

INTERNATIONAL PLANNED PARENTHOOD FEDERATION, WESTERN HEMISPHERE REGION, INC. ^{FIN 63959}
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FEDERACIÓN INTERNACIONAL DE PLANIFICACIÓN DE LA FAMILIA, REGIÓN DEL HEMISFERIO OCCIDENTAL, INC.

MATCHING GRANT

"EXPANSION AND IMPROVEMENT OF FAMILY PLANNING PROGRAMS IN LATIN AMERICA AND THE CARIBBEAN"

GRANT No. DPE-3043-G-SS-7062

ANNUAL REPORT

January - December 1988

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MATCHING GRANT ANNUAL REPORT, JANUARY-DECEMBER, 1988

"Expansion and Improvement of Family Planning Programs in Latin America and the Caribbean", Grant #DPE-3043-G-SS-7062

Table of Contents

I. OVERVIEW

II. SUPPORT TO FPAs

- 1) BRAZIL
- 2) COLOMBIA
- 3) MEXICO
- 4) CHILE
- 5) GUATEMALA
- 6) JAMAICA
- 7) PERU
- 8) TRINIDAD AND TOBAGO
- 9) URUGUAY
- 10) OTHER FPAs (VENEZUELA)

III. REGIONAL ACTIVITIES

- 11) COMMODITIES
- 12) TECHNICAL ASSISTANCE AMONG FPAs
- 13) MANAGEMENT INFORMATION SYSTEMS
- 14) EVALUATION SUPPORT

IV. ADMINISTRATION AND INDIRECT COSTS

- 15) MATCHING GRANT STAFF
- 16) CONSULTANTS
- 17) TRAVEL & PER DIEM
- 18) OFFICE EQUIPMENT
- 19) D.C. OFFICE
- 20) INDIRECT COSTS

V. ANNUAL REPORT ON REQUESTS FOR ABORTION INFORMATION

ATTACHMENTS

- A: 1986/1987 MG Service Statistics, from 1987 Annual Report
- B: Commodities Reports
- C: Technical Assistance Among FPAs Reports
- D: MIS Consulting Reports
- E: Evaluation Documents
- F: Staff and Consultant Time Used for Matching Grant
- G: Staff and Consultant Travel Under the Matching Grant

I. OVERVIEW

SERVICE DELIVERY AND COST-EFFECTIVENESS

During 1988 the Matching Grant was in its third full year, with service projects in nine countries and regional activities that reached many more. While 1986 and the start of 1987 were characterized by rapid growth of new Matching Grant projects, Table 1 and Figure 1 show that 1988 was a year of consolidation and increased cost-effectiveness. This can be seen in the evolution of two key service indicators: new acceptors and couple-years of protection.

In 1987, new acceptors and CYP were still rising fast (up 69% and 20% respectively over 1986), as was to be expected with new projects. During 1988, both indicators grew at healthy rates (10.2% and 11.7% higher than in 1987), but there were also important gains in cost-effectiveness: the average cost per new acceptor (\$8.69 in 1987) dropped to \$7.93, while the average cost per CYP (\$4.46 in 1987), dropped to \$3.71.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC.

ANNUAL OVERVIEW OF MATCHING GRANT SERVICE ACHIEVEMENTS IN 1988

TABLE 1. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP), EXPENDITURES AND COST PER NEW ACCEPTOR & CYP.

SUB-PROJECTS	NEW ACCEPTORS								CYP								EXPENDITURES			
	1986 JAN-DEC	1987 JAN-DEC	JAN-MAR	APRIL-JUN	JULY-SEPT	OCT-DEC	1988 TOTAL	1988 AS PERCENT OF 1987	1986 JAN-DEC	1987 JAN-DEC	JAN-MAR	APRIL-JUN	JULY-SEPT	OCT-DEC	1988 TOTAL	1988 AS PERCENT OF 1987	1988 TOTAL	1988 COST/NEW ACCEPTOR	1988 COST PER CYP	
BRAZIL/DEFAM	131,006	230,001	62,830	56,015	56,687	56,529	230,061	92.02	213,070	219,630	61,134	51,492	47,032	49,632	209,310	69.92	11,233,132	65.45	65.99	
CHILE/PROFA	2,464	17,405	3,657	5,140	4,313	4,354	17,464	99.92	7,462	20,570	7,529	13,549	10,411	11,493	42,542	140.92	197,900	11.33	6.65	
COLOMBIA/PROFAMILIA	46,754	69,180	14,330	14,739	15,347	14,619	58,643	119.32	556,970	571,051	166,943	176,521	103,059	104,492	713,011	124.92	1,590,042	27.26	2.29	
JAMAICA/JFPA B			0	474	684	431	1,011				0	71	132	220	431		20,405	11.30	47.01	
MEXICO/MEXFAM	111,033	151,439	44,754	54,640	30,329	79,040	216,803	143.22	101,764	162,362	39,207	30,390	29,693	66,137	173,627	106.92	1,339,980	6.10	7.72	
PERU/IMPAPES	25,243	61,990	10,434	16,499	14,189	10,900	60,224	97.12	20,049	55,903	10,412	15,615	10,997	12,704	49,000	89.12	242,445	4.03	4.07	
TRINIDAD/TPAT	704	6,317	1,085	1,320	1,747	1,576	6,237	99.12	6,411	20,353	11,432	20,440	13,103	40,233	87,432	300.42	100,716	16.10	1.15	
UPONAH/AUPFEN	13,079	21,665	5,463	5,649	6,134	6,421	23,669	109.22	17,162	30,909	0,357	9,073	9,650	11,003	30,403	124.22	99,547	4.21	2.59	
VENEZUELA/PLAFAM 00					5	30	63						0	74	70		21,027	409.95	331.12	
1988 FPA SERVICE SUB-TOTAL			143,080	154,694	137,463	179,740					305,014	325,917	306,097	377,676						
FPA SERVICE TOTAL	330,311	550,173					615,015	110.22	930,096	1,176,074				1,314,724	111.72	14,079,002	67.93	43.71		

00 RG support for Jamaica started in April of 1988 and ended the same year.
 00 RG support for Venezuela started in August of 1988.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC.

ANNUAL OVERVIEW OF MATCHING GRANT SERVICE ACHIEVEMENTS IN 1988

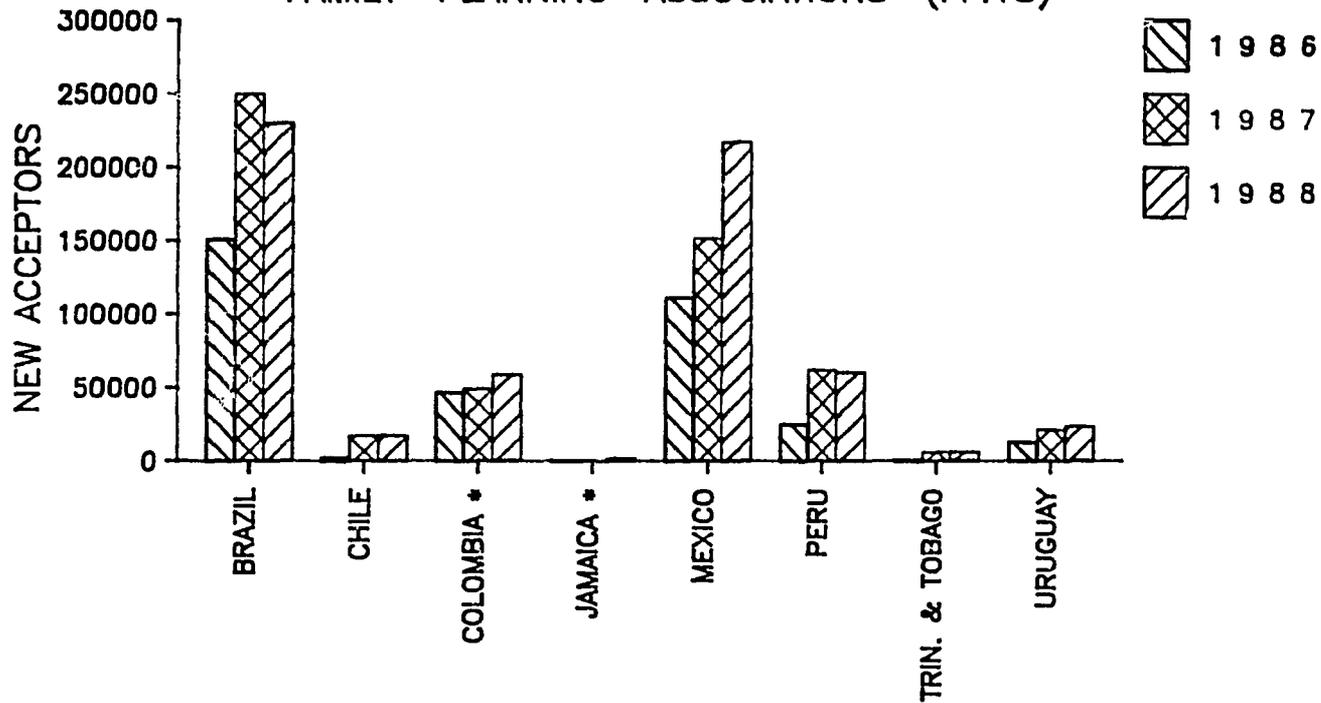
TABLE I. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE - YEARS OF PROTECTION (CYP), EXPENDITURES AND COST PER NEW ACCEPTOR & CYP.

PROJECTS	NEW ACCEPTORS								1988 AS PERCENT OF 1987	C Y P								1988 AS PERCENT OF 1987	EXPENDITURES		1988	
	1986 JAN-DEC	1987 JAN-DEC	JAN-MAR	APRIL-JUN	JULY-SEPT	OCT-DEC	1988 TOTAL	1986 JAN-DEC		1987 JAN-DEC	JAN-MAR	APRIL-JUN	JULY-SEPT	OCT-DEC	1988 TOTAL	IN \$ US	COST/NEW ACCEPTOR		C Y P	COST PER C Y P		
L/NEFAF	151,085	250,081	62,839	56,815	56,667	54,575	230,861	92.0%	213,070	299,638	61,134	51,492	47,952	49,632	209,310	69.9%	91,253,112	85.45	95.99			
Z/AFROFA	2,408	17,483	3,657	5,140	4,313	4,354	17,464	99.9%	7,462	28,578	7,529	13,509	10,411	11,893	42,542	148.9%	192,908	11.33	4.65			
BIA/PPGFAMILIA	46,756	49,189	14,138	14,739	15,367	14,419	58,663	119.3%	556,978	571,051	166,943	176,521	183,055	186,492	713,011	124.9%	1,599,967	27.26	2.24			
A/JFFA #			0	676	684	451	1,811				0	71	132	228	431		20,605	11.38	47.81			
/NEYFAF	111,035	151,439	44,756	54,648	38,339	79,069	216,803	143.2%	101,764	162,362	39,207	38,590	29,693	66,137	173,627	105.9%	1,339,980	6.18	7.72			
MFPAES	25,243	61,999	10,636	16,499	14,189	18,900	69,224	97.1%	28,049	55,963	10,412	15,615	10,997	12,784	49,808	69.1%	242,445	4.03	4.87			
AP/FFAT	706	6,317	1,606	1,328	1,747	1,576	6,257	99.1%	6,411	29,353	11,432	20,644	15,163	40,293	87,432	306.4%	100,716	16.10	1.15			
Y/ANFIRK	13,879	21,665	5,465	5,649	6,134	6,421	23,669	109.2%	17,162	30,989	8,357	9,475	9,650	11,003	38,495	124.2%	59,547	4.21	2.59			
ELA/PLAFAN #					5	58	63						3	74	77		25,827	409.95	335.42			
A SERVICE SUB-TOTAL			143,089	154,694	137,465	179,768					305,014	325,917	306,096	377,696								
FFA SERVICE TOTAL	350,311	558,173					615,015	110.2%	930,896	1,176,874					1,314,723	111.7%	94,879,092	67.93	63.71			

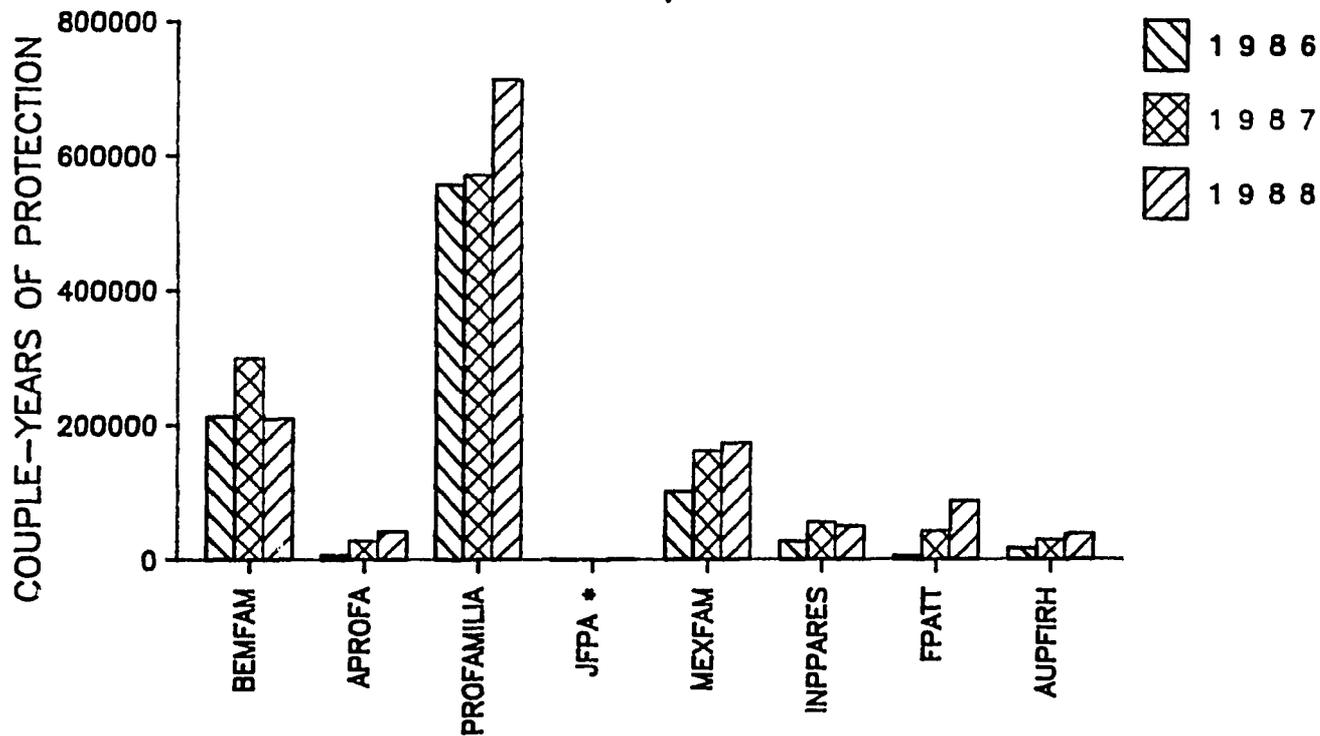
Support for Jamaica started in April of 1989 and ended the same year.

Support for Venezuela started in August of 1988.

FAMILY PLANNING ASSOCIATIONS (FPA'S)



* COLOMBIA does not report new acceptors of CBD.



* JAMAICA's MG support includes April-December 1988,

Within the regional averages, there were many variations at the national level:

- BRAZIL BEMFAM continued to attract the most new acceptors, at a relatively low cost, but CYP fell 30% compared to 1987.
- CHILE APROFA did not increase new acceptors, but still managed to rise almost 50% in CYP: Costs per new acceptor and per CYP dropped substantially.
- COLOMBIA PROFAMILIA continues as undisputed CYP champion, at a very low cost per CYP.
- JAMAICA Disappointing results led to suspension of this small project at the end of 1988.
- MEXICO MEXFAM was hindered by inflation for nine months, but recovered with an exceptional fourth quarter and finished a close second to Brazil in new acceptors.
- PERU Funding delays and contraceptive shortages reduced growth of CYP, while purchases of equipment and supplies increased costs per new acceptor and per CYP.
- TRINIDAD AND TOBAGO New Acceptors did not increase, but large-scale distribution through the government program yielded huge CYP gains at the lowest cost.
- URUGUAY Steady and balanced gains in new acceptors and CYP, with low costs for both.
- VENEZUELA PLAFAM's new model clinic, which opened in September, has been a disappointment thus far.

METHOD MIX, NEW ACCEPTORS, AND CYP

Table II and Figures 2 and 3, on the following pages, show the 1988 and 1987 service statistics of 8 FPAs, broken down by method mix. More than that, they illustrate the effect of different method mixes on the relationship between new acceptors and CYP.

In Figure 2, long-lasting methods (VSC, injectables, and IUDs) accounted for 19% of the new MG acceptors in 1988, but the same methods accounted for 62% of CYP. It follows that any FPA whose method mix emphasizes long-lasting methods will reap the benefits in terms of CYP. This is evident from Figure 3 where Colombia, which ranks 4th in new acceptors jumps to an easy first place in CYP because most of its new acceptors choose VSC.

FPAs with method mixes that favor "supply methods", like Brazil, Mexico, and Peru, spend much less money per new acceptor, but also provide much less CYP. After looking at these figures it is easy to understand some of the apparent anomalies in Table I, above, including the variations in cost per new acceptor and cost per CYP.

In most cases, there are good historical or environmental reasons for the different method mixes. In Chile, preference for the IUD is a well-established tradition, not just in the medical profession but in the general population. Besides, access to sterilization is restricted in Chile, so those who want long-term protection naturally turn to the IUD. In Mexico, the IUD tradition is much weaker, and sterilization is widely available from government agencies (MEXFAM refers most of its sterilization cases to those agencies). The result is an FPA program that relies more on pills and condoms. In Brazil the situation is more complicated: female sterilization and orals are the two leading methods nationwide, and presumably don't need further emphasis by BEMFAM, but the IUD has acquired undeserved notoriety because of sensationalist media coverage. In 1988 BEMFAM made some headway against the IUD taboo, but its method mix is still weak on long-lasting methods.

