# Report of the International Training Workshops on Family Planning Policy and Program Management, 1987 and 1988

(UNFPA/ROK/86/P09)

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# FOREWORD

The rapid socio-economic development of Korea was primarily due to the successful implementation of a series of Five-Year Economic Development Plans that started in 1962. Concomitant with the the socio-economic development, there has been a great reduction in the nation's fertility rate (TFR), from 6.0 in 1960 to 1.6 in 1987. This demographic change was not only due to the vigorous family planning program that constituted an integral part of the government's economic development plans, but also to the various socio-economic changes that took place over the period. It is believed that one of the contributing factors in making the family planning program successful is a systematic program management system which includes program planning, evaluation and supervision activities.

The Republic of Korea has been able to exchange its experience and knowledge on the population and development programs with other developing countries. One of these TCDC efforts has been to conduct international training workshops on population policy and family planning management for policy makers and program managers in developing countries. These meetings have been organized by KIPH with UNFPA support since 1987.

I observed personally that the workshops were lively, free and stimulating for participants. As for KIPH staff the task of preparing and implementing the workshop entailed much work, but also provided an enriching and rewarding experience. I hope that the workshops serve as a stimulus and catalyst for participants to improve family planning program in their own countries. I also hope that we can continue this family planning management training workshop in the future, not only for Korea but also for the benefit of the developing countries in the region.

In this report, we have included the activities of both 1987 and 1988 workshops. The report has been prepared for those who participated in the workshops in the past years and who are interested in Korea's family planning program, in an effort to promote their understanding of our national programs.

Special acknowledgement and appreciation go to the following: The United Nations Fund for Population Activities whose financial aid made this project possible; the Ministry of Health and Social Affairs for its continued

support; Dr. S.A. Sapirie, WHO Consultant, who shared his expertise in the preparation of the workshops and deserves recognition for his innovative approach in planning of the workshops; facilitators, resource persons and workshop participants for their active involvement; Mr. V. Williams, WHO technical officer in Seoul, who supported the workshop by helping to edit the workshop materials and workshop report; Mrs. Han K. Kim Chang, former Senior Research Fellow of KIPH and other staff at KIPH for their efforts in preparing this report.

Finally, the opinions and recommendations expressed in this workshop report are those of the session directors and participants of the workshop, and do not necessarily represent the official position of the Government of participating countries in the workshops.

30 May 1989

Dal-Hyun Chi, Ph.D.
President of KIPH

CONTENT

ANNEX



FIGURES

# CHAPTER I. INTRODUCTION

The International Training Workshops on Family Planning Policy and Program Management were conducted twice by the Korea Institute for Population and Health (KIPH), at Seoul, the Republic of Korea. The first, from 17 to 29 August 1987, and the second from 27 June to 9 July 1988.

Both workshops were supported by the United Nations Population Fund (UNFPA) and were designed to promote technical cooperation among developing countries (TCDC) by thoroughly informing experts from the Asia-Pacific countries about the very successful Korean family planning program.

The objective of the workshops was to enable participants to share their experience in developing population policies and managing family planning programs. The workshop included a first-hand examination of the Korean experience, so that all could contribute further to family planning policy and program development in their countries.

Thirty-two senior level family planning managers of government and non-governmental organizations from twelve countries in the Asia-Pacific region in 1987 and twenty-nine managers from ten countries in 1988 in the same region attended the workshop. 15 Korean facilitators and WHO consultants also participated in the workshop. (See Chapter IV for participation)

The workshops were evaluated as having achieved a high level of success. They were designed to provide in-depth exposure of participants to Korean family planning policy, programs and service contents, and management methods. A highly participatory style of learning, maximizing individual and group work and minimizing traditional teaching methods such as plenary presentations, was employed.

In addition to familiarizing participants with the family planning management methods used in Korea, the workshops employed a number of analytical and managerial methods which was felt are potentially useful in all national programs. In a first-hand examination of the Korean experience with a highly participatory style of learning, participants could share their experience and explore together policy issues and managerial approaches which are useful in their nations.

The participatory styles of workshops were conducted for the first time by the Korean staff alone. A large number of population and family planning experts within KIPH and outside, supported and facilitated the workshops.

In particular, the full support of a core group of KIPH faculty contributed to the success of the workshops. The workshops showed the ability of KIPH staff to plan and conduct such a participatory type of training for an international audience.

## CHAPTER II. BACKGROUND

Over the past two decades, Korea has achieved an unprecedented pace of development that has contributed to the stability of the Asian community and the maintenance of peace in the region.

From 1962 to 1987 per capita GNP soared from US$87 to US$2,826, commodity exports increased from US$54.8 million to US$ 46.2 billion and imports increased from $390 million to $38.6 billion.

However, it could not have been possible without a strong national family planning program in Korea. Fully aware of the impediment of the high population growth rate in the late 1950s to economic growth, the Korean government adopted the national family planning programs for fertility control as an integral part of the First Five-Year Economic Development Plan beginning in 1961. The total fertility rate has decreased from 6,0 to 1.6 and the population growth rate from 2.84 to 0.94 between 1962 and 1987, which indicate that the primary purpose of population control was achieved beyond expectations. This success was due to the timely formulation of population policies and family planning program.

In order to ensure efficient planning, monitoring, evaluation and feedback to the national family planning program, the Korean government developed the extensive family planning management system and this has contributed to the success of the program. This includes the target setting and allocation system, supervision system, and information and evaluation system.

KIPH has performed a special role in such family planning program management. KIPH itself sets and allocates the contraceptive targets, KIPH staff are the members of the central supervisory unit, and "coupons" and "monthly reports" are sent to KIPH for program evaluation. Besides, KIPH has conducted surveys and research to investigate contraceptive and fertility behaviors.

Before the integration of the Korea Health Development Institute (KHDI) and the Korean Institute for Family Planning (KIFP) into KIPH in 1981, KIFP had been responsible for training of family planning related manpower including FP managers in government and non-governmental organizations, FP designated doctors, and FP field workers, who are the main service providers.

At present, half of the KIPH research staff members are former KIFP staff members and are in charge of FP research and evaluation, and have the capability and experience to support such an international FP management workshop. Even before 1981, KIFP had co-hosted such international workshops with the East-West Center several times.

Fortunately, UNFPA has perceived the value of facilitating the exchange of country experience in FP program management among middle to senior level staff in developing countries.

Improved training methods which draw on Asian country material and approaches, rather than simply employing western management theory and methods, should be developed for an appropriate management training. The Korean FP management scene could be used to provide a convenient platform for national managers in Asia-Pacific countries to explore together policy issues and managerial approaches.

## CHAPTER III. OBJECTIVES OF THE WORKSHOPS

These workshops are designed to exchange information and share experience in population and family planning program management among the senior-level fmaily planning managers of both government and non-government organizations in the Asia-Pacific region. The objectives of the workshops are as follows;

1. To enable articipants to share their experiences in managing population polices and family planning programs, including a first-hand examination of the Korean experience, in order that all may contribute further to family planning policy and program development in their countries.

2. In particular, to facilitate the acquisition by participants of:

   a. new skills in policy analysis, strategy design, program planning, monitoring and evaluation, research and organization development,

   b. new ideas for improving all aspects of family planning program effectiveness.

3. To employ improved methods for learning family planning program management techniques based on the Korean experience.

4. To further strengthen a spirit of cooperation among developing countries in the field of population program management, and the network of individuals and institutions that are actively undertaking program research and management development.

# CHAPTER IV. PARTICIPATION

Selection of appropriate participants by each country contributed to the success of the workshops. Participants were high level managers engaged in the national population and family planning program in each country. This ensured a high level of participation and made the workshop discussions relevant. The participants displayed keen interest and participated actively in all sessions.

The criteria specified in the invitation for choice of participants by each country were as follows:

1. those who are responsible for program management at senior level within provincial or national government or non-governmental family planning or health organizations, or are responsible for the population sector within ministries of planning or finance;

2. those who have leadership responsibilities in one or more activities such as policy formulation, program planning, implementation, monitoring and evaluation, research, or training in population-related programs in government or non-governmental organizations;

3. those who have at least ten years' experience in government or non-governmental service programs; and

4. those who are proficient in written and spoken English.

Twelve countries in the Asia-Pacific region were invited to send a total of 30 participants, allocated on the basis of their populations and other condition: Bangladesh(2), China(4), Fiji(1), India(3), Indonesia(3), Korea(6), Nepal (2), Pakistan(2), Philippines(2), Sri Lanka(1), Thailand(2), and Vietnam(2). However, 32 participants from 12 countries attended in 1987 and 29 participants from 10 countries in 1988. China sent one less than the four allocated in 1987. Indonesia added three in 1987 and two in 1988 at its own expense to the three originally invited. Nepal and Fiji did not send any participants in 1988.

There were 23 males and 9 females in 1987, and 23 males and 6 females in 1988, mostly government officials belonging to central or local ministries or departments or, institutes related to population, health or welfare. The others were from parliament (Bangladesh), a hospital (Nepal), the Regional Training Institute (Pakistan), Medical College (Vietnam), FP Administration College (China), Voluntary Sterilization Association (Korea), and Family Welfare

Cooperative Society (Pakistan). (For list of participants, see the **Annex B.**)

Participants by profession were as follows:

| Profession | 1987 | 1988 |
|---|---|---|
| Medical Doctors | 14 | 7 |
| Public Health Specialists | - | 2 |
| Social Scientists | 11 | 6 |
| Demographers | 3 | 10 |
| General Administrators | 4 | 14 |
| Total | 32 | 29 |

The majority were between 40 and 50 years old both in 1987 and in 1988, reflecting their long experiences in the service programs.

Fifteen national facilitators from KIPH and other institutes, who have been deeply involved in the Korean national family planning program, supported the workshop. In particular, a core group of six KIPH faculty provided full-time support to the workshop. These included one medical doctor, one demographer, one social worker, one public health specialist and two management experts.

Ten outside facilitators were two from the Ministry of Health and Social Affairs, one from Economic Planning Board (EPB), one from the Planned Parenthood Federation of Korea (PPFK), one from the UNFPA, and five from universities. By professional specialization, three were medical doctors, two sociologists, two economists, one demographer, one communication expert, and one general administrator. (For list of facilitators, see the **Annex B.**)

The workshop received internal and international attention from the population, family planning and health fields. Eighty dignitaries attended the opening ceremony and encouraged the participants both in 1987 and in 1988. They included high level government officials, directors of family planning and health related organizations including the Korea Association of Voluntary Sterilization (KAVS), the PPFK, the National Institute of Health (NIH), etc., and representatives of international organizations including the World Health Organization (WHO) and the UNFPA.

Beside providing all the financial support for conducting this training project, United Nations Population Fund funded the assistance of Dr. S.A. Sapirie of World Health Organization. He assisted KIPH in designing the workshop, and helped facilitate the first week of the course in the first year of the workshop.

It was rewarding to have both the regional and country levels of WHO participate so actively in this international workshop. Strong support was received from Dr. S. T. Han, Director of Program Management, Western Pacific Regional Office, Manila, who made a statement on behalf of the Regional Director during the opening session and returned to present a paper on family planning and health in the first the workshop. This set the stage for a number of other discussions on emerging issues such as adolescent reproductive health, maternal health and child welfare. In addition, supplementary facilitation was provided by WHO in the person of Dr. David Nordstrom, a WHO staff member based in a UNFPA intercountry project in Beijing, who attended throughout the first workshop. Mr. Vincent Williams, a WHO technical officer from the Korea office supported the workshop by helping to edit the workshop materials.

For field visits, several family planning related organizations were included. Persons in charge of the program at the various organizations and at various levels were very thorough in explaining their role and functions and providing other necessary information in response to the participants' questions. They included from central family planning organizations, Director-General of the Public Health Bureau and Director of the Family Health Division, MOHSA; Director of the Manpower Development Planning Division, EPB; Executive Director, and Director of I.E.C. Division, PPFK; President, and Director of Program Division, KAVS; Director of Family Planning Research Division, KIPH; and Director of Training Division, NIH.

During the local field visit to Kyonggi Province, everyone from the Governor to the health center directors, family health section chiefs, and family planning field workers were enthusiastic in giving briefings and answering questions. Especially in 1987, in relation to the session "Integration of Family Planning Activities with Other Programs", the participants visited the Banglim Weaving Co., Ltd., to observe its family planning activities.

## CHAPTER V. STYLE OF THE WORKSHOP

The "Training Workshop on Family Planning Policy and Program Management" aimed to provide in-depth exposure of family planning related staff from other Asia-Pacific countries to Korean family planning policy, program and management methods. The workshop was designed to employ a highly participative style of learning which maximizes individual and group work and minimizes traditional teaching methods such as plenary presentations.

The workshop was designed with the premise that people learn best when they are asked to actively undertake some tasks which bring them face to face with the subject matter and require them to produce something, an analysis of data, a description of a situation, a proposal for action, as compared to when they are shown, hear or read about those tasks. Among the 15 subjects, the participants were required to complete a series of exercises pertaining to 11 subjects.

Further, since this workshop was conducted by national staff who had considerable experience in family planning program management, it attempted to pursue more vexing issues of policy and decision-making rather than the normal management and family planning concepts.

Typical sessions of approximately three hours length (for schedule, see the **Annex A.**) were composed of 1) introduction, 2) subject presentation, 3) instructions of the subgroup task, 4) sub-group work, 5) subgroup product presentation, and 6) plenary discussion.

First, introduction of the session objectives, method of work, materials of each session, were given by the workshop coordinator at the end of the previous day for participants to enable individual and sub-group preparation.

Second, each session director presented the main points of the subject of each session. It was attempted to be kept to a minimum, being limited to ten to fifteen minutes except two panel sessions. Presentation by session director helped set the stage for the subgroup work to follow. However, it did not give the answers to the tasks that the groups would be asked to perform. All presentors attempted to use presentation techniques which were recommended for use by the groups when they presented their products, e.g. hand drawn overhead slide projections of diagrams.

Third, session directors briefly described the tasks to be performed in group and answered questions, but more importantly, the exercises were clearly described in writing in the session guide. In addition, the relevant handouts,

data and suggested formats were attached. Where possible, the groups were given the format in which the solution was to be presented, rather than forcing the groups to waste time designing their own. Most exercises were of a quantitative nature or consisted of brief written statements. There were four groups divided each with seven or eight members and one facilitator.

Fourth, subgroups undertook the assigned tasks, which normally require some data analysis, discussion, idea generation, and preparation of solution for presentation to the plenary, with the use of transparencies. It required efficient group work and coordination in order to solve assigned exercises and to produce specified products in the time allowed, 1 to 3 hours.

Fifth, subgroup spokespersons presented subgroup solutions to the plenary and responded to questions for 10-15 minutes per group.

Finally sixth, all participants entered into a general discussion of the topic. The facilitator noted the main points made in the subgroup presentations and the plenary discussion and provided a summary of the session and a critique of subgroup performance.

Following the session, the transparencies were collected and handed over to typists who would type or photocopy them. Each day the previous day's solutions were handed back to each participant for adding to his workshop file.

While going through the sessions with such a "learning by doing" approach, participants were in the extensive exposure to a large number of Korean experts who had considerable knowledge and experience on the family planning program management. Fifteen experts were involved in workshop as session directors. Further, five KIPH key facilitators were always in the sessions, taking the responsibility to facilitate one subgroup each. At the end of each day the facilitators would meet to discuss the day's work. This provided feedback to them about each group's disposition. Ideas were generated in these discussions for improving the conduct of the sessions as the workshop proceeded.

In addition to familiarizing participants with the family planning management methods used in Korea, a number of analytical and managerial methods were employed in the workshop which were felt to be potentially useful in all national programs. These included a case study approach to organization analysis and service management, and the use of planning methods such as the Grid Approach for designing and introducing new strategies in family planning.

To conduct the case study on organization analysis, participants visited family planning related organizations at central level such as EPB, MOHSA, KAVS, PPFK, and KIPH. For the purpose of studying close by the actual application of the Korean FP management methods, such as FP target setting and allocation, and FP cost analysis, they also undertook very structured field visits to the local level FP service organization from the provincial government through health center and health subcenter to the village level primary health post. With the structured data gathered, they conducted a case study on services management system.

# CHAPTER VI. DESCRIPTION OF THE SESSIONS

The workshop programs were composed of 19 sessions in 1987 and 22 sessions in 1988 excluding opening session and course evaluation sessions. Fifteen subject areas were covered in these sessions. In 1988, there were three more sessions than in 1987 because sessions for field visit preparation and presentation were included as independent sessions in 1988. (See the **Annex A**, workshop programs of 1987 and 1988.)

At the outset of the workshop, all the guidelines and illustrative examples were distributed to participants in a syllabus along with the objectives, materials, assigned tasks, and products for each session. (Please see **Annex C, Session Guides** for details.)

Described in this **Chapter VI. Description of the Sessions**, are the presentations made by the session directors for each session, the processes of the group work, and the products the groups achieved based on the 1988 training program. The group products achieved in 1987 are attached in the **Annex D**.

## Opening Session

The opening sessions for 1987 and 1988 were almost similar in format of presentation and contents of the speeches. The workshop was opened by the workshop coordinator, introducing the attending guests of honor, KIPH president, Director-General, Public Health Bureau, MOHSA, and UNDP Resident Representative a.i., made speeches. In 1987, as previously stated, Dr. S.T. Han, Director-General, WPRO, WHO, made a congratulatory address, and special lecture on Family Health and WHO.

The KIPH President indicated that the family planning program and its activities have been actively pursued in the Asia and Pacific region since 1950', as a major strategy to address population problems. However, he noted that many people advocate priority establishment of an effective program management system to assure a maximum level of program effectiveness and efficiency as well. Noting that this workshop is designed to exchange and share information and experiences in such family planning program management gained over the last 27 years with the countries in the Asia and Pacific region, he expressed his hope that this workshop would contribute to the development of program management of

the participating countries.

The Director-General, Public Health Bureau, MOHSA, indicated the world population increase is explosive with reaching 7 billion and this will make us confronted a world beset with a host of socio-economical, cultural, and environmental problems of serious magnitude. These problems are, he noted, more pronounced in developing countries. Hoping that exchange of information and experiences and discussion on the selected subjects of this workshop among participants would be beneficial to all the participants and would contribute to more effective management of family planning programs in participating countries. He expressed his thanks to the UNFPA for their support to this workshop and congratulated KIPH for their minute-detailed preparation.

The UNDP Resident Representative a.i., extended warm greetings from all the UN family in Korea to participants. He indicated that the Republic of Korea has become a shining example of success in family planning activities during the past 27 years, and well deserves its reputation as a leader in the field of population control. He also indicated that although Korea and other Asian countries as well have established commendable records in population control, there are yet many problems remaining which still require our all-out efforts to redress on the future, such as urbanization, changing population structures, environmental pollution, unemployment, malnutrition, food and housing shortages, and the need for more social services. He expressed his confidence that the workshop will contribute greatly not only towards further promotion of population and family planning program, but also towards strengthening the bonds of cooperation amongst senior managers and organizations in the region.

After tea and group picture-taking, the workshop coordinator explained the workshop objectives, methods, and style of the workshop, and introduced facilitators and secretariat to participants. Then participants introduced themselves in turn.

Workshop coordinator explained the two week workshop program schedule as shown in the program, **Annex A**. The daily workshop schedule were:

| | | |
|---|---|---|
| Sessions at | 09:00-10:30, | 10:45-12:15, |
| | 13:30-15:00, | 15:15-16:45 |
| Tea & break at | 10:30-10:45, | 15:00-15:15 |
| Lunch at | 12:15-13:30 | |

He explained the participatory style of workshop which maximize the time groups spend working on their group tasks. He emphasized that group would have a lot of work to do since they had specific "products" to complete by the end of

every session. Participants would be divided into four groups. The participants in each group elected their own chairman and rapporteur for a particular theme. The group rapporteurs would make their presentation in the plenary session. The structure of a typical session was outlined on transparency.

This session closed after a period of questions and answers.

## Session 1. Introduction to Korean Population Policy and Family Planning Program

### Objectives

The objective of the session was to introduce the overall population policy and family planning program.

### Subject Presentation

Dr. Sung-Woo Lee presented, using slides, the history of population policy, goals and achievement, family planning program operation, program services, I.E.& C. activities, social support policies, training programs, research and evaluation, program budget, and program prospects.

The national family planning program was adopted in 1962 as a component of the First Five-Year Economic Development Plan. The program was relatively successful in reducing the population growth rate from 2.9 percent in early 1960's to 1.25 percent in 1985.

The organizations involved in the national family planning program are MOHSA, KIPH, PPFK, and KAVS. These five organizations work together closely in the implementation of the program under the direction of the MOHSA.

Most services are provided through the government network of health centers and designated private practitioners for clinical services. Currently 2,528 field workers throughout the country are working under the 237 health centers network. During the period 1962 through 1987, a total of 15.8 million acceptors have received contraceptive services under the government program. The contraceptive practice rate for eligible married women aged 15-44 was 70 percent in 1985.

The program has been supported by a wide variety of information, education, and communication activities, including mass media, interpersonal and organizational approaches. These are the main responsibility of the PPFK.

Training has had a prominent place in the activities of the national family planning program since its inception. Training courses currently offered by the NIH are basic with refresher courses for the field workers and administrators. Designated physicians training is provided by the KAVS.

Research and evaluation in the Korean program have been very active. The KIPH collects service statistics from the field, and conducts fertility surveys, mortality surveys and migration surveys along with a variety of other studies including evaluation of particular projects.

The program has been financed primarily through annual budget appropriations and the estimated cost for the 26 years (1962-87) of program operation is approximately of $355.3 million US dollars at current prices. Most of the money is spent for contraceptive services. Of the total amount of 1987 program expenditure ($35.6 million), 72% was spent on contraceptive services, while 14.8% on I.E. & C., 6.7% percent on research, 2.1% for training and 6.3% for other administrative supports were spent.

The new demographic target during the Sixth Five-Year Economic Development Plan (1987-1991) has been set for a further reduction of the population growth rate from 1.25 percent in 1985 to 1.0 percent by 1993. It is expected that population size will be stabilized at around 53 million by the year 2023.

## Plenary Discussion

During the plenary discussion, six of the questions raised and answers given are worth including here.

Questions:

1) Popular reasons for induced abortion among Korean women
2) Any revision of the provisions of Family Law during 1976-1980
3) The average number of persons in a family
4) Major incentives and disincentives in the family planning program
5) The ratio of sterilization acceptors by the number of children they have
6) The problem of boy preference

Answers:

1) By promulgating the MCH Law in 1973 which was designed to promote welfare of mother and child, induced abortion became partially legalized in case of any medical reasons. Due to people's preference for small family size, in general, induced abortion also became popular. Korean women do not regard the induced abortion as an operation. Ob/Gyn's clinics accessibility and reasonable costs for the operations are also contributing factors.

2) Family Law concerning women's property inheritance was revised in 1977, before when there was no right for daughters to inherit any property.
3) The national average family size is 3.8 at present.
4) Priority given to sterilization acceptors in taking possesion of public housing and free primary medical care to children 0 to 6 years of age of sterilization acceptors with two children or less are examples of these incentive. The loss of income tax exemption and family/education allowances after two children, and medical insurance coverage after two deliveries are examples of disincentives. In the next Session, incentives and disincentives will be reviewed in-depth.
5) Of the 294,918 sterilization acceptors through the government program in 1987, 17.8% were those who have one child, 69.4% with two children, and the rest, 12.8% with three or more children.
6) The tradition of son preference is not easy to change but it can be eradicated by continued education and active I.E.C. activities, and the revision of family law to improve women's status.

