In the next fiscal year, BFRP is scheduled to initiate NORPLANT® subdermal contraceptive implant studies in addition to ongoing projects mentioned above. Work will also continue to strengthen the organizational structure of the BFRP and enhance the research and management skills of its staff.

**SIN 1223/1220 - Indonesia Fertility Research Coordinating Board
(BKS PENFIN)**

Since January 1979, FHI has provided financial and technical assistance to the BKS PENFIN, a private, non-profit fertility research organization located in Bandung, Indonesia, and composed of 12 member centers which are Government University teaching hospital departments of OB/GYN. The BKS PENFIN was established to serve the research needs of the Indonesian national family planning program. With FHI assistance, the BKS PENFIN has conducted a wide range of contraceptive clinical trials, maternity care studies and other reproductive health research. It has conducted numerous training activities and conferences to upgrade the clinical research skills of Indonesian physicians while disseminating widely the results of the BKS PENFIN studies.

As both the capacity of the BKS PENFIN centers to do clinical research and the capacity of the Secretariat at Bandung to coordinate such research (including data processing, analysis and computer* skills) have increased, so too has the BKS PENFIN's ability to attract research work from various sources. In fact, since October, 1982, FHI subgrants to the BKS PENFIN have no longer included direct support for specific studies. Rather, their recent subgrants have provided institutional development assistance and core support to help the BKS PENFIN carry out the varied research program that it has developed in cooperation with several other funding sources, including the Indonesian Government, international agencies and private pharmaceutical companies.

During the past year, top priority has gone to the completion of large scale clinical trials of pills and IUDs in use in Indonesia. Commissioned by the Government (with USAID bilateral funding), this project (actually three studies) is comparing three standard dose OCs, three low dose OCs and four IUDs. It has involved some 12,000 new acceptors at 65 centers and subcenters throughout Indonesia. The data collection phase has recently been completed and analysis is currently underway, with FHI assistance. A peer review meeting and report to the Government on findings are planned for early 1985. Secondary analysis of data will also be undertaken.

*The BKS PENFIN uses its own Texas Instruments TI-I microcomputer (provided by FHI in 1982) and has access to a mainframe computer in Bandung.

In addition to these large multicenter comparative trials, the BKS PENFIN has completed, during the past year, a UNFPA-sponsored district level MCM project and an IDRC-sponsored study of effects of OCs on lactation. Also, FHI subgrant core funding indirectly supported a retrospective study of long-term Depo-Provera users, carried out through a subcontract with the BKS PENFIN's Secretary-General. Work has continued during the past year on MCM and pregnancy wastage studies at university teaching hospitals (supported by these hospitals themselves), NORPLANT® implant trials (sponsored by the Indonesian foundation YKB, with Population Council funding), and several other clinical trials of drugs (sponsored by private pharmaceutical companies).

BKS PENFIN's work in 1984 included its annual meeting, staff coordination meetings and two simultaneous workshops on data analysis. These workshops focused on analysis of contraceptive clinical trials data and analysis of maternity care monitoring data. They were led by FHI specialists and attended by physician investigators for each of the BKS PENFIN's member centers. FHI also provided on-site computer consultation and six weeks of advanced training at FHI for one of the BKS PENFIN programmers. A replacement model TI-352A microcomputer was purchased and tested, with shipment and installation planned for October 1984. The new computer will provide increased capacity and access (SPSS, four terminals, two printers, etc.).

The second year (FY'85) of the current subgrant provides for continued institutional development and core support to enable the

BKS PENFIN to successfully complete its ongoing projects (especially the large OC and IUD trials) and initiate new studies relevant to the needs and interests of the Indonesian national program. Plans are under review for FHI to contract (separately from the subgrant) with the BKS PENFIN to conduct certain studies under FHI strategies that are especially relevant to the Indonesian program. These include, tentatively, studies of the TCU 380A IUD and OCs with and without iron. Also, FHI hopes to collaborate with BKS PENFIN in the development of feasible methodology and forms to successfully conduct research at the village CBD level, where the pill remains the most important contraceptive method. Hopefully, this will lead to the ability to implement progestogen-only and/or other pill studies in Indonesia.

A major outside evaluation of FHI assistance to the BKS PENFIN was carried out in September 1983. The evaluators found that after five years of collaboration with FHI, the BKS PENFIN has made solid progress towards becoming an effective and independent research organization. The BKS PENFIN strengthened its technical research skills, it has made excellent progress in demonstrating its potential to become self-supporting by its success in attracting paid research work from a variety of sources. Two major foci of attention in the coming year will be 1) to attract and plan major new multicenter studies of national significance, of sufficient magnitude to justify the organization's core costs and 2) to develop the managerial and accounting capacity to begin allocating these core costs fairly among its research clients through an overhead system. It is likely that institutional development costs (such as

training activities) may be moved out for separate grant support; but over the next few years provision of core support by FHI (other than through reimbursement of indirect costs of FHI sponsored studies) will decline. Assuming good performance, it is likely that FHI funding for specific studies of mutual interest will increase.

SIN 1225 - Thailand Fertility Research Association (TFRA)

The TFRA was established with FHI assistance in 1979, to serve as national center for research in support of the National Family Planning Program (NFPP). The TFRA is a private, non-profit organization that operates within the administrative structure of the Ministry of Public Health (MOPH) in Bangkok, and therefore enjoys a close two-way relationship with the NFPP. As such, it is uniquely situated to enlist and coordinate capable researchers from both the private and public sectors -- including centers serving small town and rural population. The TFRA's network consists of physician researchers from each of the country's medical schools and from numerous MOPH hospitals and MCH centers all over Thailand. The TFRA's close association with the MOPH also assures that research findings will reach relevant policymakers.

Successive FHI subgrants since 1980 have provided financial and technical support aimed at developing the TFRA's skills and resources, meeting core administrative costs, and funding specific research studies. The MOPH has also provided significant core support, in the form of office space, transportation and personnel; and since October 1983 the MOPH has also assumed the direct study

costs of the Sukhotai Province MCM program which was formerly supported by FHI through forms payments. Also, one clinical trial has been undertaken by the TFRA in the past year with funding from a private pharmaceutical company.

With the provision of seven weeks of intensive training at FHI last October-November, 1983, for the TFRA's computer programmer and a follow-up visit by an FHI computer specialist, the TFRA has made significant progress in the area of data processing and analysis, utilizing their Texas Instruments TI-I computer. This machine was provided by FHI in 1982, and a replacement model TI-352 has recently been purchased and readied for shipment and installation in October 1984. Microcomputer capacity has enabled the TFRA to become more self-sufficient in data analysis. During the past year, a full-time research analyst has been added to the TFRA staff and received training from a visiting FHI research specialist. As a result, several reports on clinical trials carried out by the TFRA under previous subgrants have recently been issued by the TFRA and the remaining analysis and reports on earlier studies should be completed over the next six months.