AN OVERVIEW OF MATCHING GRANT SERVICE ACHIEVEMENTS, 1988

TABLE II. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP) & EXPENDITURES

SUB-PROJECTS FPA SERVICE PROGRAMS METHOD MIX	NEW ACCEPTORS										C Y P					1988 AS [EXPENDITURES]		
	1986	1987	1988				PERCENT	1986	1987	1988			PERCENT	1987	1988			
	JAN-DEC	JAN-DEC	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987	JAN-DEC	JAN-DEC	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987	1987	1988
BRAZIL / BOFAM																		
VSC Male		73	23	16	38	42	120	164.4%		790	288	200	448	526	1,502	190.1%		
VSC Female	3,868	979	977	283	418	2,277	58.9%		47,815	12,239	7,464	3,538	5,228	28,467	59.8%			
IUD	3,230	594	821	1,600	1,105	4,120	127.6%		8,083	1,488	2,056	4,004	2,766	10,314	127.6%			
Injectables	251	80	100	65	58	303	120.7%		38	44	17	9	7	77	202.6%			
Orals	110,653	28,594	30,661	32,260	27,636	119,151	107.7%		135,250	33,720	31,521	30,251	28,971	126,463	92.6%			
Condoms	92,745	26,657	18,486	16,525	21,311	83,379	89.9%		43,086	10,658	7,684	6,275	10,415	35,032	81.3%			
Other*	38,261	5,903	5,334	5,515	3,959	20,711	52.8%		64,764	2,697	2,550	2,487	1,721	9,455	14.6%			
Sub-total	151,046	250,081	62,830	56,015	56,687	54,529	230,061	92.0%	213,070	299,638	61,134	51,492	47,052	49,632	209,310	69.9%	\$1,514,674	\$1,253,112
CHILE / APRCPA (A)																		
IUD	7,705	2,012	2,619	2,351	2,699	9,681	125.6%		25,032	6,264	10,863	8,109	9,717	34,953	139.6%			
Orals	6,880	901	1,980	1,668	1,088	5,617	81.6%		2,997	825	1,792	1,013	1,077	4,717	157.4%			
Condoms	2,398	590	404	266	507	1,807	75.4%		274	101	117	114	130	462	168.6%			
Other*	502	54	157	88	60	359	71.5%		275	329	737	1,175	169	2,410	876.4%			
Sub-total	2,406	17,485	3,657	5,140	4,313	4,354	17,464	93.9%	7,462	28,578	7,529	13,509	10,411	11,093	42,542	148.9%	268,248	197,908
COLOMBIA / PROFAMILIA (A)																		
VSC Male		61	15	13	18	18	62	101.6%		763	188	163	226	201	778	102.0%		
VSC Female	33,642	10,085	10,442	11,601	10,602	42,130	125.2%		420,626	126,188	130,525	137,513	132,528	526,752	125.2%			
IUD	10,304	2,721	2,778	3,642	2,705	11,246	109.1%		25,750	9,371	9,742	11,036	10,353	40,502	157.2%			
Orals	2,754	700	692	760	602	2,694	97.8%		105,650	26,378	30,657	29,461	36,027	122,523	115.8%			
Condoms	1,223	530				530	43.2%		12,745	3,356	3,630	3,218	5,692	15,656	124.7%			
Other*	1,204	87	814	668	454	2,001	166.2%		5,337	1,462	1,604	1,601	1,633	6,560	73.6%			
Sub-total	46,756	49,188	14,138	14,739	15,357	14,419	58,663	119.3%	556,978	571,051	166,943	178,521	183,055	186,492	713,011	124.9%	1,891,726	1,598,862
JAMAICA / JFFA																		
Orals				397	410	287	1,094					49	100	211	360			
Condoms				242	252	160	654					15	28	16	59			
Other*				37	22	4	63					7	4	1	12			
Sub-total			0	676	684	451	1,811	.0%				71	132	228	431	.0%		20,605
MEXICO / MEXFAM																		
VSC Male			40	50	22	48	160				501	627	276	601	2,005			
VSC Female		1,223	981	816	1,782	4,802			15,288	12,263	10,201	22,277	60,025					
IUD		5,203	5,454	3,135	7,064	20,856			13,116	14,484	8,477	21,551	57,628					
Injectables		907	1,015	1,358	1,930	5,220			281	366	341	543	1,531					
Orals		18,145	18,644	16,709	32,648	86,146			6,560	6,641	6,404	14,057	33,662					
Condoms		17,221	28,166	15,783	34,600	95,770			2,216	3,843	3,730	6,742	16,531					
Other*		2,017	338	566	988	3,849			1,245	366	264	366	2,241					
Sub-total	111,035	151,439	44,756	54,648	38,339	79,060	216,803	143.2%	101,764	162,362	39,207	38,530	29,693	66,137	173,627	106.9%	1,176,619	1,339,960
PERU / INAPARES																		
IUD	10,307	2,331	3,826	3,073	3,585	12,815	124.3%		26,923	6,036	9,786	7,745	8,968	32,535	120.8%			
Injectables	139	63	88	62	85	298	214.4%		43	23	23	23	37	112	260.5%			
Orals	19,653	2,541	5,482	5,682	7,238	21,143	107.6%		7,436	931	2,309	1,373	1,941	6,554	88.1%			
Condoms	20,425	4,134	5,575	2,877	5,041	17,627	86.3%		8,508	2,754	2,892	1,308	1,179	8,133	95.6%			
Other*	11,474	1,567	1,528	2,295	2,951	8,341	72.7%		12,993	662	605	548	659	2,474	19.6%			
Sub-total	25,243	61,998	10,636	16,499	14,189	18,900	60,224	97.1%	28,049	55,903	10,412	15,615	10,997	12,784	49,800	89.1%	188,820	242,445
TRINIDAD / TOBAGO/ FPATT (A)																		
VSC Male		50	8	20	7	6	41	92.0%		626	100	250	88	75	513	81.9%		
VSC Female		491	137	93	151	156	537	109.4%		6,139	1,713	1,163	1,887	1,950	6,713	109.4%		
IUD		271	86	51	89	68	294	108.5%		4,603	963	1,305	868	933	4,669	84.7%		
Injectables		65	23	25	23	17	88	135.4%		250	116	121	128	158	523	180.3%		
Orals		1,504	516	464	461	378	1,819	120.9%		3,286	1,969	1,191	9,977	23,201	36,438	1104.9%		
Condoms		2,357	790	533	724	891	2,938	124.6%		11,526	6,416	16,445	1,756	13,481	38,058	330.5%		
Other*		1,579	46	142	292	60	540	34.2%		1,665	155	169	359	255	1,078	64.0%		
Sub-total	706	6,317	1,606	1,328	1,747	1,576	6,257	99.1%	6,411	28,354	11,432	20,644	15,103	40,253	87,432	308.4%	101,712	100,716*
URUGUAY / AUFFIRH (A)																		
VSC Female		87	7	33	32	62	134	154.0%		1,088	55	261	253	490	1,059	97.3%		
IUD		5,142	1,188	1,227	1,570	1,529	5,514	107.2%		17,633	4,758	5,388	5,618	5,213	20,577	119.0%		
Orals		10,905	2,498	2,684	2,905	2,533	10,640	97.6%		9,174	2,561	2,778	2,515	3,666	11,550	125.9%		
Condoms		5,374	1,745	1,698	1,714	1,563	6,720	125.0%		3,004	974	1,046	1,064	1,329	4,413	146.5%		
Other*		157	27	7	213	414	661	421.0%		93	2	200	275	466	540.0%			
Sub-total	13,079	21,665	5,465	5,649	6,134	6,421	23,669	109.2%	17,162	30,949	8,257	9,475	9,650	11,003	38,485	124.2%	83,120	99,547
VENEZUELA / PLAFAM																		
VSC Female																		
IUD					1	28	29							2	55	57		
Orals					4	29	33							1	7	8		
Condoms						1	1								12	12		
Other*																		
Sub-total					5	54	63							3	74	77		
FPA SERVICE SUB-TOTAL	350,311	558,173	143,088	154,894	137,455	179,753	615,015		930,816	1,116,875	305,014	325,317	326,035	377,656	1,314,723			
IFPA SERVICE PROGRAM TOTAL	350,311	558,173					615,015	110.2%	930,816	1,116,875					1,314,724	111.7%	\$5,224,919	\$4,875,627

* Other includes diaphragm, foam, jelly, foaming tablets, periodic abstinence & coitus interruptus.

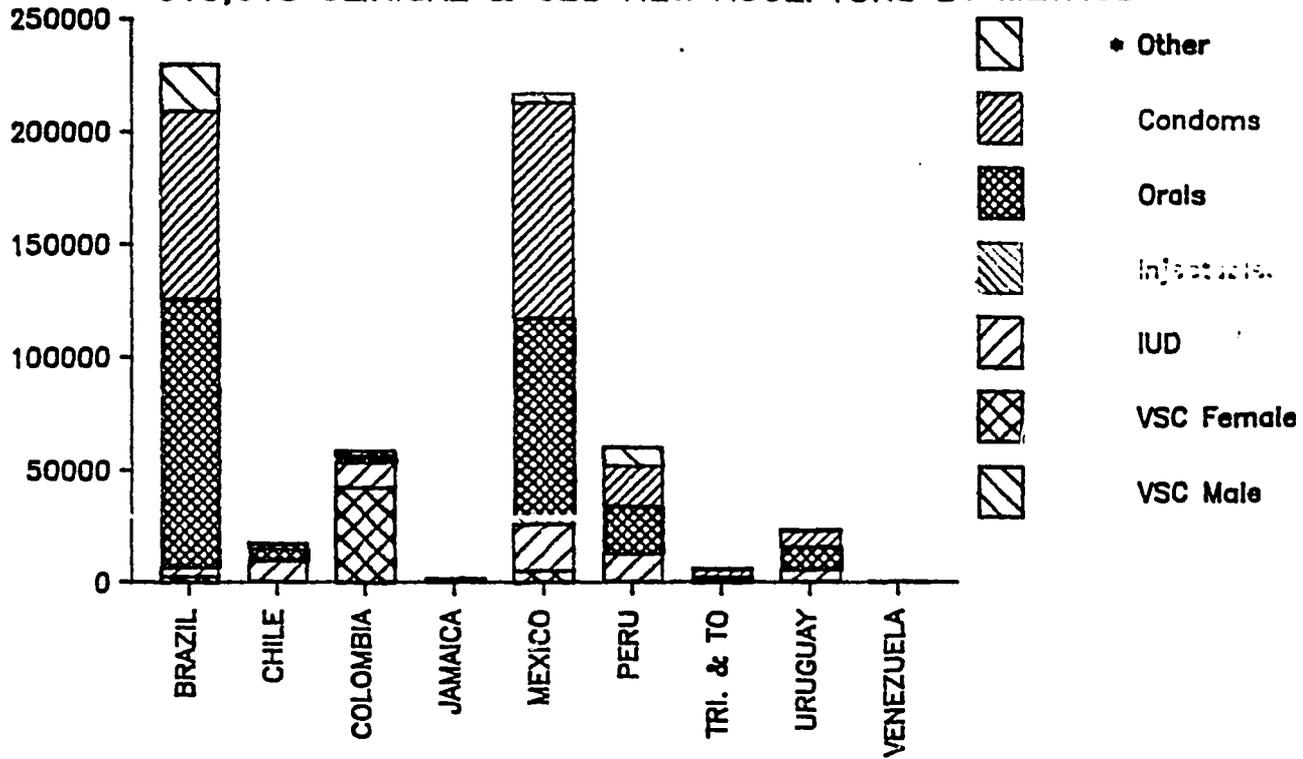
* The MATCHING GRANT is a grant from the USAID, Grant # DPE-3043-G-SS-1262.

* PROFAMILIA-Colombia does not count CBO new acceptors and new acceptors of condoms are reported under Other category from April through December 1988.

(A) 1987 REVISED, 1988

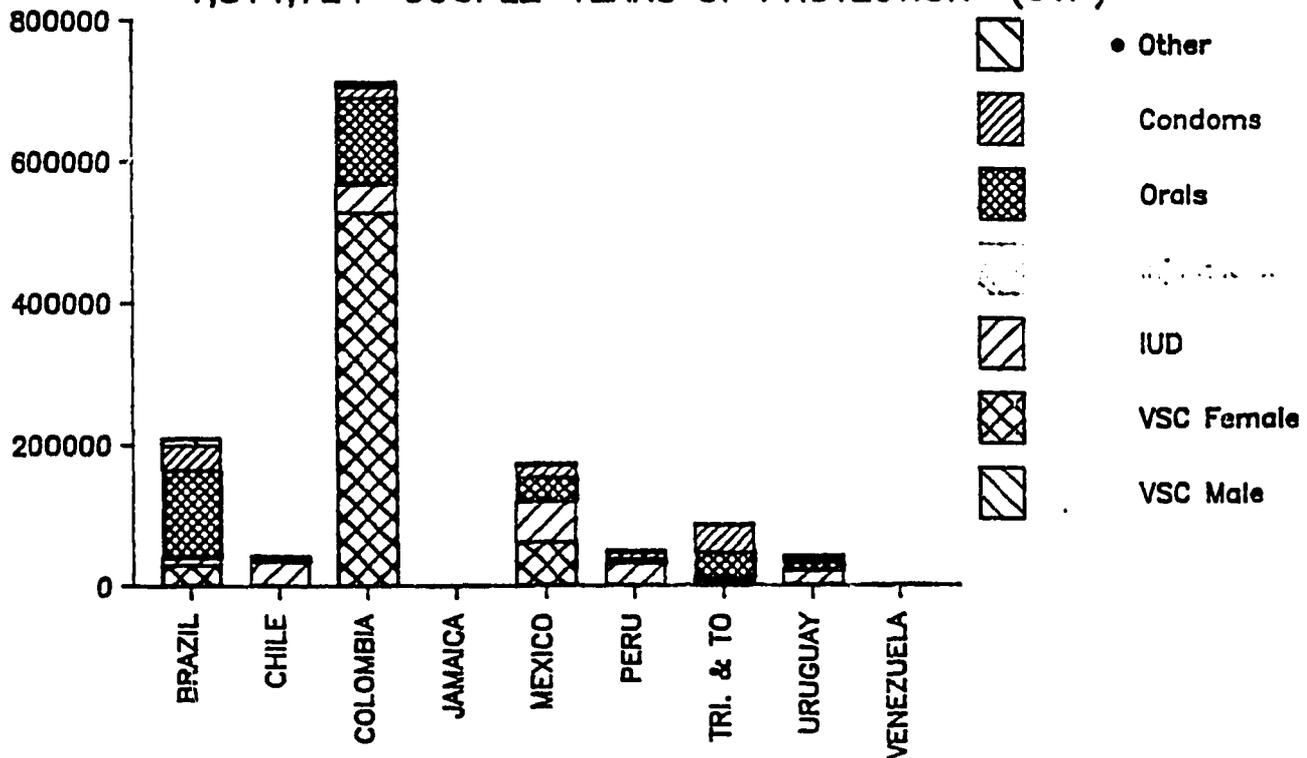
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615,015 CLINICAL & CBD NEW ACCEPTORS BY METHOD



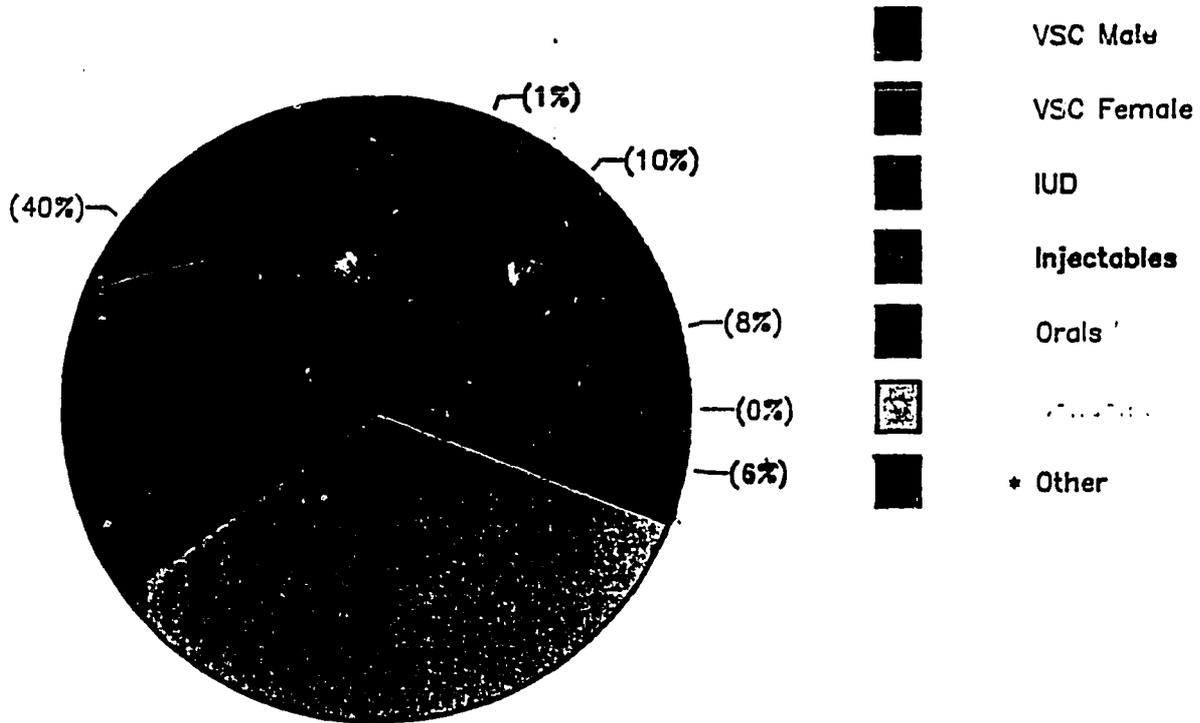
* Sub-project in Jamaica lasted 9 months. Venezuela started in October

1,314,724 COUPLE-YEARS OF PROTECTION (CYP)



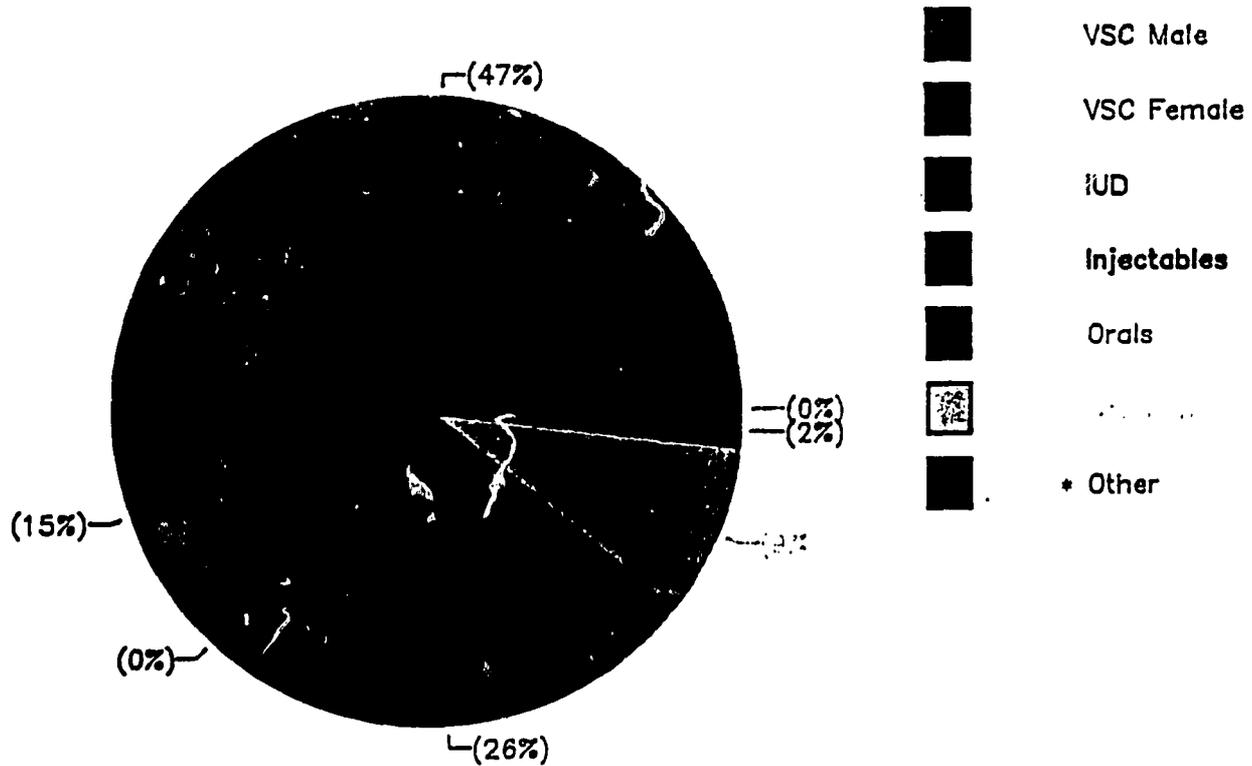
* Other: diaphragm, foam, jelly, tablets, periodic abst. & coitus interrup.

615,015 CLINICAL & CBD NEW ACCEPTORS BY METHOD



MG countries: Brazil, Chile, Col, Jam., Mex., Peru, T&T, Urug. & Venez.

1,314,724 COUPLE-YEARS OF PROTECTION (CYP)



* Other: diaphragm, foam, jelly, tablets, periodic abst. & coitus interrup.

REGIONAL ACTIVITIES

Management Information Systems: 14 FPAs are now making the transition to planning, accounting, reporting, and telecommunications based on microcomputers. Meanwhile, progress continued on the Programming and Resource Allocation Model (PRAM) being developed by OzDov, Inc. and funded under the first Matching Grant: thanks to an amendment approved during 1988, full implementation is being extended to Mexico as well as Colombia.

There were delays in implementing the Evaluation Support item, because of a staff vacancy that was filled in March, 1988. A successful meeting of Latin American FPAs to analyze different ways of working with private doctors took place in September, in Guadalajara, Mexico.

Technical Assistance Among FPAs

Fourteen FPA staff members visited 12 other Associations in a program that has literally become a two-way street: even between FPAs that are apparently at rather different levels of development, the trip reports and the informal feedback make it clear that the learning is mutual.

Commodities

As in previous years, in-kind contraceptives were shipped to nearly all eligible FPAs in the Western Hemisphere, while cash commodities were shipped to 5 FPAs that needed service-related equipment that could not be provided by the IPPF.

More detailed analysis of these four regional activities will be found in Section III of this report.

Administration

The administration of the Matching Grant proceeded as planned, except for a vacancy in the "Project Officer" position, and underutilization of the "Consultants" item. Indirect costs were well below the approved level. Further analysis can be found in Section IV of this report.

ANALYSIS OF EXPENDITURES

Tables IIIA and IIIB give two different pictures of MG expenditures. Table IIIA compares 1988 expenditures with 1987 and also shows what percentage share each budget item had in the 1988 total. Total MG expenditures fell \$455,539 (7.1%) from 1987 to 1988, with the declines concentrated in Brazil, Colombia, Commodities, and Management Information Systems. There were offsetting increases in Mexico, Peru, and Evaluation Support.

Support to FPAs accounted for 83.1% of all expenses in 1988, virtually the same as in 1987, but the "big three" FPAs (Brazil, Colombia, and Mexico) lost some ground to the smaller Associations. Regional Activities fell from 8.3% of expenses in 1987 to 6.3% of expenses in 1988, largely because of reduced purchases of MIS equipment. Administration and Indirect Costs rose slightly, from 8.9% in 1987 to 10.6% in 1988.

Table IIIB compares expenditures to the approved budget, not for 1988 but for the 15-month period from October, 1987 through December, 1988 (the first Work Plan of the current MG was for 15 months). Here we see that expenses fell about 6% short of the approved budget, with about half the difference split between Support to FPAs (especially Brazil, Guatemala, and Trinidad and Tobago) and Regional Activities, and the other half in Administration and Indirect Costs.