## Session 2. The Korean Social Economic System

### Objectives

The objectives of this session were to make the participants able to describe the major changes in demographic, social and economic status that have taken place over the last 26 years in Korea, and to depict the likely cause and effect relationships that have occurred among selected social, economic, demographic, health and program variables.

### Subject Presentations

Three panelists who are a demographer, an economist and a sociologist, respectively, presented their discussion papers in this session, each reviewing the rapid rate of social, economic and demographic changes that have taken place in Korea since 1960.

Dr. Kye-Choon Ahn presented social and cultural aspects such as trends in urbanization changes in family life, changes in educational attainment and school enrollment, social security and medical insurance, and mass media and cultural life.

In 1960 only 28% of the population of the country lived in urban areas, but the proportion increased by more than 5 percentage points every quinquennial period to reach 48% in

1975, 57% in 1980, and 65% in 1985. Net migration accounted for over 70% of urban growth during 1966-1970, but this share has declined to 45% during 1970-1975 and 40% during 1975 1980.

Primary school enrollment was essentially universal by 1966, but middle school enrollment was only 42% at that time. The latter ratio increased to 56% in 1970, 75% in 1975, 95% in 1980, and 99% in 1985. The gender differential has been nearly eliminated at the middle school level. In 1966, the male ratio was 51% and the female ratio was 33%, but by 1985 they equalled 99%.

The law on the medical insurance was enacted early in 1963 and its implementation took place later in the 1970s. The number of medical insurance beneficiaries as well as the service coverage has gradually increased since 1977. The government plans to expand the medical insurance to the urban low-income group in the middle of 1989, in order to cover the entire population.

The socio-economic development since 1960's brought about improvement in the living standards and changes in life style of people in general. The drastic increase of TV resulted in every household having one or more TV sets and the increase of income enabled people to have more leisure activities.

One consequence of declining fertility and rapid urbanization has been a shift in household composition. In 1970, 21% of Korean households,(excluding single-person households) contained at least three generations, but the proportion had declined to 14% by 1985, with the largest declines occurring in rural areas.

Dr. Sea-Baick Lee described the major demographic changes that have taken place in Korea over the past quarter century. Between 1960 and 1985 the crude birth rate (CBR) fell from 42.0 to 19.7 and the crude death rate (CDR) from 13.0 to 6.2. As a consequence, the population growth rate declined from 2.9 to 1.25% per year. The level of total fertility rates has been dramatically decreased from 6.0 in 1960 to 2.1 in 1985.

Contraceptive services provided by the government were the most important factors in fertility decline. Other factors such as nuptiality change, higher rate of child survivor, changing status of women, improvement of living standards and education are found to be important.

On the other hand, health service is one of the important factors affecting demographic change in response to mortality. The long term trends in both general mortality and infant mortality rates in Korea have steadily declined from about 15 per 1,000 population in the 1950's to

about 6 in 1985, and from 80 100 per 1,000 live births to 15 during the same period.

The proportion of the population aged 0-14 years declined from 40.6% in 1960 to 30.6% in 1985. During that period, the dependency ratio in Korea dropped from 80 to 53.

Dr. Oh-Seok Hyun reviewed trends in economic development in Korea since the first five-year economic development plan was initiated in 1962. The gross national product (GNP) grew at an annual average rate of 8.4% in real terms between 1962 and 1987. Per capita GNP increased from US $87 to $2,826 during the same period. The economic development strategy of Korea has emphasized export-oriented manufacturing, and the share of the GNP produced by mining and manufacuring increased from 16.4 to 31.5% between 1962 and 1986. The share of GNP originating with the primary sector declined from 37% to 13% in the same period. While the share of agriculture, forestry and fishery sector declined from 37.0 to 11.4% during the same period.

During the 1982-1986 period, domestic savings and investment equalled 28.8% and 30.3%, respectively, of GNP. The value of commodity exports grew at an average annual rate of 30.7% during 1962-1986. By the latter date, manufactured items comprised 95% of commodity exports.

Rural development has not been neglected. Rice production per hectare was increased from 3.3 tons in 1970 to 4.5 tons in 1980. Farm household income as a percentage of urban household income increased from 67.1% in 1970 to 94% in 1985.

Several contributing factors for the rapid economic development are; first, the Korea people have traditionally placed high value on education; second, the Korean People ramain committed to hard work. They are more than willing to pay the price to achieve a higher standard of living not only for themselves, but also for their children; third, Korea has been fortunate enough to enjoy social and political stability throughout most of the nation's development; last, but not least, the outward-looking development strategy itself has been the key to the nation's economic success.

**Subgroup Tasks**

The participants were given a number of tables showing social, economic and demographic indicators for Korea between about 1960 and 1986. They were also introduced to techniques of oval diagramming. Each subgroup was asked to review time series data and descriptions of other changes in Korea, to construct a conceptual model, then to discuss and depict the general direction of the predominant cause and effect relationships the group believed to have taken place

in Korea during the last 26 years.

## Subgroup Products

The **Figure 1** shows the four subgroup products.

The oval diagrams prepared by the subgroups showed unanimously a number of demographic, social-economic and public health services variables affecting fertility. The diagrams indicated that late marriage has a positive(+) effect, maternal and child mortality (-), and rural-urban migration (+) effect on fertility decline. Social-economic factors affecting fertility decline were literacy (+), status of women (+), urbanization (+), income (+), and son preference (-). Public health variables were shown as affecting fertility indirectly through the variable, contraceptive use. Government policy affected political leadership and government program, which had positive effects on fertility decline. Non-governmental organizations' participation encouraged a harmonious relation of FP organizations, which had also a positive effects on fertility decline.

The oval diagram provided a useful depiction of the complexity of variables affecting fertility, but did not attempt to show how fertility affects other development variables. Not all the groups could fully utilize the method of oval diagramming as shown in the Figure 1. Group A and Group B did not indicate negative or positive effects but only indicated interrelationships between variables.

## Plenary Discussion

Questions and answers on interrelationship between variables, were raised among the groups. Questions to the Group B as to how urbanization effect on mortality. Group B answered that there are two effects of positive and negative in urbanization depending on health services. To people who move into urban areas and could live better and get better health services, urbanization will make decline in mortality. However, to those who live in slum areas and can not enjoy good health services, mortality will increase. When the other groups indicated that age of marriage itself has little effect on fertility decline, Group A deleted an arrow drawn between "age of marriage" and "fertility decline".

The session director and all participants agreed that without economic development, social development cannot be achieved and without socio-economic development, family planning cannot be expected. Although it is hard to say which should come first, family planning or development. Both family planning and socio-economic development should be implemented together.

Figure 1

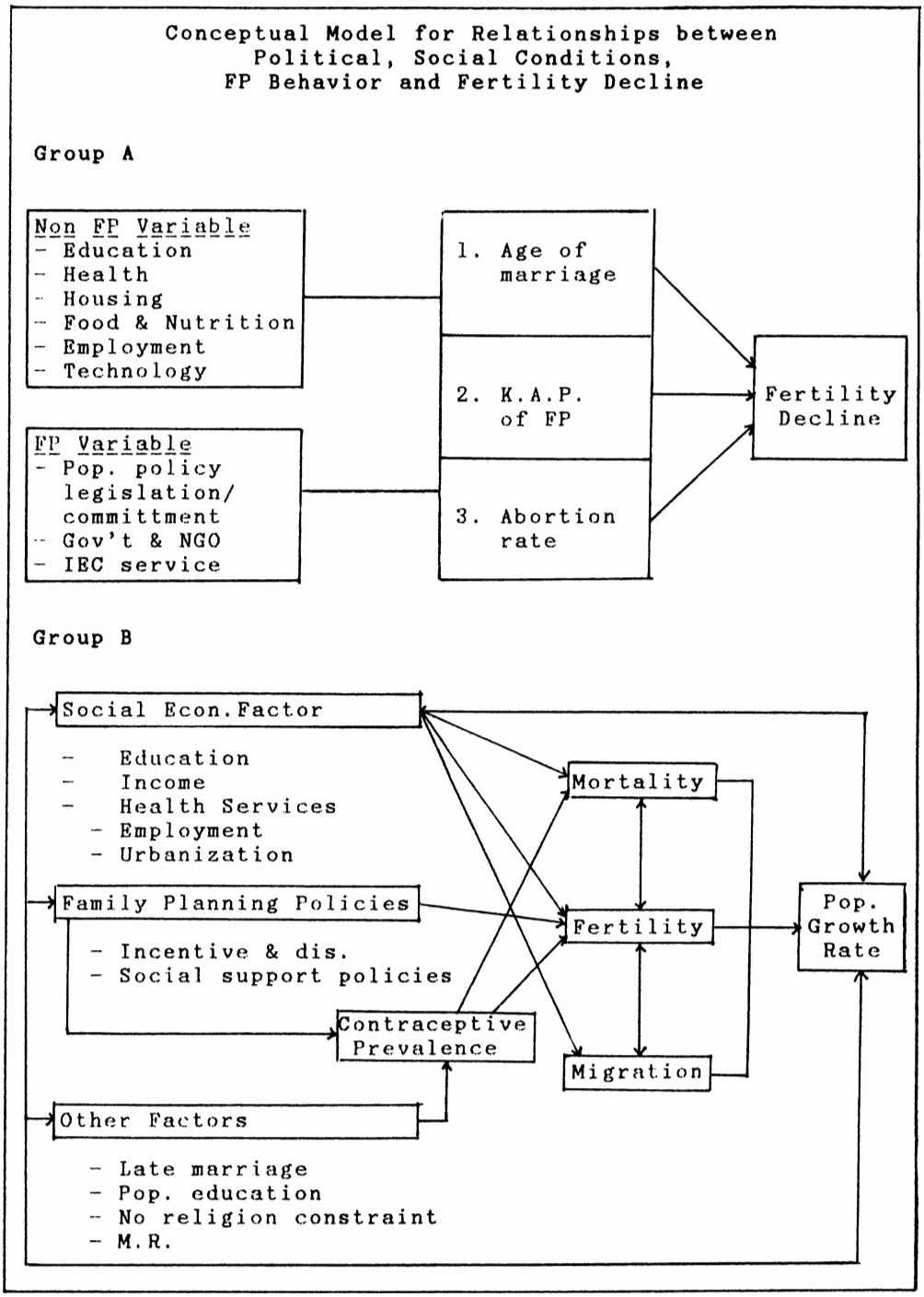
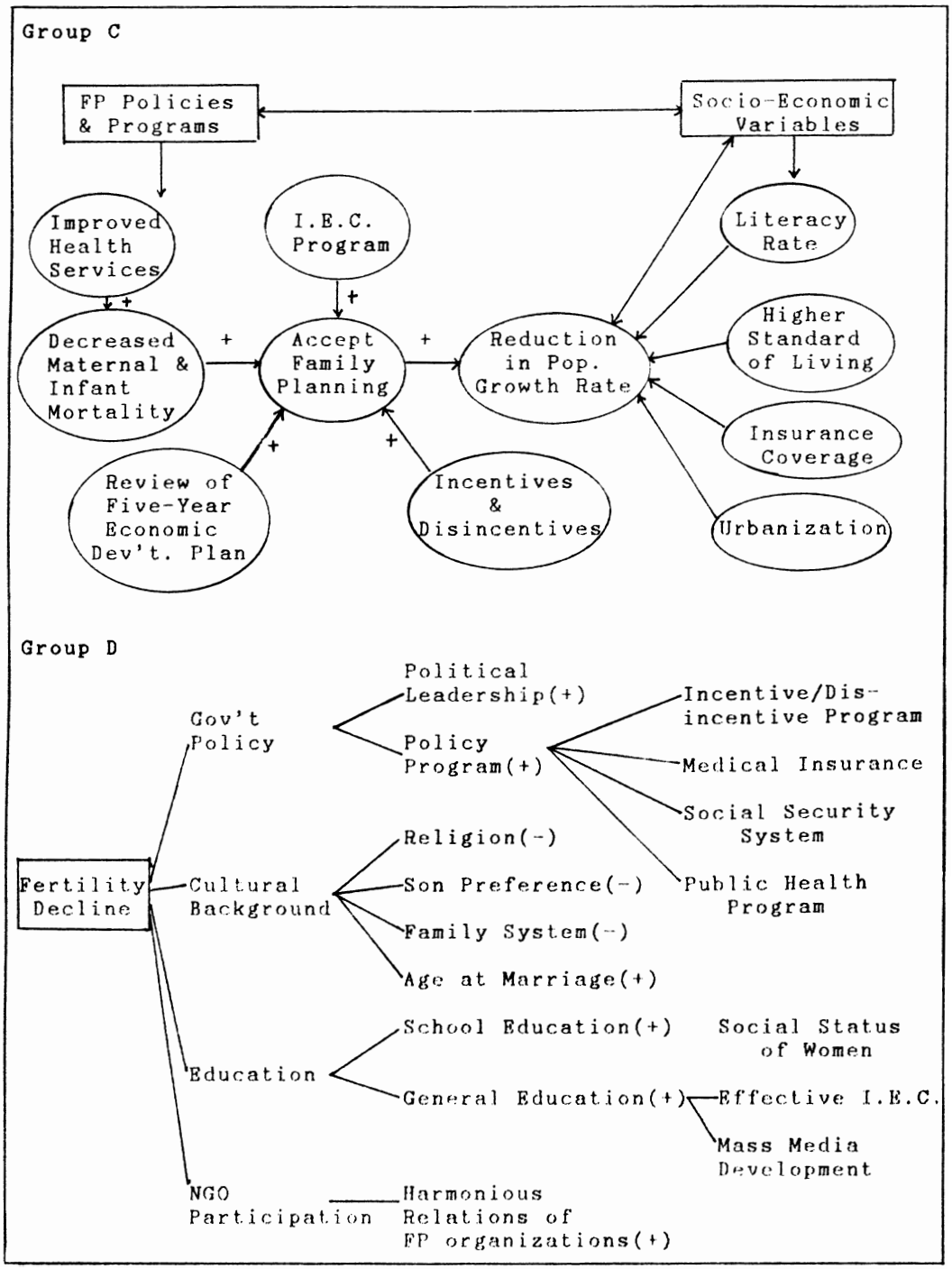

Conceptual Model for Relationships between
Political, Social Conditions,
FP Behavior and Fertility Decline
Group A
Non FP Variable
- Education
- Health
- Housing
- Food & Nutrition
- Employment
- Technology
FP Variable
- Pop. policy legislation/ committment
- Gov't & NGO
- IEC service
1. Age of marriage
2. K.A.P. of FP
3. Abortion rate
Fertility Decline
Group B
Social Econ.Factor
- Education
- Income
- Health Services
- Employment
- Urbanization
Family Planning Policies
- Incentive & dis.
- Social support policies
Contraceptive Prevalence
Other Factors
- Late marriage
- Pop. education
- No religion constraint
- M.R.
Mortality
Fertility
Migration
Pop. Growth Rate

Figure 1 (Continued)



## Session 3. Population Policy Evolution in Korea

### Objectives

The objectives of this session were to describe the major population policies enacted in Korea over the last 25 years and the sequence of their introduction, and to perform a brief analysis of population policy to determine why the policy was enacted and what its apparent effects were.

### Subject Presentation

Dr. Sea-Baick Lee reviewed Korean population policy and its changes in the past. Two weaknesses of population policy were stated: one was the neglect of mortality issues because of a strong emphasis on fertility control; the other was the adoption of population policy as the subordinate policy for economic development.

Dr. Lee described the evolution of the five major policy areas. First area of policy was nationally supported FP program. It has been fertility control and family planning policy operated through the government health service network consisting of MOHSA, provincial government, health centers and subcenters. Family planning policy has been incorporated into each of the five-year national economic development plans beginning in 1962. The family planning program has conducted training for its workers and for physicians on vasectomy and laparatomy in order for them to provide free operations. It has also provided condoms, gellies, IUDs, laparatomy and the Copper-T.

The second area was the "beyond family planning". One of the most influential of these has been the Family Planning Mothers Clubs, organized from 1968. These were subsidized by the government until their integration into Saemaul (New Village) Women's Associations in 1977. Starting in 1979, the government introduced a system of incentives and disincentives for practicing FP, including public housing priority, monetary incentives for sterilization, medical insurance benefits and family and education allowances. From 1977 to 1979, population education was introduced to the formal school curriculum and population and family planning education programs were conducted in governmental and private organizations, and in the reserved corps and military services.

The third area of policy was population-directed legislation. The 1962 Health Center Law enacted the fuctions of family planning guidance and IEC activities in the health centers. Two nurses or nurse/midwives were assigned to the counselling section of each center. A decree by the Prime Minister was issued in 1963 in order for

the government ministry to take supportive actions for the national population program. In 1986 the government revised the MCH law to link the family planning and MCH programs.

The fourth area of policy was concerned with migration and population distribution. An Emigration Law was enacted in 1962 and the Overseas Development Corporation was established in 1965 in order to promote emigration from the country. By 1984, 400,000 persons had emigrated. Population policy was also established to curb population concentration in Seoul and other large cities. Still, the proportion of the urban population increased from 25 percent in 1960 to 65 percent in 1985.

The fifth major area of population policy was concerned with health and mortality. The government concluded a population loan agreement with the World Bank in 1979 that strengthened government and PPFK clinics and health centers. The government had also developed community health practitioners (CHP) to work in remote rural areas.

**Subgroup Tasks**

The participants were provided with several documents which described the history of population policy in Korea. Four subgroups were asked to consider the seven questions given and come up with the suitable answers. Each group responded to three to five questions within the time given.

**Subgroup Products**

The **Figure 2** shows the subgroup products.

**Figure 2**

**Population Policy Review Results**

Q.1. Primary Objective of Government Policy

Group A: a. Raise per capita income
b. Poverty alleviation > Economic development

Group C: Positive 1. Increase per capita income(decrease poverty)
Negative 1. Improvement of quality of life initially neglected.
2. MCH neglected initially in favor of birth control.

Group D: a. To eliminate poverty and raise economic growth (1960s - 70s)
b. To improve quality of life (1980s onward)
c. To improve family health (1980s)

Figure 2 (Continued)

Q.2. Possible Weaknesses/Gaps in Korean Population Policy

Group A:
a. Main emphasis only on control of births
b. 1) Insufficient emphasis on health infrastructure development
2) Weak integration of FP with MCH
3) Emphasis on sterilization than on other contraceptive practices

Group B:
a. Government gave more emphasis to sterilization than other methods.
b. Sterilization oriented incentive scheme.
c. Lack of systematic support to weaken the boy preference.
d. Integration of FP with MCH should have been made earlies.
e. FP program still using rural oriented approach.

Group C:
a. Anti-prostitution Law (written without practice)
b. Target setting decided top-down (false reporting)
c. Abortion (liberal for teenage abortion - no law provision)
d. MOHSA - MOHA; - chain of command
- communication problems
- personal management

Q.3. Monetary Incentives in Population Policy

Group A: (Items 14-27; Ref. pp76-77)
a. House allocation
b. Medical insurance
c. Family and education allowance
d. Income tax exemptions
e. Loan facilities
f. Monetary incentives to accetors of sterilization and to physicians

Group D:
a. Monetary allowances to the poor who had sterilization
b. Medical insurance benefits to two child deliveries
c. Family and education allowances to the government employees with 2 children
d. Priority in allocating public housing to 1 or 2 children with sterilization
e. Priority in livelihood loan up to 2 children
f. Income tax exemption up to 2 children.

Q.4. Beyond FP Policy

Group D:
a. Population education
b. Revision of family law

Figure 2 (Continued)

c. Incentive/disincentive schemes based on community and individuals
d. Integration of FP program in related organizations

Q.5. Policy Designed to Improve the Service Accessibility

Group B:
a. FP workers distributing condoms and pills.
b. FP mobile teams, contraceptive distribution by community based Mothers' Club.
c. Contraceptive services through medical insurance covering entire population.
d. Using paramedical personnel in IUD insertion.
e. Contraceptive services through private doctors
f. Utilization of mass media

Q.6. Integration Policies

Group A:
a. Education
b. Health
c. Housing
d. Migration and population distribution
e. Labor and manpower development
f. Land

Group C:
a. Create better coordination between ministries.
b. Insurance scheme
c. Tax exemption
d. Housing

Q.7. Policies of Greatest Impact on FP Acceptance

Group A:
a. Education
b. Health services development
c. Status of women
d. Manpower development
e. Integration of FP with development programs
f. Monetary incentives

Group B:
a. Strong political commitment by the government.
b. Distribution of contraceptives and perform sterilizations, IUD, MR by private doctors at government cost.
c. Strong involvement of NGOs.
d. Interpersonal contact by field workers and IEC activities and mass media.
e. Introduction of incentive and disincentive schemes

Group D:
a. IEC program (PPFK), school population education, Mothers' Club, etc.
b. Promotion of women's status
c. Improved health care (expanded health network)
d. Incentive system.

## Session 4-5. Organizations Involved in Family Planning & Preparation for FP Related Organization Visits

### Objectives

The objective of this session was to make the participants able to describe the major role and function of the key governmental and non-governmental organizations supporting family planning and to apply a simple case study approach to describe in detail one organization along with its apparent achievements and difficulties.

### Subject Presentation

Dr. Jae-Mo Yang outlined the organizations involved in the family planning program: PPFK, the Supreme Council for National Reconstruction (SCNR), the Office of Prime Minister and Deputy Prime Minister, MOHSA, the Ministry of Home Affairs (MOHA), KIPH, and KAVS.

In November 1961 the **Standing Committee of the SCNR** decided to adopt family planning as a national policy which resulted in the approval of voluntary family planning activities and designation of the MOHSA for the government family planning program.

In general, the **Prime Minister and Deputy Prime Minister** have been strong supporters of the family planning program recognizing the importance of the mutually supporting impact between decline of population growth rate and economic development.

The **MOHSA**, as the responsible organization of the government for the national family planning program since 1962 has carried out an active family planning program. About fifteen hundred field workers are involved in the program as motivators and service providers. Contraceptives and clinical services are provided by the MOHSA through health centers, sub-centers and designated clinics and a national family planning evaluation meeting is convened annually to promote the national program by the Ministry.

The administration and control of local level public health and medical care organizations are delegated to the **MOHA** since it controls local government. From the very beginning of the FP program, the MOHA has demonstrated positive support in implementation of the program, utilizing its strong chain of command and health center network.

The **KIPH**, an autonomous research organization, was reorganized in 1981 when the KIFP and the KHDI were merged. It has functions to conduct research and evaluation of

population and family planning programs.

The **KAVS** established in 1975 as a voluntary organization is responsible for providing training programs for the designated physicians and the treatment of complications and side effects from sterilization and IUD. It also provides technical and logistical support for the laparascopic equipment distributed by the government.

The **PPFK** was organized in 1960 becoming a full member of the International Planned Parenthood Federation (IPPF) in 1961. Major functions of PPFK are information, education and communication on population and family planning, through mass media and personal contacts and contraceptive services through its own clinics run by each city and provincial branch office.