During the past year, data analysis was carried out by the TFRA for the following studies:

- Female Sterilization Study
- Comparative Trial of Postpartum IUD vs. Lippes Loop
- Comparative IUD Trial of the TCU 380Ag vs. ML375
- Pregnancy Wastage Study

Data collection and study monitoring activities by the TFRA continued for the following studies, initiated under the previous subgrant (SIN 1125):

- Comparative IUD Trial of the TCU 380Ag vs. ML375
- Study of Micro-Dose OCs: Microlut vs. Exluton
- Comparative Trial of Mini IUDs: Mini-Gravigard vs. Nova T vs. ML Short

The following new studies were initiated by the TFRA under the terms of the current subgrant:

- Follow-up Study of IUD Acceptors in Mahasarakham Province
- Study of Reproductive Parameters of Thai Mothers (Birthweight Study)
- Female Sterilization Study: Filshie Clip vs. Ring via Laparoscopy

In addition to these ongoing studies, the following studies will be initiated in the next year under the terms of the current subgrant:

- IUD Perforation Study
- Long-term Follow-up Study of IUD Acceptors

Opportunities also exist in the next year to begin developing a contractual relationship between FHI and the TFRA that would take advantage of the TFRA's increasing capacity to carry out various types of family planning research of mutual interest to FHI and the Thai NFPP and which would also promote the TFRA's development as an independent research organization. Tentatively planned is an infant

mortality follow-up study in Sukhotai Province, evaluation of nurse midwife training to perform postpartum tubal ligation via mini-laparotomy and an acceptability study of progestogen-only pills in a CBD program.

Eventually, FHI's core support for the TFRA will decline as an element of grant support, as increasingly the TFRA contracts with FHI (and other agencies) to carry out specific studies on a basis that includes reimbursement of indirect costs. Training and other institutional development activities, that would artificially inflate the overhead rate if included in its calculation, would be eligible for continued grant funding by FHI and Thai Government support.

SIN 1124 - Family Planning Association of Sri Lanka (FPA/SL)

After many years of research collaboration with Family Health International, the Family Planning Association of Sri Lanka began operating as a Family Health Research Center, under an FHI subgrant, in January, 1984. The FPA is an unusually strong base for such a research institution, being the largest and most developed non-governmental organization (NGO) in the country, with a strong administration and a high-volume clinical base, and boasting a national network of paid and volunteer staff working in motivation and contraceptive retail sales.

The FPA's Five-Year Plan specifies the goals, objectives and implementation plans of research activities. The goals are:

1. To establish the FPA/SL as a national center for family planning research in Sri Lanka.
2. To provide the government and people of Sri Lanka with appropriate and useful information regarding the effectiveness, safety and acceptability of various contraceptive methods.

The major objectives are:

1. To increase the range and quality of research undertaken by the FPA/SL.
2. To increase the budget for research at the FPA in both size and variety of sources.
3. To widen the research network of the FPA.
4. To increase the impact of the FPA on national family planning policy.

After beginning operations in January, 1984, the FPA hired a well-qualified Director of Evaluation and Research and six other support staff. A Texas Instruments BS-352 microcomputer was installed in July and three weeks of on-site training in its use was provided by an FHI staff member. The computer has already been used to store data from two subgrant studies recently underway: one, a follow-up study of user satisfaction by vasectomy acceptors, and the other a

survey of breast-feeding attitudes and practices affecting return of ovulation.

An analysis of causes of infertility and success of treatment among clients of the FPA's infertility clinic is on-going. Data entry is underway for a planned microcomputer-assisted analysis of results from the Rural Health Services Programme baseline survey data. Data collection for a surveillance of acceptors of female sterilization began in September, 1984.

In FY'85, the FPA will conduct contract clinical trials outside of the subgrant. Important among these will be two clinical trials of the NORPLANT® implants, one of which is under a private contract with Leiras Pharmaceuticals, the other in collaboration with USAID and the Population Council. Another study will be a clinical trial of the progestogen-only pill, Exluton, for breast-feeding women.

Other plans for 1985 include hiring another physician to assist in research management and upgrading the skills of the computer operators and data analysts. Emphasis will be put on expanding the network of investigators available to work with the FPA in conducting research. Prospective investigators will be invited to a research methodology workshop in Asia in June 1985. The FPA will begin establishing its overhead rate for contracts for future research and will begin seeking other sources of operating income.

SIN 1059 and 1259 - Egypt Fertility Care Society (EFCS)

During the fiscal year, the EFCS underwent major development, from a data collection coordinating center providing logistical support to research investigators in Egypt to a major national institution establishing priorities and implementing a wide range of research activities to support Egypt's family planning program.

The first phase of development, carried out in FY-84, included expansion of EFCS' physical facilities, the hiring and training of a core of administrative, research and support staff, and planning for a variety of research activities to be implemented over the next several years. A program officer, computer programmer/analyst and an operator/scanner were hired and trained. The data collection coordinator received further training at FHI to prepare her to meet the requirements of handling data from multicenter clinical trials and to enable her to train field data collection coordinators who will assist with the expanded Egypt program.

Plans were finalized for a national maternity care monitoring effort, as well as for a multicenter three way IUD trial. Both of these activities will be initiated early in FY 1985.

With the installation of a TI microcomputer early in FY-85, EFCS will begin local processing and analysis of data generated by its research network. The computer programmer will receive additional training at FHI. Additional activities during the coming year

include several meetings, workshops on clinical research skills and contraceptive technology and an annual investigators' meeting.

The EFCS is affiliated with the Egyptian Medical Association and with the Population and Family Planning Board (PFPB). It retains a good and strong relationship with the Ministry of Health. EFCS membership consists of distinguished senior obstetrician/gynecologist (ob/gyn) physicians representing all the teaching hospitals in Egypt and different government sectors (PFPB and Ministry of Health).

The EFCS has played an important role in the field of family planning and biomedical research in Egypt and has gained the respect and support of the Egyptian government. The EFCS is considered a research wing of the national family planning program.

SIN 1222 - Sudan Fertility Control Association (SFCA)

This subgrant continued core support to the SFCA to conduct a variety of activities designed to increase the acceptability and availability of family planning in the Sudan. Following on a consultants' visit in April 1983, an expanded workplan was developed for the SFCA, including enhancement of management capabilities, implementation of a number of research studies and training of research assistants.

Major accomplishments during the year included the completion of a KAP survey of factory workers in Khartoum North; a KAP survey of

non-physician family planning providers in Khartoum and a survey of trends on attitudes and practices on breast-feeding in three cities (Khartoum, Khartoum North and Omdurman). In association with these surveys, a number of training workshops were conducted to review research methods and interviewing techniques.

The hiring of an Executive Director was a major step in upgrading the management capability of SFCA during this period.

A research committee was established to set priorities and oversee the development of research activities carried out by the SFCA. The committee is headed by a demographer who has devoted considerable time and effort to improving the quality and research productivity of the SFCA.

Ongoing activities included a variety of information dissemination activities, such as the SFCA newsletter and an annual meeting.

Research activities planned for the coming year include the initiation of a clinical trial of progestogen-only oral contraceptives, and two maternity care studies in Wad-Medani and Port Sudan; a male attitudes survey, a KAP survey in an area outside Khartoum and a social research methods workshop.

In addition to its FHI-supported activities, the SFCA continued to receive funding from the Association for Voluntary Sterilization. In a major new initiative, USAID has approved support for a 5-year bilaterally funded program to be implemented by the SFCA and the

Sudanese government to create a model family planning service. This planned Model Clinic will provide the facilities and basis for conducting clinical trials and will broaden as well as improve the Association's research activities. The Model Clinic represents an important future step for SFCA as an institution, one that will enable them to handle multiple sources of funding and to develop as an independent research institute. The SFCA also hopes to receive assistance from donors such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

The SCFA has been successful in attracting the attention of the government and interested individuals to the areas of Maternal and Child Health and Family Planning. The organization has also generated interest and enthusiasm among its members in the field of fertility care and management.