CALENDAR YEARS 1987 - 1988

AID MATCHING GRANT DPE-3043-G-SS-7062-00	1987 TOTAL	QUARTERLY EXPENDITURES				1988 TOTAL	% CHANGE 1987-1988	ITEM % OF 1988 - TOTAL
		I JAN-MAR	II APRIL-JUN	III JULY-SEPT	IV OCT-DEC			
I- SUPPORT TO FPAS								
1- BRAZIL	1,514,675	345,430	309,867	405,933	191,882	1,253,112	-17.3%	21.0%
2- COLOMBIA	1,891,726	456,266	507,820	537,240	97,536	1,598,862	-15.5%	26.8%
3- MEXICO	1,176,618	400,308	169,370	181,395	588,907	1,339,980	13.9%	22.5%
SUB TOTAL	4,583,019	1,202,005	987,057	1,124,568	878,324	4,191,954	-8.5%	70.4%
4- CHILE	268,248	43,412	37,969	47,348	69,179	197,908	-26.2%	3.3%
5- GUATEMALA	79,169	5,084	3,583	13,749	34,387	56,782	-28.3%	1.0%
6- JAMAICA	0	905	6,694	7,569	5,437	20,605	100.0%	.3%
7- PANAMA	34,969	0	0	0	0	0	-100.0%	.0%
8- PERU	159,922	26,224	22,879	60,703	147,569	257,375	60.9%	4.3%
9- TRINIDAD TOBAGO	101,712	32,760	7,435	32,427	28,093	100,716	-1.0%	1.7%
10- URUGUAY	83,121	20,355	23,197	27,585	28,411	99,547	19.8%	1.7%
11- VENEZUELA	0	0	0	10,968	14,860	25,827	100.0%	.4%
SUB TOTAL	727,141	128,740	101,737	200,350	327,935	758,761	4.3%	12.7%
TOTAL SUPPORT TO FPAS	5,310,160	1,330,744	1,088,794	1,324,918	1,206,259	4,950,715	-5.8%	83.1%
II- REGIONAL ACTIVITIES								
12- COMMODITIES	161,608	38,782	31,444	23,188	17,944	111,357	-31.1%	1.9%
13- TECHNICAL ASSISTANCE AMONG FPAS	55,255	1,030	5,696	2,557	27,351	35,733	-33.5%	.6%
14- MANAGEMENT INFORMATION SYSTEMS	278,854	2,485	27,891	52,445	74,872	157,693	-43.4%	2.6%
15- EVALUATION SUPPORT	38,950	0	0	47,230	23,968	71,198	82.6%	1.2%
SUB TOTAL	534,667	42,297	65,031	125,519	144,135	376,982	-29.5%	6.3%
III- ADMINISTRATION								
16- SALARIES AND FRINGE BENEFITS	268,274	55,139	78,770	67,623	58,454	260,986	-2.7%	4.4%
17- CONSULTANTS	30,864	7,972	13,754	15,774	15,391	52,891	71.4%	.9%
18- TRAVEL AND PERDIEM	43,911	0	12,708	22,054	13,727	48,489	10.4%	.8%
19- OFFICE EQUIPMENT	0	1,086	4,475	4,654	2,585	12,800	100.0%	.2%
SUB TOTAL	343,049	65,197	109,707	110,106	90,157	375,166	9.4%	6.3%
IV- INDIRECT COSTS	225,814	46,983	66,547	62,975	78,783	255,288	13.1%	4.3%
GRAND TOTAL	6,413,690	1,485,221	1,330,078	1,623,517	1,519,334	5,958,151	-7.1%	100.0%

QUARTELY FINANCIAL REPORT

THIS REPORTING PERIOD:

OCTOBER 1st. 1988 TO DECEMBER 31th., 1988

TOTAL TODATE FOR THE PERIOD:

OCTOBER 1st. 1987 TO DECEMBER 31th., 1988

	BUDGET		ACTUAL EXPENDITURES		BUDGET BALANCE	
	OCT. 1/87 DEC. 31/88	THIS QUARTER	TOTAL AS OF 9/30/88	TODATE AS OF 12/31/88	AVAILABLE AMOUNT	% TO BUDGET
I-SUPPORT TO FPAS						
1- BRAZIL	1,288,000	191,982	1,061,230	1,253,112	34,888	2.7%
2- COLOMBIA	1,719,000	97,536	1,620,153	1,717,689	1,311	.1%
3- MEXICO	1,348,000	588,907	751,073	1,339,980	8,020	.6%
4- CHILE	244,000	69,179	174,723	243,901	99	.0%
5- GUATEMALA	80,000	34,387	25,411	59,798	20,202	25.3%
6- JAMAICA	21,000	5,437	15,168	20,605	395	1.9%
7- PANAMA	0	0	0	0	0	.0%
8- PERU	266,000	147,569	109,806	257,375	8,625	3.2%
9- TRINIDAD TOBAGO	119,000	28,093	72,623	100,716	18,284	15.4%
10- URUGUAY	122,000	28,411	93,710	122,121	-121	-.1%
11 OTHER FPAs	30,000	14,860	10,968	25,827	4,173	13.9%
TOTAL SUPPORT TO FPAS	5,237,000	1,206,259	3,934,865	5,141,124	95,876	183.1%
II- REGIONAL ACTIVITIES						
12- COMMODITIES	150,000	17,944	98,134	116,078	33,922	22.6%
13- TECHNICAL ASSISTANCE AMONG FPAS	49,000	27,351	9,383	36,733	12,267	25.0%
14- MANAGMENT INFORMATION SYSTEMS	185,000	74,872	82,821	157,693	27,307	14.8%
15- EVALUATION SUPPORT	98,000	23,968	47,230	71,198	26,802	27.3%
S U B T O T A L	482,000	144,135	237,567	381,702	100,298	20.8%
III- ADMINISTRATION						
16- SALARIES AND FRINGE BENEFITS	370,000	58,454	263,583	322,037	47,963	13.0%
17- CONSULTANTS	121,000	15,391	56,574	71,965	49,035	40.5%
18- TRAVEL AND PERDIEM	104,000	13,727	44,257	57,984	46,016	44.2%
19- OFFICE EQUIPMENT	10,000	3,434	5,661	9,095	905	9.1%
20- D.C. OFFICE	10,000	-848	4,554	3,705	6,295	62.9%
S U B T O T A L	615,000	90,157	374,629	464,786	150,214	24.4%
*IV- INDIRECT COSTS	368,250	78,783	234,855	313,639	54,611	14.8%
G R A N D T O T A L	6,702,250	1,519,334	4,781,917	6,301,251	400,999	6.0%

II. SUPPORT TO FPAs

\$ 4,950,715

1) BRAZIL (BEMFAM)

\$ 1,253,112

a) Analysis of 1988 Achievements

Table IV indicates that productivity of the MG projects in Brazil declined somewhat during 1988. In comparison with 1987, the number of new acceptors declined by 8%, while Couple-Years of Protection dropped 30.1%.

The decline was partly due to the changing composition of the MG projects in Brazil. During the first nine months of 1987 there was MG support for 5 isolated clinics (clinics not connected to CBD programs), and these added to the new acceptor and especially the CYP totals for 1987. Beginning in October, 1987, that support was transferred to training activities, which had only an indirect effect on service delivery. In August, 1988, MG support for the state CBD program in Santa Catarina was suspended, in order to reserve MG resources for the poorer areas of the country. Currently, all MG support for family planning services in Brazil is concentrated in 5 states: Piaui, Ceara, Pernambuco, Bahia, and Rio de Janeiro.

Another factor, especially in the decline of CYP, was a change in reporting criteria. New acceptors of VSC declined by 39% largely because of IPPF/WHO advice (in mid-1987) to stop counting referred sterilizations unless BEMFAM had access to complete patient records (including consent forms) in the public hospitals actually performing the referred operations.

The decline in the use of condoms, surprising in view of ever-increasing concerns about AIDS in Brazil, was due to serious shortages of condoms during the first half of 1988. These shortages resulted from long government delays in approving duty-free import of the donated AID condoms. The use of "other" methods, mainly spermicides, suffered even more for the same reason.

There was a bright spot in the 1988 method mix shown in Table III: a 27.6% increase in CYP from IUDs, from 8083 in 1987 to 10,314 in 1988. Given the declining number of clinics with MG support, this was a significant increase. Perhaps there is hope for the IUD in Brazil after all.

Most important of all, the rate of MG expenditures in Brazil declined substantially, from approximately \$126,000 per month in 1987 to \$104,000 per month in 1988. It would have been very difficult for BEMFAM to absorb this financial reduction without losing ground in service delivery. Moreover, the \$104,000 per month included more project income (largely patient fees): about \$6500

per month as compared with \$3500 per month in 1987. That was certainly a step forward in terms of cost recovery, but may have had a chilling effect on some potential patients.

In terms of cost-effectiveness, BEMFAM spent less per new acceptor (\$5.45, compared with \$6.06 in 1987), but more per CYP (\$5.99, compared with \$5.06 in 1987).

5 State Programs

In BEMFAM's 5 state-wide programs, which depend very heavily on the performance of local volunteers, and staff of state agencies, the quantity and quality of services provided are largely the result of training, promotion and supervision activities carried out by BEMFAM staff located in each state, plus occasional visits from headquarters staff. Thus, BEMFAM reports a tremendous variety and volume of these activities designed to indirectly stimulate and improve an infrastructure over which the FPA has no direct control. In this effort there are ups and downs, many of them the result of political or staff changes in state agencies. The very fact that BEMFAM manages to keep this fragile system in motion over such a large area is a considerable achievement.

Looking at the relative performance of the 5 state programs in 1988, Pernambuco seems to be an exception, with large increases in new acceptors and CYP, but this is an artefact of its inclusion in the MG as of October, 1987: in effect, we are comparing 12 months of MG support in 1988 with only 3 months in 1987, so large increases should be expected.

There are several national trends which are working against BEMFAM's efforts to maintain the productivity of its 5 state programs. These programs depend heavily on the resources of state and municipal governments, but Brazil is gradually sliding into a financial and political crisis that is sapping the ability of state and municipal governments to provide even basic services. At the municipal level, this trend has been aggravated by a new "decentralization" of health functions which leaves municipal governments responsible for providing primary health care but does not give them the resources they would need to do so.

State and then municipal elections have recently changed the political landscape in many areas, and have forced BEMFAM to start again from scratch, educating newly elected or appointed officials to the importance of family planning, and the need to keep supporting the state and municipal programs. The political turmoil will continue in 1989 as Brazil prepares for its first direct presidential elections in 27 years. Few observers expect government agencies at any level to function well during this period.

Training

Starting in October, 1987, there was a shift of some MG support away from isolated clinics into new training activities. During 1988, training was provided for:

- 120 Health Agents in state programs
- 25 Professionals who work with youth
- 84 Employees of private firms that contract with BEMFAM
- 12 Medical, Nursing, and Social Work Students
- 31 BEMFAM Clinic Staff
- 71 BEMFAM Field Supervisors and Community Advisors

b) Problems, and Recommended Solutions

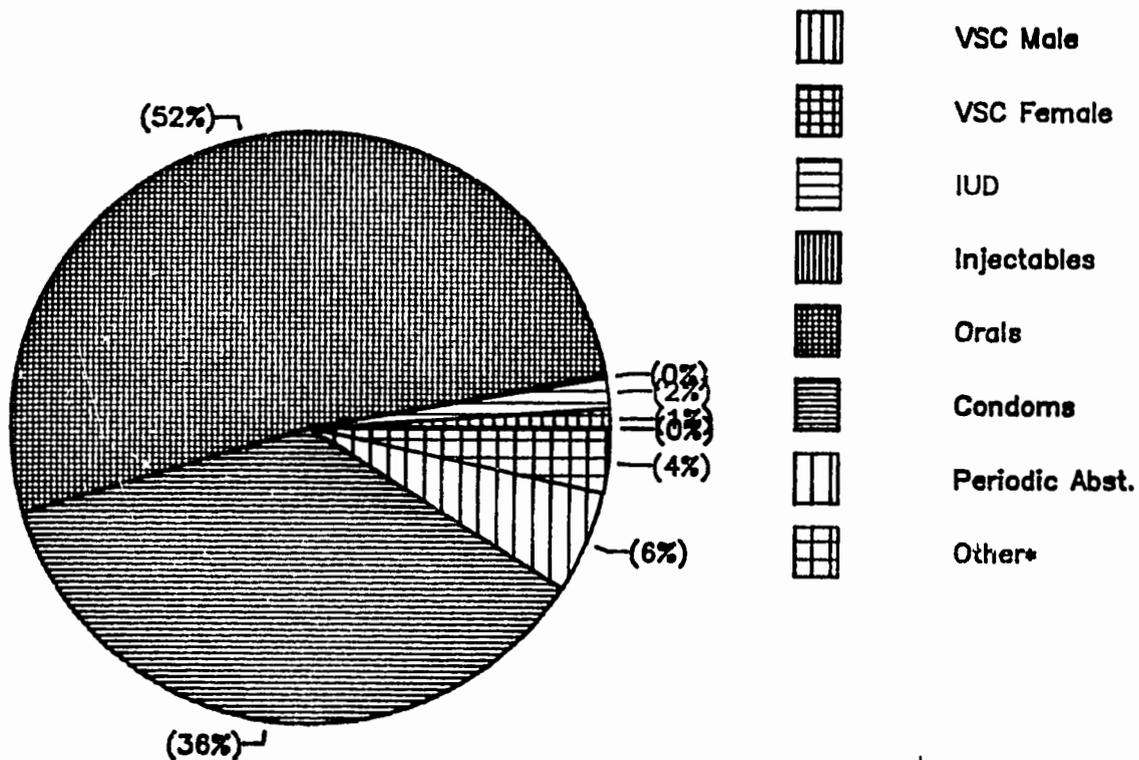
Given all the mitigating factors at work, especially the decline in MG support, it is not clear whether we should be disappointed with BEMFAM's service achievements in 1988. Suffice it to say that the reduced MG support, the elimination of 5 clinics and one state program from the MG portfolio, the method mix that concentrates on supply methods, and the unstable national environment have all contributed to a decline in service results, especially when measured in CYP.

How can this negative trend be reversed in 1989? First of all by recognizing and understanding what happened in 1988, and by encouraging BEMFAM staff to pay more attention to service trends than they may have in recent years. Secondly, through comparative and critical analysis of BEMFAM's different service projects, to identify those programs, or locations, that deserve more support in the future, and those that deserve less.

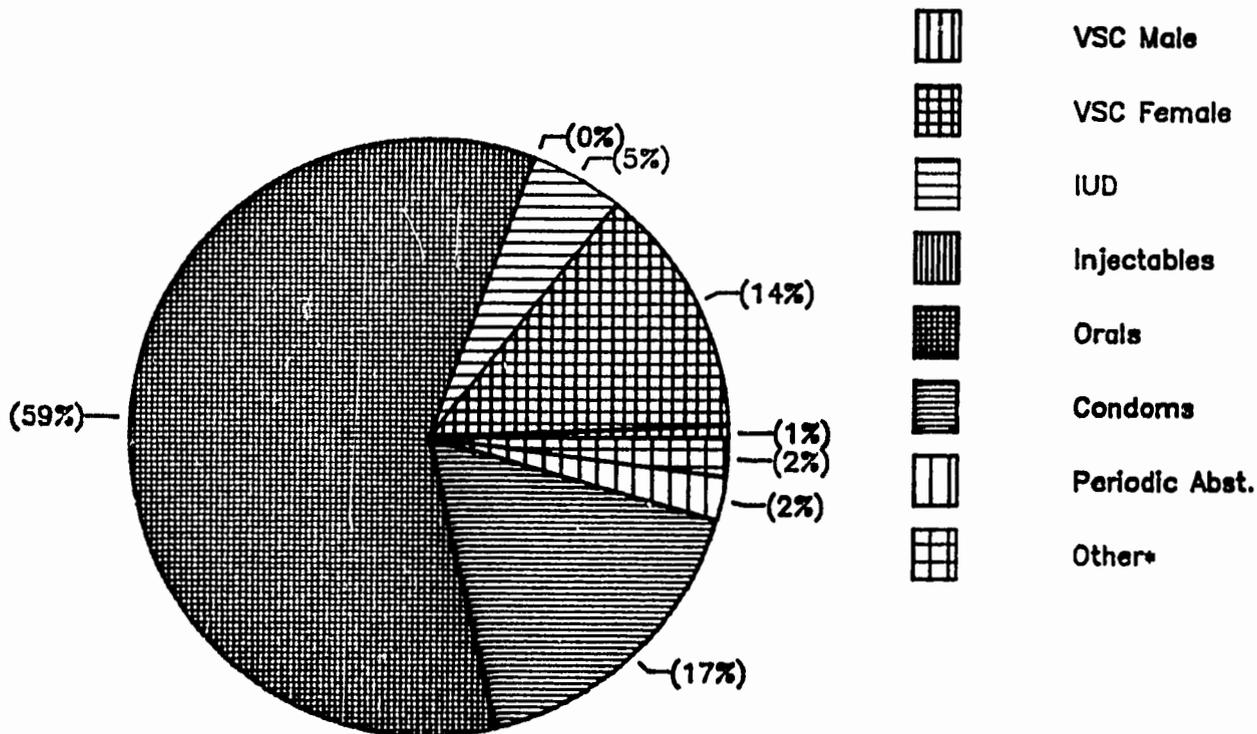
Due to the difficulties in obtaining Brazilian government permission to import donated AID condoms, BEMFAM suffered shortages of condoms and spermicides during the first quarter of 1988. The decline in use of "other" methods (mainly spermicides) was dramatic. The only long-term solution is to increase buffer stocks of condoms and spermicides, so that BEMFAM will be able to weather the largely unpredictable delays.

BRAZIL - BEMFAM / IPPF - WHR, MG PROJECT

230,061 CLINICAL & CBD NEW ACCEPTORS BY METHOD - 1988



209,310 CLINICAL AND CBD COUPLE-YEARS OF PROTECTION BY METHOD



* Other: diaphragm, foam, jelly, neo-sampoon & coitus interruptus.

2) COLOMBIA (PROFAMILIA)

\$ 1,598,862

a) Analysis of 1988 Achievements

PROFAMILIA's performance in 1988 was impressive even by the standards of this perennially successful FPA. With nearly \$300,000 less MG support than in 1987, PROFAMILIA still managed to increase new acceptors by 19.3% and CYP by 24.9%. As Table V shows, the increase was well-balanced, with significant gains of CYP in every method and in each of the five sub-projects (low-cost VSC, 4 new clinics, 3 existing clinics, 10 peripheral clinics, and CBD in marginal areas). Average cost per new acceptor and per CYP fell sharply, from \$38.46 and \$3.31 in 1987* to \$27.26 and \$2.24 in 1988.

Much of this success was made possible by a mid-year supplementary MG grant of \$256,000, without which PROFAMILIA's low-cost VSC program would have ground to a halt in September, 1988, overwhelmed by demand. Indeed, the wisdom of lowering VSC patient fees has never been so well demonstrated as by this surge of demand from poor Colombians. PROFAMILIA's monthly rate of sterilizations (including those without MG support) has risen from roughly 4000 per month in 1985 (prior to MG) to 4935 per month in 1987 to 5662 per month in 1988.

The method mix among new acceptors, as shown in Figure V, is heavily concentrated in VSC and IUDs. To some extent that is an artefact of PROFAMILIA's decision not to collect new acceptor data in its CBD program. The CYP column is a more accurate reflection of the true method mix in the MG projects. Notice, for example, that pills and condoms contribute 19% of CYP, but only 5% of new acceptors (just the reverse of the normal relationship), because most acceptors of these methods go unregistered.

Even the CYP chart overstates the weight of VSC in PROFAMILIA's program, however, for the simple reason that PROFAMILIA has chosen to concentrate its MG support in providing low-cost VSC services, making sterilization not just voluntary but also within almost anyone's financial reach.

* In reviewing the 1988 service statistics, it was discovered that PROFAMILIA had been reporting the VSC operations of its 10 "peripheral" clinics under that category of clinics and also under the umbrella funding category (low-cost sterilizations). When MG staff in New York summed these separate totals they were unwittingly double-counting the VSCs in these 10 clinics, thus inflating both the number of new acceptors and especially the CYP. Attachment A is a revised table showing the corrected figures for 1986 and 1987. While PROFAMILIA's absolute number of new acceptors and CYP for both years is thus reduced, its growth of new acceptors and CYP from 1986 to 1987 increases substantially.

b) Problems, and Recommended Solutions

In Colombia the term "Family Planning" and the name of PROFAMILIA (and the little green flag used to identify service sites) are routinely confused, and the demand for PROFAMILIA's services is still growing rapidly after more than 20 years. This is both a great historic achievement, equalled by very few FPAs, and a terrible financial challenge to an organization that must depend heavily on foreign donors.

PROFAMILIA is reluctant to turn clients away, or to charge more than they can pay, but growing demand for its services is stretching PROFAMILIA beyond the financial limits imposed by its donors and by its local fund-raising possibilities (PROFAMILIA is approximately 40% self-sufficient).

PROFAMILIA is becoming a victim of its own success, having evolved into Colombia's unofficial but very effective "Ministry of Family Planning". Any organization this big and this important to the nation ought to be getting large grants from the Colombian government, but such is not the case. PROFAMILIA gets no special advantages: it often faces delays in trying to import donated contraceptives for its programs, and has to struggle to preserve its tax exemption.

The only solution is to go on doing what has made PROFAMILIA famous -- providing quality fp services all over Colombia at prices the poor can afford -- and to hope that donors and the Colombian government will recognize a bargain when they see one.