**Subgroup Tasks**

The participants were requested to prepare for the field visit to complete the case study on FP organizations. All participants were scheduled to visit the EPB and the MOHSA. But they had to select the one organization among 1) KIPH, 2) PPFK, 3) KAVS. Although in 1987, NIH was also included, it was excluded in 1988. Training function was covered by KIPH in 1988. Organization selection showed participants' preference to PPFK. That is, seven participants selected KIPH, 13 participants PPFK and 9 participants KAVS. Each group prepared for the field visit by listing the types of information they wanted to obtain in order to complete their case study, refering to the following case study guideline (**Figure** 3) given in advance.

Figure 3

**Case Study Guideline**
**for**
**Organizations Involved in Family Planning**

The following general categories of information are suggested for inclusion in the organization case study. Groups may expand their outline to suit the characteristics of the organizations they are studying, but should try to cover at least these areas to some extent.

I. The Character of the Organization - Legal status (governmental, non-governmental), sponsorship, direction, source of funding, etc.

II. The Functions of the Organization - Formal responsibilities, full range of activities carried out, number and coverage of such activities, changes in function over the years.

III. The Resouces of the Organizations - The budget and how it has changed, staffing types and size, their employment status, remuneration, facilities, and other important types of resources.

IV. The Managerial Process - How are the goals, targets, plans and priorities formulated, and by whom? How are operations guided, performance monitored? Any participation from clients or consumer groups?

V. Coordination - What links exist with MOHSA, EPB and other agencies active in the FP field; how is specialist technical advice obtained? Are the activities monitored by the government? Are activities jointly conducted with other agencies?

VI. Conclusions - What have been the major achievements of the organization? The major difficulties? Have the services and activities justified the available resources? Has there been sufficient coordination with other agencies?

## Session 6. Visits to FP Related Organizations

### Objectives

The objectives of this session were to show participants in some detail the characteristics and functioning of the MOHSA, the EPB and the selected agencies involved in family planning, and to aid participants in completing their case study write-up using the information collected during the visit.

### Visits to the Organizations

In the morning all participants visited the Government Office Building where the MOHSA and the EPB are located. In the afternoon they were divided into three groups and each group visited each organization KIPH, PPFK, or KAVS, which they had selected to visit the day before.

In the MOHSA and EPB participants received briefings presented by Dr. Sung-Woo Lee, Director General of Public Health Bureau, MOHSA, and Mr. Oh-Kyu Kwon, Director of Manpower Development Planning Division, EPB, following the case study guideline which the officials had been given in advance to prepare the briefings.

Through the briefings on MOHSA and EPB, the relationships between MOHSA and EPB were clarified in view of policy formulation and implementation of the national family planning program (NFPP). The overall responsibility for the implementation of the NFPP is delegated to MOHSA, which has established a Family Health Division in its Bureau of Public Health. However, the nation's population policy and demographic goals are set in connection with the various economic and social development plans over a five-year planning horizon. The agency responsible for this planning is the EPB. The population and manpower development plannings are delegated to the Division of Manpower Development Planning in its Bureau of Planning.

In line with the overall developmental policy as developed by EPB and approved by the Population Policy Deliberation Committee(PPDC) and the Cabinet, MOHSA draws up the program and sets activity targets for each local areas, in collaboration with KIPH. The major functions of MOHSA regarding the NFPP are; 1) mid-term and annual program planning and targets setting, 2) securing and allocation of program budget, 3) monitoring of program progress and evaluation, 4) field supervision, and 5) coordination among all the agencies concerned. The technical matters in population planning and program management such as target setting, program monitoring and evaluation have largely been provided by well qualified and experienced experts from KIPH

and other institutions.

The questions raised by the participants during the visits to MOHSA and EPB were: 1) annual budget of the NFPP vs MOHSA and the government total budgets, 2) integration of population factor with other socio-economic development planning, 3) roles and functions of PPDC in EPB, 4) kinds of incentive and disincentive programs for contraceptive acceptors and their effectiveness, 5) coordination mechanism among government ministries and program agencies, etc.

The points which participants mainly needed clarifying were the administrative and/or technical channel of family planning network from the central level to the grassroot level, that is the relation between MOHSA and MOHA. For the questions, Mr. Nam-Hoon Cho mentioned that MOHSA has no direct control over the local governments since the administrative control and supervision flow through MOHA which controls the local personnel and budgets. Consequently, all matters requiring administrative changes, such as the number of workers and health facilities, have to be negotiated between these two Ministries. However, program budgets and targets by contraceptive methods have been directly allocated to the local governments from MOHSA, and the monthly program progress reports are submitted to MOHSA by the local governments. In the provincial government, there is a Public Health Division, Bureau of Health and Social Affairs like the MOHSA. This division carries the function of technical supervision over the family planning program in the health centers at the county and city levels, but administrative control over budget and personnel is with the county and city chiefs. The health center directors supervise the program activities of the health personnel in the field including family planning workers. Mr. Cho concluded that the technical and administrative supervisions have been well exercised by MOHSA without violating the authority and autonomy of the provincial and local governments.

In PPFK, Ms. Dong-Eun Park, Director of IEC Division briefed on PPFK activities. PPFK, a private and voluntary organization established in 1961, is responsible for the IEC component of the national FP program, including support of the nationwide system of Mothers' Clubs which were set up in 1968 and merged into the Saemaul Women's Association in 1977. PPFK also operates a system of 13 family planning clinics in its provincial branch offices. The participants expressed their keen interests in the mothers' club activities and they felt that the grassroots approach such as mothers' club should be adopted for the effective dissemination of family planning information and encouragement of contraceptive use, particularly in the rural and remote areas. After briefing, the participants raised numerous questions which include; organization and staffing, annual budgets and their revenues, mass media used

and their contents, kinds and contents of IEC materials, special projects for different target population such as adolescents, soldiers, industrial workers, urban low income residents, etc.

In **KAVS**, Mr. Young-Whan Whang, Director of Administration Division briefed on the KAVS' activities. KAVS, established in 1975 as a voluntary organization, is responsible for providing training programs for private physicians who participate in the national program as a authorized clinic by the government, the treatment of complications and side-effects from sterilization and IUD, and providing technical and logistical support for the operation, repair, and maintenance of the laparascopic equipments distributed by the government. Mr. Whang explained that the budget for treatment of contraceptive side-effects and complications is secured from two sources: the government revenues and reduction of 7 percent of contraceptive fees to be paid to the authorized physicians by the government. The participants posed several questions such as procedures of the payment for treatment fees, kinds and proportion of side-effects and complications by methods, criteria for the recanalization services for the sterilization acceptors, and curriculum of physicians' training programs.

In **KIPH**, Mr. Nam-Hoon Cho, Director of Family Planning Research Division briefed on KIPH activities through slide presentation, which includes historical development of KIPH, organization and staffing, functions, and on-going research projects. Among six research divisions, two research divisions are directly involved in population and family planning. Mr. Cho mentioned that the FP Research Division has been responsible for the technical support functions of program planning and evaluation of the national family planning program and the basic data required for research and evaluation have been obtained through the monthly service statistics and nation-wide sample surveys which conducts every three year intervals. After presentation on KIPH activities, the participants discussed the records/reporting systems to be used for program evaluation at KIPH, feedback system of evaluation results and its impact on program performance, selection criteria of annual research projects, and utilization mechanism of research findings for policy formulation and better management of the program. In addition, the participants showed their keen interests in the management training program which was developed and conducted by KIPH for the middle level program managers at the provincial and health center levels.

The participants became familiar with the national FP program in Korea. Some of them expressed that the success of Korean FPP is because of the delegation of responsibility to the participating agencies, thus taking advantage of the particular strengths of each and minimizing duplication.

Throughout the visit each team member recorded answers for the preformulated questions in order to complete their group case study report.

## Session 7-8. FP Organization Case Study Preparations and Presentation

### Objectives

The objective of this session was to enable participants to describe in writing and through a presentation the main characteristics of a selected organization.

### Subgroup Tasks

Each subgroup compiled notes, data collected during the field visit the day before, and information from background documents and facilitators. They wrote a brief FP organization case study report, 3 to 4 pages following the case study outline or modifying the outline to suit the particular organization being studied.

### Subgroup Products

The main points of the report were placed on a transparency and each subgroup presented their findings at the plenary in 20-30 minutes followed by plenary discussion among participants and facilitators. The **Figure 4** is the subgroup findings. Report on MOHSA and EPB was written only by KAVS group, not by other groups.

Figure 4

Case Study Report on Organizations
Involved in Family Planning

MOHSA

1. Salient Features of the Organization

1) Health care delivery is the joint responsibility of MOHSA and MOHA.
2) MOHSA provides technical assistance to local government without authority in the appointment of field personnel
3) Local government contributes 50% of the salaries of field personnel while the rest is financed by MOHSA including operational cost as well as health related development projects.
4) Population Policy Deliberation Committee chaired by Deputy Prime Minister includes 15 Ministers and representatives of NGOs. The vice chairman of the Committee is Minister of Health and Social Affairs. This committee is responsible for policy formulation, coordination and sorting out problems concerned.
5) Implementation Committee is headed by Vice Minister, EPB and Vice Ministers of the concerned Ministries are members of committee. This committee ensures proper implementation of policies and coordination of FP programs.
6) Implementation of the program at local level is sole responsibility of the local government. Namely, city mayors, county chiefs and provincial governors.
7) Strong political commitment to program from top hierarchy to grass root level has resulted in success of the program.

2. Observations

1) Because of the division of responsibility and authority there could be some administrative difficulties in the implementation of the program.
2) Around 4% of the total national budget is allocated to health and, of this, about 6 to 7% is earmarked for family planning services.
3) About 80% of the health services are delivered by the private practitioners.
4) By 1989 entire population of the country will be covered by medical insurance.
5) There was a shift of fund allocation in the 1986-87 MOHSA budget, from FP (decreasing from 8.7% to 6.3%) to social welfare benefits(rising from 65.0% to 69.0%). It seems to be a positive step if more involvement of private sector and NGOs is expected in the future and if the decline has been due to reduction in the targets as the plateau in the use rate(70%) has been attained.

Figure 4 (Continued)

EPB

1. Salient Features

1) It is solely responsible for policy planning and its coordination.
2) It exercises full control over the government budget.
3) The manpower development planning is also the prime responsibility of EPB.
4) The unique feature is that the EPB is supported by policy research institutes, particularly the Korea Development Institute.
5) The overall government performance evaluation is carried out by EPB with its main focus on economic achievement and monitoring of economic trends in the country.

2. Observations

1) It has a top down planning mechanism. For example, the national targets are determined at the central level and implemented at the local level.
2) The Sixth Five Year Plan (1987-1991) lays more emphasis on social welfare and on the improving quality of life of the people.
3) During this Five Year Plan period, the autonomous local government will be established and it might change the planning process.
4) The country's external debt is $43 billion, but by the end of current fiscal year, $16 billion would have to be repayed becoming negative foreign debt country by the 1991-92.

Figure 4 (Continued)

KAVS

1. Salient Features

1) It is an autonomous, private voluntary organization established by an ordinance in February 1975. It was sponsored by IPAVS.
2) Initial years of operational activities were fully funded by IPAVS, and by 1982 the funding of IPAVS was phased out.
3) It is a self-sufficient organization with small assistance from government,10%, mutual assistance fund system, 50%, self supporting income, 40%.
4) The total budget of KAVS increased from 0.10 billion won in 1975 to 2.0 billion won in 1987.
5) Staffing increased from 18 in 1983 to 31 in 1988.

2. Functions

- Training of medical and para-medical personnel;
- Treatment of complicated cases;
- Operating model clinics;
- Repair and maintenance of sterilization equipments;
- research on surgical contraception;
- exchange of information in this field.

3. Targets

The targets of training and voluntary sterilizations are fixed by KAVS depending upon the resources, manpower, and the past year's performances. These targets are determined by the staff members of KAVS and are approved by the board of directors, then by general assembly of KAVS. These targets are then submitted to MOHSA for their approval.

4. Achievements

1) In 1987, KAVS trained 275 physicians in surgical contraception, 60 midwives in IUD insertions, 55 medical officers in practical training in surgical contraception.
2) KAVS treated or managed 2,015 major contraception complications following vasectomy and IUD insertions.
3) 146 reversal operations (reanastomosis) were performed with 55% success rate.
4) 416 female sterilizations, 566 male sterilizations and 1,400 IUD insertions were done at the model clinic.
5) Until 1976, male sterilization were major operations performed, thereafter, the female sterilization increased because facilities were developed and simpler techniques were introduced.

Figure 4 (Continued)

PPFK

1. Organizational/Legal Characteristics

- Legal status: NGO and functionally semi-government
- Sponsor: Volunteers, governmemt and donor agencies
- Source of funding: PPFK, government, IPPF, UNFPA
- Governing bodies: General assembly, board of trustees, five sub-committees

2. Functions

- IEC
  - Family Planning
  - Mother and Child Health
  - Population Education

- Clinic Services/ Follow-up Services

| Approach | Services |
|---|---|
| Clinics(25) | Sterilization (vasec. & tubec.) |
| | IUD |
| Mobile Units (13) | Distribution of condom |
| | Distribution of pills |
| | Menstrual regulation |

Clinic Services Coverage

| | Clinic | Mobile Units | Total |
|---|---|---|---|
| Vasectomy | 31,449 | 3,570 | 35,019 |
| Tuballigation | 23,147 | 9,584 | 32,731 |
| IUD | 8,454 | 1,831 | 10,285 |
| Pills | 3,492 cycles | 1,507 | 4,999 |
| Condom | 14,619 packs | 2,992 | 17,611 |
| M.R. (Counseling) | 19,795 | 2,763 | 22,558 |

- Pilot projects
- FP program through women's association
- FP program for industry and non-FP program

Figure 4 (Continued)

3. Budget for 1987

| | | | US$ (million) | % |
|---|---|---|---|---|
| 1) Total | US$7.75 (million) | PPFK | 4.3 | 55.48 |
| | | Government | 2.0 | 25.80 |
| | | IPPF | 1.0 | 12.90 |
| | | UNFPA | 0.3 | 3.87 |

2) Budget Change by Year (Unit:%)

| Year | Total Amount | Extent | Government | Others |
|---|---|---|---|---|
| 1961 | 4,384 | 90 | | 10 |
| 1971 | 326,443 | 83 | 7 | 10 |
| 1981 | 1,681,130 | 53 | 40 | 7 |
| 1987 | 3,439,213 | 32 | 48 | 20 |

3) Staff

| Division | Total | Head Quarters | Branch |
|---|---|---|---|
| Total | 692 | 80 | 612 |
| Executive Director | 1 | 1 | - |
| General staff | 132 | 53 | 79 |
| Medical staff | 168 | - | 168 |
| Technical staff | 67 | 16 | 51 |
| Manual workers | 48 | 10 | 38 |
| Fieldworkers | 276 | - | 276 |

4) Salary scales not known; but more than average

4. Managerial Process

- Goals : Targets, plans and priorities are decided and operations guided by management guidelines issued by government from time to time.
- Monitoring : By the monitoring unit of PPFK
- Presently no consultation with clientele

**Figure 4 (Continued)**

5. Coordination

1) PPFK is one of the implementing agencies for MOHSA.
2) EPB consults with PPFK in decision for the program funds.
3) PPFK's provincial level programs are implemented in coordination with MOHSA.
4) PPFK's fieldworkers work in coordination with health centers.
5) Technical assistance is provided by KIPH.
6) PPFK activities are monitored by government.
7) Some activities are jointly conducted with Saemaul Movement.

6. Achievements

1) Duccessfully recommended to government the adoption of a national FP policy.
2) Changed the attitudes of the people toward FP.
3) Trained FP workers and professionals.
4) Introduced and strengthened IEC program.
5) Created FP service infrastructure.

7. Difficulties

- no attained self-sufficiency;
- retained semi-autonomous status;
- need for arrangement of regular evaluation;
- proper on-going monitoring system;
- analysis of feedback information.

**Figure 4 (Continued)**

KIPH

1. Characteristics

- Legal status : semi-governmental research institute under MOHSA
- Integrated from KIFP and KHDI in July 1981
- Sponsorship : the Korean Government
- Source of fund : government: 98%
  donor agencies: 2%
  (UNFPA, WHO, ESCAP)

2. The Function and Objectives

1) Objectives

To conduct research and evaluation on national policies and programs that are related to population, health care and social welfare, aimed at providing information and guidelines for government in formulating policies for national issues in these fields.

2) Functions

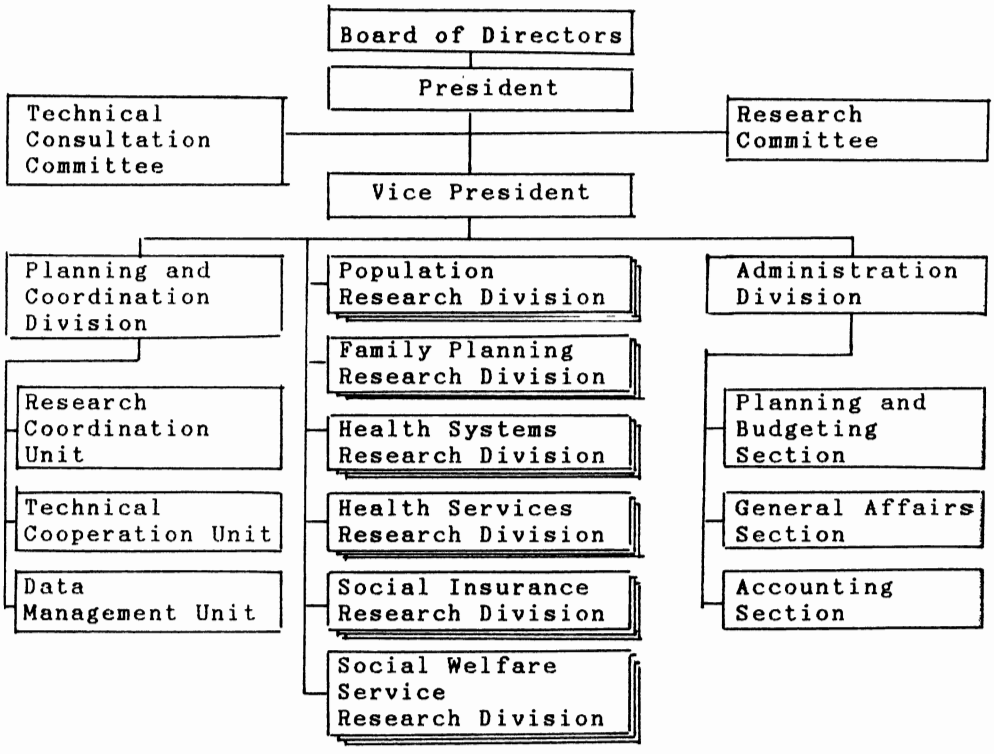
- Research and evaluation for the system development of of national FP, population, health and social welfare;
- Evaluation of comprehensive health care demonstration projects;
- Studies and evaluation of long and short term plans;
- Support for the strategy formulation;
- Development of special manpower;
- Exchange of information.

3) Changes in function of KIPH

- 1965-1970: FP evaluation unit in Korea
- 1971-1980: KIFP — FP/population field
- 1981-1986: KIPH — FP/population/health field
- 1986-present: KIPH + social welfare field

**Figure 4 (Continued)**

3. Organization




4. Resources

1) Budget for 1988

(Unit:million US$)

| | Budget | Proportion |
|---|---|---|
| (1) Central Government | 23,924 | |
| (2) MOHSA | 963 | 4.0% (2/1) |
| (3) FP Program | 37 | 3.8% (3/2) |
| (4) KIPH | 4 | 10.8% (4/3) |
| (5) Pop. & FP Research* | 0.5 | 1.4% (5/3) |

* Pure research funds excluding researchers' salaries

**Figure 4 (Continued)**

2) Staffing

| | KIPH | Pop. & FP Division |
|---|---|---|
| Managers | 2 | - |
| Senior Fellows | 20 | 5 |
| Senior Researchers | 20 | 5 |
| Researchers | 36 | 6 |
| Researcher Assistants | 11 | 3 |
| Data Processors | 4 | - |
| Admisistrators | 26 | 5 |
| Librarians | 2 | - |
| Others | 37 | - |
| Total | 158 | 24 |

3) Facilities

- Floor space : 5,984 m

- Excellent library : 14,196 technical books,
  41 journals
  272 periodicals

- Computer : 5 CRT Terminals, 300 MB Disk storage, 600 LPM Line Printer, 1 Perkin Elmer 3210 Super Mini Computer with 2 MB main memory, 2 micro computers: Cannon AS 100M and PRO 2000

5. The Managerial and Coordination Process

1) Managerial process

- The primary activities:

  o The routine evaluation by analyzing monthly report and feedback;
  o Analytical work of research and survey, such as fertility, KAP, follow-up study, etc.

- Utilization of the research findings by using population control committee meeting.

2) Coordination with other organizations

- setting up the research tasks in consultation with EPB;
- listing research priority in discussion with MOHSA;
- supported by MOHSA in research work and program.

Figure 4 (Continued)

6. Program

1) The largest population, FP, health and social welfare research center in Korea,

2) Well established to utilize its achievement

3) Difficulties :

- Shortage of manpower;
- Lack of sufficient funds to carry out FP and population research;
- Need for research staff in provincial and special city level.

## Session 9. Adolescent Reproductive Health

### Objectives

The objectives of this session were to make participants become familiar with an approach for planning of action in relation to adolescent reproductive health, describe sex and reporductive health related adolescent projects in Korea, and develop management skill on how to plan adolescent reproductive health related research and programs in participant's country based on Korea's experiences.

### Subject Presentation

Mrs. Han K. Chang summarized up Korean adolescents' reproductive health problems as 1) the increasingly younger age of sexual intercourse, 2) non-use of contraception, 3) an increase in sexually transmitted diseases, 4) unwanted pregnancies; increasing use of induced abortion, and 5) unwanted children and inadequate preparation for parenthood. She said that these problems are common in developing countries, and common problems encountered in combating the problems are 1) lack of reliable data, 2) lack of service, 3) no political committment, and 4) professional groups' resistance to working with adolescents.