The SFCA has developed an extensive network of individuals, both physicians and non-physicians. It has grown from a small group of 15 members to 103 members over a ten-year period. The group successfully developed a federation that has pride, history and which understands its mission. The group as a whole has influence as do its individual members. The relationship they have built with the Government is one of respect, independence and influence regarding family planning policy. The government has gone from a stance of opposition toward family planning to an attitude of unofficial support for the SFCA and its activities. SFCA activities have been increasing, especially in 1984. Several surveys were accomplished in the area of family health and family planning, and

efforts were made to improve the quality of the Association's research. This year has been the best ever for SFCA performance, providing a basis for further improvement and development.

SIN 1296 - FHRC Director's Conference

During the week of September 17-21, 1984, FHI held a conference of senior representatives from each of the six family health research centers (FHRCs) supported by major FHI subgrants. In addition to the actual meeting, a great deal of planning took place, both of logistics and of the policy directions that were to be introduced during the conference. The new directions signaled by this meeting are expected to affect significantly the development of these FHRCs and their relationship with FHI in the coming years.

Two senior representatives (generally the director and the deputy director, or their equivalents) were invited from each FHRC, in order to have both the chief policy leader and operational officer of each organization represented. Only the Bangladesh program was unable to obtain clearance for the deputy director and was therefore represented by only its director.

The purpose of the meeting, the first of its type, was to discuss long-range directions in the developments of these organizations and in their relationship with FHI. Each of the programs is different in the details of its history, structure, present capacity, and modus operandi. But all of them are similar in their basic objectives and relationship to FHI. The discussion of evolving

objectives and relationships focused on both administrative and scientific directions. The central theme of the conference was that as the FHRCs progress towards "graduate status" they will collaborate increasingly on a contractual basis with FHI to carry out research either of interest primarily to FHI or of local concern. In both cases, FHI will be willing to pay a share of core general and administrative costs through an overhead rate charge on the direct costs of the given study or project. Hopefully other funding sources (government, local AID mission, WHO, etc.) will likewise be interested in utilizing and supporting these FHRCs on a contractual basis.

A great deal of time was devoted in the FHRC Conference to discussion of the managerial accounting principles that would be involved, such as overhead and allocation of costs. There was also detailed presentation and discussion of the research and program interests and capabilities of each of FHI's several divisions, that would in future represent in themselves multiple potential sources of research funding.

FHI recognizes that an added complexity and insecurity have been introduced into the futures of these FHRCs as they evolve from grant-type funding to study-specific contracts which will provide for proportional reimbursement of indirect costs. FHI seeks to transfer the technology of family health research to local institutions, eventually phasing out its grant core support in order to reinvest those resources into similar new programs in other countries.

The consensus of the participants was that the meeting was useful and timely and that subsequent meetings should be held at various locations. Tentatively, FHI plans a second meeting next year at one of the FHRC sites to follow-up on the implementation of the new directions discussed at the first meeting. Subsequently, biannual meetings of this type would probably be appropriate.

B. Technical Assistance and Training

During the past year, Grant funds have supported a number of FHI activities designed to enhance the technical capabilities of programs and individuals with whom FHI works; to improve FHI's ability to identify and respond to research needs; and to maintain closer contact with family planning and health providers and policymakers in the field. The following sections summarize projects undertaken to meet these objectives.

SIN 1054 - Training of Pharmacists, Nurses and Private Physicians

FHI continued support to the Egyptian Fertility Care Society (EFCS) to assist in the development, publication and distribution of bimonthly technical bulletins that provide information on contraceptive products and related topics. The project is part of an overall plan to train private physicians, pharmacists and nurses/nurse-midwives to deliver better services by upgrading their level of knowledge of family planning. The prevalence of

contraceptive use remains disappointingly low and this initiative is designed to improve a key area of service.

In FY 1984, the EFCS published six issues each of The Pharmacy and Family Health (in Arabic and distributed to 5,000 pharmacists, Fertility Care (in English and distributed to 6,000 physicians) and The Family (in Arabic and distributed to 15,000 nurses and midwives.)

The project will continue in FY 1985 with the publications of six issues of each of the three bulletins. In addition, the readers of Fertility Care will be surveyed to help evaluate the publication. FHI will assist the EFCS in obtaining long-term support for this program beyond the next fiscal year.

SIN 1166 - Development of the Research and Evaluation Division of the Family Planning Association of Mali (AMPPF)

The "Association Malienne pour la Protection et la Promotion de la Famille" (AMPPF), was one of the first officially recognized organizations in West Africa to offer family planning services. Since 1972, the AMPPF has provided information, education and services from a pilot center in the capital city, Bamako. The pilot center provides a site for practical training for midwives who will be assigned to provide family services in the MCH centers operated by the government. The Association's clinical information system and reporting practices are used by the government program.

The goal of the project is to provide support to the evaluation and research activities of the Association. The objectives of the two year program are:

- To improve the design of the patient admission record and of the reporting system of rural service delivery centers,
- To provide continued analysis of patient profiles and activity reports on a timely basis.
- To train the socio-medical staff of the Association and its satellite centers in data collection techniques, reporting and patient follow-up.
- To conduct clinical trials to assess the acceptability, continuation rate and clinical problems associated with intra-uterine devices and pills among a sample of the clinic's population.

During FY 1984, (the first year of the project) the Association hired and trained a data collection coordinator; redesigned its patient information system and reporting documents; and provided training to 20 satellite centers in record keeping.

A total of 200 women received an IUD at the pilot center during FY-84. These patients will be followed for a period of one year to assess continuation rates and effectiveness.

Plans for FY 1985 include the conclusion of the follow-up for the IUD study; the initiation of a monitoring study of oral contraceptive acceptors at the pilot center; continued training at satellite centers in record keeping and monitoring of the new record keeping system; and the development of a research plan for future funding.

SIN 1274 - Transfer of Microcomputer Technology to the National Census Bureau of Senegal

In collaboration with the National Census Bureau (BNR) of Senegal, a division in Ministry of Economic Planning and Finance, FHI is strengthening the abilities of Senegalese researchers to conduct studies relevant to improving the health and family planning services of the country. The installation of a Texas Instrument microcomputer; provision of software for multipurpose, socio-demographic and biomedical analysis; and training of BNR staff in the proper use of the equipment and software, will enable the BNR to meet the increasing need to store and analyze data locally. Local handling will increase the quantity and quality of the data, increase accuracy and greatly decrease the time needed for analysis. These capabilities will be used to facilitate FHI-sponsored research as well as achieve FHI's broader goal of institution building.

The Texas Instruments microcomputer has been purchased and delivered to FHI, where it is being tested for two months before delivery to Senegal. Plans are to install the microcomputer at the beginning of December and train BNR staff during a two-week course in January. Data from the Senegalese Obstetrical Surveillance and Determinants

of Mortality to Women of Reproductive Age Study (SIN 1272 initiated in August, 1984) will be used in the training program and will be entered on a regular basis thereafter with periodic preliminary analysis. A ministry staff member will participate in a two-week TI course concerning preventive maintenance and first line repairs of the microcomputer. An evaluation of the facilities where the computer will be installed at the BNR has been made and the necessary upgrading is underway.