TABLE V. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP) & EXPENDITURES

SUB-PROJECTS :	MEN ACCEPTORS										CYP				1988 AS: EXPENDITURES			
	1986		1987		1988		PERCENT:		1986		1987		1988		PERCENT:		IN \$ US	
	JAN-DEC:	JAN-DEC:	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	TOTAL	OF 1987:	JAN-DEC:	JAN-DEC:	JAN-MAR:	APR-JUN:	JUL-SEP:	OCT-DEC:	TOTAL	OF 1987:	1987	1988
1. LOW COST VSC FEMALE	28,970	28,441	8,187	8,538	8,878	9,130	34,733	122.12%	361,814	355,613	102,463	106,725	110,975	114,125	434,288	122.12%	11,099,504	11,016,025
2. FOUR MEN CLINICS																		
VSC Male		10	3	4	5	3	15	150.00%		125	38	50	63	38	189	151.20%		
VSC Female		1,614	660	786	676	505	2,647	164.00%		20,175	8,250	9,825	8,700	5,313	33,088	164.01%		
IUD		2,606	735	614	743	681	2,773	104.41%		6,515	2,253	2,175	2,630	2,190	9,268	142.26%		
Orals		526	66	50	55	53	224	42.59%		4,772	2,157	2,302	3,025	3,089	10,573	156.13%		
Condoms &		80	18				10			1,826	479	551	485	562	2,077	113.75%		
Other &		80	7	58	57	51	173	216.25%		986	335	322	375	385	1,417	143.71%		
Sub-total	2,486	4,916	1,481	1,512	1,556	1,293	5,842	118.84%	22,138	36,399	13,512	15,225	15,298	12,577	56,612	155.53%	191,190	203,755
3. THREE EXISTING CLINICS:																		
VSC Male		51	12	9	13	13	47	92.16%		638	150	113	163	163	589	92.32%		
VSC Female		3,587	1,238	1,118	1,427	967	4,750	132.42%		41,838	15,475	13,975	17,838	12,088	59,376	132.42%		
IUD		1,429	388	422	391	350	1,551	108.54%		3,572	1,420	1,510	1,473	1,340	5,743	160.78%		
Orals		364	133	118	114	78	443	121.70%		23,985	4,208	6,336	4,432	6,660	21,636	90.21%		
Condoms &		369	120				120			3,196	696	651	523	684	2,534	79.29%		
Other &		370	22	156	123	138	439	118.65%		1,049	196	224	220	236	876	83.52%		
Sub-total	6,024	6,170	1,913	1,823	2,068	1,546	7,350	119.12%	79,614	77,277	22,143	22,809	24,649	21,151	90,754	117.44%	144,930	103,883
4. TEN NATIONWIDE CLINICS:																		
VSC Male &							0								0			
VSC Female &							0								0			
IUD		6,269	1,598	1,742	1,908	1,674	6,922	110.42%		15,673	5,670	6,035	6,840	6,805	25,350	161.73%		
Orals		1,864	501	524	531	471	2,027	108.74%		61,739	16,843	17,221	17,542	18,385	69,991	113.37%		
Condoms &		774	400				400			6,084	1,675	1,663	1,563	2,028	6,929	113.68%		
Other &		754	58	600	426	305	1,389	184.22%		2,998	867	1,116	887	883	3,753	125.20%		
Sub-total	9,277	9,661	2,557	2,866	2,865	2,450	10,738	111.15%	77,926	86,493	23,053	26,035	26,832	28,101	106,023	122.58%	119,776	122,069
5. CBD IN MARGINAL AREAS:																		
IUD											28	22	73	18	141			
Orals										13,354	3,170	4,798	4,462	7,893	20,323	152.19%		
Condoms										1,639	506	765	647	2,438	4,356	265.80%		
Other &										277	64	142	119	189	514	185.56%		
Sub-total										15,486	15,269	3,768	5,727	5,301	10,538	165.91%	85,115	63,594
SERVICE SUBPROJECTS TOTAL:	46,757	49,188	14,138	14,739	15,367	14,419	58,663	119.26%	556,978	571,052	166,943	176,521	183,055	186,492	713,011	124.86%	1,640,515	1,509,316
OTHER EXPENSES																		
Info. and Education																	106,431	
Indirect Expenses																	233,457	177,895
PROJECT EXPENSES TOTAL:																	1,980,403	1,687,211
Less Local Income																	88,678	88,349
MATCHING GRANT TOTAL:																	11,891,726	11,598,642

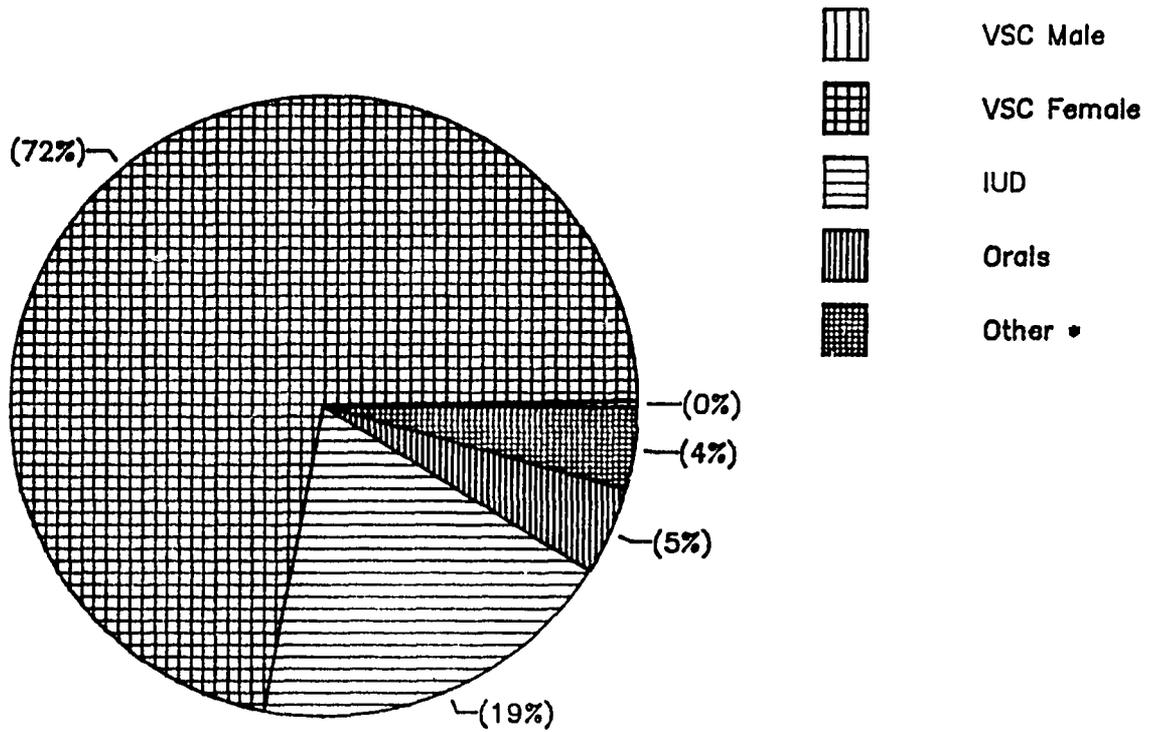
* Other includes Neo-Saapoon, condoms and injectables.

* Sub-Project # 5. CBD in marginal areas includes the cities of Bogota, Barranquilla, Cartagena & Cali. PROFAMILIA does not count CBD new acceptors.

* Condoms: new acceptors are reported under Other since April 1988.

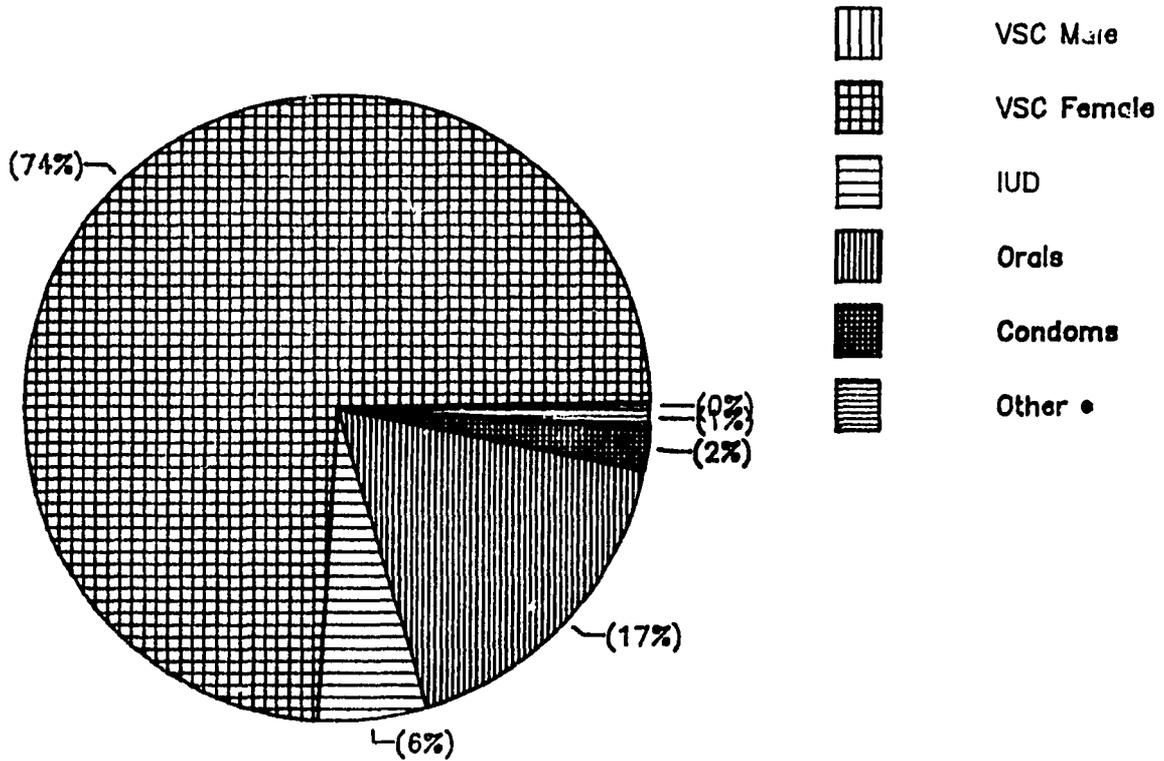
* SUB-PROJECT # 4. VSC M/F new acceptors are reported under Sub-project 1. LOW VSC M/F

COLOMBIA - PROFAMILIA / IPPF - WHR, MG PRO
 58,663 CLINICAL NEW ACCEPTORS BY METHOD - 1988



* Other: Neo-sampooon, condoms & injectables.

713,011 CLINICAL AND CDB COUPLE-YEARS OF PROTECTION BY METHOD



* Other: Neo-sampooon & injectables.

3) MEXICO (MEXFAM)

\$ 1,339,980

a) Analysis of 1988 Achievements

After four years of very rapid program expansion in Mexico, consolidation was the main goal for 1988. Given high inflation during the first 9 months of the year, however, MEXFAM was lucky to avoid serious damage to its program. Only an exceptionally strong 4th quarter, during which MEXFAM was finally able to use emergency supplemental funding from the IPPF and the MG, pulled the 1988 results above those of 1987.

The inflation that distorted the Mexican economy during 1988 was not softened by any devaluation of the Mexican Peso, whose exchange rate remained frozen throughout the year. Thus the central financial assumption underlying the 1988 MG budget (inflation and devaluation moving in tandem, leaving the purchasing power of MG dollars unaffected) proved to be incorrect. With no relief in sight as of late August, it became clear that additional IPPF and MG resources would have to be granted to save the MEXFAM program from collapse, and to retain key MEXFAM staff members. Supplemental grants totalling approximately \$280,000 allowed MEXFAM to revitalize its program in the fourth quarter.

MEXFAM adopted new sub-project categories in October, 1987, so it is not possible to compare sub-project results from 1987 to 1988. Nevertheless, the global results shown in Table VI are encouraging. Relative to its annual target of 197,500 new acceptors, MEXFAM was behind schedule at the end of the third quarter but did twice as well in the fourth quarter to end the year with 216,803 new acceptors. This was 9.8% more than the target, but 43.2% more than the actual number of new acceptors in 1987.

Thanks to the strong fourth quarter, which more than made up for a disappointing third quarter, MEXFAM's total CYP also rose in 1988, by 6.9%.

During 1988, MEXFAM opened 5 new "Areas of Intensive Promotion" (in the states of Jalisco, Coahuila, and Nuevo Leon), 4 "Rural Activation Programs" (in Guanajuato, Michoacan, and Puebla), 2 "Industrial Programs", and 1 "Institutional Support Program". This brought the total number of MG programs to 95, as follows:

- 55 Areas of Intensive Promotion
- 10 Family Planning Centers
- 19 Institutional Support Programs
- 9 Rural Activation Programs
- 5 Industrial Programs

MEXFAM continues to display unusual program creativity combined with a lean and agile administration. The now famous "Community Doctors" program (which MEXFAM itself does not consider a program

but simply one service delivery component within the Areas of Intensive Promotion) is a good example: the basic idea, as developed by MEXFAM in late 1985, was an important innovation. Its successful implementation has required close supervision and administrative adjustments. It is still being refined, month by month, and now constitutes not just a model that other FPAs want to emulate, but a considerable body of experience, good and bad, that will help other FPAs to avoid pitfalls that MEXFAM had to discover the hard way.

In relation to other FPAs, MEXFAM is also beginning to play a leading role in two other areas:

MIS: MEXFAM has built a powerful and unusually "democratic" computer network linking all its key staff members. Xavier Gonzalez, the architect of that network, is now in great demand as a consultant to IPPF/WHR, and to other FPAs.

STAFF STRUCTURE: MEXFAM's reluctance to hire new staff members, and its proven ability to run very large programs with a very small supervisory staff, are beginning to attract attention from FPAs with larger and more costly staff structures.

b) Problems, and Recommended Solutions

MEXFAM's severe financial problems in 1988 were not of its own making, and we do not expect to see them repeated in 1989, at least not to the same degree. What happened last year in Mexico could easily happen somewhere else, however: all it takes is a frozen exchange rate during a period of high inflation. In retrospect, we think we should have reacted more swiftly to MEXFAM's financial distress, instead of waiting and hoping for relief in the form of devaluation. We probably should have provided emergency support by the end of the 2nd quarter, before MEXFAM's program had lost momentum.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC.