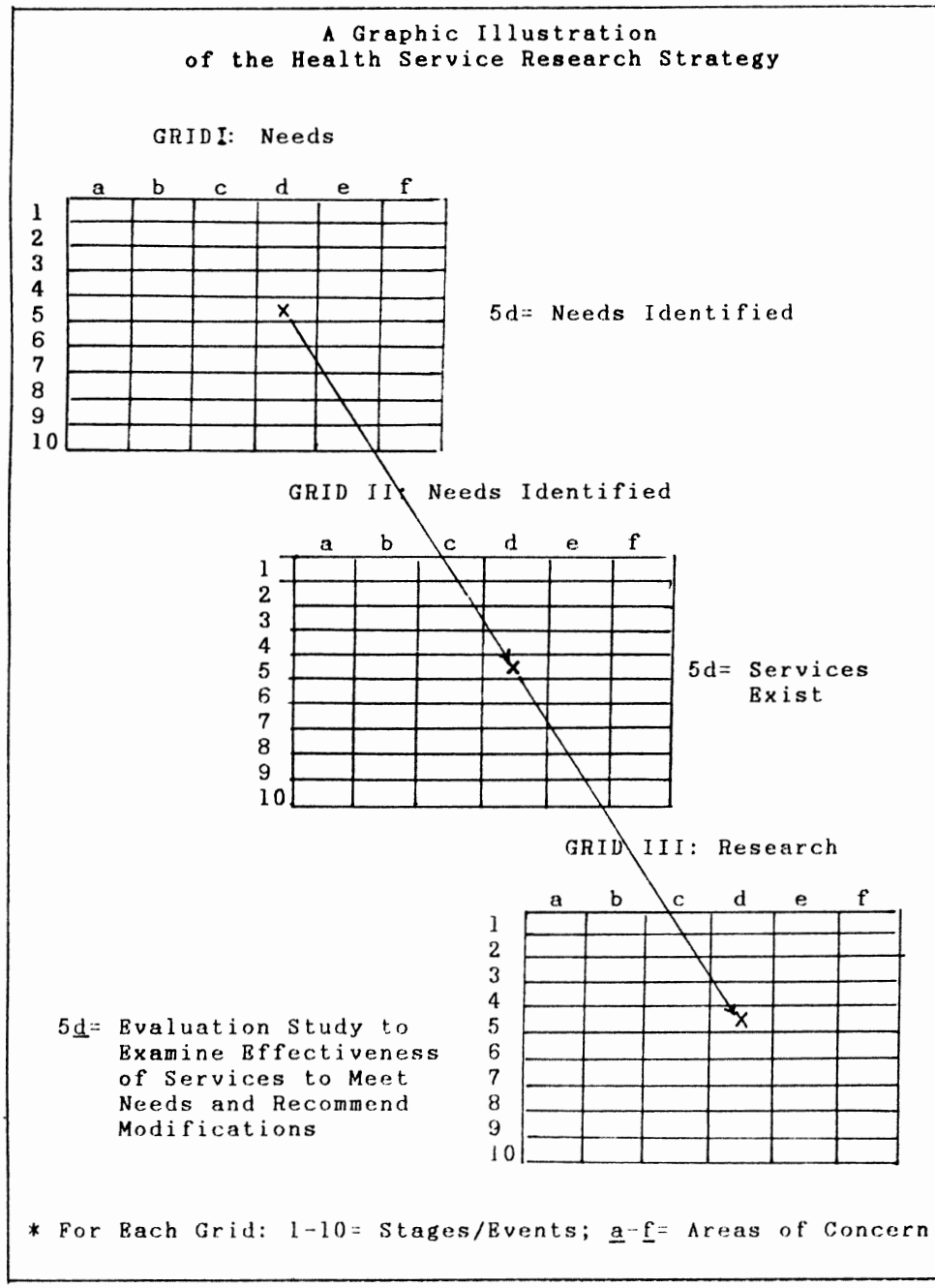
She briefly explained the GRID methodology to try to solve these problems. GRID is a simple framework giving a structured and systematic analytical method for 1) identifying adolescent sexual problems (GRID I), 2) examining health and educational services needed to tackle problems (GRID II), 3) suggesting proposed solutions either through research, training or action programs (GRID III). (See **Figure 5 and 6**) She introduced Korea's cases on the development of adolescent reproductive health programs such as youth telephone counselling service, training of youth sex telephone counsellors, development of supervisory and monitoring system for sex telephone counsellors, research on adolescents' child delivery in Seoul and publication of youth sex education books.

Figure 5.

GRID Format

| Short-term Stages/ Events | Areas of Concern | | | | | |
|---|---|---|---|---|---|---|
| | (A) Psychological | (B) Social | (C) Medical | (D) Educational | (E) Economic | (F) Legal |
| 1. Sexual Maturation | | | | | | |
| 2. Marriage/ Consensual Union | | | | | | |
| 3. Sexual intercourse | | | | | | |
| 4. Contraception | | | | | | |
| 5. Pregnancy | | | | | | |
| 6. Induced Abortion | | | | | | |
| 7. Spontaneous Abortion/ Still Birth | | | | | | |
| 8. Live Child Birth | | | | | | |
| 9. Adoption | | | | | | |
| 10. Child Bearing | | | | | | |

Figure 6


A Graphic Illustration
of the Health Service Research Strategy
GRID I: Needs
a b c d e f
1 2 3 4 5 6 7 8 9 10
5d= Needs Identified
GRID II: Needs Identified
a b c d e f
1 2 3 4 5 6 7 8 9 10
5d= Services Exist
GRID III: Research
a b c d e f
1 2 3 4 5 6 7 8 9 10
5d= Evaluation Study to Examine Effectiveness of Services to Meet Needs and Recommend Modifications
* For Each Grid: 1-10= Stages/Events; a-f= Areas of Concern

Subgroup Tasks

The group was assigned to prepare a Korean adolescent reproductive health related projects proposal on research/ training or action program using GRID methodology. Because of the limited time, each group was asked to review carefully GRID I only, identifying Korean adolescent's reproductive health problems. Suggestion was made to ask following questions: 1) For whom is it a problem? 2) What is the extent and severity and prevalence of the problem? 3) Is there sufficient information available or what information is missing?

The following guideline was suggested for the project proposal:

1) Problem addressed : Why
2) Objective : What
3) Participants and target group: Who
4) Methods : How

Subgroup Products

The project proposals made by four groups was as shown in the **Figure 7**.

Plenary Discussions

At the final plenary discussion participants made some comments. In the Asian region adolescents' reproductive health problems are caused by decline of morality, mass media and western influence. Asians made a fetish of things foreign and ignored oriental cultural heritage. Adolescents' problems are caused also by political and economical development along with unemployment and rapid modernizations. Many participants agreed that similar adolescents' sexual problems exist in their countries and they discussed a way to combat these problems. The participants suggested keeping the importance of the traditional heritage and spiritual education for adolescent to prevent them from sexual problems.

Finally the session director made a few remarks so that each group understood clearly the current Korean adolescents' reproductive health problems and made a relevant project proposal. Each group's approach was different; Group A on training, Group B on research/action program, Group C on preventive educational program, and Group D on action program. However, health professionals need to approach adolescent's reproductive health problems from preventive rather than curative point of view as group C suggested in the proposal. Health professionals themselves need to be aware of their own conflicts in dealing with adolescents' sexual problems, and they need training on how to work with adolescents' sexual problems.

**Figure 7**

**Project Proposal on Adolescents' Reproductive Health Program**

| Group | Project Name | Problem Addressed (Why) | Objectives (What) | Target Group (Who) | Methods (How) |
|---|---|---|---|---|---|
| A | Development of training program for gatekeepers and adolescents for prevention of induced abortion | Induced abortion is a major social problem and its rate is so high in Korea | -To save would-be mothers from physical, mental, social and psyco-logical trauma by providing training to trainers and target group<br>-To make an attempt to change the attitudes of the target groups towards unwanted pregnancies | -Gatekeepers: trainers, medical and para-medical professionals, social workers: teachers, dormitory super-intendents, & extension workers<br>-Target group of adolescents: | -Workshops, seminars & group discussions for trainers<br>-Interpersonal contacts<br>-Use of mass media |
| B | Reduction of adolescents' premarital pregnancy through multiple approach workshop | Pre-marriage pregnancy in Korea increases from 5.3% in 1950 to 26% in 1976 and high percentage arises among the group under 25 due to rapid urbanization and industrialization | -To reduce pre-marriage pregnancy: 25% in 1993 compared to 1976 in Korea. | -Adolescents: high school, college, & university students; factory workers<br>-Parents/ teachers | -Sex education curriculum<br>-Volunteer training<br>-Peer group meeting among students & factory workers<br>-Focus group discussion<br>-Seminars and/or workshops<br>-Clinic counseling<br>-Telephone counseling<br>-Mass media campaign<br>-Baseline survey |

Figure 7 (Continued)

| | | | | | |
|---|---|---|---|---|---|
| C | Development of sex education program for adolescents parents and teachers | Increased Gap between lowered age of menarche and raised age of marriage caused premarrital sex, pregnancy, STD, induced abortion | 1)To strengthen sex education scheme for students, factory workers, out of school youth<br>2)To improve communication among parents-teachers and the youth | -Youth<br>-Parents/ teachers | (1)<br>-Provide sex education as pre-service training for factory workers (youth)<br>-Expand counselling services(telephone & centers) in factories<br>-Make contraceptive available to those needing services<br>-Review contents of sex education material/books in school in order to update contents and make them more relevant<br><br>(2)<br>-To organize parents/ teachers association (PTA) as venues for seminars on sex education, problems of adolescent and youth, communication, etc.<br>-Train health educators, social science teachers, service providers (medical doctors, nurses, social workers) as |

Figure 7 (Continued)

| | | | | | |
|---|---|---|---|---|---|
| | | | | | : sex education<br>: counsellors/<br>: specialists.<br>:-Provide manpower<br>: development program<br>: on sex education,<br>: telephone counselling<br>: and counselling of<br>: adolescents at local<br>: and/or off-shores<br>: level<br>:<br>:(3)<br>:-Develop and distri-<br>: bute sex education<br>: material for mass<br>: media dissemination<br>: addressed to: youth<br>: groups; parents/<br>: teachers; health<br>: service providers;<br>: medical & paramedical<br>: personnel of<br>: factories; religious<br>: groups; etc. |
| D | : Action program on prevention of induced abortion in urban areas: for female adolescents: | :1)Psychological<br>-Anxiety about forced pregnancy<br>-Shame on unwanted pregnancy<br>-Guilty feeling | :1)To reduce number of abortees through IEC activities (counselling)<br>:2)To improve/expand services at reduced costs | :1)Age 16-24<br>:2)Working women or students<br>:3)Focus in urban areas | :1)Procedure:<br>action program<br>-Fact finding and data collection<br>-Development of I.E.C.program<br>-Development of con traceptive services |

Figure 7 (Continued)

| | | | |
|---|---|---|---|
| | -Uncertainty in getting induced abortion<br>2)Social<br>-Disapproval<br>-Difficulty in providing safe abortion<br>-Culturally unacceptable<br>3)Medical<br>-Long-term effects on future fertility<br>-Haemorrage due to incomplete abortion<br>4)Economic<br>-Expensive for adolescents<br>-Costs unknown<br>5)Education<br>-Lack of information<br>-Accessibility of services unknown<br>6)Legal<br>-Legal problems arisifg from complications<br>-Medical facilities require parental concern | 3)To improve health status of adolescents toward happier life | 2)Sequence<br>-Apply findings of program in pilot areas<br>-Report findings to government authority academic gatherings |

## Session 10. Family Planning IEC Management

### Objectives

The objectives were to enable make participants 1) to assess the strengths and weaknesses of the Korean FP I.E.C. program, and 2) to suggest possible new inforrmation efforts needed in the I.E.C. program.

### Subject Presentation

Ms. Dong-Eun Park explained that, from inception in the early 1960s, IEC efforts have been placed on building a national atmosphere favorable towards family planning practice with special emphasis on the abolition of the boy preference attitude. She described characteristics affecting family planning IEC in Korea, such as geography, language, the low rate of adult illiteracy, religion, traditional thought patterns. Communication channels including interpersonal communication through Saemaul Women's Association, Homland Reserve Forces, and Bansanghoe (neighborhood meeting), and mass media communication through TV, radio, newspapers, and magazine were added. Trends in IEC themes from early 1960's to mid 1980's were also highlighted giving explanation on different target groups, messages conveyed and slogans used during the each decades.

In spite of the successful IEC program in Korea there are still unmet needs and constraints which need to be covered by IEC activities. Ms. Park indicated that they are; 1) to create a favorable atmosphere towards family planning and MCH, 2) to educate youth in family planning, 3) to meet family planning needs of urban fringe residents and remote rural villagers, and 4) to expand male participation in family planning program.

Future strategies in FP I.E.C. program were also described in detail. They were; 1) to stage mass media campaign to promote MCH, 2) to utilize private organizations and volunteer workers as family planning agents, 3) to provide population and family planning education and counselling services for special target groups, 4) to develop more printed and audio-visual materials, 5) to motivate more males to invlove in family planning, and 6) to develop cooperative channels to raise the frequencies of people's contact with family planning managers.

### Subgroup Tasks

The sub-group tasks were to summarize the major strength/weakness of the Korean IEC program and to recommend new directions and strategies in the future.

Subgroup Products

Although four subgroups came up with five to seven strengths, weaknesses and recommendations each, there were concensus of the opinions among the four sub-groups. The summary of the result of the tasks from the four groups were as shown in the **Figure 8.**

**Figure 8**

**Strengths and Weaknesses of the Korean FP IEC Program and Its Future Strategy and Directions**

Strengths

- Coordinated IEC strategy development with socio-economic development and strong political committment by the high ranking government officials
- Establishment of central IEC planning made possible due to homogenity in culture, language and ethnicity and also because of high literacy, educational attainment by female and geographically easy accessibility
- Maximum, extensive and balanced use of media mix
- Effective utilization of the private sector
- Efficient I.E.C. management (planning, organizing and excution) and development of well trained professional managers at all levels, top, middle and grass root.

Weaknessess

- Focus mainly on demography
- Centralized heavily at the PPFK headquarters
- Inadequate monitoring system
- Insufficient I.E.C. materials for large specific target groups
- Less emphasis on the youth
- Reluctance of public release of sex education materials
- Less I.E.C program for male.

Future Strategy and New Directions

- Establishment of evaluation and monitoring system for IEC program
- Development of decentralized and diversified IEC programs among relevant agencies and private sectors
- Strengthening of IEC activities for adolescents
- Development of IEC program to promote integration of family planning and MCH
- Expansion of IEC program for men, senior citizens and other personnel who could work as change agents
- Strengthening of population, family planning and sex education in schools (preschool to college) and through mass media.

## Session 11. Family Planning Program Management Overview

### Objectives

The objective was to make participants describe the components of the Korean family planning and the processes that occur in each level of the administrative system.

### Subject Presentation

Mr. Nam-Hoon Cho presented an overview of the management development in the Korean national family planning program since 1962. Introducing FP program management, he made a distinction between the FP program operations and program management. FP program operations are day by day program activities such as, 1) recruitment and training of FP workers and designated private physicians, 2) FP worker travel and motivation activities, 3) provision of contraceptive services and follow-up on side effects, 4) logistics of contraceptive commodities and equipments, 5) special program activities such as FP mobile team, New Village Women's Club, etc., and 6) record keeping, etc. On the other hand, FP program management is day by day program control functions such as, 1) determination of overall goals and strategies, 2) short-range planning: targets and budgets, 3) program evaluation and supervision, 4) management information system, reporting and feedback, and 5) logistic control, etc.

FP program management structure and procedures were explained using the organization charts. Presenting the FP program management processes, Mr. Cho highlighted in detail program planning, program evaluation and supervision system, resource allocation and interministrial coordination and cooperation. (Refer to **Figure 9.**)

Finally Mr. Cho summarized up the results of program management and the future management development efforts. As the concluding remarks, he summarized weakness and strength of the Korean FP program management system and they were as follows;

Weaknesses

- Quantity-oriented management system: Top-down approach
- Need for well-qualified program managers at local levels
- Lack of coordination between health workers and CHPs at the grass-root level
- Inadequate management system for integration of FP with other health programs both in organizational and functional aspects

- Inadequate management system for stimulating self-support contraceptive users through medical insurance programs and other private sector.

Strengths

- Systematic program organizational set-up by establishing the family health section at all levels to control and implement the FP program
- Orchestrated efforts for effective management functions at all levels
- Rapid information feedback and incentive systems to motivate the program personnel for higher performance
- Harmoneous coordination and cooperation of all organizations concerned
- Strong political commitments to the FP program.

**Figure 9**

**Current Program Management Practices at Provincial and Health Center Levels**

1. Indices Utilized in the Target Allocation

(Unit: %)

| Major Indicators | Provincial Level | Health Center Level | Total |
|---|---|---|---|
| 1) No. of married women | 45.8 | 54.0 | 53.3 |
| 2) Program achievement by method in previous year | 33.3 | 20.0 | 21.2 |
| 3) No. of FP workers | 16.7 | 17.5 | 17.4 |
| 4) No. of FP designated clinics | - | 0.4 | 0.4 |
| 5) Others | 4.2 | 8.1 | 7.7 |
| Total | 100.0 | 100.0 | 100.0 |
| (N) | (24) | (235) | (259) |

Source: Post-Evaluation Survey of the FP Management Training Courses conducted by KIPH in 1986. The respondents were 24 senior program officers in the provincial governments and 235 chiefs of Family Health Section in the local health centers.

Figure 9 (Continued)

2. Frequency of Program Evaluation

(Unit: %)

| Frequency | Provincial Level | Health Center Level | Total |
|---|---|---|---|
| 1) Monthly basis | 91.7 | 88.5 | 88.8 |
| 2) Quarterly basis | 8.3 | 10.7 | 10.4 |
| 3) Every other month | - | 0.4 | 0.4 |
| 4) No response | - | 0.4 | 0.4 |
| Total | 100.0 | 100.0 | 100.0 |
| (N) | (24) | (235) | (259) |

Source: See table 1.

3. Major Indicators Used in the Program Evaluation

(Unit: %)

| Major Indicator | Provincial Level | Health Center Level | Total |
|---|---|---|---|
| 1) Evaluation index used at the central level | 29.2 | 25.1 | 25.5 |
| 2) Target/achievement by method | 20.8 | 26.0 | 25.5 |
| 3) Exceeding achievements by method | 20.8 | 15.7 | 16.2 |
| 4) No. of living children of acceptors | 16.6 | 14.9 | 15.1 |
| 5) Target/achievement by CYP | 4.2 | 5.1 | 5.0 |
| 6) Total CYP per FP worker | 4.2 | 6.0 | 5.8 |
| 7) Mean age of women acceptors | 4.2 | 5.5 | 5.4 |
| 8) Others | - | 1.7 | 1.5 |
| Total | 100.0 | 100.0 | 100.0 |
| (N) | (24) | (235) | (259) |

Source: See table 1.

Figure 9 (Continued)

4. Feedback Methods of the Program Evaluation Results

(Unit: %)

| Method of Feedback | Provincial Level | Health Center Level | Total |
|---|---|---|---|
| 1) Routine supervision of all areas according to the monthly plan | 16.7 | 33.3 | 31.7 |
| 2) Regular supervision of poor achievement areas only | 45.8 | 29.8 | 31.3 |
| 3) Selective supervision of good and poor achievement areas | 29.2 | 29.3 | 29.3 |
| 4) Supervision of problem areas only | 8.3 | 4.3 | 4.6 |
| 5) Irregular supervision of poor and problem areas only | - | 2.0 | 1.9 |
| 6) No response | - | 1.3 | 1.2 |
| Total | 100.0 | 100.0 | 100.0 |
| (N) | (24) | (235) | (259) |

Source: see table 1.

5. Contents Examined and Discussed in Supervision

(Unit: %)

| Major Contents | Provincial Level | Health Center Level | Total |
|---|---|---|---|
| 1) Reasons for poor achievement | 33.3 | 30.2 | 30.5 |
| 2) Management of record and report | 29.2 | 18.7 | 19.7 |
| 3) Workers' field activities | 16.7 | 20.9 | 20.5 |
| 4) Management of FP target population | 16.7 | 17.0 | 17.0 |
| 5) Management of complications | 4.1 | 3.8 | 3.8 |
| 6) Utilization of community organizations and volunteers | - | 9.0 | 8.1 |
| 7) Others | - | 0.4 | 0.4 |
| Total | 100.0 | 100.0 | 100.0 |
| (N) | (24) | (235) | (259) |

Source: see table 1.

## Plenary Discussions

The floor was open for discussions and questions and answers were as follows;

Q.1. Based on evaluation results, what is the criteria to identify "good" or "poor" performance?

A.1. Evaluation indices consist of four different aspects, 1) target achievement by methods, 2) exceeding achievement of IUD and sterilization, 3) proportion of IUD and sterilization acceptors with two children or less of the total acceptors, and program management capability including accuracy of reporting data on time and management of records. When these aspects were evaluated, the areas with above 90 points could be classified as "good" performance area and below 60 points "poor" area.

Q.2. In the population projection year 2023, crude death rate will reach 10.3 from 6.2 in the year 2000, what is the reason for this sharp increase?

A.2. From the year 2000, over 65 years old population will increase rapidly due to extended life expectancy and mortality rate will increase accordingly.

Q.3. Are FP evaluation units at all levels a part of government organization? Who pays the salary for the unit members?

A.3. The unit is organized and operated by government. Since the unit members are from government and non-government organizations, their salary is being paid by the organization they belong to.

Q.4. Based on the evaluation of program, what kind of incentives are given to performance area and individual?

A.4. To the best performed province or city, the banner is given and to the outstanding individuals, medals and citations are awarded by the President, the Prime Minister and the Minister.

Q.5. How do you control false reports?

A.5. IUD and sterilization acceptors are dually checked by the health center directors, physicians, field workers and acceptors. Contraceptive acceptors are also checked regularly during follow-up survey and during spot supervision by MOHSA and KIPH.

## Session 12. FP Target Setting and Allocation

### Objectives

The objectives were to make participants 1) understand the overall basis for setting annual family planning acceptor targets in Korea, 2) perform target allocation among contraceptive methods and between government and non-government sources, 3) describe how individual facility and staff acceptor targets are allocated.

### Subject Presentation

Mr. Nam-Hoon Cho firstly explained Korea's FP program objectives and the need for target setting. He said that the ultimate goals of the Korean FP program have been usually fertility control or the reduction of population growth rate to attain the nation's population goals. The nation's population goals have been determined in connection with the five-year economic development plans since the socio-economic growth is closely related to population growth. The long-term goal in the national family planning program had to form the basis of population projections. Accordingly, the planning of developmental activities of the country was founded upon the expectation of the achievement of such goal. The long-term demographic goals have been time-bound. This necessarily required the setting of targets.

He described the four stages of the FP target setting and allocation. **Stage 1** is the determination of the population goals in connection with the development of the nation's total economic plan, assuming the future vital rates of fertility, mortality and migration. **Stage 2** is the convertion of the demographic targets in fertility reduction into family planning acceptance targets by using the computer program TARGET model (Bongaarts' model). **Stage 3** is the division of the contraceptive targets into public and private sectors. **Stage 4** is the allocation of the program target in the public sector to the city and provincial level where the quotas are divided among the counties and cities, and each township or health subcenter receives its own quota for each contraceptive method.

Mr. Cho also explained the computer-based methodology **TARGET** (Bongaarts' model) which has been adopted since 1980s for program target setting and allocation. It includes the hardware and software requirements of the model, how to prepare and enter input data and what is output data from the program. Input data are 1) First year and target year of projection, and age range of the married women in reproductive age, 2) TFR and ASFR in the initial and target year, 3) Number of women of reproductive age by five-year

age intervals (1,000s), 4) Proportion of currently married women in the initial year, 5) Age-specific induced abortion rates in the initial and target year, 6) Contraceptive practice rate by method in the initial year, 7) Percent distribution of method users by public and private sources, 8) Discontinuation rates by method, 9) Consumption rates by unit per user per year, and 10) Contraceptive method mix in the initial and target year. Output data are the required total amount of contraceptives to be distributed for achieving the demographic goal by year and method.

Lastly, Mr. Cho stated the strengths and weaknesses of the target system. The target system has served as a useful guide for evaluating program performance in aggregate terms and for increasing contraceptive acceptance through a strong pressure which is applied at all levels in the government structure to meet the targets. However, it has caused the problems such as inadequate follow-up services, high discontinuation of the reversible method, wastage of the contraceptive supplies, and unrealistic individual or area targets to local situation due to its quantitativeness, rigidity, and centrally controlled system.