SIN 1191 - Honduras: Course on Research Methodology

This subgrant provided funding to ASHONPLAFA (Family Planning Association of Honduras) for the organization and implementation of a research methodology training course. Attending the course were both government and nongovernment professionals who are involved in research activities in Honduras. The stated objectives of the course were to upgrade the participants' skills in research methodology; to make participants aware of the importance of following scientific procedures in research; to demonstrate the link between research methodology and public health policy; and to bring together a network of professionals who can draw on each other's skills for future research projects.

All aspects of this subgrant have been successfully implemented. The course was viewed as an important event in terms of meeting the multiple family planning research needs of the Honduras program. As an outcome of the event the importance of implementing a similar workshop dealing with the methodology of process evaluation was

identified. This follow-up workshop is seen as a means of refining some of the service delivery programs being implemented by ASHONPLAFA in an attempt to make these programs more efficient and effective in meeting the family planning needs of Honduras.

SIN 1147 - Mexico: Microcomputer-based Data Collection and Analysis for Durango

This subgrant is funding the installation of a microcomputer-based data collection and analysis system at the Instituto de Investigacion Cientifica in Durango, Mexico. Other areas of activity covered by this subgrant include the training of Instituto staff and the testing and evaluation of software and analysis systems for the duration of the subgrant.

The impact of this subgrant will be to enhance the Instituto's ability to act as a data processing and analysis center for their own as well as for other research centers working in Mexico. The long-range impacts of the subgrant will result in a more cost effective and more efficient data processing system for the Instituto and should compliment their expanding program of research in reproductive health and technology. Those goals coincide with the organizational priorities of FHI which emphasize the transfer of technological skills to our network of collaborating investigators.

To date, the accomplishments of this subgrant have been the execution of a feasibility study to evaluate the acceptability of the Instituto as a site for the installation of the microcomputer;

the training of a senior researcher Dra. Rosario Ruiz Astorga, at FHI in the data processing skills required to fully utilize the microcomputer system. At the time that this report was being prepared, the microcomputer itself had finally arrived in Durango. The many long delays and bureaucratic obstacles which had required an official subgrant extension until December 1984 have been successfully overcome. With the microcomputer now in place, a member of FHI's scientific staff will be traveling to Durango shortly to assist in the installation of the microcomputer and provide advanced training to the Instituto's staff. Once installed and operational, the Durango Microcomputer will begin to perform the research and administrative tasks originally envisioned.

SIN 1190 - Panama: Symposium on Contraceptive Research

This subgrant provided funds for a three-day symposium to discuss the data from several studies undertaken in collaboration with FHI since 1977. In addition, other Panamanian researchers active in the areas of contraceptive technology and family planning participated in the event. More than 50 nurses and physicians working in the field attended. Topics included data on female sterilization, postpartum IUD insertion, oral contraceptives and maternity care monitoring.

The implementation of the symposium was successful. A complete narrative report has been submitted and all administrative aspects of the subgrant are complete.

As the grantee in this project, the Panamanian Society of Obstetrics and Gynecology has indicated that due to the great success of the symposium expressed by the participants as well as the documented impact on the numbers of health professionals interested in research, similar events in the future would be beneficial to the Panamanian family planning program.

SIN 1189 - Chile: Core Support for Contraceptive Research

Dr. Jaime Zipper, Professor of Physiology at the University of Chile, has been responsible for major innovations in family planning now used throughout the world. He has worked closely with FHI since 1972, conducting a variety of clinical trials and animal experiments on intrauterine devices and nonsurgical sterilization. The subgrants provide funds for personnel to continue working with Dr. Zipper.

Dr. Zipper has reported progress in his research activities. The long-term follow-up of women who were sterilized chemically with quinacrine tablets is continuing.

Data were obtained on the effects on sperm motility of propranolol administered orally to male rats. In addition, Dr. Zipper is investigating the interactive effects of epinephrine and pheromones with propranolol on fertility in rats. Finally, laboratory experiments with various formulations of suppositories as carriers for spermicides have been conducted to determine which formulation best meets shelf life and acceptability criteria.

SIN 1294 - Mexico: A Seminar in Medical Demography Family Planning and Maternal Child Health Care

This subgrant provides financial support to the Academia Mexicana en Demografia Medica (MAMD) for the implementation of a three-week seminar for twenty-five physicians working in the family planning field in Latin America. The seminar will be carried out in collaboration with the Mexican Ministry of Social Security, Division of Family Planning Service (IMSS) and will focus on providing information, experience and expertise with regard to medical demography, family planning and maternal health.

In addition to the programmatic benefits derived from this project in terms of the training of family planning professionals in the Latin American region, the subgrant will provide FHI with an important link with a new generation of researchers in Latin America as well as solidify and reconfirm FHI's commitment to collaborate with such influential Mexican government health institutions as ISMM and MAMD.

SIN 1263 - Mexico: Training and Evaluation of Voluntary Surgical Among Private Physicians

This subgrant provides financial support for the development and implementation of courses on voluntary surgical contraceptive procedures and techniques of tubal occlusion for private physicians throughout Mexico. The subgrantee for this project is Dr. Rodolfo Quinones, a prominent Mexican physician and educator who has had

previous experience in developing and implementing surgical training courses for private sector physicians. Family planning in government related services has made remarkable progress in the past five years, so much so that services are hitting the ceiling of members of individuals available for recruitment. Further progress in Mexico depends on improving the options available to women who receive services outside government institutions. Improving the surgical skills of private sector physicians is a key element in this next step strategy for the nation. An evaluation component of this subgrant will consist of monitoring the performance of the trainees in terms of the number of sterilizations performed as well as on measures of patient safety across the early phase of the surgeon's sterilization career. FHI's female sterilization forms will be used to obtain data on the first 100 procedures performed by a random sample of the trainees. The data should demonstrate any variation in performance over time and should be useful for developing future training programs for private sector physicians.

The project will be implemented during FY 85 and subsequent data collection period will extend over the 12 months immediately following the completion of the training course. In addition to the training and research components, this project will identify a group of physicians with an interest in and the capability to do quality family planning research. Thus, this project should succeed in expanding FHI's research network in Mexico.

SIN 1295 - Support for Non-FHI Staff Conference Travel - Second Asian Congress on Gynaecological Endoscopy February 10-13, 1984 - Bombay, India

FHI sponsored the attendance and participation of Dr. Ferdausi Khanum (Bangladesh), Dr. Suporn Koetsawang (Thailand), and Dr. Kobchitt Limpaphayom (Thailand) at the Second Asian Congress on Gynaecological Endoscopy, in Bombay, India, February 10-13, 1984. The Conference included scientific papers on all aspects of gynaecological endoscopy and microsurgery. Papers were presented by Drs. Suporn and Kobchitt.

C. Maternal and Child Health

1. Pregnancy Wastage Studies

SIN 765 - Ghana: Pregnancy Epidemiology

In order to document the costs, both personal and institutional, associated with pregnancy wastage, FHI provided support for a special study carried out at Korle-Bu Hospital in Accra, Ghana. Standard Pregnancy Wastage forms were completed for all treatments of pregnancy wastage complications. In addition, women who had illegally induced procedures were questioned in detail about the method used to initiate the abortion and prior contraceptive use, if any. Costs of medications, medical help and time lost from work were included, along with details on costs incurred while in the hospital. The overall aim of this and the subsequent studies is to draw attention to the need for improved family services to help

prevent this most distressing individual and social problem. Data collection on a total of 1940 cases has been completed and analysis of data has begun.