MATCHING GRANT SERVICE STATISTICS / JANUARY - DECEMBER, 1988

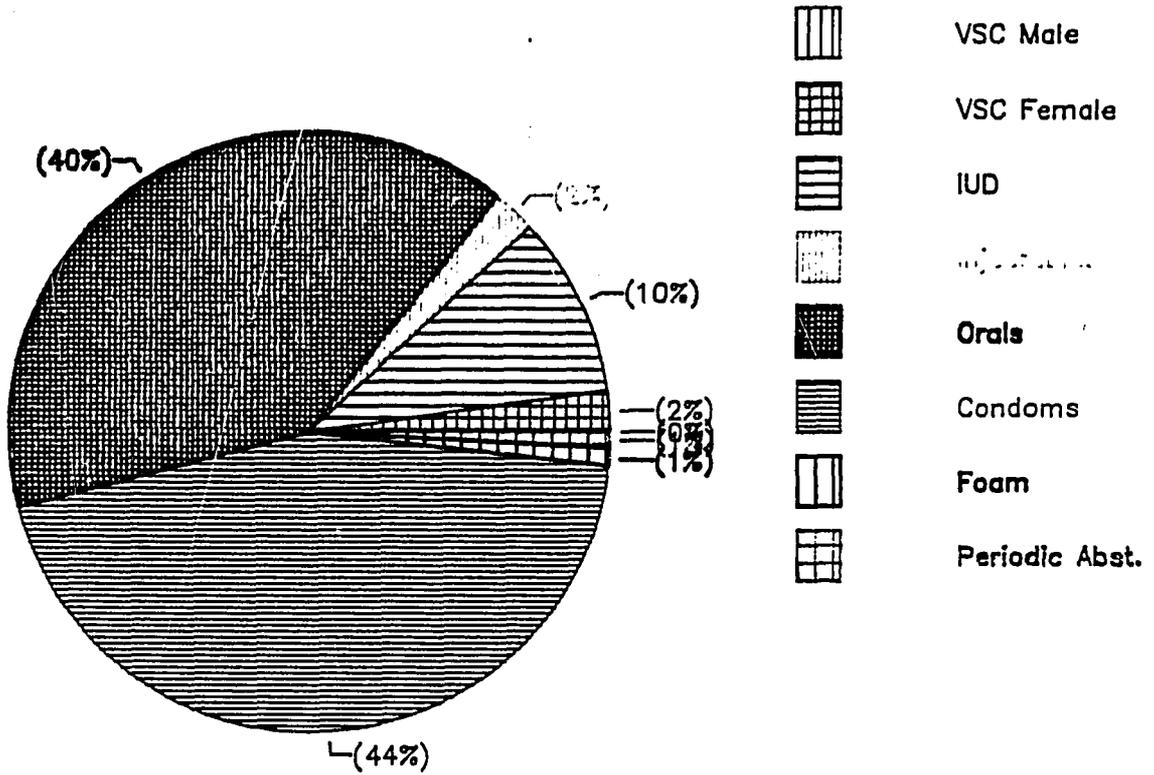
MEXICO / MEXFAM

TABLE VI. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP), & EXPENDITURES

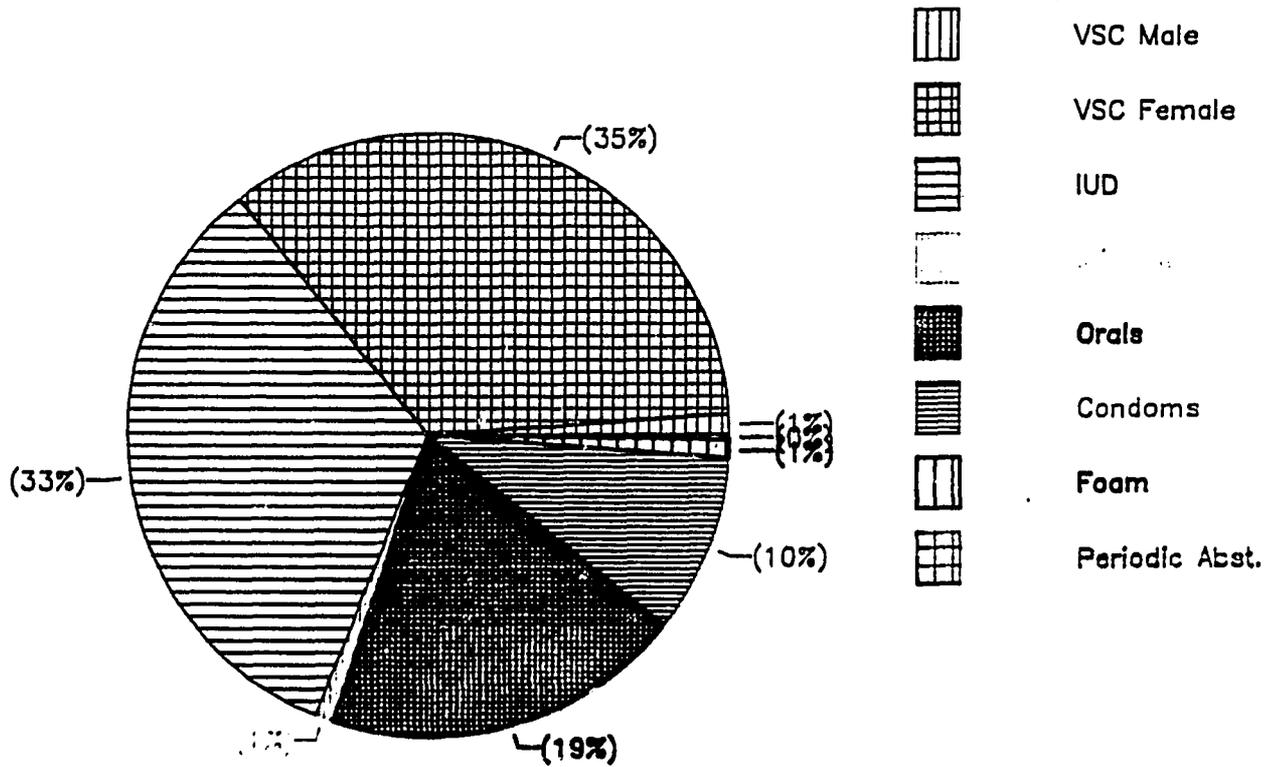
SUB-PROJECTS FAMILY PLANNING PROGRAMS METHODS	NEW ACCEPTORS							1988 AS PERCENT OF 1987		CYP						1988 AS PERCENT OF 1987		
	1984	1987					1988	1986	1987	1988						1988	1988	
	JAN-DEC	JAN-DEC	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	JAN-DEC	JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987	1987	1988	
1. INTENSIVE PROGRAM AREAS																		
VSC Male		8	20	11	3	5	39		100	250	138	38	63	489				
VSC Female		374	510	306	102	133	1,051		4,675	6,375	3,825	1,275	1,663	13,138				
IUD		1,135	1,166	1,085	956	1,036	4,243		2,143	3,288	2,345	2,438	3,030	11,101				
Injectables		326	297	274	246	288	1,099		98	90	128	122	146	486				
Orals		8,951	8,907	8,162	10,259	15,120	42,448		2,979	3,114	2,696	3,628	5,119	14,557				
Condoms		8,712	9,062	9,202	8,832	12,994	40,090		1,048	1,222	1,634	1,748	2,565	7,169				
Other*		767	986	285	209	396	1,876		268	351	244	154	297	1,156				
Sub-total		20,273	20,948	19,325	20,601	29,972	90,846		11,311	14,890	11,010	9,403	12,793	48,076				6565,745
2. FP CENTERS																		
VSC Male		10	9	8	9	11	37		125	113	100	113	138	464				
VSC Female		75	54	76	91	109	330		938	675	950	1,138	1,363	4,126				
IUD		522	827	726	723	746	3,022		1,335	2,028	2,128	2,263	2,680	9,099				
Injectables		82	177	122	92	199	590		48	101	113	100	152	474				
Orals		1,486	1,921	1,374	1,154	2,449	6,898		974	1,151	1,128	723	1,025	4,027				
Condoms		669	1,483	9,593	419	682	12,179		156	351	910	659	895	2,815				
Other*		128	126	29	45	67	267		70	62	26	100	60	248				
Sub-total		2,972	4,599	11,928	2,533	4,263	23,323		3,646	4,481	5,355	5,104	6,313	21,233				137,772
3. INSTITUTIONAL SUPPORT																		
VSC Male		26	10	25	4	30	69		325	125	313	50	375	863				
VSC Female		691	633	492	492	1,439	3,056		8,638	7,913	6,150	6,150	17,988	38,201				
IUD		3,292	3,158	3,295	1,166	4,745	12,364		8,230	6,765	7,865	2,778	11,203	28,611				
Injectables		496	297	391	754	1,055	2,499		82	42	41	28	112	223				
Orals		4,679	5,394	5,862	2,694	10,699	24,649		874	734	632	587	2,756	4,710				
Condoms		5,043	4,023	5,730	2,060	11,947	23,740		286	200	378	455	1,611	2,644				
Other*		385	803	70	141	1,014	2,313		120	280	76	100	356	836				
Sub-total		14,812	14,320	15,795	7,240	30,056	67,411		18,555	16,059	15,456	10,048	34,045	75,608				129,644
4. RURAL ACTIVATION																		
VSC Male		1	1	5	6	2	14		13	13	63	75	25	176				
VSC Female		133	26	107	131	101	365		1,663	325	1,338	1,638	1,263	4,564				
IUD		168	52	345	288	533	1,218		688	1,035	2,138	993	4,628	8,796				
Injectables		170	134	223	281	307	1,025		46	48	80	83	133	344				
Orals		1,946	1,810	3,129	2,323	4,213	11,425		1,242	1,313	1,802	1,417	5,029	9,561				
Condoms		878	1,755	1,253	2,103	5,661	10,772		221	311	536	618	1,069	2,534				
Other*		70	86	15	182	380	663		50	349	13	10	92	464				
Sub-total		3,366	3,864	5,077	5,314	11,277	25,532		3,923	3,394	5,990	4,836	12,239	26,459				117,164
5. MALE & SPECIAL PROGRAMS																		
VSC Male		4		1			1		50		13			13				
VSC Female		20					0		250					0				
IUD		66		3	2	4	9		103		8	3	10	21				
Injectables		10		5	1	1	7		2		4			4				
Orals		112	113	117	279	167	676		18	248	382	49	128	807				
Condoms		1,133	896	2,388	2,369	3,316	8,969		63	132	365	250	607	1,349				
Other*		31	16	9		4	29		17	3	7		7	17				
Sub-total		1,376	1,025	2,523	2,651	3,492	9,691		503	383	779	302	747	2,211				59,572
SERVICE SUB-TOTAL		42,799	44,756	54,648	38,339	79,060	216,803	143.22	101,764	162,362	39,207	38,590	29,693	66,137	173,627	106.92	672,425	1,009,917
6. OTHER SERVICE SUB-PROJ	111,035	108,640							101,764	124,424								
SERVICE SUBPROJECTS TOTAL	111,035	151,439	44,756	54,648	38,339	79,060	216,803	143.22	101,764	162,362	39,207	38,590	29,693	66,137	173,627	106.92	672,425	1,009,917
OTHER EXPENSES																		
Supplies																	214,168	151,634
Equipment																	184,101	14,940
Indirect Expenses																	129,490	172,326
PROJECT EXPENSES TOTAL																		
Less Local Income																		
																	1,200,184	1,582,556
																	23,365	42,236
MATCHING GRANT EXP. TOTAL																	11,176,619	11,337,950

* Other, includes foam, and periodic abstinence.

1) - MEXFAM / IPPF - WHR, MG PROJECT
 216,803 CLINICAL AND CDB NEW ACCEPTORS BY METHOD - 1988



173,627 CLINICAL AND CBD COUPLE-YEARS OF PROTECTION (C Y P) -



a) Analysis of 1988 Achievements

The number of new acceptors remained virtually the same in 1988, but there were strong gains in CYP, reflecting the extension of the program to more Red Cross clinics and the provision of more contraceptives (especially IUDs) per clinic. Modifications in the scheduling of return visits reduced waiting time in the clinics, and increased productivity. Consequently, APROFA decreased its cost per new acceptor dramatically, from \$15.34 in 1987 to \$11.33 in 1988. Its cost per CYP fell even more sharply: from \$9.39 in 1987 to \$4.65 in 1988.

Total MG expenditures in Chile declined substantially in 1988, largely because there were adequate stocks of clinical equipment and supplies left from 1987.

Table VII and Figure 7 bear the traditional marks of family planning in Chile: strong reliance on the IUD, which accounts for 55% of new acceptors and 82% of CYP. So popular is the IUD in Chile that it yields more CYP than in other countries: APROFA studies have shown that mean IUD retention in Chile is approximately 3 years per acceptor (as opposed to the 2.5 years resulting from similar studies in Colombia) so the CYP conversion factor for IUDs in Chile is 3.0.

APROFA surpassed its own 1988 targets for new acceptors, medical consultations, and the number of clients actively practicing family planning. Moreover, it reported an extremely low drop-out rate from the Red Cross clinics. From the numbers, and from visits by MG staff, this APROFA/Red Cross joint venture looks like a popular, high-quality, and well-administered program whose cost-effectiveness is steadily increasing.

During the year the program was extended to four more Red Cross clinics (of the many that are waiting to participate), bringing the total to 44 clinics.

The very fact that there is such demand from the Red Cross, a highly effective and well-regarded institution in Chile, is itself an achievement. This collaborative program does not just bring fp to the poor populations served by the Red Cross, but also attracts many more people than would normally take advantage of Red Cross services. In short, this program continues to be an almost perfect marriage between an FPA that wants to extend its services but does not have the necessary infrastructure, and another PVO that has a wonderful infrastructure but lacks the one well-trained staff member (the nurse-midwife) and the supporting services that the FPA can provide.

b) Problems, and Recommended Solutions

At the start of 1988, the APROFA/Red Cross program was still growing in size, but its ability to serve new clients was shrinking because of pressures created by follow-up visits. These visits had been scheduled more frequently than was necessary from a strictly medical point of view, with the result that the clinics were becoming "clogged" with follow-up visits, and were beginning to turn away new clients. By the start of the second quarter, this problem was averted by adoption of more reasonable schedules for follow-up visits, and by other administrative changes.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC

MATCHING GRANT SERVICE STATISTICS / JANUARY - DECEMBER, 1988

CHILE / APROFA

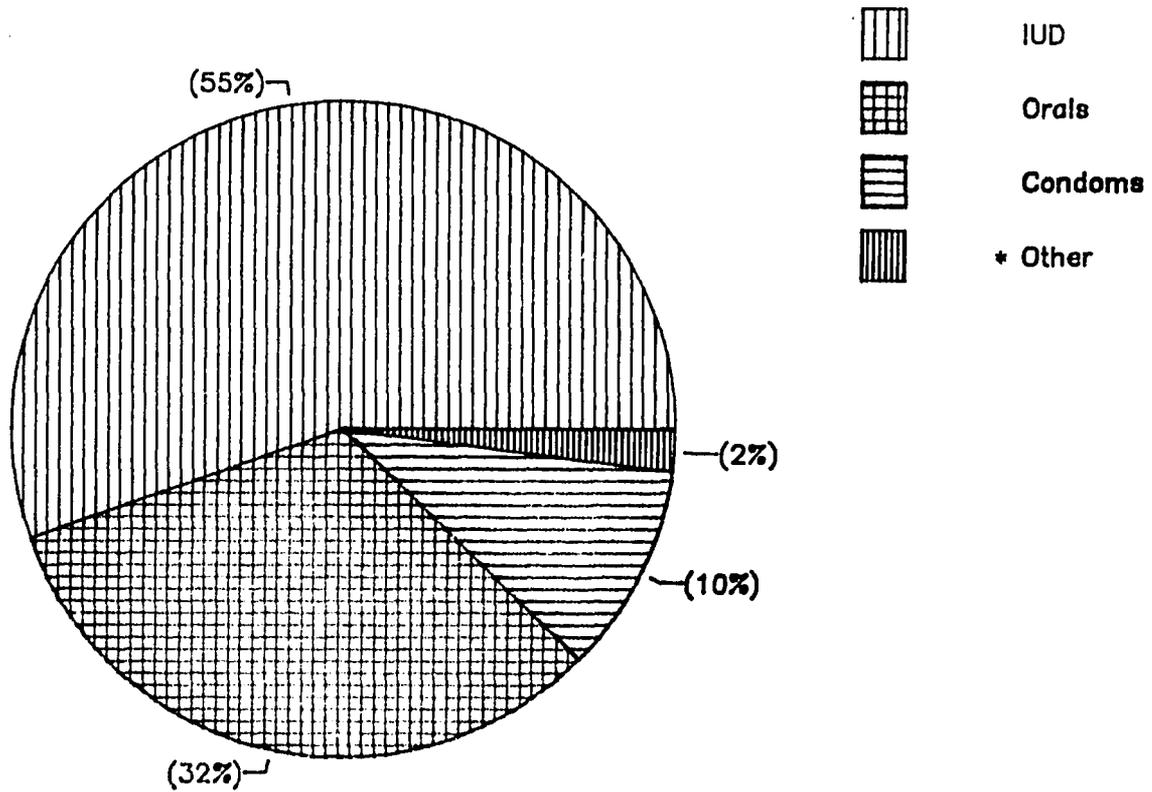
TABLE VII. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP), & EXPENDITURES

SUB-PROJECTS :	NEW ACCEPTORS							1988 AS :		C Y P					1988 AS :			EXPENDITURE	
	1986	1987	1988					PERCENT :	1986	1988	1988					PERCENT :	IN \$ US		
METHODS	MAR-DEC	JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987 :	MAR-DEC	JAN-DE	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987 :	1987	1988	
I. EXPANSION & SERVICES																			
IN 43 RED CROSS CLINICS																			
IUD		7,705	2,012	2,619	2,351	2,699	9,681	125.62 :		25,032	8,264	10,863	8,109	9,717	34,953				
Orals		6,880	901	1,960	1,668	1,088	5,617	81.62 :		2,997	835	1,792	1,013	1,077	4,716				
Condoms		2,398	690	404	206	507	1,807	75.42 :		274	101	117	114	130	462				
Other*		502	54	157	88	60	359	71.52 :		254	329	737	1,175	169	2,411				
SERVICE SUBPROJECTS TOTAL :	2,406 :	17,485 :	3,657 :	5,140 :	4,313 :	4,354 :	17,464 :	99.92 :	7,462 :	28,557 :	7,529 :	13,509 :	10,411 :	11,093 :	42,542 :	149.02 :	\$193,522 :	\$172,700 :	
OTHER EXPENSES																			
Supplies																		40,625 :	
Equipment																		0 :	
Indirect Expenses																		34,102 :	
PROJECT EXPENSES TOTAL :																		268,248 :	
Less Local Income																		0 :	
MATCHING GRANT TOTAL :																		\$268,248 :	

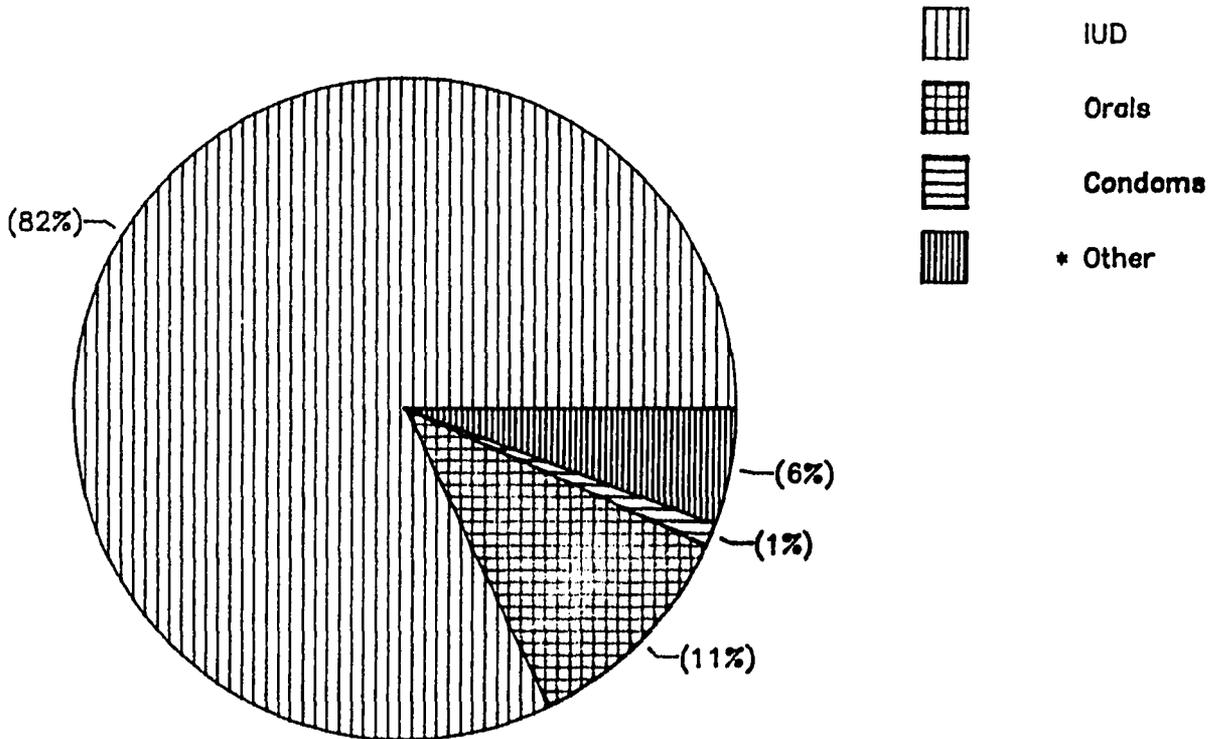
* Other, includes: diaphragm, foam, jelly & foaming tablets.

† 1986 support to the Red Cross began with seven Clinics.

CHILE - A / IPPF - WHR, MG PROJECT
 17,464 CLINICAL NEW ACCEPTORS BY METHOD - 1988



42,542 COUPLE-YEARS OF PROTECTION BY METHOD - 1988



* Other: diaphragm, foam, jelly & neo-sampoon.

a) Analysis of 1988 Achievements

During 1988 APROFAM trained 12 doctors, 3 nurses, and 6 social workers. The doctors, five from Brazil, two from Panama, and one each from the Dominican Republic, Ecuador, Mexico, Peru, and Uruguay, were trained in the three leading methods of voluntary surgical sterilization (Laparoscopy, Vasectomy, and Mini-laparotomy).

The 3 nurses, from Brazil, Panama, and Peru, were trained in the preparatory, operating room, and recovery aspects of nursing care needed by VSC patients.

The 6 social workers, 2 from Panama and one each from Brazil, the Dominican Republic, Mexico, and Peru, were trained in educational and counselling aspects of VSC programs.

For the 15-month period from October, 1987 through December, 1988, APROFAM had proposed to train 12 doctors, 11 nurses, and 10 social workers. It was hoped that other FPAs would send complete teams for training, including members of each profession. In practice, it turned out to be much easier to attract qualified doctors (13) than nurses (3) or social workers (6). Given the shortfall in the latter two categories, total expenditures for the 15-month period (including training, travel, and per diem) were about \$20,000 lower than projected. Total costs per trainee came to about \$2700, including travel and per diem.

The supervisors of those trained received copies of a detailed training evaluation, together with APROFAM's opinion as to whether the trainee had mastered the necessary skills. The trainees are also contacted at regular intervals to find out how they are using their training.

A revised Procedures Manual for Laparoscopy and Minilaparotomy is being drafted, and will be distributed to other FPAs when ready. A film is also being produced about the three VSC techniques, for possible distribution to other FPAs.

b) Problems, and Recommended Solutions

The only apparent problem has been the relative lack of qualified candidates to fill the nurse and social worker categories. During 1989, APROFAM intends to contact the other FPAs again to remind them of this opportunity.

During 1989, MG staff will assist APROFAM in evaluating the training project and the current activities of the trainees.

a) Analysis of 1988 Achievements

Table VIII tells the brief story of a CBD project that never got off the ground, apparently because the project area was poorly selected. Service delivery began April 1st, but limped along at very low levels until JFPA acknowledged the failure, in October, and suggested that the project be suspended at the end of 1988.

In terms of fp services, the net result was 1811 new acceptors, recruited by local volunteers at the relatively high cost of \$11.38 per acceptor, and sale of contraceptives resulting in only 431 CYP (at a rate of \$47.81 per CYP). More to the point, both we and the JFPA have learned a lesson, and will examine the local demand for fp, and alternative sources of supply, more closely before embarking on another project.

A convincing description of what went wrong is offered by Stanley Smith, the Project Coordinator for JFPA, in his final report:

"The recruitment of acceptors and sale of contraceptives started off very slowly and especially in the Parish of Trelawny, remained low throughout the life of the project...In an effort to resolve the situation, measures were instituted, among them, lowering the cost of contraceptives and increasing the incentive to the volunteers. Despite these measures, figures remained way below projections and it became evident that the project would not be a success...Factors in my opinion which contributed to the project not being a success are:-

1. The existence of Government Health Centres providing family planning services in near proximity to most districts. Oral contraceptives are distributed at a low cost and condoms free of cost.
2. The limitation of the brands of oral contraceptives to Lo Femenal, not offering acceptors a choice.
3. The preference of some persons to seek family planning services outside of their districts even at greater cost to preserve privacy."