**Subgroup Tasks**

Each subgroup was requested to set up family planning target (1987-1991), using Bongaarts' model. In doing so, since one of input data in using Bongaarts' model for program target setting is the assumption of contraceptive mix for 1995, subgroups are requested to 1) assume the contraceptive mix for 1995 and to submit the assumption to the session director for the computer work, 2) describe justification of the assumption, 3) describe the annual family planning targets and practice rates during 1987 through 1991 based on the computer output, and 4) describe the factors that each group would utilize in dividing the annual program target into government and private (self-support) sectors. Also each subgroup was encouraged to review the current status of contraceptive use by methods and women's characteristics such as number of children, age, etc.

**Subgroup Products**

The results of group activities were as shown in the **Figure 10.**

Figure 10

FP Target Setting and Allocation (1987-1991)

Group A

1. Assumption of Contraceptive Method Mix Change

| Method | 1985(%) | 1995(%) |
|---|---|---|
| Male Sterilization | 13.0 | 16.0 |
| Female Sterilization | 45.0 | 48.0 |
| Condoms | 10.0 | 12.0 |
| Pills | 6.0 | 7.0 |
| IUDs | 10.0 | 12.0 |
| Others | 16.0 | 5.0 |
| Total | 100.0 | 100.0 |

2. Justification of the Assumption

1) Increase the responsibility of men for contraceptive use
2) Shift from tubectomy to vasectomy
3) Popularize spacing and more interest in reversible methods such as condom, pill and IUD.

3. The Annual FP Targets by Methods: 1987-1991

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%) |
|---|---|---|---|---|---|---|
| Vasectomy | 65 | 69 | 73 | 73 | 73 | 354(11.28) |
| Tubectomy | 190 | 198 | 206 | 204 | 203 | 1,000(35.42) |
| Condoms | 476 | 508 | 540 | 575 | 606 | 2,704( 8.89) |
| Oral Pills | 283 | 303 | 323 | 344 | 362 | 1,614( 5.31) |
| IUDs | 269 | 285 | 301 | 315 | 328 | 1,497( 8.84) |
| Others | 604 | 582 | 556 | 526 | 489 | 2,757( 7.17) |
| Total | 1,881 | 1,945 | 1,998 | 2,037 | 2,060 | 9,926(76.91) |
| CPR(%) | 72.74 | 73.91 | 74.97 | 76.00 | 76.91 | |

4. Factors Used for Dividing Contraceptive Targets into Government and Private Sector

1) Future government policy directions
2) Availability of financial resources
3) Findings of various censuses and survey results such as demographic profile and contraceptive preferences
4) Cost of various contraceptive-mix

Figure 10 (Continued)

Group B

1. The Assumption of Contraceptive Method Mix Change

| Method | 1985 | 1995(Est.) |
|---|---|---|
| Male Sterilization | 13.0 | 18.0 |
| Female Ssterilization | 45.0 | 40.0 |
| Condom | 10.0 | 18.0 |
| Pills | 6.0 | 16.0 |
| IUDs | 10.0 | 0 |
| Others | 16.0 | 8.0 |
| Total | 100.0 | 100.0 |

2. Justification of the Assumption

1) To ensure male involvement in permanent methods, male sterilization is to be raised.
2) Since the target groups are the younger people, more emphasis is given on temporary methods.
3) To give wide choice to the younger couples, temporary methods are advocated.
4) The increase in percentage of condoms is suggested because of the simple technic and to increase the participation of the males in using contraceptives.
5) The reasons of increase of pill acceptors to suit the young couple and better spacing.

3. The Annual FP Targets by Methods:1987-1991

(Unit:Thousand)

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%) |
|---|---|---|---|---|---|---|
| Vasectomy | 77.2 | 82.9 | 88.7 | 90.5 | 92.2 | 431.5(12.33) |
| Tubectomy | 154.9 | 158.9 | 162.1 | 157.2 | 152.8 | 785.9(32.22) |
| IUD | 158.0 | 138.5 | 116.4 | 91.4 | 63.6 | 557.9( 3.27) |
| Oral Pills | 335.2 | 390.7 | 449.5 | 509.2 | 567.1 | 2,251.7( 9.73) |
| Condom | 429.6 | 478.2 | 528.8 | 508.4 | 631.1 | 2,576.1(11.83) |
| Others | 520.3 | 513.5 | 503.6 | 489.9 | 470.7 | 2,498.0( 8.66) |
| Total | 1,675.2 | 1,762.7 | 1,849.1 | 1,846.6 | 1,977.5 | 9,101.1(78.04) |
| CPR(%) | 73.09 | 73.47 | 75.71 | 76.93 | 78.04 | |

4. Factors Used for Dividing Contraceptive Targets into Government and Private Sector

1) The coverage of medical insurance
2) The increase number of private service points
3) The proportion of the method used by source(government and private)
4) The proportion of rural and urban population

Figure 10 (Continued)

Group C

1. Assumption of Contraceptive Method Mix Change

| Method | 1985 | 1995(Est.) |
|---|---|---|
| Male Sterilization | 13.0 | 9.0 |
| Female Sterilization | 45.0 | 32.0 |
| Condom | 10.0 | 22.0 |
| Pills | 6.0 | 8.0 |
| IUDs | 10.0 | 17.0 |
| Others | 16.0 | 12.0 |
| Total | 100.0 | 100.0 |

2. Justification of the Assumption

1) Discourage irreversible methods because of side effects and failure
2) Encourage birth spacing methods, expecially usage of IUD
3) Encourage male participation
4) Anticipation of STD and AIDS (for condom only)
5) Replacement of less effective methods by the more effective methods

3. The Annual FP Targets by Methods:1987-1991

| Methods | 1987 | 1988 | 1989 | 1990 | 1991 | Total (CPR%) |
|---|---|---|---|---|---|---|
| Vasectomy | 533.7 | 543.5 | 552.2 | 560.6 | 562.1 | 2,752.1( 8.25) |
| Tubectomy | 1,900.3 | 1,928.4 | 1,953.1 | 1,915.9 | 1,979.4 | 9,677.1(29.04) |
| IUD | 531.7 | 589.2 | 650.2 | 715.7 | 778.9 | 3,265.7(11.43) |
| Oral Pills | 293.7 | 319.7 | 346.8 | 375.8 | 401.7 | 1,737.7( 5.89) |
| Condom | 571.8 | 658.7 | 751.2 | 850.8 | 950.5 | 3,783.0(13.94) |
| Others | 673.2 | 690.1 | 705.8 | 721.3 | 730.5 | 3,520.9(10.72) |
| Total | 4,504.4 | 4,729.6 | 4,959.3 | 5,200.0 | 5,403.0 | 24,796.3(79.26) |
| CPR(%) | 74.48 | 75.04 | 76.49 | 77.94 | 79.26 | |

4. Factors Used for Dividing Contraceptive Targets into Government and Private Sector

1) Service delivery network and facilities
2) Past performance
3) Trained personnel
4) Financial resources
5) Level of living standard
6) Urbanization.

Figure 10 (Continued)

Group D

1. Assumption of Contraceptive Method Mix Change

| Method | 1985 | 1995(Est.) |
|---|---|---|
| Male Sterilization | 13.0 | 10.0 |
| Female Sterilization | 45.0 | 25.0 |
| Condom | 10.0 | 15.0 |
| Pills | 6.0 | 11.0 |
| IUD | 10.0 | 16.0 |
| Injectables | - | 8.0 |
| Others | 16.0 | 15.0 |
| Total | 100.0 | 100.0 |

2. Justification of the Assumption

1) Encourages use of reversible methods decreasing male sterilization and female sterilization
2) Introduced new method such as injectables.

3. The Annual FP Targets by Methods:1987-1991

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%) |
|---|---|---|---|---|---|---|
| Vasectomy | 37.7 | 38.3 | 38.7 | 35.9 | 33.2 | 183.8( 8.80) |
| Tubectomy | 86.6 | 80.6 | 73.0 | 58.0 | 43.1 | 341.3(26.08) |
| IUD | 311.7 | 341.9 | 373.5 | 404.5 | 434.4 | 1,866.0(11.04) |
| Pills | 277.7 | 312.4 | 348.9 | 385.5 | 420.2 | 1,463.7( 7.42) |
| Condom | 399.1 | 437.2 | 476.9 | 517.1 | 556.3 | 2,386.6(10.60) |
| Injectable | 91.5 | 125.2 | 161.8 | 200.6 | 241.3 | 820.4( 3.88) |
| Others | 614.1 | 643.1 | 671.8 | 699.0 | 722.0 | 3,350.0(12.25) |
| Total | 1,818.4 | 1,978.7 | 2,144.6 | 1,915.1 | 2,450.5 | 10,411.8(80.08) |
| CPR(%) | 73.73 | 75.42 | 77.01 | 78.60 | 80.08 | |

4. Factors Used for Dividing Contraceptive Targets into Government and Private Sector

1) Sterilization: 50% financed by government,
50% by private sector
2) Condom and pills: 100% financed by private sector
3) IUD: 50% financed by government
50% by private sector
4) Injectable: 80% financed by private sector
20% by government.

Plenary Discussions

Being compared with the computer output of the four subgroup assignments, contraceptive practice rate should be increased from 70% in 1985 to the level of 77% to 80% by 1991 in order to achieve the demographic goals. In spite of the different assumption of contraceptve mix for 1995, by the four subgroups, the computed results were similar.

Participants stated that they learned how to transfer demographic target into program target by method and how to divide government program target and self-support program target by method utilizing existing data. Many of the participants wanted to use Bongaart's model in their country for program planning.

## Session 13. FP Information and Evaluation System

Objectives

The objective was to help participants be able to 1) state the optimum information and indicators required for FP program monitoring and evaluation and 2) understand the Korean FP information and evaluation system.

Subgroup Tasks

Prior to the subject presentation, Mr. Kap-Suk Koh requested to the subgroups to list the types of information and indicators using a given format following the suggested questions; 1) What types of information are needed fully to evaluate any family planning? 2) For each type of information, suggest one or two practical indicators. He gave an example that population growth is a type of information and birth rate is a practical indicator of population growth.

Subgroup Products

The information needed for a family planning program was generally well covered by each subgroup. (See **Figure 11**)

Subject Presentation and Plenary Discussion

Upon completion of the subgroup products presentation, Mr. Koh presented the session topic on FP information and evaluation system which included information flow and contents of FP monthly service statistics, and the current program evaluation system. So far, the emphasis of the

program evaluation has been placed on the target-achievement which is the figure of recruitments of new contraceptive acceptors, particularly sterilization acceptors. While the monthly service statistical reports cover most of the activities of field workers, the reports do not provide any information regarding the general situation of contraceptive practice in the area. In order to overcome this problem, the national fertility and family planning surveys have been conducted on a basis of three-year intervals.

For example, the evaluation indicators of the national family planning program in Korea have focused more on the quantity of the program and changes in fertility and KAP levels, rather than the quality of the program since the main purpose of the program has been the reduction of fertility through family planning.

Finally, Mr. Koh mentioned that the program performance and effectiveness could be increased through the orchestrated use of proper evaluation indicators, rapid feedback mechanism of evaluation results to the program organizations, and the award system for the outstanding program achievements.

The participants were able to understand the necessary information and key indicators for evaluation after the plenary discussion among the Korean staff and participants. The session director stressed that the time was insufficient to explain fully the information and evaluation of the Korean family planning program and to reach a consensus among participants and the information required for program evaluation can be varied according to the development stage of the family planning program.

**Figure 11**

**Information and Indicators Needed for Family Planning Evaluation**

**Group A**

| Proposed Indicators | Type of Information |
|---|---|
| 1. Program Inputs | |
| - Ratio manpower/target groups | - Number of manpower (physician, FP worker,etc) |
| - Ratio facility/target groups | - Number of clinics, health center, health sub-center, hospital |
| | - Number of vehicle |
| 2. Program Outputs | |
| - CPR | - Number of acceptors (Method mix, MWRA) |
| - CYP | - Drop-out rate/ Continuation rate |
| - Birth averted | - Fertility rate |
| | - Rate of effective method |
| 3. FP Behavior | |
| - Knowledge | - Idea on FP, FP method |
| - Attitude | - Idea on FP, FP method |
| - Practice | - Prevalence, Method mix |
| 4. Fertility & Mortality Behavior | |
| - Marriage | - Mean age at first marriage |
| | - Proportion of marriage |
| - Fertility rate | - CWR |
| | - ASFR/TFR |
| | - CBR |
| - Mortality rate (infant, child and women) | - IMR/CMR |
| | - MMR |
| 5. Program Effectiveness | |
| - Ratio input/output | - Program input |
| | - Output (CYP, BA fertility decline) |
| - Cost benefit ratio | - Cost Benefit (CYP, BA fertility decline) |

Figure 11 (Continued)

| 6. Population Size | |
|---|---|
| - Population growth | - CBR<br>- CDR |
| - Population structure (Dependency burden) | - CMR (migration)<br>- Population by age |

**Group B**

| Type of Information | Indicators |
|---|---|
| 1. Knowledge of the MWRA (15-44 years) | - Percentage of MWRA<br>- Aware of contraceptives by health |
| 2. Attitude of the MWRA | - Ideal number of family size |
| 3. Practice of the MWRA | - The number of contraceptive users by method<br>- Continuation rate |
| 4. FP program resources | - No. of FP clinics<br>- No. of FP personnel categorised<br>- Amount of budget allocated |
| 5. FP program activities | - No. of home visits conducted by family worker<br>- No. of mobile teams visited |
| 6. FP management | - No. of trained managers/ supervisors<br>- No. of supervision conducted<br>- Reporting coverage<br>- Cost/birth averted |
| 7. FP impact/effectiveness | - CYP<br>- CBR/CDR<br>- TFR<br>- IMR/MMR |

**Figure 11 (Continued)**

**Group C**

| Proposed Indicators | Type of Information |
|---|---|
| 1. Standard Couple-Years of Protection (SCYP) | - Expected fertility rate of acceptors per 1000 per year<br>- CCYP(formerly)<br>- Penalty for pregnancies (per 1000 CCYP)<br>- No. of new acceptors in year<br>- Adjusted in month/acceptor for overlap with postpartum amenorrhoea |
| 2. Contraceptive Prevalence Rate (CPR) | - No. of acceptors<br>- No. of eligible couples<br>- No. of births by age group |
| 3. Age Specific Fertility Rate (ASFR) | - No. of births by age group |
| 4. Target/Achievement Ratio by Methods | - No. of targets of each method vs accomplishment |
| 5. Cost per Birth Averted | - Total number of birth averted vs total cost: age structure, marital distribution, age specific marital fertility |
| 6. Unit Cost of Each Method | - Total costs by methods<br>- Number of acceptors by methods |
| 7. CYP/Workers | - No. of workers |
| 8. Failure Rate | - No. of pregnancy among users |
| 9. Discontinuation Rate | - Period-wise distribution of the number of drop-outs vs number of acceptors |

**Figure 11 (Continued)**

| Group D | |
|---|---|
| Indicators | Type of Informations |
| 1. PGR | - No. of births occurred<br>- No. of deaths<br>- Migration (Immigration and emigration)<br>- No. of population |
| 2. CPR | - No. of users at certain point in time<br>- No. of acceptors(cumulated at certain point in time)<br>- No. of eligible couples |
| 3. Contraceptive Effectiveness | - Continuation status by methods<br>- Failure rate by methods<br>- Demographic characteristics of acceptors<br>. Mean No. of living children of acceptors<br>. Mean age of acceptors<br>. Mean age at marriage<br>- Differences in CE according to attending/designated doctors<br>- Side-effects<br>- Shift in method used |
| 4. Fertility | - No. of births occurred by age, area, occupation and education |
| 5. Services/ Resources | - No. of clinics<br>- No. of designated doctors<br>- Contraceptive supply |
| 6. Cost Benefits | - Program input data in detail<br>- No. of births averted by methods<br>- Cost of raising children<br>- Other socio-economic data related to national economy |
| 7. CYP | - Death rate of acceptors<br>- Livebirth rate of acceptors<br>- Continuation rate of acceptors<br>- Age at acceptance |

Figure 11 (Continued)

| | |
|---|---|
| 8. Induced Abortion Including M.R. | - Competence of physician<br>- No. of abortion area and marital status<br>- Cost by physician, area<br>- Use of contraceptive before abortion<br>- Reasons for abortion |
| 9. KAP | - Knowledge of contraception<br>- Awareness<br>- Attitude toward FP and son preference<br>- Accessibility of service<br>- Practice by method and source of service<br>- Socio-economic and cultural background |
| 10. IMR | - No. of infant death by area<br>- Causes of death of infants |

## Session 14. Integration and Coordination of FP Activities

### Objectives

The objevtives of this session were to 1) define and describe "integration" of family planning activities, 2) identify both positive and negative factors affecting integration and coordination of FP activities, in Korea and in general.

### Subject Presentations

This session was opened by introducing each of the three background papers, prepared by Dr. Sook Bang, Dr. Kye-Choon Ahn and Mr. Ung-Chul Young.

First, Dr. Bang presented on "Family Planning/Health Integration Efforts and Evaluation Results in Korea". He 1) briefly reviewed the historical program development related to the integration of family planning activities; 2) clarified the definition, rationale and evaluation of integration refering the ESCAP publication (Population Research Lead - No.3 Towards Organizational Effectiveness of Integrated Family); 3) presented previous studies on the potential of integrating FP with other services in Korea; 4) describe a case study on the evaluation of the integrated approach of FP/MCH undertaken in rural Korea (Seosan County); and 5) finally reported the lessons learned from operational research on the integration of service delivery in Korea and other countries.

Dr. Ahn presented a paper on a case study of an attempt to integrate family planning activities with the Saemaul (New Village) Movement at the county ('gun'), township ('myun') and village levels. Since its inception, the family planning program has been carried out by MOHSA. The Saemaul program has been implemented by MOHA, but there has been little coordination between the two ministries concerning family planning. The Saemaul movement supports social and economic development programs of various kinds at the community level throughout the country.

Thus an experimental study was designed to examine the feasibility of integrating family planning and primary health care with the Saemaul community development program in one country. The respective organizations were not merged. But an attempt was made to integrate their functions at the county, township and village level. A control county was selected in which the existing system functioned as usual. There are MCH, FP and TB control workers at both the county and township level, but they have no formal links either with the Saemaul program or with village leaders.

The experimental study found that there was no significant change in integration among the township officials and concluded that a private institution has little ability to effect changes in work relationships among local government officials. There were some indications of increased coordination among village leaders, however, the study was unable to measure any significant difference in health care or family planning between the experimental and the control counties, partially because of the short duration of the project for 17 months. In conclusion, it may be said that the family planning program has not really been integrated with the Saemaul movement in Korea.

Mr. Young presented "Family Planning Activities in Industrial Sites". He said that FP activities in industrial sites promoted by the Ministry of Labor (MOL) are not integrated programs.

He outlined 1) reasons for promoting family planning activities in industrial sites in Korea, 2) overview of the promotion system and practice of family planning activities in industrial sites, 3) system of encouraging family planning activities in industial sites such as provision of 3 days' paid leave for sterilization acceptors and inclusion of paid leave clause in collective agreement, 4) summary on the successful family planning case of the Korea Fiber Company.

Plenary Discussion

Following the presentation of their papers for 20 minutes each, the participants actively participated in the discussion on integration issues in family planning program, chaired by Dr. Sook Bang, session director. The main points raised by the participants are summarized below.

Responding to the recommendation made by Dr. Bang that if the Korean Government really wishes to integrate family planning with MCH services, Korea would shift from a population control policy (mainly FP program)to a population quality policy (inclusion of MCH), a participant (from China) expressed his view that such an emphasis may bring about the dilution of government resources for FP and competition in the use of the budget between FP and MCH. The issue of whether FP should be integrated with MCH is much dependent on political decisions, taking into account the balance between the societal need for fertility control and the personal need for MCH. The participant thought that China still needs to continue to emphasize FP.

Another participant from China, however, commented on the Korean program, saying that Korea has already achieved a high level of FP acceptance with a small size family norm, therefore, Korea is at the stage to provide more care for the "wanted" child, emphasizing the need to integrate MCH

with the Korean family planning program.

A participant said that she is from a country where infant mortality is still high and FP acceptance depended on the survival of the child. Therefore, FP is an integral part of the MCH program. One of the constraints, however, is the lack of reasonable indicators to measure the success or failure of both FP and MCH services in an integrated program. One reason is that, the family planning program is target-oriented and top administrators are eager to measure FP achevement, but the MCH program is not target-oriented and the MCH services output is not well measured. Thus there is a lack of data on whether the integrated services are better than non-integrated ones. Concerning an indicator for the evaluation of integrated FP/MCH services, Dr. Bang suggested the use of the concept "Reproduction Efficiency", meaning that all pregnancies should be wanted, delivered safely, and be healthy at one year old, as a measurement of combined services of FP/MCH, as mentioned in his paper.

A participant from Sri Lanka said that in his country, FP/MCH are well integrated as they have a good health infrastructure.

A participant from India said that elements of MCH services are also strongly emphasized by his government, and they have a target system in MCH. They are providing a 6-month program for uni-purpose workers to train them to be multi-purpose workers.

A participant emphasized the need for structural integration at the top level. On the other hand, community needs for an integrated program should be identified not by an expert but by local people themselves. For this reason, a new-kind of leader is necessary to promote and implement an integrated program. Such persons should be highly motivated to push the MCH/FP/Nutrition integrated program, emphasizing the need for new leadership training for such a purpose.

A participant from the Philippines commented on the failure of the integrated approach of FP with Saemaul-Undong in increasing FP acceptance, as presented by Dr. Ahn. As Saemaul has a goal not only for FP acceptance but also for improving the quality of life, evaluation of the integrated program should not focus simply on FP acceptance but look into the quality of life aspects enhanced integration.

Regarding the integrated approach of FP with the industrial sector, presented by Mr. Young, there was much discussion on its cost-benefit aspects. Most of the participants agreed that the integration of FP services with sex education in the industrial sector, as demonstrated in Korea, is a good example of cooperation of three parties; trade unions, employees and government. However, more

efforts are needed to prove the benefits of FP in terms of increasing productivity and safety, and reducing the rate of absenteeism in those companies with a FP program.

In concluding the session, Dr. Bang summarized the discussion as below.

The participating countries may be divided into two groups: 1) Countries where the health infrastructure is relatively strong and FP was introduced by adding it to the health service system. 2) Countries where the FP infrastructure is stronger, and where FPP is trying to integrate with MCH.

In general, it appears to be easier to provide integrated FP/MCH services in the former situation than the latter. Thus, the concept and practice of integration of FP with health services is different from country to country, and the degree of integration varies, depending on goals, structure and the process of integration in their respective program settings.

In any case, FP administrators should not automatically believe that an integrated FP program can bring about better results in FP output than a non-integrated one. They should carefully plan, implement and evaluate any integrated program, which calls for continuous monitoring and evaluation of the "so-called" integrated FP program in a given country.

Although this session does not include subgroup tasks, there was most cross-fertilization of participants' own county expereriences occurred during this session, with each participants benefiting from the comments of others.

## Session 15. Cost-Effectiveness Analysis of the Family Planning Programme in Korea

### Objectives

This session was 1) to identify the types of cost by contraceptive methods (cost analysis of FP program), 2) to estimate the effectiveness by the three methods (effectiveness analysis of FP program), 3) to undertake cost-effectiveness (C-E) and cost-benefit (C-B) analysis of FP program using the existing data, 4) to apply the techniques of C-E and C-B analysis to another problem of FP program, and 5) to evaluate the contraceptive methods and FP program efficiency.