SIN 782 - Zaire: Multi-center Pregnancy Wastage

A hospital-based study of the social determinants and medical consequences of pregnancy wastage was initiated in November 1982 in ten medical centers located in three regions of this central African nation. Under the direction of the Comite National des Naissances Desirables (CNND), the purpose was to document the incidence and nature of complications associated with pregnancy wastage requiring hospitalization and to estimate the level of contraceptive knowledge and use among women whose pregnancies were interrupted.

During the 18 months of data collection, a total of 2465 women were admitted to the ten participating centers for treatment of medical complications following abortion. One-fourth of the total were diagnosed as induced abortions, frequently with resulting fever, infection, bleeding and lesions/lacerations requiring medical attention. Thirteen patients died as a result of these complications.

A report on the findings and implications of this study is currently in preparation in conjunction with the CNND and research investigators at several of the participating centers. The goal is to impress upon Ministry of Health officials and private service delivery programs the critical importance of making contraceptive

services more widely available to all sectors of the population to reduce the incidence--and associated economic and human costs--of unsafe and illegally procured abortions throughout Zaire.

SIN 1188 - Bolivia: Pregnancy Wastage

This subgrant funds a multi-center study of women hospitalized for complications associated with illegally induced and spontaneous abortions at 12 hospitals in five provinces in Bolivia. Socio-demographic, family planning and clinical information are being recorded for all subjects involved in the study. To date, 4335 forms have been collected and the analyses of the data is currently underway at FHI. The data collection phase of this subgrant, from 1 July 1983 to 30 June 1984 is now completed. Sr. Luis Llano Saavedra, Project Director, will spend two weeks at FHI during the fall of 1984 in order to participate in the analysis and the writing of the preliminary report.

In January 1985, a symposium is planned to disseminate the findings of this study among the appropriate health and legislative officials.

2. MCM Studies (Excluding Africa)

SIN 1205 - Maternity Care Monitoring (MCM, In-House)

Under this subgrant, a total of seven consultant reports were written for Maternity Record studies completed in Brazil, Ivory

Coast, Bangladesh, Zaire and Nigeria. One report was written for a Pregnancy Wastage study in Egypt. One consultancy report was written on data collected with the Center Specific Questionnaire regarding practices and services at responding medical care institutions in Egypt. The overall aim of the MCM are twofold: to assist in insuring the most cost-effective use of the limited resources available to improve maternal and infant care and to document the need for improved family planning services both by drawing attention to the expressed wishes of women for access to fertility regulation methods.

Six papers based on Maternity Record or Pregnancy Wastage Record data are in press or were published during the last year: "The Effect of Birth Interval on Perinatal Survival and Birth Weight" (Public Health); "The Impact of Prenatal Care on Birth Weight: Evidence from an International Data Set" (Medical Care); "Women Hospitalized for Abortion Complications in Mali" and "Breast-feeding, Contraception and Birth Spacing in Mali and Senegal" (International Family Planning Perspectives); "Method of Payment and Cesarean Section in a Hospital in Northeast Brazil" (Journal of Health Politics, Policy and Law); "Abortion Experience Among Obstetric Patients at Korle-Bu Hospital, Accra, Ghana" (Journal of Biosocial Science). Reproductive Health in Africa: Issues and Options, the monograph based on FHI's maternity care experience in sub-Saharan Africa, is also currently in press.

Technical assistance was provided to implement a pilot project to collect data in a sample maternity care facility in Haiti's most populous Western region. The main objectives of this project were to document the factors associated with extremely high rates of maternal and perinatal mortality, to demonstrate the need for strengthening family planning services and to institutionalize an effective data collection system that can be used to monitor delivery of obstetric services in Haiti. Evaluation of the pilot project has been completed and a subgrant has been approved for expansion of the pilot to a regional study.

Partial funding was provided for the secondary data analysis of the Zaria Maternity Survey data. Information was collected on more than 22,000 women delivering at the University Hospital in Zaria between January 1976 and June 1979. Six papers based on the analysis of these data are in preparation.

SIN 1281 - Haiti: Maternity Care Monitoring (In-house)

As a follow-up to the completion of the Maternity Care Monitoring pilot study in Haiti, this subgrant is gathering data on 11,000 deliveries during a 12-month period in the Western Region, the most populous region, of Haiti. Eight maternities will be involved in data collection activities, three of these having already participated in the pilot study. In certain areas, data on home deliveries assisted by traditional midwives will be collected. The major goals of this subgrant are: to enable health care providers and policy-makers to better identify problems and needs in maternity

care and family planning service programs; to establish an efficient standardized system to collect data on obstetric care that can be used in assessing needs, evaluating programs and generating health service statistics. The project will use standard FHI data collection forms and processing systems to collect and analyze data. The training of local personnel and subsequent data collection activities are scheduled to begin in November. As with the initial project, implementation of the project will be in collaboration with the Division de l'Hygiene Familiale et de la Nutrition. Dr. Jacqueline Polynice Pierre-Louis will coordinate the study.

SIN 1117 - Obstetric Care in Africa (In-house)

Under previous Maternity Care Monitoring (MCM) subgrants, several studies have been carried out in Africa using either the Maternity Record 903 or 910 form to obtain information on obstetric care and family planning. Results of these studies have been used to prepare a monograph which discusses the following topics: maternal mortality, antenatal care, obstetric practices, family size, fertility intentions, breast-feeding, contraceptive use and postpartum family planning. The English version is currently in press and the French version is being translated. Printing and distribution of the French version are scheduled for the 1985 fiscal year.

SIN 1051 - Egypt: Daya Study

More than 90% of deliveries in Egypt continue to be attended by traditional birth attendants (dayas) and FHI studies supported from other sources document a high maternal mortality. The study uses pictorial forms to obtain information on prenatal, delivery, postpartum and well baby care provided by the dayas with the long-term aim of asking if and how dayas could be more fully involved in primary health care. Referrals by dayas to the Misr Spinning and Weaving Hospital are recorded on the Maternity Record 903 form. Supplementary follow-up information is also recorded. In addition to improving the surveillance of non-hospital deliveries, training provided to the dayas under this project will improve their ability to screen high-risk pregnancies and improve postnatal maternal and child health by encouraging immunization, contraception and breast-feeding.

Data collection started in November 1983 and will end in December 1984. Analysis of the data will be conducted during the 1985 fiscal year.

SIN 1142 - Brazil: Parteiras in the Northeast

In an earlier project, information on deliveries by traditional birth attendants (parteiras) at four obstetric units in the rural and semiurban areas surrounding Fortaleza was obtained. These data showed that TBAs at these obstetric units referred all but a very few of the more difficult cases. Recently, the program of the

Maternidade Escola Assis Chateaubriand (MEAC) directed by Dr. Galba Araujo to train TBAs has expanded to more remote rural areas. In these more sparsely populated areas, large obstetric units of 5-7 beds are not feasible, and the program has emphasized setting up one-room units attached to the homes of TBAs and to training TBAs who will continue to attend deliveries at the homes of patients.

While the best of the trained TBAs working in the larger obstetric units have been shown to do a good job in making appropriate referrals, no information is available for the TBA who continues to do home deliveries or who manages a one-bed unit. The purpose of this study is then to fill this gap by obtaining information on the referral and deliveries of all TBAs working in a rural area of the State of Ceara.