The CBD volunteers are credited with having referred 20 new acceptors to the JFPA clinic, where they received the following clinical methods:

Tubal Ligation	12
IUD	4
Injectables	4

INTERNATIONAL PLANNED PARENTHOOD FEDERATION, WESTERN HEMISPHERE REGION, INC

MATCHING GRANT SERVICE STATISTICS / APRIL - DECEMBER, 1988

JAMAICA / JFPA *

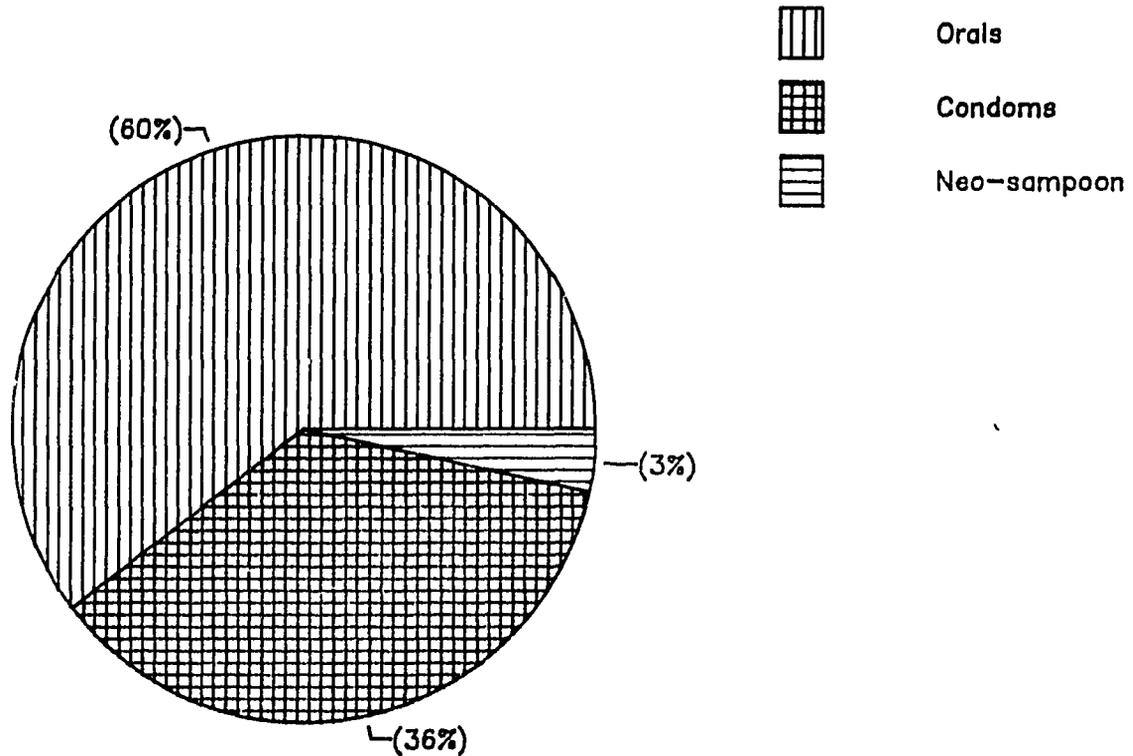
TABLE VIII. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP), & EXPENDITURES

SUB-PROJECTS FAMILY PLANNING PROGRAMS METHODS	NEW ACCEPTORS 1988					C Y P 1988					EXPENDITURES IN \$ US
	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	JAN-DEC 88
1. CBD PROGRAM											
Orals		397	410	287	1,094		49	100	211	359	
Condoms		242	252	160	654		15	28	16	59	
Neo-saapoon		37	22	4	63		7	4	1	13	
Sub-total		676	684	451	1,811		71	132	228	431	\$18,158
SERVICE SUBPROJECTS TOTAL		676	684	451	1,811		71	132	228	431	\$18,158
OTHER EXPENSES											
Supplies											\$104
Equipment											
Indirect Expenses											\$2,674
PROJECT EXPENSES TOTAL											\$20,936
Less Local Income											\$330
MATCHING GRANT TOTAL											\$20,605

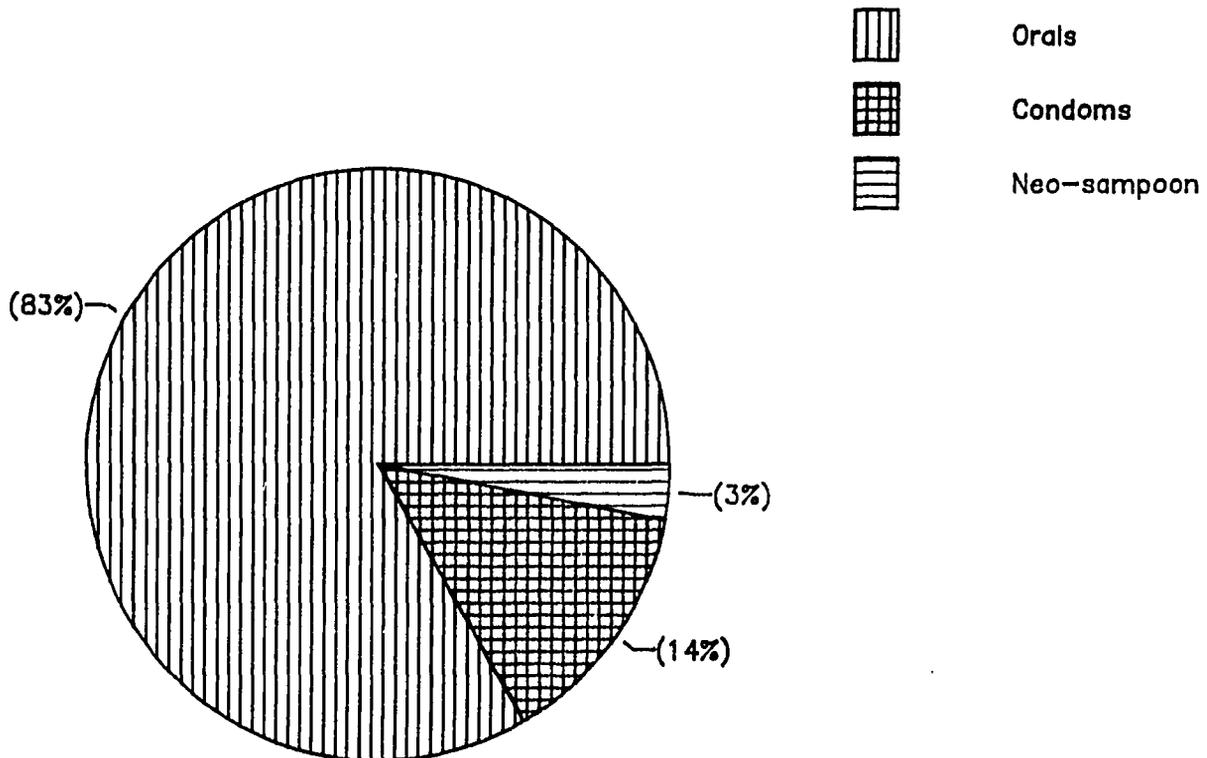
* Matching Grant support to JFPA started in April 1988 and ended in December of the same year.

JAMAICA - JFPA / IPPF - WHR, MG PROJECT

1,811 CBD NEW ACCEPTORS BY METHOD - 1988



431 CBD COUPLE-YEARS OF PROTECTION BY METHOD - 1988



a) Analysis of 1988 Achievements

In terms of service delivery, Table IX shows that the cost effectiveness of MG projects in Peru fell slightly in 1988. Total expenditures rose by more than \$50,000, partly because of heavy investments in medical and audiovisual equipment, while CYP declined by about 11%.

The CBD programs in the interior of Peru and the Patres Clinic in Lima all did well in 1988, with CYP increases of 15% and 9% respectively, but the 1987 total remained higher. As Table IX shows, that was because the 1987 total included acceptors from a CBD program in Lima, which had partial MG support that year. The Lima CBD program continued in 1988, but with IPPF and Pathfinder funding, so its many acceptors are not shown in the 1988 MG total.

Service delivery during the first quarter was limited by doubts about which programs would eventually win AID approval, and by INPPARES efforts to hold expenditures to a minimum in the meantime. After retroactive AID approval was granted in March, 1988, the 6th month of a 15-month sub-grant period, performance improved considerably.

The method mix shown in Figure IX is well-balanced for the conditions of Peru, with long-lasting methods providing 65% of the CYP. VSC is now being offered in the Patres clinic, and will gradually be extended to other INPPARES clinics that are well equipped.

b) Problems, and Recommended Solutions

INPPARES works in an extremely challenging national environment, where economic and political crises make even routine steps difficult or dangerous. On top of that, the family planning environment is unusually complex, with many other PVOs vying for AID funding under a project managed by The Pathfinder Fund. This situation, plus some administrative confusion in Chiclayo, hindered INPPARES in 1987, but these problems appear to have been overcome in 1988. According to a new population strategy adopted by the AID Mission in Peru, the stage is set for a healthy consolidation of family planning PVOs later this year.

In response to the same new AID strategy, INPPARES will be devoting more attention to urban demand for long-lasting methods of contraception in 1989, including VSC in its Lima clinic. As Table IX shows, there were substantial increases in CYP derived from IUDs and injectables during 1988, whereas CYP from orals and condoms declined, so it seems that INPPARES was already heading in the same direction.

MATCHING GRANT SERVICE STATISTICS / JANUARY - DECEMBER, 1988

PERU / INPPARES

TABLE IX. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE YEARS OF PROTECTION (CYP), & EXPENDITURES

SUB-PROJECTS FAMILY PLANNING PROGRAMS METHODS	NEW ACCEPTORS								1988 ASI PERCENT OF 1987	C Y P								1988 ASI EXPENDITURES IN \$ US		
	* 1986		1987		1988					* 1986		1987		1988				1987	1988	
	APR-DEC	JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	APR-DEC		JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987				
1. CBD PROGRAMS																				
IUD		7,129	1,399	2,909	2,022	2,532	8,862	124.3%		18,023	3,498	7,493	5,118	6,335	22,443	124.5%				
Injectables		110	43	76	48	69	236	214.5%		34	15	20	15	33	82	240.5%				
Orals		17,941	2,393	5,312	5,703	6,986	20,384	113.6%		6,742	955	2,245	1,255	1,846	6,223	92.3%				
Condoms		19,588	3,921	5,415	2,749	4,901	16,986	86.7%		8,329	2,714	2,862	1,265	1,138	7,979	95.8%				
* Other		2,710	1,473	1,453	2,233	2,833	7,992	294.9%		857	617	570	518	617	2,322	270.9%				
Sub-total	23,338	47,478	9,219	15,165	12,755	17,321	54,450	114.7%	22,021	33,985	7,709	13,190	8,180	9,959	39,049	114.9%	\$124,475	\$153,697		
PATRES CLINIC																				
IUD		3,178	932	917	1,051	1,053	3,953	124.4%		8,900	2,538	2,293	2,627	2,633	10,090	113.4%				
Injectables		29	20	12	14	16	62	213.8%		9	14	3	8	4	29	316.7%				
Orals		1,712	158	170	179	252	759	44.3%		694	65	64	107	95	330	47.6%				
Condoms		837	213	160	128	140	641	76.6%		179	40	30	43	41	154	55.1%				
* Other		158	94	75	62	118	349	220.9%		76	48	35	30	42	155	203.7%				
Sub-total	1,905	5,914	1,417	1,334	1,434	1,579	5,764	97.5%	6,028	9,858	2,703	2,425	2,815	2,815	10,756	109.1%	28,657	29,741		
PROGRAMS 1 & 2) SUB-TOTAL		53,392	10,636	16,499	14,189	18,900	60,224	112.8%		43,843	10,412	15,615	10,995	12,784	49,635	113.6%				183,438
* CBD PROGRAM IN LIMA *		* 8,605								*12,060										15,000
SERVICE SUBPROJECTS TOTAL	25,243	61,998	10,636	16,499	14,189	18,900	60,224	97.1%	28,049	55,903	10,412	15,615	10,995	12,784	49,635	89.1%	166,132	183,438		
OTHER EXPENSES																				
Supplies																				
Equipment																			14,863	44,891
Indirect Expenses																			20,865	25,768
PROJECT EXPENSES TOTAL																				203,620
Less Local Income																				15,000
MATCHING GRANT TOTAL																				\$188,620

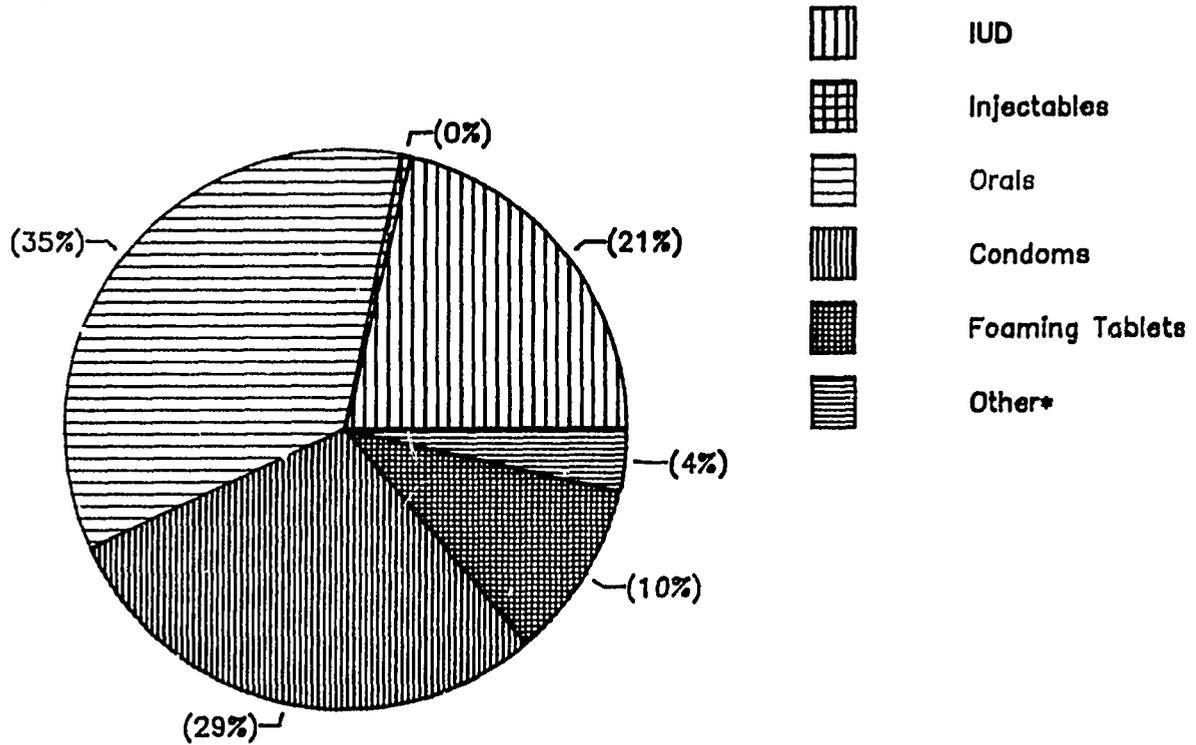
* Other, includes: foam, foaming tablets and natural methods.

Sub-project # 1. CBD expansion programs include the cities of Arequipa, Juliaca, Tacna, Chiclayo, Tumbes & Iquitos.

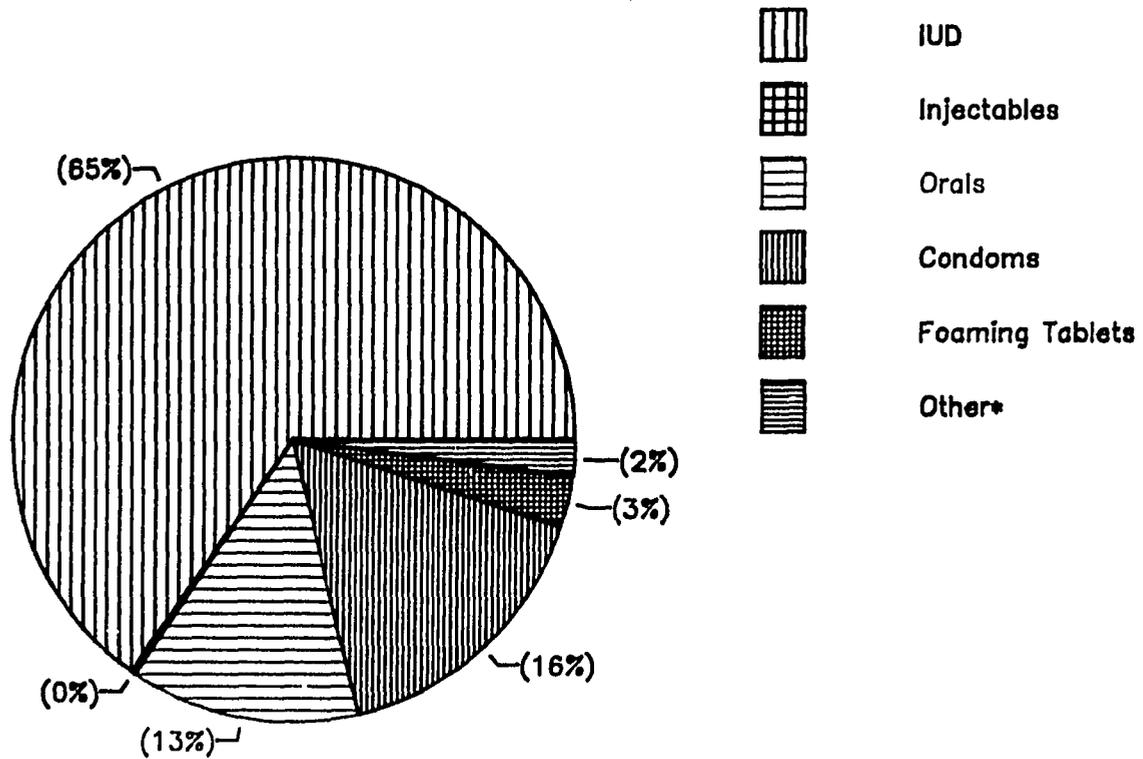
* Sub-project # 3. CBD Program in Lima had Matching Grant support for part of 1987 and continued in 1988 with IPPF and The Pathfinder support.

* 1986 Service Sub-projects started in April of 1986. The CBD Sub-project included only the cities of Arequipa, Chiclayo & Iquitos

ERU - / M. NG GRANT PROJECT
 60,224 CBD & CLINICAL NEW ACCEPTORS BY METHOD- 1988



49,806 COUPLE-YEARS OF PROTECTION (CYP) BY METHOD - 1988



* Other: foam & coitus interruptus.

a) Analysis of 1988 Achievements

The number of new acceptors in the two FPATT clinics remained virtually unchanged, but there was a tremendous increase of CYP during 1988. This 308% increase resulted mainly from the Association's donation of 429,179 cycles of orals and 3,220,300 condoms for use in the government program. The 1988 CYP figures must be regarded as tentative, however, because FPATT is still waiting for government reports about distribution of the donated contraceptives to users. In the meantime, the CYP equivalents of the amounts donated have been used, given that there is heavy demand for these free contraceptives in the government clinics, where understocking rather than overstocking is the rule.

The method mix for CYP, shown in Figure X, is also not very different from the method mix for CYP, because the large-scale distribution of orals and condoms through the government program compensates for the higher CYP factors of long-lasting methods being used in the FPATT clinics.

The Association has long been limited by the need to squeeze its administrative offices into the site of its crowded and aging Port of Spain clinic. During 1988, work finally began to completely renovate the clinic, and the FPATT administrative staff will move to rented offices a block away in March, 1989. The result should be a more spacious and efficient clinic, and a more effective administration.

FPATT remains the regional champion of local fund-raising. As Table shows, MG contributions in 1988 were more than matched by local income.

b) Problems, and Recommended Solutions

Hopes for a revitalized National Family Planning Programme (NFPP) under the new government have steadily faded during the last 2 years, as the depth of the nation's recession has become more evident. Trinidad and Tobago is now entering its 7th year of declining GNP, with no relief in sight. Per Capita GNP, estimated by the FPA to be roughly \$3000, is less than half of what it was in the early 1980's. The government faces a long period of budget austerity (salaries of all civil servants were recently cut by 10%), and the NFPP will suffer with all the rest.

This has direct financial implications for FPATT, which in recent years has received an annual government grant of TT \$300,000 (\$70,588, at the current exchange rate) - roughly 10% of its 1989 budget. The government paid less than half of this pledge in 1988, and has already warned FPATT not to expect full payment in 1989.

Meanwhile, the final results of the 1987 FPATT/Westinghouse Demographic and Health Survey (DHS) are now available, and they raise serious questions. The DHS reveals surprisingly low current contraceptive prevalence (52.7%), even lower use of modern methods (44.4%), and very low use of sterilization (8.4%).

These are not the numbers one would expect from an "oil-rich" country with relatively high rates of literacy and a "National Family Planning Programme". Rather, they confirm that Trinidad and Tobago is no longer "oil-rich", if it ever was, and that the NFPP has had almost no impact on contraceptive prevalence since the World Fertility Study of 1977 (which found prevalence to be 52%).

The conclusion is hard to escape: Trinidad and Tobago is a country without an effective fp program. FPATT plays a strong complementary role, but the public and commercial sectors the FPA is trying to complement are reaching far fewer people than they should.

To put it in MG terms, the Real Cost of Contraception has remained high in Trinidad and Tobago, during a period when real incomes have been steadily falling. That unfortunate combination is more than enough to explain the stagnation of contraceptive prevalence from 1977 to 1987.

In a declining economy, the commercial sector could only improve its performance by making substantial price cuts. Save for the FPATT/SOMARC "Panther" condom project, soon to begin, there are no current efforts in that direction.

The only organization that is free of political and commercial limitations, and could take the initiative to expand and improve fp is FPATT. To do so the FPA would have to abandon its long-standing "complementary" role, and recognize that it has become, by default, the natural leader of fp in Trinidad and Tobago. That would imply a major expansion of FPATT service activities (e.g. "adopting" some health centers, social marketing of pills, opening additional FPA "mini-clinics", heavier use of private MDs), together with more effective promotion of FPA and government services.

If FPATT is to take on major new tasks without a costly expansion of salaried staff, it must increase the productivity of current staff. A fast transition to modern MIS could help, and could be facilitated by decentralized access to computers. FPATT currently has 4 computers (two IBM PCs, one IBM AT, and Compaq portable) but has requested 7 more AT-compatibles to allow a rapid and complete transition to modern MIS in all major departments. We will soon analyze this request and then submit a proposal to AID for possible funding under the MIS item or the commodities item of the MG.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC.