## Subject Presentation

Dr. K. K. Ro, explained that a general cost-benefit analysis employs the formula in computing B/C ratio (present value of benefit series)/(present value of cost series).

He explained the sources of the cost in the FP programme consist of government sector(central and local government), private sector, and foreign sector. The total cost is classified into the direct cost and the indirect cost. The direct cost indicates visible and variable cost and the indirect cost indicates invisible and fixed cost. He named temporary worker's salaries, cost for contraceptive program, cost for moving treatment task, cost for counselling center, advertizement cost, and car maintenance cost, etc. as the direct cost. As the indirect cost, he named administrative cost, executive worker's salaries, cost for MCH care, training cost, cost for research and evaluation and other facility cost, etc.

He explained the indices to measure effectiveness in the FP program. They are i) number of acceptors by contraceptive methods, ii) couple years of protection, iii) number of births averted by contraceptive methods, and iv) fertility decline. They are all based on the demographic characteristics at the acceptance and continuation rates of acceptors in various contraceptive methods.

He concluded that the cost-benefit analysis in the FP program has many ongoing and unresolved problems: identification of the costs, estimation of effectiveness and its benefit, selection of methodology, and integration of micro study into macro-economic population model. Consequently, it should be mentioned that the analysis of this paper is restricted to narrow research domain by many assumptions.

## Subgroup Tasks

Participants were requested to discuss and recommend the strategies to improve the "efficiency of the FP program". The dependent variable and intermediate variable were fertility decline or increase and the couple years of protection (CYP),and the independent variables are factors which influence the FP acceptors.

## Subgroup Products

Group products were as shown in the **Figure 12**.

Figure 12

**Strategies to Improve the Efficiency of the Family Planning Program**

**Group A**

1. Dependent variable and intermediate variable

   Fertility reduction (CYP)

2. Independent variables (To increase the program efficiency)

   1) Program variables (Strategies)

   - Political commitment
   - Resource mobilization and allocation
   - Manpower availability
   - Utilization of skill and ability
   - Interaction between program
   - Responsibility and authority of program officials
   - Service delivery points - accessibility and availability
   - Monitoring and evaluation.

   2) Non-program strategies

   - Education (particularly female)
   - Proportion of urban population
   - Transportation and mobility
   - Physicians and paramedicals/1000 population (health, mortality, morbidity status)
   - Mass media exposure (radio, TV, Newspapers)
   - Female participation in the labor force (organized sector)
   - Women's organizations
   - Social and cultural norms
   - Rural development
   - Community participation.

**Group B**

1. Recommendations

   1) Employ higher school educated health worker.
   2) More appropriate and indepth training for health workers.
   3) To motivate FP worker to increase their commitment to family planning program.
   4) To encourage the family worker through reward and career improved system.
   5) To increase good relationship with medical personnel, community leaders and community institutions.
   6) To enhance communication with policy makers in every administrative level.
   7) To improve family planning program management.

Figure 12 (Continued)

Group C

1. Qualified personnel (paramedics, physicians, IEC workers, community workers).
2. Community participation/involvement.
3. Literacy.
4. Accessibility of service facilities.
5. Contraceptive technology and distribution.
6. Monitoring system.
7. Priority order by country.
   a. China: IEC
   b. Philippines: Political commitment
   c. India: Female literacy
   d. Indonesia: Accessibility of service facilities
   e. Thailand: Breaking of religious barrier in some part of the country

*8. To improve integrated program through income generating and community incentive scheme.

Group D

ECYP = f (Ed., MD, Transp., % of Farm P.)

Actual CYP - ECYP / Actual CYP ECYP = Efficiency Index

If, ACYP > ECYP: High performance area
If, ACYP < ECYP: Low performance area under given condition of E =f(Di, Sj)

To increase ACYP:
In case of Korea, China, Vietnam, Indonesia } highly educated, younger age, and more training.

In case of India, Philippines } adequate staff, trained staff, motivated staff

## Plenary Discussions

The discussion centered on the economic problems of mobilizing community resources and allocating more resources to the FP program. Dr. Ro considered the mobilization of community resources for FP program as highly desirable. However, most developing countries have limited resources. With many other programs competing for more resources, the question is the political and economic commitment to FP program. Tough questions have to be answered. If one advocates mobilizing the community resources for FP program, what other pressing programs is he or she willing to sacrifice for FP programs. The answer is not easy one.

Dr. Ro suggested another economic approach to enhance the effectiveness of FP program. It is to utilize the resources available for the FP program more efficiently. He said that we can think of the FP program operation like any other business operation. We can consider the FP program agency as a firm providing service, i.e., FP service. Given the limited budget, to make the FP program more effective, one must adopt the most up-to-date management techniques and, thereby, improve the efficiency of providing the (FP) service.

It cannot be said that the most FP programs are managed most efficiently. This is because these programs are not being subject to the market system of test of efficiency of the survival of the fittest. Although there are administrative monitoring, control and evaluation systems for many of FP programs, they are not subject to the ultimate test of the market system of reward and punishment. The system awards the efficient firm with profit and inefficient one with financial loss and bankrupcy.

Therefore, in conclusion, the best strategy for improving the efficiency of the FP program is to borrow the latest management practices and techniques to enhance the efficiency of FPp program operation.

## Session 16. Family Planning Procedure Manuals and Supervision in Korea

### Objectives

The objctives were to make participants to understand 1) the overall approach to supervision applied in the Korean FP program, 2) the manner in which FP operating and managerial procedures are documented and updated.

### Subject Presentation

Dr. Chang-Jin Moon outlined the supervision of the family planning program in Korea using transparencies to facilitate the presentation. The main points were:

- basic roles of supervisors: trainer, consultant, evaluator, and communicator (mediator);
- hierarchical structure of the supervision network: first, second, and third stages;
- interaction between supervisors and subordinates;
- supervision dynamics: bureaucratic authority, specialty, penalty/reward, publicizing personal/group activity, environmental factors;
- tools of supervision: on-the-spot (field supervision), telephone, informal letter, recall, periodical meeting;
- types of supervision: comprehensive, selective;
- process of on-the-spot supervision: checklist preparation, encounter, mobilizing and encouragement;
- standard supervision items at provincial level and health center level.

Dr. Moon also introduced briefly procedural principles of family planning services and the procedural principles in supervision.

### Plenary Discussion

Participants raised several questions. Some of them were to clarify information presented during the session and others were to inquire into the details of supervision activities in Korea. The main points of the questions are as follow:

- What kind of mechanism is there in reporting and feedback? Are a letter or some other mechanism used?
- Is there any check-up conducted on monthly report being submitted from the field workers at provincial government?
- Does the field worker at health subcenter provides the information to township chief? Does township office supervise them?

For these questions, Dr. Moon and other facilitators responded as follows. The monthly report has been submitted to higher echelon government. On-the-spot supervision is being made by the field worker and he will report to his supervisor. The KIPH has conducted the check-up on the monthly report submitted by provincial governments. There is a dual system. Health Center issues acceptors' coupon, and the KIPH and provincial governments have auditors' office which check all the report. Field worker is a staff of township office administratively but supervised by the health center. Evaluation unit is at the health center.

Following the questions and answers, all participants were asked to make a brief presentation of their FP supervisory systems in the FP program. Several participants described it and their contents, methods, and techniques of the supervision were different in each country. The supervisory system were based, to a large extent, on each country's own experience and discretion. But there were also similarities in the supervision activities in the family planning in Korea and other Asian countries. They place emphasis on the field worker to meet the individually assigned program targets conveying intimidation of possible consequence when the targets are not met. Mr. Nam-Hoon Cho concluded that the effective supervision system must be established on the basis of the concurrent and periodic program evaluation, and service statistics systems, since the supervision activities are an integral part of both the support and control functions of the program.

## Session 17-18. Family Planning Service Field Visit and Its Preparation

### Objectives

Both sessions were designed to prepare for the field visit and to make collect required data at each of the facilities. The objectives were to understand and assess the actual progrm operation and management system of the national family planning program at the local levels from province to villages. (For the local organization and field visit site by level, See the **Figure 13.**)

### Subgroup Tasks

The field visit schedule for the next day was given to participants and the following types of information were suggested to be collected pertaining to each management subject presented in Sessions 12-16.

- target allocation;
- record/reporting, monitoring;
- evaluation and feedback;
- supervision and other FP procedures;
- integration of FP activities within health and community development;
- unit cost and effectiveness of FP service at various type of facilities.

They were asked to compile a list of data and the information to be obtained at each facility and prepare forms for recording answers. Team members were assigned to visit each type of facility by groups as shown in the **Figure 14**. The teams were organized considering the country, sex and profession.

**Figure 13**

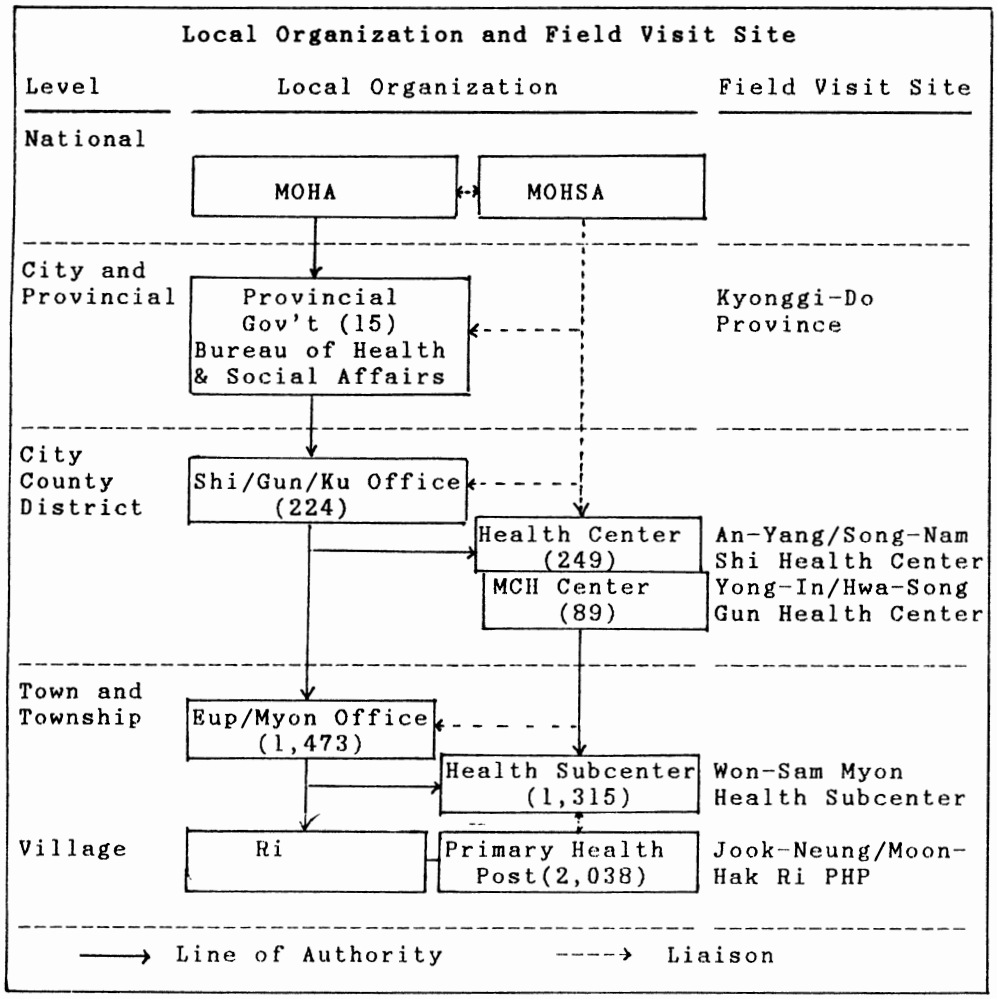


Figure 14

Team Organization for Field Visit

| Sub-Group | An-Yang Shi Health Center | Yong-In Gun Health Center | Won-Sam Myon Health Subcenter | Jook-Neung Ri Primary Health Post |
|---|---|---|---|---|
| A | T. Amaradasa G. (Sri Lanka)<br>H.T. Cuong (Vietnam) | A. Razzaque R. (Pakistan)<br>J. Wu (China) | C.L. Malhotra (India)<br>Y.S. Chang (Korea) | S.Y.K. Mojlish (Bangladesh)<br>H. Rohadi (Indonesia) |
| B | I. Hariyadi (Indonesia)<br>S.S. Yang (Korea) | W. Kolasart-senee (Thailand) | M.R. Shah (Bangladesh)<br>N. Mazwar (Indonesia) | M. Karamet (Pakistan)<br>J. Feng (China) |
| C | V.K. Sharma (India)<br>Z. Zhao (China) | D. Mansyur (Indonesia)<br>C.H. Kim (Korea) | C. Boonthai (Thailand)<br>D.H. Cho (Korea) | F.B. Bayan (Philippines) |
| D | E.B. Vigo (Philippines) | T.T.T. Chien (Vietnam)<br>S. Kusnadi (Indonesia) | Q. Chen (China)<br>Y.W. Whang (Korea) | P.B. Buch (India)<br>J.S. Kim (Korea) |

## Field Visits

The field visit was made for a full day at the Kyonggi provincial site which is located in the west central part of Korea. This province contains a population of 5.4 million as of 1988, and encompasses a total area of about 10,863 $Km^2$. The administrative units of the province are 12 cities with 162 districts, and 19 counties with 33 towns and 160 townships. This province has ranked the highest among 14 cities and provinces in achievement of the national family planning program since 1980. The main reasons to select the province for the field visit were because of the short distance from Seoul and the highest program performance of Kyonggi province.

**In the morning,** all participants visited the **Kyonggi provincial government office** to observe in detail the managerial techniques and practices unique to family planning program at the provincial level. The morning session was begun with a welcome message addressed by Mr. Sa-Bin Im, Governor of Kyonggi province. In his welcome speech, he mentioned that the population control policy with emphasis on family planning program has been implemented as

priority project in the local administration since 1962, because the rapid growth of population was the deterring factor for Korea's socio-economic developments. The demographic goal of Kyonggi province was to achieve 1 % of population growth rate by 1991 which is earlier than that of the national goal by 1993. Through the governor's welcome speech, all participants felt that the success of the national family planning program in Korea has been due partly to the policy makers' keen attention and strong political committments to the program.

All participants were briefed by Dr. Bae-Joong Yoon, Director of Public Health Division, Bureau of Health and Social Affairs, on the family planning program activities in Kyonggi provincial government which include: socio-economic and demographic characteristics; organization; program budget; and the current status of program operation and management activities.

Plenary session with question and answer period was designed to give the participants an overview of the types and contents of program management practices which have been using at the provincial level. Participants raised numerous questions which include: the relationships between MOHA, MOHSA and the provincial governments; participation of herbal doctors in the program; proportion of sterilization acceptors with two children or less among the total acceptors; IEC activities through wedding march halls; coverage of medical insurance system; availability of health services by public and private sectors; role of voluntary organizations and their degree of participation in the program; effects of various incentive and disincentive schemes, etc.

**In the afternoon**, the task group members were divided into four teams, and each team visited a different type of program facility such as **An-Yang Shi** Health Center, **Yong-In Gun** Health Center, **Won-Sam Myon** Health Subcenter, and **Jook-Neung Ri** Primary Health Post, in Kyonggi province. These field sites were substitutes following Kyonggi provincial officials recommendation, for **Song-Nam Shi** health center, **Hwa-Song Gun** health center, **Moon-Hak Ri** primary health post in Kyonggi province which were visited in 1987.

During their visits to health centers, particular attentions were given by participants to the use of management techniques on target allocation to the peripheral areas, frequencies and contents of program evaluation, feedback mechanism of the program evaluation results, supervision style and frequencies, etc. At the primary health post level, participants paid attention rather to general function and role of community health practitioner than to her family planning related activities.

## Session 19-20. Family Planning Service Management Case Study

### Objectives

The objectives of this session were to, 1) analyze findings from the structured data gathering in FP service facilities, 2) present in writing and in plenary the findings in a concise case study report.

### Subgroup Tasks

Participants were requested to assess the operation and management systems of the national FP program at different levels based on the information through field observation, to write a brief assessment (advantages, difficulties and ideas for improvement) of each aspect of the system studied in Sessions 12-16 and to prepare transparencies for its presentation in the plenary, and to present them in the plenary.

### Subgroup Products

Each subgroup presented its assessment of the Korean FP management system, and they were as shown in the **Figure 15.**

### Plenary Discussions

In general, subgroups agreed that formal program management functions, such as program target allocation, evaluation, and supervision have been enforced in the provincial and health center levels as well. The participants also noticed that the high acceptance and use effectiveness of contraceptives in Korea, particularly sterilization, have been attributed largely to the systematic program management practices, and award system based on the program evaluation results.

In view of program operation, the participants had the consensus of the opinion that the success of the national family planning program is due to:

- the use of a large corps of family planning workers in every township and city district to motivate eligible women,
- the use of a network of private "designated physicians" specifically trained and licensed by the government to provide all contraceptive services,
- distribution of contraceptive services free of charge by the government subsidy,
- organizational set-up by establishing the family health division from central to local health center levels,
- introduction of numerous incentive and disincentive

schemes that encourage contraceptive use and small family norms,
- a number of research and evaluation activities to illuminate managerial and operational problems facing the family planning program,
- the use of a variety of channels for I.E.& C. activities on family planning,
- strong political committments by the political leaders to make the family planning program a top priority project in the nation's socio-economic development plan, and
- regular training programs at the central level for program personnel and designated physicians.

In addition, the participants pointed out that other non-program factors have made positive contribution to the success of family planning program in Korea. Major factors which were enumerated by the participants are;

- the absence of resistance against family planning for religious reasons,
- the expansion of educational opportunities,
- decline in the infant mortality rate,
- improvement of life expectancy,
- the rise in age at first marriage for women, etc.

Several weaknesses in the program management system were identified and recommendations for the improvement were made:

1) MOHSA has overall responsibility for the family planning program, but it does not have direct control over local family planning programs and program personnel who are employed by the provincial and local governments. Thus, it was recommended that legal steps should be made to enable MOHSA to provide more direct and effective supervision to local family planning program and personnel on technical matters, without violating the authority and autonomy of the local governments.

2) The family planning worker/designated private physician system has been the backbone of the family planning program in Korea. This has been a powerful approach in the rural areas and remains essentially sound. In the urban areas, however, the current strategy is not performed successfully due to the difficulty of home visit and the shortage of family planning workers. Therefore, a strong effort is needed to develop a new approach for urban areas, and to increase the number of workers.

3) The target system needs to be reviewed. The inflexible target system made the workers feel hard-pressed for the recruitment of new acceptors and contribute for

high discontinuation rates for temporary contraceptive methods.

4) There has been little attention paid to the management of individual sub-programs or projects. Without a conscious attempts to manage each of these programs properly, major wastage of resources is is likely to occur, a proto-type project management system should be developed.

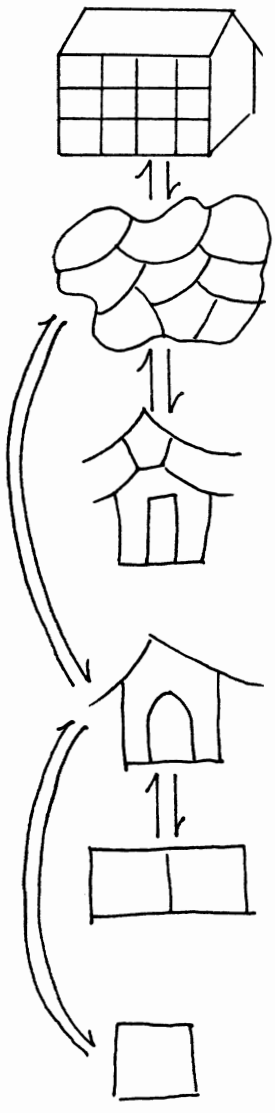
5) The detailed and comprehensive system of records kept at the local levels and the reports based on them, are a substantial asset. One of weaknesses is the limited ability to use these data effectively at the local levels. The participants recommended that the regular management training program developed by KIPH should be continuously conducted for the local program managers to better use the service statistics for managerial purposes.

6) Nationwide, there are 92 MCH centers in county areas and 2,000 community health posts in remote rural areas. However, their involvements in family planning are very inactive, and there is an apparent lack of coordination among the various health agencies and workers in the community. Thus, organizational and functonal efforts for better coordination of these different health workers should be undertaken in the future.

Figure 15

**Family Planning Service Management**
**Case Study Reports**

**Group A**



| Organization | Function |
|---|---|
| MOHSA | Policy Formulation/ Evaluation (yearly) |
| Province | Target Setting/ Evaluation/ Monitoring/ Supervision (monthly) |
| City Health Center | Implementation Monitoring Supervision (monthly) |
| County Health Center | - do - |
| Myon Health Subcenter | - do - |
| Primary Health Post | Reporting (quarterly) |

**Figure 15 (Continued)**

**Group A**

| Item | Primary Health Post | Health Subcenter | County Health Center | City Health Center |
|---|---|---|---|---|
| 1. Establishment | 1981 | 1961 | 1960 | 1961 |
| 2. Staff Position | | | | |
| a. Medical | - | 1 | 4 | 3 |
| b. Support | 1 | 3 | 32 | 27 |
| c. Others | 10 | - | - | 4 |
| 3. Functions | | | | |
| a. Curative | - Minor ailments | - Medical care | - Medical care | - Medical care |
| b. Preventive | - All preventive | - Dental care | - Dental care | - Dental care |
| c. Promotive | promotion | - Immunization | - Preventive | - TB preventive |
| d. Others | activities | - Distribution | - Immunization | - Immunization |
| | - FP | of Anti-TB | - FP/MCH | - FP/MCH |
| | | - FP(except | | - Sterilization |
| | | sterilization) | | |
| 4. Budget(won) | 3,500,000 | 12,389,000 | 73,000,000 | 1986: 185,000,000 |
| | | | | 1987: 206,000,000 |
| | | | | 1988: 230,000,000 |
| 5. Targets and Achievements | | 1986 1987 1988 | 1986 1987 1988 | 1986 1987 1988 |
| | | T/A T/A T/A | T/A T/A T/A | T/A T/A T/A |
| a. Tubectomy | No target | 36/33 36/73 30/21 | -/920 -/696 706/- | 1082/1781 1043/1207 932/632 |
| b. Vasectomy | allocated | 8/8 10/10 13/4 | -/972 -/553 322/- | 1608/2607 2395/2302 2047/1390 |
| c. Pills | | 7/8 9/9 6/6 | -/191 -/167 115/- | 4132/5150 5985/5556 4329/2440 |
| d. Condoms | | 19/17 19/24 22/22 | -/390 -/590 482/- | 10421/15568 15708/15959 6954/6338 |
| e. IUDs | | 49/44 45/48 34/27 | -/921 -/1007 965/- | 2393/2393 2796/2797 2797/1690 |

**Figure 15 (Continued)**

| | | | | |
|---|---|---|---|---|
| 6. Criteria of Target Allocation | - | Allotted from county health center | From MOHSA to province to county | Based on number of eligible couple (ELCO) and workers |
| 7. Futher Allocation | - | Equally distributed among workers | Equally distributed 90% to No. of ELCO 10% to No. of health workers | Equally distributed 1988 - vasec. (257), tubec. (563), IUDs (770), pills (1083), condoms(4090) for each worker |
| 8. Reporting/ Recording Methods | Quarterly reports to county health center | Preparation of monthly reports: → Myon offices: → county | Compilation and preparation of reports on monthly basis → provincial office and KIPH | - Visiting field at least 10 days each month<br>- Monthly reports supplied |
| 9. Evaluation | Yearly evaluation by themselves | Done in Myon | - Evaluation at the central, provincial and county level<br>- Monthly and quarterly, yearly evaluation | - Evaluation at central, provincial and health center level<br>- Monthly evaluation<br>- Evaluation by MOHA |
| 10. Supervision | County health center staff and primary health council: (community organization) | Done by Myon on monthly basis | - 10 days in a month<br>- Acceptance activities including performance | Supervision by provincial and health center level |

Figure 15 (Continued)

Group B

1. Organizational Set Up

(As stated in the papers supplied)
There should be direct command line from MOHSA to Bureau of Health and Social Affairs, to director of health center.