A second purpose of this study is to obtain information concerning infant mortality and causes of death. Because of the low prevalence of breast-feeding in the Northeast of Brazil, it is expected that the incidence of diarrheal diseases will be high and that diarrheal diseases will account for a significant proportion of infant mortality.

This project was initiated 1 May 1984 and is collecting data on births in the county of Trairi in the Northeast of Brazil. The county has a population of 30,000, and based on the data collected so far, it is expected that over a one-year period there will be a minimum of 1,500 deliveries. TBAs are completing a simple record, and a standard 903 form is being completed for women delivering at

the hospital in Trairi or referred to Fortaleza. There are approximately 60-80 TBAs who work in the area, and about 60% of deliveries occur at home. Referrals by TBAs are being linked to hospital deliveries.

Follow-ups will be conducted at six weeks, six months and one year to locate infants who die. A nurse is interviewing mothers to determine cause of death, treatment and breast-feeding. By the end of June, records of about 40 infant deaths had been collected. Half of those infant deaths appear to be linked to diarrhea and dehydration.

The training and use of TBAs in Fortaleza is among the most innovative projects in the world and insights derived from the present study will be significant far outside Brazil.

3. MCM (Africa Bureau Funds)

SIN 1280 - Africa MCM

This subgrant covers common developmental work related to the new Pregnancy Monitoring studies in sub-Saharan Africa. Work under this subgrant includes development of studies with interested investigators and the development of necessary study materials (i.e., forms, protocols, software, etc.). Individual projects are described below.

SIN 1272 - Obstetric Surveillance and Determinant of Mortality to Women of Reproductive Age in the Sine Saloum Region of Senegal

In order to gain a better understanding of factors affecting maternal and child health in rural Senegal, this project has been designed to collect and analyze information on obstetric care and the determinants of mortality to women of reproductive age in the Sine Saloum region of Senegal. Research focuses on two groups of women. An estimated 6500 deliveries over a period of one year will be monitored in a representative sample of health facilities in the project area. Information will be collected from the village level health huts, health posts, health centers and the regional referral hospital. Data on obstetric history, prenatal care, referral status, delivery and pregnancy outcome are being recorded by health care providers trained in the collection of data.

In addition, all deaths occurring to women of reproductive age in the project area will be investigated by a trained interviewer to determine the cause of death. Institutional deaths will be investigated both in the health institution and at the place of residence of the diseased. Particular attention will be given to deaths resulting from childbirth.

The results of this study will provide policy relevant information on the integration of family planning services into primary health care and maternal and child care activities in the region. In addition to addressing a series of research questions about pregnancy related care and outcomes in the Sine Saloum, this project

will help to reinforce the health service statistics through the design and implementation of a uniform reporting system for obstetric care that can serve as a model for the entire country.

Project activities were initiated in July 1984 with the finalization of various data collection forms. Training for all data collectors was held in the Sine Saloum during August, followed by site visits to the participating health centers, posts and huts by the FHI project monitor. A pilot data collection phase began on August 15. Completed forms will be received by the Bureau National de Recensement in Dakar, and data will be processed and analyzed using a microcomputer to be provided by FHI under SIN 1274.

SIN 1264 - Senegal: Support to ORSTOM for Secondary Analysis of Data on Maternal Mortality

Maternal mortality in rural Senegal is nearly 70 times higher than in developed countries. Maternal death is a serious hazard for Senegalese women, especially when it is recalled that they average 7.4 births over their reproductive life.

In the whole of subSaharan Africa, data on maternal mortality and its determinants and implications are scarce. This project is the most important systematic attempt to collect data on death and childbirth and will bring together a spectrum of demographic, sociological, nutritional and medical information obtained from households in a small rural area of Senegal.

The activities of the project include secondary analysis of two existing data sets: one for the Sine Saloum region of Senegal, and the other, women and children attending a health center.

The main accomplishment for the first five months of the project has been the development and field testing of a questionnaire designed to study the determinantes of mortality among women of reproductive age. The pretest indicates that approximately 50% of all deaths to women of reproductive age could be attributed to maternal causes. From the pretest, it was possible to estimate that the maternal mortality rate in the region was about 8.9 deaths per 1000 deliveries. Similar results have been reported in a study in nearby Gambia.

SIN 1278 - Ivory Coast: Pregnancy Care Surveillance in Abidjan

Ivory Coast, like its neighboring countries, has given priority to improving the health of its people, in particular that of mothers and children. However, the contribution that high fertility and inappropriate pregnancies (too early, too late, too closely spaced) make to maternal, infant and child mortality is not well understood by policymakers. Less is known about the details of pregnancy and childbearing in West Africa than in any other part of the world. In addition to high rates of neonatal and maternal morbidity and mortality, there is also anecdotal information from Ivory Coast of a growing incidence of illegal abortion, particularly among adolescent girls who have no access to contraceptive services. What proportion of scarce health resources go to treating these young women for

complications, and to what degree poorly performed illegal procedures contribute to pregnancy-related morbidity and mortality is unknown.

This project will collect data on a representative sample of women hospitalized for pregnancy-related care in the capital city, Abidjan, over a one-year period. Special attention will be devoted to studying referral patterns from the nine maternity centers of the city to the two major referral hospitals.

In addition to addressing a variety of research questions about pregnancy related care and outcomes in Abidjan, this project will help to reinforce health service statistics through the design and implementation of a uniform reporting system for the city that can serve as a model for the entire country.

The project was initiated in the latter part of June 1984 at the two referral hospitals and two selected maternities. Data collection will be expanded to include seven other maternities in October 1984, and data collection will continue for twelve months.

SIN 1279 - Zaire: Traditional Birth Attendants

This project involves the collection of data on women hospitalized for pregnancy-related care at the major referral hospital in Karawa over a one-year period. Because a high proportion of maternity care is provided in the home by TBAs, this project includes the development and implementation of a registry system, based on oral

reports, to collect data on home deliveries attended by TBAs. Information from the registry, along with concurrent information gathered on institutional deliveries at the local referral hospital, will provide a more complete picture of the factors that affect maternal and perinatal mortality in Karawa, and provide information for the ongoing USAID sponsored TBA training program there. Special attention is being devoted to studying TBA referral patterns. In addition, an estimate of the rate of infant mortality is being made and causes of infant death determined for the home delivery group by following up those infants over a one-year period.

Data collection is in progress and will continue throughout the 1985 fiscal year.

4. Health Status

SIN 1235 - Egypt: Female Circumcision

Female circumcision may be the commonest surgical operation performed on females in Egypt. It is carried out by untrained operators in unclean surroundings and has high immediate risks including death and many severe late complications including physical, psychological and sexual ones. The project surveys different groups to collect information on the later and delivery complications associated with female circumcision, the reasons why certain groups favor the practice, the relationship between female circumcision and psychosexual problems, its relationship to

infertility and its prevalence among women hospitalized for obstetric delivery.

Four forms have been produced and finalized:

1. patient interview questionnaire
2. clinical questionnaire for obstetric patients
3. emergency admission form
4. daya interview questionnaire

Data collection for the retrospective study of all emergency cases admitted in the hospital during the last five years for FC complications has been completed.

Data collection for the prospective study of FC emergency cases has been initiated.