MATCHING GRANT SERVICE STATISTICS / JANUARY - DECEMBER, 1988

TRINIDAD & TOBAGO / FPATT

TABLE X. NEW ACCEPTORS OF FAMILY PLANNING, DOUBLE YEARS OF PROTECTION (CYP), & EXPENDITURES

PROJECTS : \$	NEW ACCEPTORS								C Y P								EXPENDITURE				
	1986		1987		1988		PERCENT	1986		1987		1988		PERCENT	1987	1988					
METHODS	APR-DEC	JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987	APR-DEC	JAN-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	TOTAL	OF 1987	1987	1988			
EXPANSION OF SERVICES																					
VSC Male		50	8	20	7	6	41	82.0%		626	100	250	88	75	513	81.9%					
VSC Female	375	491	137	93	151	156	537	109.4%	4,689	6,138	1,713	1,163	1,887	1,950	6,713	109.4%					
IUD		271	86	51	89	68	294	108.5%		4,803	963	1,305	868	933	4,069	84.7%					
Injectables		65	23	25	23	17	89	135.4%		290	116	121	128	158	523	180.3%					
Orals		1,504	516	464	461	378	1,819	120.9%		3,286	1,969	1,191	9,977	23,301	36,438	1,108.9%					
Condoms		2,357	790	533	724	891	2,938	124.6%		11,526	6,416	16,445	1,756	13,481	38,098	330.5%					
Other ⁶	331	1,579	46	142	292	60	540	34.2%	1,723	1,685	155	169	399	355	1,078	64.0%					
DOUBLE SUBPROJECTS TOTAL:	706	6,317	1,606	1,328	1,747	1,576	6,257	99.1%	6,411	28,354	11,432	20,644	15,103	40,253	87,432	308.4%	\$335,070	\$239,			
EXPENSES																					
Direct Expenses																		13,267	13,1		
PROJECT EXPENSES TOTAL:																					
Local Income																			349,346	252,7	
MATCHING GRANT TOTAL:																					
																				\$101,712	\$100,

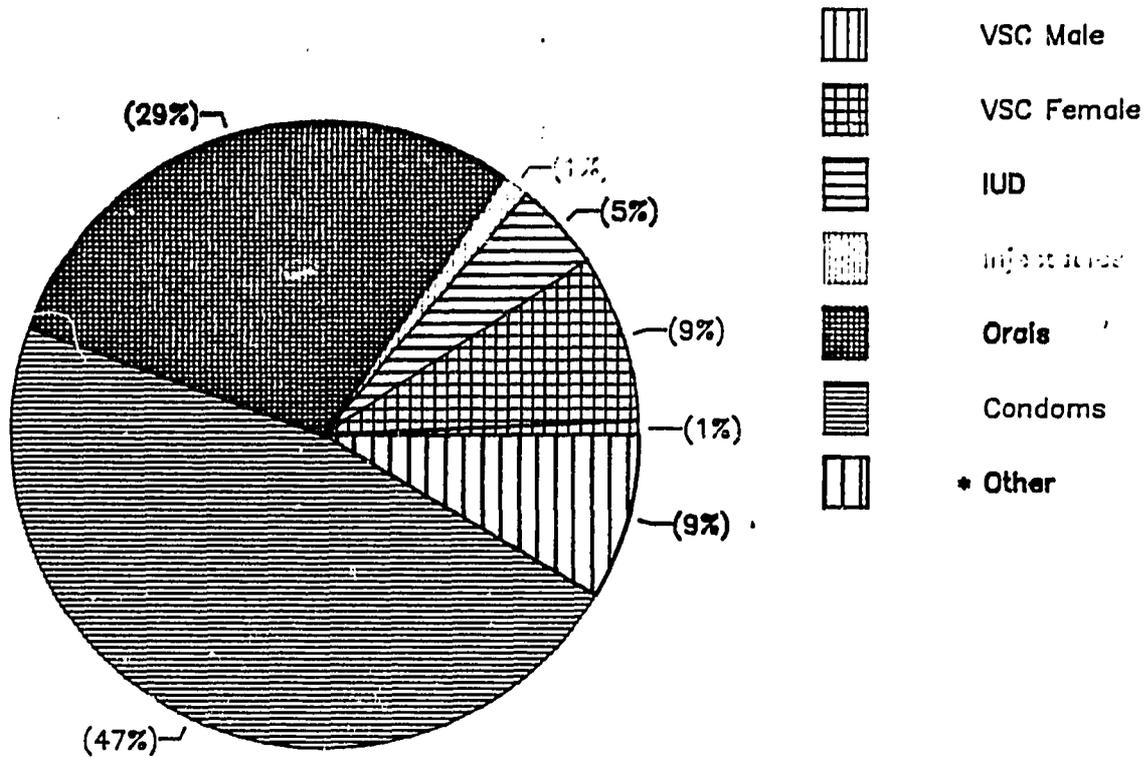
⁶ Other, includes diaphragm, foam, jelly & neo-saapoon.

⁶ Service expansion of Other methods started from October through December.

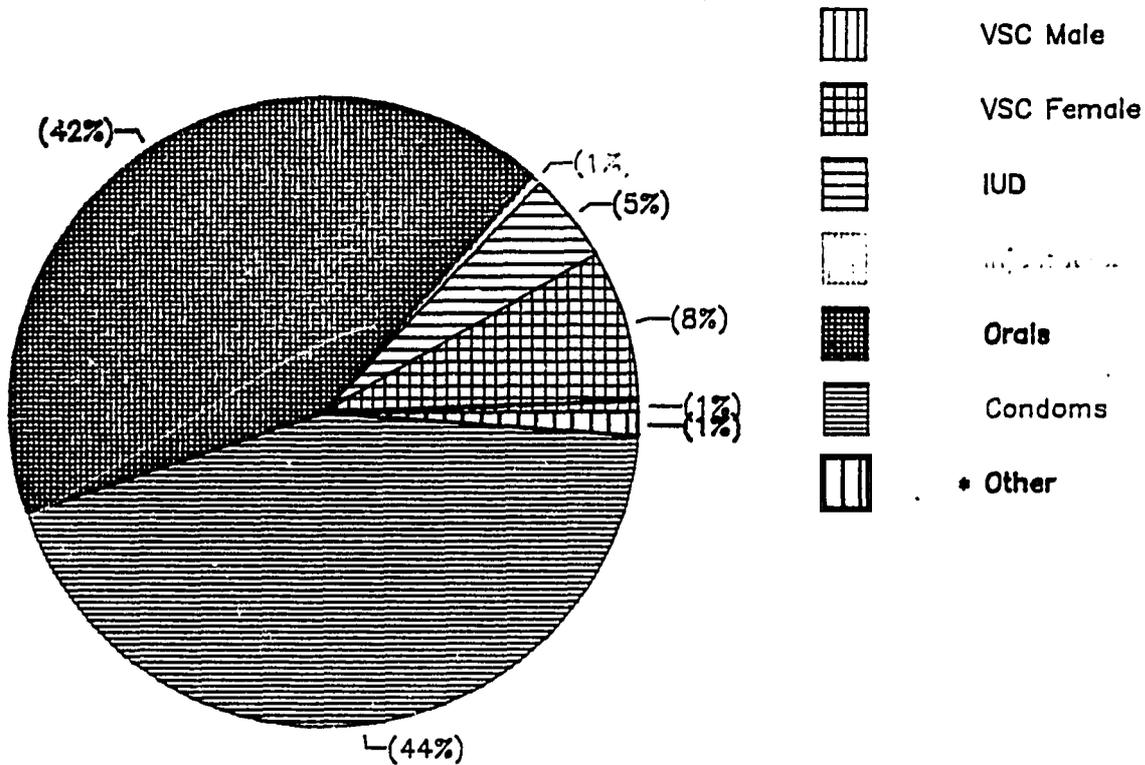
nd

, MG

6,257 CLINICAL AND CDB NEW ACCEPTORS BY METHOD - 1988



87,432 COUPLE-YEARS OF PROTECTION (C Y P) - 1988



* Other: diaphragm, foam, jelly & neo-sampoon.

a) Analysis of 1988 Achievements

Tables I and II show substantial progress in Uruguay, with more acceptors of every method but orals, and healthy CYP increases across the board. Total MG expenditures rose by about \$16,000, so cost per new acceptor also rose (from \$3.83 in 1987 to \$4.21 in 1988), but cost per CYP declined slightly (from \$2.68 in 1987 to \$2.59 in 1988).

Figure XI shows that 58% of CYP were contributed by long-lasting methods. Table XI indicates that both sub-projects in Uruguay did well: the Integrated Services project with Ministry of Health doctors in the interior of the country attracted the same number of new acceptors as in 1987, but gained 12.4% in CYP through increased distribution of contraceptives. The mobile team serving the slums around Montevideo gained 27% in new acceptors and 52% in CYP.

A study of sterilizations in Montevideo revealed an average age of 37.1 years, so AUPFIRH now uses 45 - 37.1, or 7.9 as its conversion factor for female sterilization in computing CYP.

Quarterly reports from Uruguay are now produced by microcomputer, the first obvious effect of the MIS hardware, software, and training AUPFIRH has received with MG support. In fact, much more progress was made in 1988 thanks to a visit by Xavier Gonzalez of MEXFAM, who helped the FPA to develop a comprehensive plan of MIS development in accounting, telecommunications, and statistical analysis. TECAPRO consultants also visited AUPFIRH to help install the accounting software and train FPA staff in its use.

After a visit to MEXFAM, key staff members of AUPFIRH are working on a local adaptation of the Community Doctors program, involving recently-graduated gynecologists.

b) Problems, and Recommended Solutions

One problem limiting the choice of methods available to acceptors in Uruguay is identified in the latest report from AUPFIRH:

"...The Association, at the central level, does not perform sterilizations, and nowhere in Uruguay is there a sufficient number (of VSC cases) or the logistical support to train doctors from the interior."

The FPA is now exploring the possibility of overseas training for 5 or 6 Ministry of Health doctors who could provide VSC through the Integrated Services project, and thereby establish a precedent that the FPA could follow in its own facilities.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION - WESTERN HEMISPHERE REGION, INC.

MATCHING GRANT SERVICE STATISTICS / JANUARY - DECEMBER, 1988

UAY / AUPFIRH

TABLE XI NEW ACCEPTORS OF FAMILY PLANNING, COUPLE YEARS OF PROTECTION (CYP), & EXPENDITURES

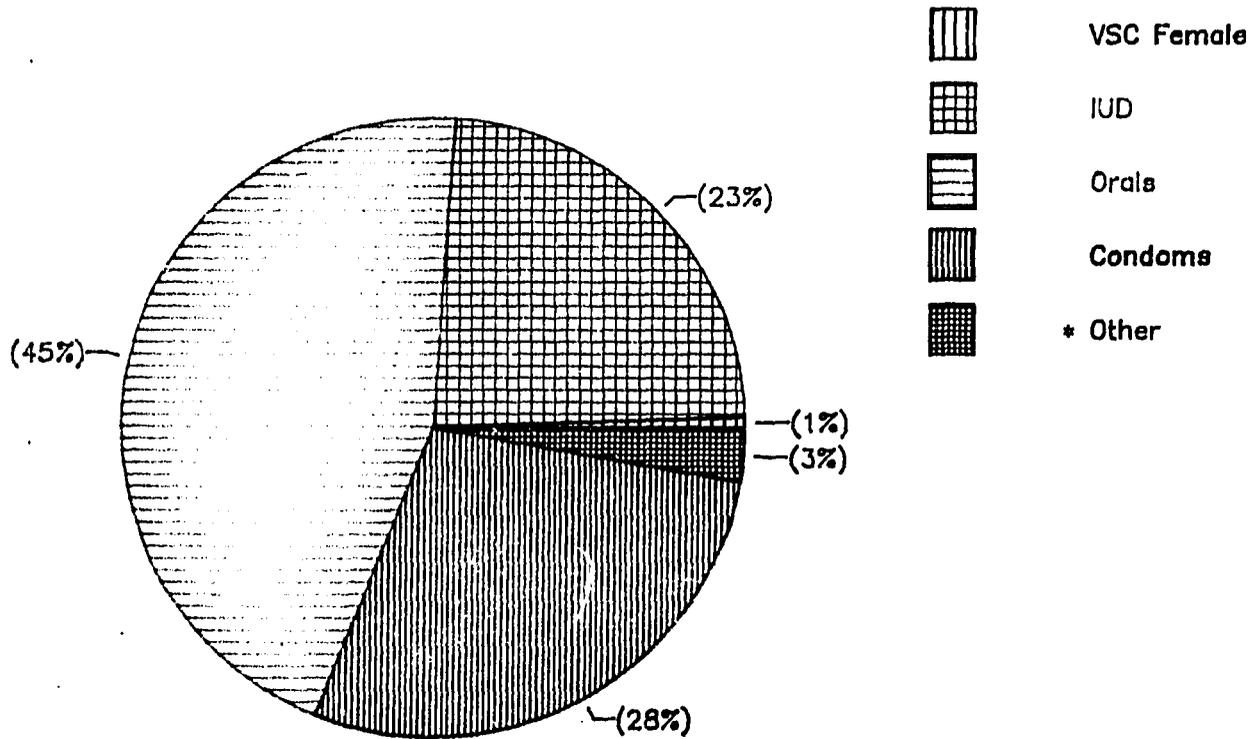
PROJECTS PLANNING PROGRAMS ODS	NEW ACCEPTORS							1988 AS PERCENT OF 1987	C Y P							1988 AS PERCENT OF 1987	EXPENDITURES IN \$ US		
	1986 MAR-DEC	1987 JAN-DEC	JAN-MAR	APRIL-JU	JUL-SEP	OCT-DEC	1988 TOTAL		1986 MAR-DEC	1987 JAN-DEC	JAN-MAR	APRIL-JU	JUL-SEP	OCT-DEC	1988 TOTAL		1987	1988	
ED SERVICES																			
Female		87	7	33	32	62	134	154.0%		1,088	55	261	253	490	1,059	97.4%			
s		4,435	910	952	1,241	1,145	4,248	95.8%		15,365	3,843	4,393	4,570	4,095	16,901	110.0%			
is		6,409	1,350	1,457	1,346	1,545	5,698	88.9%		4,848	1,626	1,239	1,067	1,646	5,578	115.1%			
er		3,415	1,112	971	1,088	920	4,091	119.8%		805	279	204	270	371	1,124	139.6%			
		30	24	7	55	155	241	803.3%			8	2	100	90	200	ERROR			
Sub-total	9,150	14,376	3,403	3,420	3,762	3,827	14,412	100.3%	13,919	22,105	5,811	6,098	6,260	6,692	24,861	112.5%	\$42,655	\$55,674	
INAL AREAS																			
Female		0					0								0				
s		707	278	275	329	384	1,266	179.1%		2,268	915	995	1,048	1,118	4,076	179.8%			
is		4,496	1,148	1,227	1,259	1,308	4,942	109.9%		4,326	935	1,539	1,448	2,050	5,972	138.1%			
er		1,959	633	727	626	643	2,629	134.2%		2,199	695	842	794	956	3,289	149.5%			
		127	3		158	259	420	330.7%		90	1		100	185	286	317.8%			
Sub-total	3,929	7,289	2,062	2,229	2,372	2,594	9,257	127.0%	3,243	8,883	2,546	3,376	3,390	4,311	13,623	153.4%	29,624	30,889	
SUBPROJECTS TOTAL	13,079	21,665	5,465	5,649	6,134	6,421	23,669	109.2%	17,162	30,988	8,357	9,474	9,650	11,003	38,484	124.2%	72,279	86,563	
PROJECT EXPENSES TOTAL																			
Less Local Income																			
MATCHING GRANT TOTAL																		\$83,120	\$99,547

Includes: spermicides & periodic abstinence.

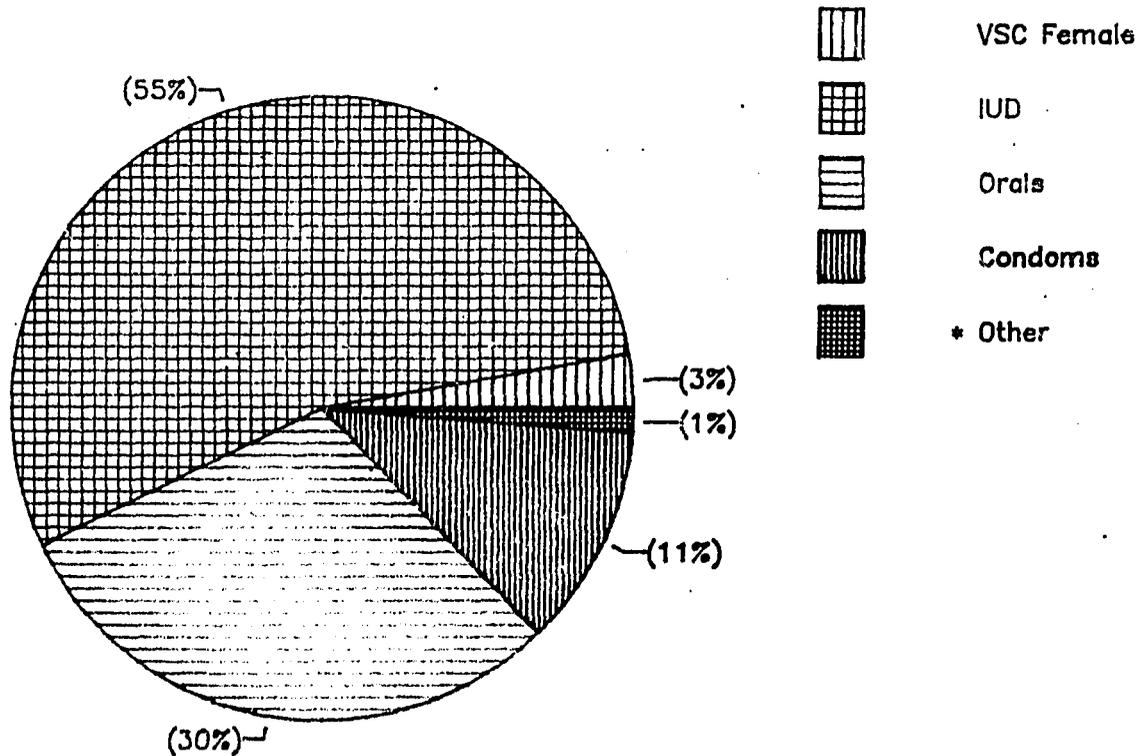
Project # 1. includes marginal and rural areas of the interior of the country.

Project # 2. covers the peri-urban poor population of Montevideo, Canelones y San Jose.

AY - AUPFIRH / IPPF - WHR, MG PROJE
 23,669 CLINICAL & CBD NEW ACCEPTORS BY METHOD - 1988



38,484 COUPLE-YEARS OF PROTECTION BY METHOD - 1988



* Other: spermicides & periodic abstinence.

a) Analysis of 1988 Achievements

One glance at the Venezuela line in Table I is enough to tell us that PLAFAM's new family planning clinic is off to a slow start. The clinic opened its doors on September 19th and closed for Christmas vacation on December 15th, so it had roughly 3 months, or 13 weeks, to make its mark in 1988. Nobody expects a new family planning clinic to take off fast, especially when the FPA itself is not well known, but 63 new acceptors in the first 13 weeks boils down to one per day, and that is definitely a slow start. It yielded the most expensive new acceptors and CYP we have seen in the short history of the Matching Grant.

Given the very small number of new acceptors, there is nothing wrong with the method mix, split almost evenly between orals and IUDs. During 1989, PLAFAM hopes to supplement reversible methods with VSC services, and is requesting support from AVSC and the Matching Grant for this purpose.

PLAFAM has produced an attractive poster to promote the new clinic (see Attachment G), and has also produced flyers, radio spots, and newspaper ads. We can only hope that such promotion, combined with high quality services and low patient fees, will make itself felt during the first quarter of 1989. In its last quarterly report, PLAFAM notes that the number of new patients is building from week to week, that many of the new patients are coming referred by other patients, and that patients are returning on schedule for follow-up visits. These are all good signs, but they soon need to be confirmed by more impressive numbers.

b) Problems, and Suggested Solutions

PLAFAM's founders have long and successful experience providing high quality family planning services for affluent patients in private clinics, and for medically indigent patients in university hospitals. PLAFAM is now trying to attract patients to a clinic that offers nearly private quality care at charity hospital prices. In theory, there should be lots of demand for such services in a city like Caracas. Still, the clinic is a novelty, and so is PLAFAM, and going from the theory of successful fp clinics to the practice is more of an art than a science.

Still, PLAFAM cannot afford to have another quarter as slow as this first one. It will be difficult to justify continued MG support unless PLAFAM quickly demonstrates that it knows how to deliver fp services of respectable volume, not just of high quality.

IPPF/WHR will do all it can to help PLAFAM during the first 6 months of 1989. PLAFAM staff have already visited some of the best Latin American FPAs, but maybe it would help to organize some visits in the opposite direction, now that PLAFAM's clinic is a reality that can be analyzed on the spot.

INTERNATIONAL PLANNED PARENTHOOD FEDERATION, WESTERN HEMISPHERE REGION, INC

MATCHING GRANT SERVICE STATISTICS / APRIL - DECEMBER, 1988

VENEZUELA / PLAFAM

TABLE XII. NEW ACCEPTORS OF FAMILY PLANNING, COUPLE-YEARS OF PROTECTION (CYP), & EXPENDITURES

SUB-PROJECTS FAMILY PLANNING PROGRAMS METHODS	NEW ACCEPTORS 1988				C Y P 1988					EXPENDITURES IN \$ US	
	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	JAN-MAR	APRIL-JUN	JUL-SEP	OCT-DEC	TOTAL	JAN-DEC 88
1. CLINICA DE PF											
IUD			1	28	29			3	55	58	
Orals			4	29	33			1	7	8	
Condoms				1	1				12	12	
Neo-saapoon											
Sub-total			5	58	63			4	74	78	
SERVICE SUBPROJECTS TOTAL			5	58	63			4	74	78	
OTHER EXPENSES											
Supplies											
Equipment											
Indirect Expenses											
PROJECT EXPENSES TOTAL											
Less Local Income											
MATCHING GRANT TOTAL											\$25,827

* Matching Grant support to PLAFAM started in the second semester of 1988.

III. REGIONAL ACTIVITIES

\$ 376,982

The Regional Activities of the MG are designed not just to support the sub-grants described in section II above, but to help FPAs throughout the hemisphere to expand and improve family planning programs.

The commodities item is the one that reaches nearly every FPA, with in-kind contraceptives donated by AID and service-related cash commodities to supplement those provided by the IPPF.

The MIS item began 3 years ago with the modest idea of providing each FPA with a minimum common denominator of computer hardware, software, and training. It has since become more ambitious, and is affecting virtually every aspect of FPA management.

Technical Assistance Among FPAs is now accepted throughout the IPPF/WHR as the easiest and fastest way of transmitting experience from one FPA to another. This help among peers is increasingly seen by FPAs as the practical and preferable alternative to traditional forms of technical assistance.