2. Target Setting

MOHSA and KIPH set up the target of national and provincial levels but local governments make adjustment based on the actual situation.

3. FP Activities

1) IEC activities are conducted by PPFK but interpersonal/small group communications are carried out by field health worker.

2) Services

a. Sterilization is available in designated hospital, clinics and city health center.
b. IUD is available at health center, health subcenter and primary health post where the health personnel have been trained.
c. Pills and condoms are distributed by field health worker and health center channels.

3) Program integration

FP program is integrated with MCH and community development at all levels.

4. Monitoring and Evaluation

1) Routine service statistics are collected and reported through monthly reporting system.
2) Survey and research are conducted periodically by KIPH and provincial government.
3) Feedback is done through quarterly meeting and official letter once a month.

5. Training

1) Regular training for health and family planning personnel is carried out by National Institute of Health.
2) County health center conducts special training program for factory workers and volunteers.

Figure 15 (Continued)

6. Coordination

Coordination is done through the committees at different levels.

7. Supervision

The supervision manual prepared by MOHSA is followed by supervisors at all levels.

8. Problems

1) Shortage of field health worker
2) Difficulties in recruitment of vasectomy acceptors in some places

9. Strength and Weakness

1) Strength

- strong policy of the government;
- full participation/cooperation of institutions and organizations;
- adequate budget allocation.

2) Weaknesses

There is no direct command line from MOHSA to Bureau of HSA at provincial level or levels below.

10. Recommendations

1) There should be direct command line from MOHSA to Bureau of HSA at provincial level or levels below.
2) Sterilization facilities may be extended to subcenters.
3) IEC activities on male sterilization be strengthened.
4) Counselling of pill acceptors to be strengthened in order to increase the continuation rate.

Figure 15 (Continued)

Group C

| Aspects of Management System | Advantages | Disadvantages/ Difficulties | Ideas to Improve |
|---|---|---|---|
| 1. Target Setting and Allocation | -Adequate data<br>-Centrally determined assigned to provincial → county → village levels | -Over targetting at implementing level to stimulate competition among counties<br>-Central office may not be aware of village situation for target setting | -Bottom-up targetting instead of top-down |
| 2. Information Recording System | -Comprehensive record keeping<br>-Regular evaluation possible, because of data feedback condition of good communication | -Too much time spent on record keeping at clinic | -Simplify recording/reporting system<br>-Install computer for data bank |
| 3. Evaluation and | -Comprehensively and centrally analyze with speedy feedback | -Adequately evaluated IEC follow-up of surgical cases and failure rate<br>-No cost-effective analysis for annual award to provinces and lower levels | -Develop better information for evaluation<br>-Better criteria for evaluation needs to be studied<br>-Community satisfaction should be one of the criteria |
| 4. Integration and Coordination | -Provincial government through governor, mayor, county chief be able to involve and consolidate different offices and sectors in achieving targets | -Additional responsibility of jobs assigned to FP workers (e.g. rice planting) | -Provide training to non-FP officials and workers<br>-Integrate of FP in-service training for all sectoral workers |

Figure 15 (Continued)

| | | | |
|---|---|---|---|
| 5. Cost Analysis | -Informations utilizable in policy formulation and decision making processes, and for appropriate resource allocation | -Cost for human/ social factors not considered<br>-Cost analysis information not used for policy formulation and decision making<br>-Lack of economists involved in health management | -Cost analysis should be done at least at the provincial and county levels<br>-Train more health economists |
| 6. Procedure Description | -Well set up<br>-Community be informed of FP procedures<br>-FP workers contacting target population regularly | -Manpower problems | -Manpower analysis should be laid down in order to develop standard |
| 7. Supervision | -Adequate for some and not adequate for others<br>-Mobile<br>-Composition of supervisors are well organized | -Inadequate, especially in case of CHP<br>-Not enough well-trained supervisors | -Higher compensation for supervisors<br>-Improve training on technique of supervision |

Figure 15 (Continued)

Group D

1. Provincial Government

1) Advantages

- Governor has strong committment on FP;
- Provide ₩10,000 savings passbook to children of sterilization acceptors with less than 2 chidlren;
- ₩50,000 savings passbook for educational endowment to family with 1 child sterilization acceptors;
- Provision of souvenir to family with 1 child sterilization;
- Best performance award for FP for past 7 years.

2) Difficulties

- Fewer medical doctors in comparison to population in province;
- Sex ratio comparatively low because of male inmigration to the province.

3) Ideas for improvement

- Increase number of qualified medical doctors;
- Increase number of medical service facilities throughout the province.

2. City Health Center

1) Targets given by provincial government
2) All government designated clinics report monthly information to health center. Health center compiles these reports and submits to provincial government. Health center sends copy of coupon directly to KIPH.
3) Health center has evaluation unit. Sends the results monthly to provincial government. Center has close working coordination with factories.
4) MCH services provided by center. MCH activities reported to the provincial government. Center has close working coordination with factories.
5) Separate budget provided for the center. Cost of FP per acceptor is approximately $12.00.
6) All sterilization referred to government designated clinics. Some cases of IUD done by center. Disseminate contraceptives (pills, condoms, etc.). Provide medical and dental services.
7) Receive supervision and guidance from provincial government through periodic meetings and official letters.

Figure 15 (Continued)

3. County Health Center

1) 11 health subcenters are in the county.
2) Targets are given by the provincial government. The center allocate double the number of target to the subcenters.
3) Others are same as city health center.

4. Health Subcenter

1) Targets are given directly by the county government.
2) All reports are submitted to the health center on a monthly basis.
3) Evaluation results are given by the health center.
4) Integrated program with MCH and TB.
5) Budget is allocated by county office.
6) Contraceptives, sterilization and IUD are referred to government designated clinics. Other contraceptives, condom and oral pill are distributed by the subcenter. In addition to this, the community-based distribution of contraceptive is introduced in village level.
7) Supervisions are made by county office.

5. Primary Health Post

1) No targets are given.
2) Reporting is made to health center.
3) Self-evaluation by primary health council.
4) CHP provides both FP and MCH. Provision of medical services in coordination.
5) Budget is provided by county and provincial government in 50% basis. Supplemented by primary health council.
6) All sterilization and IUD cases are referred to health center. Only condom and oral pills are distributed by PHP.
7) All supervision is exercised by primary health council and county health center.

## Session 21. Population Research Management

### Objectives

The objectives were to make participants 1) understand the full set of population and FP research activities carried out in Korea and 2) propose their ideas on future FP research felt needed in Korea, identifying the research topics, justifying the choice of each topic, describing the research method and how the findings would be used.

### Subject Presentation

First, Mr. Moon-Sik Hong presented the general processes of research management, research topics in the population and family planning fields in Korea, and a summary of 1987 research in population and family planning with diagram.

He introduced a model of the research management process being composed of such seven stages as identification of research needs, deciding research priorities, selection of research topics, arrangement for research personnel, monitoring of research projects, evaluation of research outcomes, and utilization of research findings, and explained each stage and feedback mechanism among stages. Specifically, he explained the following:

- procedure and role of related personnel in topic selection,
- monitoring of research projects for achievement of given targets and for finding and solving problems,
- evaluation of research results,
- functional system of utilizing research results by consumers such as policy makers, program administrators, field personnel and researchers,
- research topics during the last 20 years,
- provision of two examples of 1987 KIPH research in order to help in comprehending the necessity, content and expected results of research.

### Subgroup Tasks

Participants were asked to prepare a research plan for 1989. They were assigned to select more than three research topics based on comprehension of family planning and population activities in Korea and the research management process, and to describe the need for the research, the content and the expected results for each topic.

The value of group exercises is in enabling the participants to think scientifically not only in providing a solution to problems but also in expecting and preparing for

possible problems by demonstrating the research development process.

Subgroup Product

The results of the group activities were shown in the **Figure 16.**

**Figure 16**

**Research Plan for 1989**

**Group A**

| Topics | Justification | Contents | Expected Results |
|---|---|---|---|
| 1. The impact of incentive and disincentive scheme on FP acceptance | To measure the effectiveness of various FP incentive and disincentive among various target groups | Follow up study among FP acceptors including who received the incentive and disincentive | Find the most effective scheme of incentive and disincentive for specific target groups |
| 2. The impact of various IEC strategies on FP acceptance | To measure the most effective IEC strategies for FP acceptance | Experimental design done on specific target groups in a certain period | Find the most effective IEC material, media and message for FP program improvement |
| 3. Attitude of eligible population towards one child family and its impact on socio-economic, cultural and political situation | To study socio-cultural and political soundness of one child family norm | -Sample survey covering eligible population among various characteristics<br>-Assessment advantage and disadvantage of one child family in socio-economic, cultural, and political situation | -Will provide perceptions of the eligible population on one child family norm<br>-Will be used for future policy formulation |

**Figure 16 (Continued)**

**Group B**

| Topics | Necessity | Contents | Expected Results |
|---|---|---|---|
| 1. Study on the improvement of IEC program of male involvement in FPP | The ratio of male sterilization is comparatively lower than female (1:4) | -Analysis of the characteristics of Korean male sterilization<br>-Review of the existing model of IEC activities<br>-Develop proper model of IEC | The proper model of IEC to increase the number of sterilization |
| 2. The study of factors of dropped-out cases of pill acceptors | According to data, the drop-out rate of pill acceptors is high, while the national policy attempts to change from permanent to temporary method. Therefore factors of drop-out of pill acceptors should be identified. | -Analysis of the characteristics of young couples<br>-Review of the present counselling and follow-up system<br>-Develop the proper model for counselling and follow-up activities | Providing relevant policy to increase the continuation rate of pill acceptors |

Figure 16 (Continued)

Group C

Proposed Research Topics

1. FP related manpower study
2. Effectiveness of supervision
3. Socio-cultural implication of small family
4. Future role of central government in FP vis-a-vis private sectors and provincial government
5. Integration and revision of recording and reporting formats
6. Study on effect of integrating FP with other development program

* No. 1-3 and 6 are selected.

| Topics | Justification | Contents | Expected Results |
|---|---|---|---|
| 1. Study on effect of integrating FP with other development program | Heavy expenditure on salaries of FP workers | -Through incentive toward self-motivation<br>-Study incentive system and its effect on self-motivation | Stabilized FP through self-motivation |
| 2. FP related manpower study | -Complaint regarding lack of manpower<br>-Complaint regarding overwork<br>-Imbalance of manpower distribution | Organizational analysis in terms of job, qualification, position, functions, identification of actual manpower needs | Standardized resources according to level and type of facilities |
| 3. Socio-cultural implication of small family | -Declining fertility rate<br>-Change in life styles<br>-Change in family life | Household survey regarding changes in norms and structure of family | Data information on social policy implication |

Figure 16 (Continued)

Group D

| Topics | Necessity | Contents | Expected Results |
|---|---|---|---|
| 1. New population projection | -Feasibility of more rapid decline than expected<br>-Collection of fertility related data in 1988 | -Review of vital rate and fertility<br>-Current trends in fertility decline<br>-Prevalence level and pattern of contraception in current use | -Zero growth will occur before 2023<br>-Earlier achievement of national goal should be national reviewed<br>-New FP program direction should be reviewed in light of optimum should population |
| 2. Studies of acceptance pattern and side-effects of contraception | -Policy of contraceptive delivery will be changed, i.e., more emphasis on reversible method<br>-Expected change of clinical services due to full introduction of medical insurance<br>-To maintain high continuation rate for reversible methods which will be emphasized by government | -Review of recent trend of acceptance patterns and side effects<br>-Special survey on side-effects based on acceptance characteristics<br>-Clinical trial on new method of contraception | -To improve program efficiency<br>-More emphasis on safe method of contraception<br>-To increase service facility for the proposed method |
| 3. Integration of FP/MCH at grass root/community | -Inadequate integration of service<br>-Feasibility of training grassroot level personnel | -Present status of integration of FP and MCH<br>-Systematic check and monitoring of these two activities<br>-Assessment of training facility for paramedicad personnel | -Improvement of quality of life<br>-Broadens the service nearer to consumers |

## Plenary Discussion

Participants raised the following questions and responses to the questions were as follows:

Q.1. How do you provide expenses for the unexpected projects which needed to be carried out in the current year?
A.1. In the annual KIPH budget approved by the government, certain amount of block grant that can be used for the unexpected urgent projects is included. Also a contingency fund or unexpected balance in the budget can be utilized under the approval by KIPH Board of Trustees.

Q.2. Who are the members of the Research Committee?
A.2. The members of the Research Committee are the president, six directors of research divisions and Director of Research Coordination Unit. In addition three or less research fellows can be appointed as the committee member by the President when necessary and the President becomes chairman of the committee.

Q.3. What kinds of research are conducted by KIPH?
A.3. Research activities of the KIPH covers family planning, fertility, migration, mortality, nuptiality, policy, population size and growth, population structure, family life cycle and so on. However, most concerned area of research is family planning, population policy and fertility. Those areas are covered by both basic research such as data collection through social survey and program model development as well as applied research such as policy development study, evaluation of program, demonstration project, etc. Primarily, more emphasis is given to the applied research in order to support the government policy implementation and conduct of the national family planning program.

Mr. Hong made the following closing remarks.

1. There is no doubt that participants realized that the research activities had played a very important role in the success of the Korean population and family planning program.

2. Any specific knowledge or skill to develop research proposals are not necessarily required for the program management personnel, but the research management function is a part of program manager's role.

3. Even though the group exercise was designed to utilize the Korean data and situation, the participants' experience gained in the group work will be very much useful in actual research management in his/her country.

## Session 22. Managing External Collaboration in Family Planning

### Objectives

The objectives were 1) to make participants understand general principles for making the best use of external collaboration in population and family planning program 2) to show participants recent examples of extremely effective external collaboration.

### Subject Presentation

Professor Jae-Mo Yang introduced the objectives by modification of a poem, "Traveller, there is no path. Paths are made by walking." into "Family planner, there is no royal road. Roads are made by working hard." He said that the presentation of Korean experience is never intended to tell others to follow but to illustrate the trial and error made by Korea.

Dr. Yang reviewed the definition of management intending for every participant acknowledge that:

1) we are working in a constantly changing environment;
2) in deciding what to do with external collaboration, priorities must be set taking into account community concerns, and the prevalence, seriousness, and manageability of identified problems (unmet need);
3) the most common problems hindering efficient utilization of available resources in receipient country are: a) medical doctors - they provide service of high quality but to relatively small, selected group; their service is expensive and clinic-oriented; they are poorly trained in managerial competence and are reluctant to delegate their authority to subordinate workers; b) in general, facilities and commodities, particularly at the infrastructure level, are severely underutilized; and c) poor absorptive capacity of financial assistance.

Where there is at least one reliable person with a high aim and strong will, there is always a means available. To confirm this statement, Dr. Yang made his personal confession with Korean experience.

### Subgroup Tasks

Participants were divided into two groups, and spent about 2 hours for their work. Each group was requested 1) to present a list of the predominent types of external support received by their family planning and population programs, 2) to indicate the most and least effective types

of support, 3) list the most prevalent problems encountered with each type of collaboration, 4) to list basic principles and criteria for making best use of external collaboration and 5) to select one example of an extremely effective experience with external collaboration, explaining why it was so effective.

**Subgroup Products**

The summary of the group report is as shown in the **Figure 17.**

**Plenary Discussions**

In general discussion, Mr. Zhao, a participant from China introduced China's experiences in external collaboration, saying that UNFPA supports to China for I.E.C. activities and data collection (population census) are quite effective and successful.

Commenting that Group 2 was very clever to include KIPH as an exemplary recipient of external assistance, Prof. Yang iftroduced the case of SIDA assistance for construction of KIFP which would be in charge of research, evaluation and training functions of the national family planning program. He said that SIDA was a generous agency since they did not intervene in the affairs of KIFP with grant and 100% of SIDA assistance was spent for construction of KIFP.

Prof. Yang also mentioned that the foreign assistance to Korea in the initial stages of the program involved mainly stimulation of policy makers, establishment of demonstration or pilot projects, and the coordination of the involved ministries. As the program was expanded, foreign assistance grew to supplement weaker areas of the program such as training of program personnel, research and evaluation. Dr. Yang concluded that foreign assistance has been effectively utilized and has contributed to smooth implementation of the national family planning program in Korea.

Figure 17

External Collaboration

Group 1

Q.1. Predominent external support by country

| Country | I | II | III |
|---|---|---|---|
| 1. Pakistan | USAID | UNFPA | World Bank |
| 2. Bangladesh | USAID | World Bank | UNICEF |
| 3. India | UNICEF | UNFPA | WHO |
| 4. Indonesia | World Bank | USAID | UNFPA |
| 5. Thailand | USAID | UNFPA | - |
| 6. Sri Lanka | UNFPA | World Bank | USAID |
| 7. China | UNFPA | World Bank | - |
| 8. Vietnam | UNICEF | UNFPA | IPPF |

Q.2. Types of support

1) Financial support: cash, kind, equipment
2) Technical cooperation: training, research, evaluation, service organization, policy formulation, program planning
3) Moral support: semiars, workshops, study trips

Q.3. Prevalent problems encountered

- Short duration of evaluation mission hindering actual working
- More stress on consultance than actual program implementation
- Many strings attached
- Red-tape

Q.4. Basic principles and criteria for making best use of external collaboration

- community and national concern
- cost-effectiveness
- seriousness
- prevalence
- managibility
- absorptive capacity
- skilled manpower availability
- political committment

Figure 17 (Continued)

Group 2

Q.4. Basic principles and criteria for making best use of external collaboration

- Determine (or identify) specific needs and priority
- Get information regarding priority for funding by external agencies
- Budgetary constraint of the government for financing particular program
- Country specific urgent needs
- Mutual benefit
- Capability of receiving countries to utilize funds
- Appropriate technology
- Unconditional collaboration

Q.5. Extremely effective example with external collaboration

Korea: Establishment of KIFP (KIPH)

- Autonomy in terms of effective research, training and evaluation
- Activities of the institute influencing planning and implementation of national FP

India: USAID in Panch Mahal District of Gujarat resulted in up-grading, setting up health care/MCH facilities in rural area

Philippines: Utilization of para-medics in health FP service delivery

Thailand: Training of para medics in performing of FPP

Indonesia: Establishment of condom factory

- Self-reliance of condom supplies
- Reducing unemployment
- Transfer of technology
- Improvement of utilization of rubber products

# CHAPTER VII. WORKSHOP EVALUATION

The workshop was evaluated with a participant questionnaire and through facilitators' assessment. In addition, every effort was made to note the comments of the participants as the workshop progressed. In fact, the group of facilitators attempted to meet each evening in order to discuss the day's work. Problems identified that were correctable were immediately dealt with. Others were noted for avoiding in future workshops.

The workshop evaluation questionnaires given to participants in 1988 are attached as **Annex E**, with the scores shown that were received for each question in 1987 and in 1988. In **section I**, the participants assessed how effective each session was in terms of their achievement of one or more session objectives.

It can be seen that the particpants report achieving **the greatest success** (% of maximum possible score) with the following:

| | | |
|---|---|---|
| In 1987 | - describing the overall Korean population policy framework and program approach | 97% |
| | - describing the major population policies enacted in Korea over the last 25 years | 95% |
| | - conducting a brief case study of FP organization | 94% |
| In 1988 | - planning an efficient field visit so as to collect required data at each type of facility visited | 94% |
| | - describing the major population policies enacted in Korea over the last 26 years | 93% |

Those sessions which participants felt they were able to perform **least well**:

| | | |
|---|---|---|
| In 1987 | - describing the Korean FP procedures | 71% |
| | - undertaking cost-effectiveness analysis | 72% |
| | - applying the GRID approach in problem analysis and identification of proposed actions | 74% |
| | - describing the various organizations supporting FP in Korea | 74% |
| In 1988 | - applying techniques of cost-effective and cost-benefit analysis to another problem of FP program | 60% |
| | - undertaking cost-effectiveness and cost-benefit analysis of FP program using the data in the presentation paper | 63% |

- identifying the types of cost by contraceptive methods 68%
- estimating the effectiveness by the three methods 68%

It can be seen that participants felt most comfortable about those tasks to review policy, macro-management and decision-making process, while they expressed least confidence in regard to those tasks which needed an analytical skill and strategy design.

In **Section II** of the questionnaire, participants showed higher satisfaction with workshop preparation and management as:

| | 1987 | 1988 |
|---|---|---|
| - workshop accommodation | 96% | 94% |
| - background materials | 91% | 88% |
| - explanation of session objectives and tasks | 91% | 87% |
| - support by facilitators | 90% | 88% |
| - exercises | 87% | 85% |
| - living accommodation | 86% | 87% |
| - presentation | 84% | 82% |

**Section III** of the questionnaire attempted to obtain a more general assessment of the workshop's relevance and applicability to participants' normal work, and of participants' interest and participation in the workshop.

In 1987 **higher relevance** and **applicability** was expressed with regard to workshop subject matter (84%) and management methods discussed(94%). Participants indicated that the style of workshop was very **interesting** and **effective** (95%), thus succeeded in obtaining a high level of particpants' individual **interest** and **participation** (94%). In addition, participants felt that they were personally able to actively participate within group work (89%) and on field trips (88%), but relatively less in plenary sessions (81%). Participants strongly expressed this style of workshop should be held internationally (93%) and in their countries (86%), but they did not feel so much they will be able to plan and conduct such a workshop in their own countries (80%).

In 1988, the percentage of maximum possible score was generally lower than that of 1987, but the trend was quite similar.

Section III of the questionnaire also attempted to obtain a general assessment of the sessions: that is, participants were asked to name the best session, difficult session, session to be more or less emphasized, etc.

The topics felt to provide **most new information** and **analytical skill** were:

In 1987
- Population policy evolution (8)
- Korean social economic systems (6)
- I.E.C. management (5)
- FP program management overview (5)
- Services management field visit (5)

In 1988
- Target setting and allocation (9)
- Adolescent reproductive health (8)
- Korean social, economic and demographic situation (6)
- Population policy evolution (6)

For the topic in which participants became **most frustrated**, 55 % (or 17) of the participants in 1987 and 35.7% (or 10) in 1988 indicated none. However, 8 of 14 responding participants in 1987 and 15 of 18 responding participants in 1988 cited "Cost anaysis" to have caused frustration.