5. Service Delivery

SIN 1166 - Mali: Evaluation of Maternal and Child Health Activities Plan the integration of Family Planning Services

This subgrant was designed to provide short-term technical assistance to the Ministry of Health Division of Family Health to determine methods and means to improve the integration of Family Planning services with MCH activities.

A 1981 evaluation of Mali's FP services sought to provide information and recommendations for the improvement and expansion of

FP services in the 56 Protection Maternelle and Infantile (PMI) Centers in Mali. It was noted, during the evaluation, that FP activities were not well integrated with other family health activities.

The next step has been an in-depth examination of the quantity and quality of services offered in the MCH centers. The goal was to provide information necessary to determine the best methods and the timing of their introduction into the various FP centers. Specific training, technical assistance and other resource needs for effective integration were identified during the project period.

To attain the project goal, the following objectives will be pursued:

(1) obtain a basic inventory of services provided at 4-6 representative PMI centers, (2) determine the nature and extent of integration of FP and MCH services at these centers and (3) examine obstacles to MCH service delivery and identify specific resources necessary to improve and expand services.

The project was implemented in June/July 1984 and a report was prepared and translated into French. The report included specific recommendations covering training needs, facilities and logistic support, and support needed at local levels. The report also made recommendations concerning external donors and identified potential sources of assistance.

6. Surveys of Special Groups

SIN 1269 - Liberia: School and Community-Based Surveys of Adolescent Sexual Behavior, Contraceptive Practice and Reproductive Health

During June-August 1984, separate surveys were undertaken among (1) students attending secondary schools and (2) unmarried adolescents residing in Monrovia, the capital and largest city in Liberia. Implemented by the Ministry of Health and Social Welfare, these surveys tried to ascertain the degree of sexual activity among the young unmarried population, the extent of contraceptive use and reasons for non-use among sexually active individuals and the incidence and outcome of pregnancy among adolescent females.

Questionnaires are presently being coded by project staff at the University of Liberia and will be sent to FHI for data processing and analysis in November 1984. A final report will be prepared with the subgrantee, and a symposium scheduled in Monrovia to present the findings and implications of the study to Liberian health professionals and policy makers.

Results of this study will be used to design and implement appropriate counseling and service delivery programs for this sector of the population, with the goal of reducing the incidence and attendant health and social risks of unplanned pregnancies among the young unmarried population.

SIN 1071 - Senegal: Clinic-Based Family Planning Acceptors

A survey of all family planning clients at the three clinics in Dakar then providing contraceptive services with the collaboration of the Division des Etudes Demographiques (formerly the National Census Bureau) was undertaken in 1983. The purpose of this investigation was to learn more about the factors associated with interest in and acceptance of modern childspacing methods in a society thought to be approaching the "taking off point" with respect to contraceptive use. An underlying assumption of the study is that better understanding of the personal and motivational characteristics of those currently using or seeking out family planning can be of considerable value in the design and implementation of effective information and service delivery programs.

A final report for this study is currently in preparation in both French and English, and will be made available to appropriate public and private sector officials in Senegal. It will show that supply constraints--quite probably related to preferences of clinic supervisory personnel--are an important determinant of the contraceptive method used by clinic clients. Most respondents stated that the lack of information concerning modern childspacing methods is the principal reason for low prevalence among the general population, and a consensus was expressed for the broadcast media--radio and television--as the most effective means of providing this information.

III. Plans and Priorities

FHI's Grant AID/pha-G-1198, which was extended for an additional three years at the end of fiscal year 1982, assures continued support for a number of projects that will help make appropriate methods of family planning more readily available and accessible to families in developing countries. FHI plans an active program of support to a wide variety of projects to meet this goal in fiscal year 1985.

During the coming year, FHI's continued support to national FHRCs in Thailand, Indonesia, Bangladesh, Sudan, Egypt and Sri Lanka will enable these programs to carry out valuable research and to strengthen further their capacity as national research institutions. In addition to providing core financial support, FHI will continue its technical assistance to these programs to develop and improve their ability to design, implement and analyze data for research that will help to answer the needs of family planning policy makers and service providers in these countries. The programs will be developing other sources of funding and becoming less dependent on FHI support.

Studies to obtain information on maternal and child health with the objective of improving health care and showing the need for the introduction or expansion of family planning activities will continue to be emphasized. Special attention will be given to expanding FHI's pregnancy epidemiology studies in Africa. These have been important in demonstrating the health problems associated

with high fertility and unplanned pregnancies and show the need to improve delivery of contraceptive services. Efforts will be made to start projects in new countries.

FHI will carry out a thorough evaluation of the operation and maintenance of microcomputers already in place and the need for further work in this area. With the installation of several microcomputers during FY'84, FHI now needs to look to future priorities in this field.

Conferences, seminars and training courses to improve research skills of providers of family planning services and to make available information on a variety of topics related to contraception and family planning will continue to receive emphasis. These programs are an important channel for the diffusion of FHI research and help to shape population policy in many countries. A major focus in the coming year will be the standardization and refinement of curricula in clinical trials and epidemiology research methods. These core curricula can then be implemented widely throughout FHI's network to upgrade the quality of research. The publication and dissemination of monographs and papers based on FHI-collected data will also receive special attention. In the subSaharan countries of Africa, many family planning programs are just becoming established. FHI will continue its technical assistance to programs in Mali and Senegal, helping them to set up routine data collection systems to provide information about the users of the services and their preferences regarding contraceptive methods. In addition the large MCM projects initiated in Senegal,

Ivory Coast and Zaire will continue. Data from ongoing projects in MCM and pregnancy epidemiology will be analyzed.

Although the grant will be closing at the end of FY'85, FHI will continue to receive, evaluate and develop proposals for funding under the Cooperative Agreement during the following year. The following guidelines will be applied to projects under consideration:

1. Potential for policy impact will be emphasized. FHI is interested in supporting projects and studies, the results of which can be used to improve the delivery of family planning services.
2. FHI will give preference to projects where there is an active collaborative relationship with an in-country agency to enhance the likelihood of successful completion of the project and to assure that findings will be used.
3. The inclusion of a strong information dissemination component in projects to assure that study findings are communicated to appropriate audiences, both within the country where they are carried out, as well as to a broader audience of family planning and health professionals around the world.

In addition to setting program priorities for the funding of projects, it is essential that country priorities continue to be kept in mind in order to maximize the use of FHI staff in responding to needs and requests from the developing world.

During the coming year, programs in Africa will continue to receive high priority. Among the African countries, top priority will be given to Nigeria, Senegal, Zaire and Ivory Coast. Activities will continue in Mali and Ghana and exploration will continue to develop programs in other countries as well.

An effort will be made to involve Latin American experts in the design of a continental plan of research designed to meet indigenous needs appropriately. Mexico, Brazil and Honduras will continue to receive major funding and technical assistance.

Bangladesh, Thailand, Indonesia and Sri Lanka will be the focus of FHI Grant-supported activities in Asia, with new activities aimed at developing programs in Nepal and the Philippines. For the Middle East, Egypt and Sudan will continue to be emphasized.