Evaluation Support has been slow to take off, but priorities were well defined in 1988 and the stage is now set for rapid development in 1989.

11) COMMODITIES

\$ 111,357

In-Kind Contraceptives

As mentioned in the Half-Year Report, most of the AID in-kind contraceptives (condoms, IUDs, orals, and foaming tablets) were shipped during the first part of the year. Attachment B lists all the in-kind contraceptives supplied in 1988 to each FPA.

It is extremely important for the FPAs to receive these contraceptives around the same time every year, since they maintain only a six or nine-month buffer stock. Shipping delays or stock-outs due to unforeseen program expansion do occur occasionally, and such needs have to be met by making emergency shipments from the buffer stocks of in-kind commodities held at the Brethren Service Center Warehouse in New Windsor, Maryland. These stocks, although very small, have proven to be very valuable and constitute a cost-efficient way method of meeting the immediate needs of the Associations. Attachment B lists the shipments made from buffer stocks during 1988.

The last twenty-four thousand cycles of Lo Gentrol orals, being held at the warehouse especially for the Uruguayan FPA, were shipped to Uruguay in 1988. The FPA is now ready to switch over to

Lo Femenal, having finally obtained the product registration after attempting to do so for several years. . .

Shipment of Tahiti condoms to PROFAMILIA, Colombia, was completed only in the last quarter of the year. This was due to difficulties the manufacturer faced in meeting the production schedules, owing to increased demand for condoms worldwide. Furthermore, an additional 324,000 Tahiti condoms had to be produced to replace a pilfered shipment. As there is evidence of pilferage in all the shipments made to Colombia, JSI, INDEPS, and IPPF/WHR are together attempting to resolve this problem in the most cost-effective manner so that the Association's programs will not suffer unnecessarily.

The six million condoms approved for shipment to BEMFAM, Brazil, in January (upon receipt of the appropriate documents from the Brazilian Consulate) were shipped in early April and received in country on May 27th. The condom stock situation at BEMFAM was critical from the last quarter of 1987 until receipt of the six million condoms in May - a situation caused by the new Brazilian Embassy requirements for the consularization of letters of donation.

Additional supplies of in-kind contraceptives were sent to the Trinidad and Tobago Association, which is now the main source of supply for a Government program that can no longer afford to buy its own contraceptives (see section II-9) above).

Cash Commodities

From the Cash Commodities budget the following items were purchased: medical equipment for Bolivia; medical kits for Guatemala; medical kits, pelvic models, and a hyfrecator for Peru; an Anesthesia Machine and a Laparoscope for Trinidad; and medical instruments for Uruguay. A list of the cash commodities purchased by IPPF/WHR for these sub-grantees, together with shipping information, is contained in Attachment B.

In accordance with the terms of the Grant, monthly reports of commodity procurement and shipments have been submitted by WHR, through INDEPS, to AID, JSI, Pathfinder and FPIA. The commodities staff also prepared and sent to AID the Contraceptive Procurement Tables (CPTs) for in-kind contraceptives.

During the reporting period, commodities management visits were made to Guatemala, Mexico, Peru and Uruguay. The WHR commodities staff attended the commodities meetings sponsored by AID for the Cooperating Agencies and the JSI-CDC Retreat. A visit was made to the Brethren Service Center Warehouse for stock control and commodities monitoring visits were made to INDEPS, the WHR procurement agent.

12) TECHNICAL ASSISTANCE AMONG FPAs

\$ 36,733

This program continued at a reduced scale during 1988 because of the lack of a Project Officer during the second half of the year. Nevertheless, 13 FPA staff members were able to visit 12 other Associations, and two more visited IPPF/WHR, with results that are summarized in Attachment C.

As expressed in previous MG reports, we are convinced that this financially modest component of the MG is one of the most cost-effective. We do not score a bullseye with every single trip, but the great majority of trips have an immediate impact that easily justifies the average cost of less than \$2500 per visit.

13) MANAGEMENT INFORMATION SYSTEMS

\$ 157,693

Most management information system (MIS) activities were completed on schedule during 1988. These activities included assistance to FPAs in accounting systems, telecommunications, and IPPF's budgeting and reporting system (PPBR). There were also consulting visits to help FPAs assess their long-term MIS needs. Two FPAs were helped to upgrade or decentralize their MIS equipment. In the New York office, a Local Area Network was created that will facilitate the work of MG staff and serve as a test model for FPAs.

Accounting Information Systems

\$ 98,793

On April 20-27 and May 4-11 a regional accounting automation workshop was held in San José, Costa Rica. This workshop was coordinated by the Asociacion Demografica Costarricense (ADC) and IPPF/WHR. Instruction and software were provided by Tecnologia Apropiada (TECAPRO) S.A., a software firm based in Costa Rica. Participants represented 12 IPPF/WHR FPAs and 2 USAID-Ecuador grantees. In total, 29 accountants and administrators received both group and individualized instruction in general ledger, budgetary, and report writing software.

Participants were introduced to fund accounting concepts for non-profit organizations that receive both project-restricted and unrestricted income. Using these accounting concepts and the TECAPRO software, accountants practiced coding techniques which facilitate segregation of donor funds and generation of reports for internal management and for donors.

Adaptation of a flexible 6-level, 20-digit account code to each FPA's own information allows the TECAPRO software to retrieve cost data by donor contract, FPA program strategy, supervisory or geographic area, project, sub-project, or functional expense category. Accountants found the "report writer" features and the integration of accounting information most useful in designing reports for donors and auditors. Even participants with no prior computer experience were all able to construct project reports specific to their institutional needs by the end of the course.

IPPF-WHR staff members worked with each FPA team, helping them to revise their manual chart of accounts in order to make the most of the new software. For example, the fund accounting and deferred income concepts should be built into all future charts of accounts, to improve the information available to FPA management and donors.

Given favorable FPA reaction to the software, IPPF-WHR prepared a contract for TECAPRO to provide the software and to help FPAs make the transition to this new system. This contract was approved by AID and provided for the following:

- a. purchase of the 4 most important TECAPRO accounting

software modules (general ledger and budgeting, bank control and check writing, personnel and payroll, and check reconciliation) for each participating FPA.

- b. honoraria and travel costs for TECAPRO staff visiting FPAs to help install the accounting software.
- c. provision of technical assistance in telecommunications and possible networking at the FPAs, as necessary.

During the first half of 1988, the Costa Rican FPA installed and began using the TECAPRO general ledger and budget module. The Mexican affiliate was completing the installation. During the second half of the year, the general ledger module was installed in the FPAs of Mexico, El Salvador, Honduras, Uruguay, and Peru. Other FPAs, such as those of Brazil, Panama, Guatemala, Ecuador, and the Dominican Republic, needed more pre-installation analysis, or were waiting for necessary equipment.

Telecommunications

\$ 9237

Work in this area proceeded on schedule, despite the lengthy process of registering each affiliate with the national telecommunications carrier. The stated work plan objective was to permit the regional transfer of information and messages using computers and public data networks. As of June 30th the following offices were connected using Computer Science Corporation's INFONET service:

MEXFAM	Mexico
ADC	Costa Rica
PAPFO	Haiti, Field Office
IPPF/WHR	Western Hemisphere Regional Office, New York
IPPF/IO	International Office, London
OZDOV	Israel, Dov Chernikovsky (PRAM)

During the second half of 1988, the D.C. office of IPPF/WHR was connected, and the following FPAs were added to the network:

PROFAMILIA	Colombia
BEMFAM	Brazil
APROFAM	Guatemala
APLAFA	Panama
TECAPRO	Costa Rica (accounting software supplier)

At the end of the year, the FPAs of Honduras, Peru, and Uruguay were still waiting for equipment (modems), or for approval by the local telecommunications authorities.

To date the effort has demonstrated that it is possible to transfer information more quickly and at lower rates than those charged by international messenger services. The INFONET telex service has

also proven to be less expensive than conventional carriers. Immediate communication between the Regional Office and MIS advisors in MEXFAM and ADC has greatly facilitated the MIS technical assistance effort region-wide. For the exchange of MIS reports, budgets, plans and travel/technical assistance coordination INFONET electronic mail is proving to be more useful than the telephone or fax machines.

There have also been some unexpected side benefits. In Colombia, Guatemala, El Salvador, and Honduras, work on international telecommunications has opened the door for better communications between FPA headquarters and field operations. In Mexico, it has led to electronic banking that gives that FPA much better control over its resources. In several smaller countries, where the volume of FPA communications is not sufficient to justify a telex line or a fax machine, the FPAs can now be "on line" at a much lower cost.

Program Planning Budgeting and Reporting \$ 13,066

During the last quarter of 1987, IPPF/WHR conducted a regional planning workshop in Costa Rica for program coordinators and financial administrators. FPA staff were introduced to microcomputer tools which could help them to more efficiently plan their projects and report on their financial and programmatic results. In late November, 1987, USAID approved the US and local purchase of microcomputers and software for 14 FPAs. Most system and software installations were not fully operational until February or March of 1988.

Starting this year, IPPF/WHR has carried out several follow-up efforts aimed at assuring that the equipment is functioning properly and assisting FPAs to make better use of the Symphony software and the PPBR application developed by IPPF/WHR with assistance from Hernan Caamano of ADC. Follow-up assistance has included the following activities :

- a. Distribution of a Symphony User's Guide, written in Spanish and published by McGraw-Hill in Mexico. This guide was identified by the MEXFAM Systems Analyst, Xavier Gonzalez.
- b. Distribution of a revised version of the PPBR application by the ADC systems Analyst, Hernan Caamano. This version includes recommendations made by workshop participants, and expands the Spanish version of the application. The modification of this software was paid for by IPPF/WHR, with distribution costs supported by the Matching Grant.
- c. Training in the use of Microcomputers, Symphony software and the PPBR application was provided to the affiliates of Barbados, Jamaica and Trinidad and Tobago by Lewis Heyman of IPPF/WHR. For this training, the PPBR

application was translated from Spanish into English by Lewis. This translation will make it possible for other English-speaking FPAs, in this region and elsewhere, to utilize this Symphony-based application.

- d. PPBR technical assistance and follow-up visits were provided to the affiliates of Panama and Puerto Rico using private funds (due to Matching Grant contractual limitations).

By the end of 1988, most of the fourteen affiliates that attended the PPBR workshop had already presented Three Year Plans or Half-Year Reports to IPPF/WHR using systems acquired under this project. Given the follow-up and problem-solving activities that took place in the second half of 1988, we anticipate that all affiliates that have received equipment under this project will be preparing reports and plans with their new systems in 1989.

MIS Needs Assessments

Among the most important achievements in 1988 were the MIS needs assessments conducted by Xavier Gonzalez (Colombia, Brazil, Peru, Uruguay, Guatemala), Hernan Caamano (Guatemala) and Edward Harbottle (Chile). These visits by experienced Association MIS directors, whose credibility is high because they have successfully guided their own Associations through the MIS transition, have resulted in outstanding trip reports (see Attachments C and D) and rapid FPA decisions to follow most of their advice.

Equipment Upgrades

\$ 36,597

Because of delays in implementing new accounting systems in some FPAs, AID authorization was requested and granted for use of MIS balances to upgrade equipment in Costa Rica and Peru, and to create a Local Area Network (LAN) linking MG staff in New York.

The Costa Rican FPA was provided with a complete desktop publishing system for use in producing information and education materials, and also for use in training staff from other FPAs that may acquire such equipment in the future.

The Peruvian FPA was provided with 6 powerful but very inexpensive AT-compatibles that will permit full decentralization of MIS in that Association (until recently, INPPARES had all of its computers in one room). This is a step that follows the lead of MEXFAM, which built a dynamic new administration based on decentralized MIS. Many other FPAs will be watching the Peruvian experience in 1989.

The LAN in New York is similarly based on cheap AT-compatibles, and will allow MG staff members to share the memory of an IPPF-purchased file server.

Progress in this area was severely limited by the absence of a Project Evaluation Officer until mid-March (a candidate was selected in January, but could not join us until March), and by the necessary orientation period of the new Project Evaluation Officer, Diego Berrio. This further delayed implementation of the Client Satisfaction Studies and the Clinic Profiles, two activities for which the PEO should have primary responsibility.

What was accomplished was a thorough review of the scarce literature about client satisfaction studies, and a definition of IPPF/WHR priorities and methodologies for work in this field. The priorities are set forth in Attachment E1 ("Some Thoughts about Client Satisfaction", by Robert McLaughlin) and the methodologies are described in Attachment E2 ("Proposed Research Methodologies for Client Satisfaction Studies on Family Planning Programs", by Diego Berrio). Summarizing these long documents in a single sentence, it can be said that we decided to emphasize 8 variables affecting client satisfaction (location, service hours, waiting time, comfort and privacy, staff attitude and composition, informed choice, reliability and continuity, and service fees) and three ways of investigating these variables (patient flow analysis, exit interviews, and focus groups).

The next step was to try these approaches out on at least one FPA. In the case of patient flow analysis (PFA), the opportunity presented itself in Ecuador, where the CDC conducted a joint field training session for IPPF/WHR evaluation staff and staff of two Ecuadorian FPAs in August. This was a great success, not just as a training exercise, but also in the impact the resulting PFA charts had on the directors and clinic staff of the two Ecuadorian FPAs (APROFA and CEMOPLAF). It confirmed once again that PFA, with its immediate and graphic feedback about bottlenecks and scheduling problems, does not just lead to understanding but to a spontaneous problem-solving dialogue among FPA staff and then to action.

Plans for the first Client Satisfaction Study involving exit interviews and focus groups had to be postponed because the survey instruments proposed by the Colombian FPA underwent considerable analysis and revision by IPPF/WHR staff and by colleagues from other agencies. Field work was completed in early 1989, and the results should be available by June. Additional studies will be conducted in Uruguay, Peru, and Trinidad and Tobago during 1989.

Last but not least, there is the "Reunion Latino-Americano Sobre Colaboracion con Medicos Privados en Planeacion Familiar", which took place in Guadalajara, Mexico, in September. In order to increase the chances of effective dialogue among FPAs, and real decisions to try new ways of mobilizing private doctors, it was decided to invite two representatives from each Latin American FPA:

the Executive Director and the person directly in charge of dealing with doctors (usually not the Executive Director). This made the meeting more expensive than had originally been planned, but we believe that the long-term results will justify the added expense.

Executive Directors and medical staff from 19 Latin American FPAs met from September 21st to 23rd in Guadalajara, to exchange experiences about "Collaboration of Private Doctors in Family Planning". The meeting, organized by Matching Grant staff and hosted by MEXFAM, was designed to analyze the many different arrangements that Associations have used to mobilize private MDs and other health professionals to provide family planning services.

The meeting agenda was organized around the 5 major forms of collaboration that now exist between FPAs and private doctors: FPA salaries, "fee-for-service", "community doctors", "associate doctors", and doctors employed by other agencies.

After an introduction by Hernan Sanhueza, and an economic analysis of the five types of collaboration by Robert McLaughlin (see Attachment E3), Miguel Trias of Colombia led a round table about FPA salaries and fee-for-service arrangements. Representatives from six Associations described their experiences with these most direct and most expensive ways of mobilizing MDs. The consensus was that direct hire of MDs for service provision can still be justified, but that frequent and effective supervision is needed to guarantee cost-effectiveness.

Alfonso Lopez and his colleagues led a lively session about "Community Doctors", and distributed copies of a 15-minute video about this new MEXFAM model. The surplus of young doctors in Mexico allows MEXFAM to mobilize Community Doctors at a discount, and to place them in truly poor communities. Demanding selection criteria for communities, and for doctors, is the key to success, and MEXFAM has had to tighten its selection procedures to reduce turnover. Of the 130 Community Doctors in Mexico, roughly two thirds achieve self-sufficiency within two years. The cost to MEXFAM during those two years is about \$5 per "active user". Representatives from 4 other FPAs described their ongoing efforts to adapt the MEXFAM model to their own national realities.

The morning of the second day was devoted to visiting Community Doctors in the Guadalajara area. The visitors were divided into 6 groups, which allowed for a lot of dialogue with the MEXFAM doctors and promoters. The dialogue continued over lunch, and that afternoon the IPPF/WHR staff coordinated a session about Regional Office initiatives to improve quality of care.

The final day of the meeting began with a Round Table about working with doctors employed by other agencies, and volunteer doctors, led by Victor Morgan of ADC. As the representatives of 4 other FPAs made clear, this is an increasingly important source of medical

manpower for FPAs, and one that is extremely cost-effective.

The last round table was about "Associate Doctors", who agree to provide family planning services in their private practice, usually including contraceptives donated by the FPA. Led by Miguel Ramos of Peru, representatives of four FPA discussed their different arrangements and experiences with Associate Doctors. The consensus was that Associate Doctors offer an inexpensive way to mobilize private MDs, but may not always reach the groups most in need.

The meeting ended with 5 working groups that met to consider important questions that had arisen during the previous sessions, their reports to the plenary, and some tentative conclusions. If there was a single most important conclusion, it was that technical meetings of senior FPA representatives to consider current program issues and to exchange experiences in detail, are an excellent way to disseminate innovations among FPAs.

In 1989 the evaluation component of the MG should finally reach its planned strength. We have recently hired a Deputy Director for the MG, who will be joining us in April, 1989, and who brings very strong evaluation and operations research credentials to the job.

IV. ADMINISTRATION AND INDIRECT COSTS

\$ 630,454

16) STAFF

\$ 260,986

The approved staffing of the Matching Grant continued as before with 6 positions, of which 5 were filled as of December 31st:

Project Director:	Robert McLaughlin
Project Officer:	Vacant
Regional Supplies Coordinator:	Sarita Kumar
Project Accountant	Fabio Gonzalez
Project Evaluation Officer	Diego Berrio
Project Secretary	Dorca Cifuentes-Tapia

There are two reasons why such a small staff, made even smaller by the lack of a Project Officer, can manage a project as large and complex as the Matching Grant:

a) This MG staff is part of a much larger IPPF/WHR staff that helps to manage the MG directly (in the case of IPPF/WHR staff whose MG work is included in the "Consultants" item described below) and indirectly (in the case of IPPF/WHR staff who form part of the "overhead pool" of the MG).

b) The great majority of MG support is being spent at the local level, by FPAs with competent staff members and 20+ years of institutional experience.

17) CONSULTANTS

\$ 52,891

As Attachment F shows, the MG made little use of external consultants in 1988, preferring to use other IPPF/WHR staff or FPA staff in this role. To some extent this reflects our collective experience with truly external consultants over the years: it takes them a while to decipher the complex structure of the IPPF/WHR, and to understand the different strategies and constraints of each national FPA. On the other hand, it also reflects the strength of our network: there are few specialties within fp that are not well represented either in the IPPF/WHR staff or in one of our FPAs. We turn to external consultants only when we run out of talent in our own extended family.

The MIS area is a good case in point: Jesus Amadeo (now in London) and Leslie Varkonyi of our New York office have been the architects of our program to bring FPAs into the microcomputer age, but they have been helped from the start by some very talented FPA systems analysts, such as Xavier Gonzalez of MEXFAM and Hernan Camaano of ADC. Eventually, however, this IPPF/WHR/FPA team led us into a highly specialized area (fund accounting software) that would require not just a unusual product but detailed technical assistance at the FPA level. We then turned to TECAPRO, a truly external consultant, to complement our own team.

FPAs are virtually unanimous in preferring this approach to technical assistance. They have all spent long and frustrating hours with external consultants who knew little about their country, or their FPA, or even family planning, so they are relieved to be able to turn to help from within the family, and to use that help in identifying the few truly external consultants that are needed.

18) TRAVEL AND PER DIEM

\$ 48,489

Attachment G is a list of IPPF/WHR staff and consultant travel under the Matching Grant in 1988, with a brief description of the purpose of each trip. The corresponding trip reports are being submitted separately (some of them have also been submitted earlier).

Staff visits to FPAs are in many ways the lifeblood of the MG, since they provide the first-hand information that enables us to identify problems and recommend mid-course corrections. Partly due to the lack of a Project Evaluation Officer during the first months of 1988, and the lack of a Project Officer during the second half of the year, we made fewer trips than planned during 1988, a fact which is reflected in the under-expenditure of this budget item.

19) OFFICE EQUIPMENT

\$ 12,800

There were few purchases of office equipment during this period, since the major planned purchases of MIS equipment were still pending AID approval. The \$1451 spent from January through June went for office furniture and computer supplies.

20) INDIRECT COSTS

\$ 255,288

As per the formula that has been provisionally approved by AID, indirect costs are charged at the rate of 78.72% of salaries and consulting fees, including some consulting fees that are part of the MIS item.

V. REPORT ON REQUESTS FOR ABORTION INFORMATION

A "Request for Abortion Information" is defined as "passively responding to a question regarding whether safe, legal abortion may be obtained if the question is asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family medical profession in the country requires a response regarding where it may be obtained safely."

The nine Sub-Grantees incurring expenses under the Matching Grant during the twelve months from January through December, 1988, listed below, received no such requests during this period:

1. BEMFAM/Brazil
2. PROFAMILIA/Colombia
3. MEXFAM/Mexico
4. APROFA/Chile
5. APROFAM/Guatemala
6. JFPA/Jamaica
7. INPPARES/Peru
8. FPATT/Trinidad and Tobago
9. AUPFIRH/Uruguay
10. PLAFAM/ Venezuela