IV. Summary of Expenditures

SIN	Title	Field	In-house	Total
		\$	\$	\$
0743	Brazil: FP Use and Evaluation	3,296	1,101	4,397
0765	Ghana: Pregnancy Epid		1,394	1,394
0782	Zaire: Pregnancy Epid	5,465	54,779	60,244
1051	Egypt: Daya Training Project	11,523	16,232	27,755
1054	Egypt: Training of Pharmacists	70,832	13,043	83,875
1059	Egypt: EFCS	2,402	20,503	22,905
1071	Senegal: Vanguard FP Acceptors	72	19,198	19,270
1103	Bangladesh: BFRP	4,620	5,608	10,228
1105	MCM		38	38
1110	Morocco: Tech Assistance		56	56
1116	Africa Regional office	9,381	12,404	21,785
1117	Obstetric Care in Africa		9,951	9,951
1120	Indonesia: BKS PENFIN	1,837	4,615	6,452
1124	Sri Lanka: FHRC	25,384	65,239	90,623
1125	Thailand: TFRA		3,795	3,795
1142	Brazil: Parteiras in the NE	8,720	24,439	33,159
1147	Mexico: Microcomputer		8,073	8,073
1149	Mexico: Matamoros CBD	3,880	7,410	11,290
1157	Korea: OB/GYN Meeting Travel		9,296	9,296
1166	Mali: Tech Assistance	9,000	12,617	21,617
1170	Senegal: Tech Assist to ASBEF		262	262
1188	Bolivia: Preg. Wastage	23,566	33,439	57,005
1189	Chile: Core Support	7,222	8,367	15,589

SIN	Title	Field	In-house	Total
1190	Panama: Seminar	3,584	1,197	4,781
1191	Honduras: Meth. Course	7,100	2,493	9,593
1203	Bangladesh: BFRP	53,880	82,060	135,940
1205	MCM		166,241	166,241
1220	Indonesia: BKS PENFIN	89,625	83,692	173,317
1221	Training on Microcomputer		14,734	14,734
1222	Sudan: SFCA	70,137	60,227	130,364
1223	Indonesia: BKS PENFIN	37,786	8,995	46,781
1225	Thailand: TFRA	103,703	59,723	163,426
1232	Egypt: Breast-feeding Workshop	23,500	19,315	42,815
1233	Egypt: Microcomputer	4,000	6,354	10,354
1235	Egypt: Female Circumcision	13,000	10,107	23,107
1238	Egypt: Giza Survey		12,804	12,804
1259	Egypt: EFCS	94,174	43,451	137,625
1262	Adolescent Fert. Monograph		1,823	1,823
1263	Mexico: FS Training		1,695	1,695
1264	Senegal: Support to ORSTROM	7,500	4,110	11,610
1265	Honduras: Pregnancy Epidemiology		5,270	5,270
1269	Liberia: Adolescent Sex. Survey	16,330	27,564	43,894
1272	Senegal: Maternal Mortality	8,000	28,652	36,652
1274	Senegal: Microcomputer	6,650	22,469	29,119
1278	Ivory Coast: Preg. Monitoring	10,000	24,186	34,186
1279	Zaire: Pregnancy Monitoring		19,056	19,056
1280	Africa: MCM (Dev./Management)		63,988	63,988
1281	Haiti: MCM		2,558	2,558
1289	Chile: Core Support	7,700	2,572	10,272

SIN	Title	Field	In-house	Total
1294	Mexico: Med. Dem. Seminar	25,600	9,164	34,764
1295	Travel to Conferences (non-FHI)		7,640	7,640
1296	FHRC Directors Conference		58,582	58,582
1305	MCM		436	436
1315	Thailand: FU of Infants		2,486	2,486
	Grant Development/Management		131,122	131,122
	Credits			(4,214)
			Total expenditures	\$ <u>2,081,880</u>

GRANTAID

AGENDA
FHRC DIRECTORS CONFERENCE
SEPTEMBER 17-21, 1984

Sept. 15	International Participants Arrive RDU	
Sept. 16		
3:00-5:00	Welcome Reception	
6:30-	Dinner - Sheraton University Center	
Sept. 17	Opening Session	Mrs. JoAnn Lewis, Chair
9:00- 9:30	Welcoming Address	Dr. Malcolm Potts
	- Conference Objectives	
9:30-10:15	Overview of FHI	Mrs. JoAnn Lewis
	- Introduction of Key Persons	
	- Field Development and Training Division	
	- Review of Week's Agenda	
10:15-10:30	Break	
10:30-11:30	USAID/Washington Perspective	Dr. Laneta Dorflinger USAID
11:30-12:00	- Tour of FHI	Mr. Scott Katz
12:00- 1:30	Lunch at FHI	
1:30- 1:45	Administrative and Travel Information	Ms. Cyndi Spinden
1:45- 2:00	Discuss/Ratify Agenda	Mrs. JoAnn Lewis
2:00- 5:00	Presentations by each FHRC team to include:	
	- Criteria Used for Determining Research Priorities	
	- Country-specific and Organizational Priorities	
	- Institutional Goals and Objectives Including Summary of Future Directions	
	- Discussion	

Sept. 18	Organizational Development	Mr. Peter Miller, Chair
9:00- 9:15	- Overview	Mr. Peter Miller
9:15-10:00	- Planning (Short and Long Range)	Dr. Nancy Williamson Mrs. Nadine Burton
10:00-10:15	Break	
10:15-12:30	- Administration and Management of Multiple Sources of Funding	Mr. John Ganley Mr. Mark Robbins Mr. Robert Loddengaard, Consultant
12:30- 2:00	Lunch at FHI	
2:00- 4:30	Organizational Development (cont.)	
	- Information Dissemination	Mr. Winfield Best, Consultant Mr. Peter Miller
	- Informed Consent/Protection of Human Subjects	Dr. Malcolm Potts Mrs. Lynda Cole
	- Microcomputer Technology/ Biostatistics	Mrs. JoAnn Lewis Mr. Ed Whitehorne Mr. Jim Higgins
Sept. 19	FHI Research Area Presentations	Mrs. JoAnn Lewis, Chair
9:00-10:00	Clinical Trials Division	Dr. Albert Siemens, Director
10:00-12:00	Discussion	
12:00- 1:30	Lunch out with Program Coordinators	
1:30- 2:30	Contraceptive Safety Division	Dr. Michael Rosenberg, Director
2:30- 4:30	Discussion	

Sept. 20	FHI Research Area Presentations (cont.)	Mrs. JoAnn Lewis, Chair
9:00-10:00	Reproductive Health Division	Dr. Barbara Janowitz, Director
10:00-12:00	Discussion	
12:00- 1:00	Lunch at FHI	
1:00- 2:00	Natural Family Planning Division	Dr. Nancy Williamson, Director
2:00- 4:00	Discussion	
4:00- 5:00	"New Frontiers in Biomedical and Contraceptive Technology and Research"	Dr. Pouru Bhiwandiwala, Guest Speaker
5:30-	Reception/Open House Dr. and Mrs. Malcolm Potts' Home	
Sept. 21		
9:00-12:00	Open for meetings with Program Coordinators, Research Directors, and other staff	
12:00- 1:30	All Staff Farewell Luncheon (Potluck)	
1:30- 2:00	Development of Other Sources of Funding	Dr. Peter Donaldson Mr. W. Noel Johnston, Consultant
2:00- 2:30	Future of FHI Support	Mr. John Ganley
	- Financial	
	- Technical	
2:30- 3:00	Meeting Summary	Mr. Scott Katz
3:00- 3:30	Closing Remarks	Dr. Malcolm Potts
Sept. 22	International participants depart RDU	

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**FAMILY HEALTH RESEARCH CENTERS DIRECTORS CONFERENCE
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