The topics felt to be **best achieved information exchange** (both written and verbal) were:

In 1987
- Services management field visit (6)
- Services management case study preparation (5)

In 1988
- I.E.C. planning and management (4)
- Target setting and allocation (3)
- Services management field visit (3)
- Adolescent reproductive health (3)
- Case study presentation (3)

The topics felt to develop **a new interest** were:

In 1987
- I.E.C. planning and management (5)
- Adolescent reproductive health (3)
- Target setting and allocation (3)
- Services field visit (3)

In 1988
- Adolescent reproductive health (11)
- Target setting and allocation (4)

The **best** sessions were:

In 1987
- Services management field visit (7)
- Integration of FP activities (4)
- Services management case study (4)

In 1988
- Services management field visit (5)
- Organizations involved in FP (4)
- Adolescent reproductive health (4)

For **the most difficult** sessions, 10 of 20 responding participants in 1987 and 17 of 23 in 1988 indicated "Cost analysis". This reaction corresponds closely to participants' statement on frustration.

The sessions to be **most applied in participants' work** were:

In 1987 - Services management field visit (7)
- I.E.C. planning and management (3)
- FP program management reviews (3)
- Integration of FP activities (3)
- Population research management (3)

In 1988 - Adolescent reproductive health (3)
- I.E.C. planning and management (3)
- Target setting and allocation (3)
- FP information and evaluation (3)

This even distribution shown above shows that most of the sessions treated in this workshop could be applied in participants' work.

The topics felt to **most deserve more time** and **attention** in the workshop were:

In 1987 - Services management field visit (5)
- Cost analysis (5)

In 1988 - FP information and evaluation (6)
- Adolescent reproductive health (3)
- Target setting and allocation (3)
- Population research management (3).

For the topics **which could have been omitted**, majority of the participants gave few response both in 1987 and in 1988. However two each of 6 respondents indicated "adolescent reproductive health" and "population research management" as the ones that could have been omitted in 1987, four of 9 respondents indicated "cost analysis" in 1988.

In addition to the topics which were treated in the workshop participants indicated **that they would like to have**:

In 1987 - more field visits
- presentation of country reports
- more time for advanced contraceptive technology
- principles of demography

In 1988 - study on the experiences of participating countries
- management of personnel
- financial and logistic in FP program

- conduct of actual I.E.C. and service during field visit
- overview of population trends and FP program in Asia and in the world
- potential aging in Korea and its solutions
- merits and demerits of various incentives and disincentives in FP program
- training in FP program.

The participants were asked to write down **any particular problems or difficulties** they had in the workshop. Twenty-one among 31 participants in 1987 and 18 among 28 participants in 1988 did not answer or stated they had no problems or difficulty at all. The most frequently mentioned were:

In 1987 - insufficient discussion time (4)
- language difficulty in presentation and discussion among participants and session directors (3)

In 1988 - language and communication problem among participants

Finally, the participants were asked to write down **any suggestions** they had for improving the workshop. The two most frequently mentioned suggestions both in 1987 and in 1988 were:

| | 1987 | 1988 |
|---|---|---|
| - to allow more time for the field visit (a few suggested even 3 day field visit) | (11) | (3) |
| - to allow more time for exchange of experiences of participating countries | (7) | (5) |

For the remaining suggestions, see the attached **Annex E**.

In **section IV** of the questionnaire participants expressed greater agreement that the workshop objectives were successfully achieved.

In 1987, participants felt especially that through the workshop a cooperation spirit among countries was greatly strengthened (94%), and they had fully examined Korean FP experiences (90%). However, they felt they were able to achieve less well acquisition of new skills in policy analysis (83%), strategy design (83%), organization development (84%), and new ideas for improving FP program effectiveness (83%). In 1988, percentage of maximum possible score was generally lower than that of 1987, but its trend was similar.

In addition to the above specific comments, the facilitators share a number of thoughts about the strengths and weakness of the workshop and how to improve the workshop in the future. Most concern was expressed about the

inequality in discussions. Participation of participants in the workshop was generally active, however, discussion tended to be monopolized by few participants in the plenary and in the group work. This might be due to language problems in some participants from the countries in which English is not spoken.

Secondly, workshop preparation and management was thought to be very effective. But there is a need for improvement of presentation. Some session directors' lengthy and descriptive presentation without any audio-visual materials were boring. Session facilitator should have limited their presentations to minimum, preferably using audio-visual materials. And in order to promote understanding the session, participants should have been encouraged to read reading materials which had been distributed before the session.

Thirdly, there was a problem in allotting time for field visits. It was felt to be too limited for participants to fully appreciate the process of services management and to gather data they wanted for case study preparation. It could be lengthened to two days.

Fourthly, it was good that the age of the majority of participants was between 40 and 50 years both in 1987 and in 1988, reflecting their long experiences in the services programs. However, a few participants were almost 70 years old. Participants' age should be limited to 55 in terms of future manpower utilization.

Fifthly, one of the workshop objectives, to provide a first-hand examination of the Korean FP experiences, was fully achieved. However, participants wanted to present their experiences in addition to review and learn Korean experiences. Country report presentation might be arranged in the next workshop. Also proposal on a FP/MCH program in each country and context might be developed based on Korean programs.

# CHAPTER VIII. CONCLUSION AND RECOMMENDATIONS

The workshop evaluation by participants and facilitators reflected general satisfaction with the workshop's content and activities.

Participants felt they had become familiar with the Korean family planning management methods used in Korea. A number of analytical and managerial methods employed in the workshop were pertinent because they could be useful in their own countries' programs. There was particular praise for the subgroup tasks because it provided an opportunity for them to apply knowledge gained to the assigned tasks.

In a first-hand examination of the Korean experience with a highly participatory style of learning, participants shared their experience and explored together policy issues and managerial approaches which are useful in their nations. In that sense the original TCDC purposes of sharing experiences among the participating countries were achieved.

In addition, it was remarked that the interaction of participants from different countries provided a great deal of stimulation and learning experience. Through their high level involvement in the workshop activities, they learned how effective and efficient management of the program can produce positive program effects. Such a gain of knowledge could help them to continue the process of FP management in their own countries with confidence.

The following areas are likely to be considered for further improvement of the workshop:

1) time allocation of each session;
2) elimination of duplications between sessions;
3) deletion of irrelevant sessions;
4) limiting age of participants to under 55; and
5) implementation of refresher seminar for session directors and facilitators.

Participants agreed that this type of workshop is worthwhile and it should be continued in the future. KIPH also would like to recommend that the workshop should continue with UNFPA support until the time when the Korean Government and/or KIPH can assume fully financial responsibility.

Further, it is recommended that the KIPH be designed as a UNFPA Collaborating Agency so that it could expand its contribution in training of program managers in family planning program management not only to the existing Asia and the Pacific region but also to the Latin American and African developing countries.

**ANNEX A**
**WORKSHOP PROGRAM, 1987**

**FAMILY PLANNING POLICY AND PROGRAM MANAGEMENT**
August 17-29, 1987, Seoul, Korea

| | 17 August(Mon) | 18 August(Tue) | 19 August(Wed) | 20 August(Thu) | 21 August(Fri) | 22 August(Sat) |
|---|---|---|---|---|---|---|
| 09:00 AM | 1-1. Opening Ceremony<br>1-2. FP and Health (S.T. Han )<br>2. Introduction to Korean Pop. Policies and FP Program -presentation (S.W. Lee) | 4. Pop. Policy Evolution in Korea -presentation (S.B. Lee)<br>-subgroups | 5. Adolescent Reproductive Health -presentation (H.K. Chang)<br>-subgroups<br>-plenary | 7. Field Visit to Organizations Concerned -to MOHSA, EPB, MOHA by all | 8. Case Studies on FP Organizations -subgroups preparation | 9. I.E.M. -presentation (D.E. Park) -subgroups<br>-plenary |
| 13:30 PM | 3. Korean Social Economic System -panel (K.C. Ahn, S.B. Lee & O.S. Hyun) -subgroups -plenary | -subgroups<br>-plenary | 6. Organizations Involved in FP -presentation (S.I. Joo) | -to NIH, KIPH PPFK, KAVS by Subgroups | -subgroup presentation<br>-plenary | * Visit to Banglim Weaving Co., Ltd. |
| | **24 August(Mon)** | **25 August(Tue)** | **26 August(Wed)** | **27 August(Thu)** | **28 August(Fri)** | **29 August(Sat)** |
| 09:00 AM | 10. FP Program Management Overview -presentation (N.H. Cho)<br>11. Target Setting and Allocation -presentation (N.H. Cho) -subgroups -plenary s -exercise | 13. Integration of FP Activities -panel (S.Bang, K.C. Ahn & U.C. Young) -plenary<br>14. Cost Analysis -presentation (K.K. Chung) -subgroups -plenary | 17. Services Field Visit -structured data gathering on management in Kyonggi Province | 18. Services Management Case Study Preparation -subgroups | 19. Pop. Research Management -presentation (M.S. Hong) -subgroups exercise<br>-plenary | 21. Course Evaluation -plenary<br>22. Closing |
| 13:30 PM | 12. FP Information & Evaluation System -subgroups -presentation (K.S. Koh) -subgroups -plenary<br>11. Target Setting -2nd exercise | 15. FP Service Procedures Manual and Supervision -presentation (C.J. Moon)<br>16. Preparation of Field Visit -subgroups | | -subgroup presentation<br>-plenary | 20. Management of External Collaboration -presentation (J.M. Yang) -subgroups<br>-plenary | |

**ANNEX A (Continued)**
**WORKSHOP PROGRAM, 1988**

**FAMILY PLANNING POLICY AND PROGRAM MANAGEMENT**
June 27 - July 9, 1988, Seoul, Korea

| | June 27(Mon) | June 28(Tue) | June 29(Wed) | June 30(Thu) | July 1(Fri) | July 2(Sat) |
|---|---|---|---|---|---|---|
| 09:00 AM | Opening<br>1. Introduction to Korean Pop. Policies and FP Programme<br>- presentation (S.W. Lee) | 3. Pop.Policy Evolution in Korea<br>- presentation (S,B, Lee)<br>- subgroups<br>- plenary | 6. Field Visit to Organizations<br>- EPB<br>- MOHSA<br>by all | 7. Prepare Case Studies of FP Organizations<br>- subgroups | 9. Adolescent Reproductive Health<br>- presentation (H.K.Chang)<br>- subgroups<br>- plenary | 11. FP Programme Management Overview<br>- presentation (N.H. Cho)<br>12. Target Setting and Allocation<br>- presentation (N.H. Cho)<br>- subgroups |
| 13:30 PM | 2. Korean Social, Economic and Demographic Situation<br>- panel (K.C.Ahn,S.B.Lee & O.S.Hyun)<br>- subgroups<br>- plenary | 4. Organizations Involved in FP<br>- presentation (J.M.Yang)<br>5. Prepare for Organization Visit (Case Study) | - KIPH<br>- PPFK<br>- KAVS<br>- NIH<br>by subgroups | 8. Case Study Presentations<br>- plenary | 10. I.E.C. in Korea<br>- presentation (D.E.Park)<br>- subgroups<br>- plenary | Tour<br>Shopping |
| | **July 4(Mon)** | **July 5(Tue)** | **July 6(Wed)** | **July 7(Thu)** | **July 8(Fri)** | **July 9(Sat)** |
| 09:00 AM | 12. Target Setting and Allocation<br>- plenary<br>13. FP Information & Evaluation System<br>- presentation (K.S. Koh)<br>- subgroups | 15. Cost Analysis<br>- presentation (K.K. Ro)<br>- subgroups<br>- plenary | 18. FP Services Field Visit<br>- structured data gathering on management in Kyunggi Province | 19. Services Management Case Study Preparation<br>- subgroups | 21. Pop. Research Management<br>- presentation (M.S. Hong)<br>- subgroup exercise<br>- plenary | 23. Course Evaluation<br>- plenary<br>Closing |
| 13:30 PM | - plenary<br>14. Integration of FP Activities<br>- panel (S. Bang, K.C. Ahn & U.C. Young)<br>- plenary | 16. FP Service Procedures Manual and Supervision<br>- presentation (C.J. Moon)<br>17. Prepare for Field Visit (Case study)<br>- subgroups | Continued | 20. Case Study Presentation<br>- plenary | 22. Management of External Collaboration<br>- presentation (J.M. Yang)<br>- subgroups<br>- plenary | |

## ANNEX B

### List of Participants, 1987

| Country | Name | Position/Organization |
|---|---|---|
| Bangla-desh | Dr. Qamrun Nessa Hafiz | Member of Parliament |
| | Mr. S.S. Chakma | Deputy Secretary<br>Ministry of Health and FP |
| China | Ms. Wang Xiangying | Program Officer<br>State Family Planning Commission |
| | Ms. Song Yan | Program Officer<br>State Family Planning Commission |
| | Mr. Li Yong | Program Officer<br>State Family Planning Commission<br>Xizhimen, Beijing |
| Fiji | Dr. Salesi Finau Katoanga | Acting National Coordinator<br>Family Planning and Population Control |
| India | Mr. Mohan Ramachandra Bhagwat | Director<br>Voluntary Organization and Training Unit<br>Ministry of Health & Family Welfare<br>Government of India |
| | Dr. Mumtaz Ahmad Owaisy | Assistant Commissioner<br>Area Projects<br>Ministry of Health & Family Welfare<br>Government of India |
| | Mr. Pradip Bhattacharya | Joint Secretary<br>Department of Health and Family Welfare<br>Government of West Bengal |
| Indonesia | Dr. R. Soedarto | Chief<br>East Java Provincial Office<br>National FP Coordinating Board |
| | Dr. Agung Ekoputro Muchayat | Chief<br>Central Java Provincial Office<br>National FP Coordinating Board |
| | Dr. Agus Rukanda | Program Inspector<br>National FP Coordinating Board<br>Head Quarters |

ANNEX B (Continued)

| | | |
|---|---|---|
| | Dr. Victor Trigno | Chief<br>Central Sulawesi Provincial Office<br>National FP Coordinating Board |
| | Mr. Sardin Pabbadja | Chief of Planning Bureau<br>National FP Coordinating Board<br>Head Quarters |
| | Mr. Adjie Achmad Zairin | Chief for Center of Educational and Training and Personnel Program<br>National FP Coordinating Board<br>Head Quarters |
| Korea | Ms. Moon-Hee Seo | Senior Researcher<br>Research Coordination<br>KIPH |
| | Ms. Young-Ja Han | Researcher<br>Family Planning Research Division<br>KIPH |
| | Ms. Hyun-Oak Kim | Researcher<br>Technical Cooperation<br>KIPH |
| | Dr. In-Hong Moon | Director<br>Chongno District Health Center<br>Seoul Special City |
| | Mr. Sang-Yun Chung | Dispatched Officer to WHO HQs<br>Ministry of Health and Social Affairs |
| | Dr. Bae-Jung Yoon | Chief<br>Public Health Division<br>Bureau of Health and Social Affairs<br>Gyonggi Provincial Government |
| Nepal | Dr. Kokila Vaidya | Director<br>Central Region Health Directorate<br>Teku, Kathmandu |
| | Dr. Sudha Thapa | Gynecologist<br>Obstetricts/Gynecology<br>Zonal Hospital<br>Ratopul Maitidevi, Kathmandu |

ANNEX B (Continued)

| | | | |
|---|---|---|---|
| Pakistan | Dr. | Khurshid Sheikh | Principal<br>Regional Training Institute<br>Karachi |
| | Dr. | Mohammad Sarwar Chaudhary | Chairman<br>The Forum of General Medical Practitioners and<br>College of General Medical Practitioners |
| Phili-ppines | Mr. | Felix Zorilla, Jr. | Regional Officer<br>Region 4<br>Commission on Population |
| | Mr. | Rogelio J. Saniel | Chief<br>Programs and Operations Group<br>Family Planning Organization |
| Sri Lanka | Mr. | Udahawatte Gedara Jayasinghe | Government Agent and<br>Secretary of District Ministry<br>Ministry of Home Affairs<br>Kachcheri, Polonnaruwa |
| Thailand | Dr. | Pramukh Chandravimol | Deputy Director-General<br>Department of Health<br>Ministry of Public Health |
| | Dr. | Vira Niyomwan | Director<br>Family Health Division<br>Department of Health<br>Ministry of Public Health |
| Vietnam | Dr. | Le Diem | Chairman<br>Department of Obstetrics and Gynecology<br>Medical College in Haiphong/<br>Director<br>Obstetrics and Gynecology Hospital in Haiphong |
| | Mr. | Nguyen Huu Thang | Expert on Family Planning Program of the State Committee for Economic Relation with Foreign Countries |

ANNEX B (Continued)

List of Participants, 1988

| Country | Name | Position/Organization |
|---|---|---|
| Bangla-desh | Mr. S.Y. KHANMOJLISH | Deputy Chief of Planning<br>Ministry of Health and Family Planning |
| | Mr. Matiur Rahman SHAH | Deputy Secretary(Coordination)<br>Ministry of Health and Family Planning |
| China | Mr. ZHAO Zhipei | Population Officer<br>Bureau of Foreign Affairs<br>State Family Planning Commission |
| | Mr. CHEN Quangen | Program Officer<br>Bureau of Foreign Affairs<br>State Family Planning Commission |
| | Mr. WU Junfa | Lecturer<br>Nanjin Family Planning Administration College |
| | Mr. FENG Jiuzhang | Lecturer<br>Nanjin Family Planning Administration College |
| India | Mr. V.K. SHARMA, I.A.S. | Special Secretary<br>Medical and Health and Family Welfare Commissioner<br>Vikas Bhavan Lucknow<br>Uttar Pradesh |
| | Mr. P.B. BUCH, I.A.S. | Joint Secretary<br>Health and Family Welfare Department<br>Gandhinagar, Gujarat |
| | Dr. C.L. MALHOTRA | Director<br>Health Services<br>Himachal Pradesh |
| Indonesia | Mr. Imam HARIYADI | Chief<br>Division of Evaluation and Reporting<br>National FP Coordinating Board |

**ANNEX B (Continued)**

| | | |
|---|---|---|
| | Mr. Dudung MANSYUR | Chief<br>Division of Distribution<br>Bureau of Logistic<br>National FP Coordinating Board |
| | Mr. Satjawinata KUSNADI | Chief<br>West Sumatra Provincial Office<br>National FP Coordinating Board |
| | Mr. Haryanto ROHADI | Chief<br>Lampung Provincial Office<br>National FP Coordinating Board |
| | Mr. Noerdin MAZWAR | Chairman<br>Sumsel Provincial Office<br>National FP Coordinating Board |
| Korea | Dr. KIM Chan-Ho | Director<br>Song-Tan City<br>Public Health Center<br>Kyonggi Province |
| | Mr. WHANG Young-Whan | Director<br>Division of Administration<br>Korean Association for Voluntary Sterilization |
| | Mr. CHANG Young-Sik | Senior Researcher<br>Family Planning Research Division<br>KIPH |
| | Mr. YANG Soo-Sok | Senior Researcher<br>Technical Cooperation Unit<br>KIPH |
| | Mr. CHO Dae-Hee | Senior Researcher<br>Population Research Division<br>KIPH |
| | Ms. KIM Jin-Sook | Researcher<br>Population Research Division<br>KIPH |
| Pakistan | Dr. A.Razzaque RUKANUDDIN | Director-General<br>National Institute for Population Studies |
| | Mrs. Mumtaz KARAMET | President<br>Family Welfare Cooperative Society |

**ANNEX B (Continued)**

| | | | |
|---|---|---|---|
| Phili-ppines | Dr. | Flora B. BAYAN | Executive Director<br>Institute of Maternal and Child Health |
| | Mr. | Efren B. Vigo | Chief of Population Program<br>Population Commission |
| Sri Lanka | Mr. | Talagalage A. GUNAWARDENA | Additional Secretary<br>Ministry of Plan Implementation |
| Thailand | Dr. | Wannee KOLASARTSENEE | Assistant Director<br>Family Health Division<br>Department of Health<br>Ministry of Public Health |
| | Dr. | Chalermsook BOONTHAI | Chief Medical Officer<br>Department of Health<br>Ministry of Public Health |
| Vietnam | Dr. | Tran Thi Trung CHIEN | General Secretary<br>Population and Family Planning Committee<br>Hochiminh City |
| | Dr. | Hoang The CUONG | Vice-Director<br>Health Service of Haipong City |

**ANNEX B (Continued)**

**List of Workshop Staff, 1987 and 1988**

Workshop Coordinator

Mr. Moon-Sik Hong
Director, Technical Cooperation Unit, KIPH

Course Director

Mr. Nam-Hoon Cho
Director, Family Planning Research Division, KIPH

Facilitators

Mr. Kap-Suk Koh
Research Consultant, KIPH

Dr. Shyn-Il Joo
Senior Research Fellow
Health System Research Division, KIPH

Mrs. Han K. Chang
Senior Research Fellow
Social Welfare Research Division, KIPH

Mr. Kong-Hyun Kim
Senior Researcher
Health Services Research Division, KIPH

Mr. Ung-Chul Young
Program Assistant I, United Nations Population Fund

Session Directors

Dr. Sung-Woo Lee
Director-General, Public Health Bureau, MOHSA

Dr. Sea-Baick Lee
Associate Professor, School of Public Health
Seoul National University

Dr. Oh-Seok Hyun
Director, Int'l Economic Coordination Division II
Int'l Policy Coordination Office, EPB

Dr. Kye-Choon Ahn
Professor
Department of Sociology, College of Liberal Arts
Yonsei University

Mrs. Han K. Chang
Senior Research Fellow
Social Welfare Research Division, KIPH

ANNEX B (Continued)

Ms. Dong-Eun Park
Director, IEC Division
Planned Parenthood Federation of Korea

Mr. Nam-Hoon Cho
Director, Family Planning Research Division, KIPH

Mr. Kap-Suk Koh
Research Consultant, KIPH

Dr. Sook Bang
Professor, College of Medicine
Soonchunhyang University

Mr. Ung-Chul Young
Program Assitant I, United Nations Population Fund

Dr. Kyung-Bae Chung
Director, Social Insurance Research Division, KIPH

Dr. Kong-Kyun Ro
Professor
Korean Advanced Institute of Science and Technology

Dr. Chang-Jin Moon
'88 Paralympic Planning Department
Ministry of Health and Social Affairs

Mr. Moon-Sik Hong
Director, Technical Cooperation Unit, KIPH

Dr. Jae-Mo Yang
President Emeritus
Planned Parenthood Federation of Korea
Professor, Department of Preventive Medicine
Yonsei University:

Secretariat

Mr. Soo-Sok Yang
Senior Researcher, Technical Cooperation, KIPH

Mrs. Hyun-Oak Kim
Researcher, Technical Cooperation, KIPH

Mrs. Myong-Soon Yoo
Clerk, Technical Cooperation, KIPH

Ms. Wha-Oak Bae
Information Officer, Technical Cooperation, KIPH

## ANNEX C

## Session Guides, 1988

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**SESSION: Opening Ceremony, June 27(Monday), 1988**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. feel welcome
2. be familiar with the workshop objectives, programme and methods of work

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**PRESENTATION:**

1. Opening Remarks
   by Dr. Dal-Hyun Chi
   President of KIPH

2. Congratulatory Address
   by His Excellency Dr. E-Hyock Kwon
   Minister of Health and Social Affairs

3. Congratulatory Address
   by Mr. N.S. Subbaraman
   UNDP Resident Representative

4. Workshop Objectives and Methods of Workshop, and Introduction of Participants, Facilitators and Secretariat
   by Mr. Moon-Sik Hong, Workshop Coordinator

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**BACKGROUND MATERIALS:**

1. Workshop Guide
2. Brochure of the Korea Institute for Population and Health
3. Map of Seoul

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**TASKS:**

| | |
|---|---|
| 1. Registration | 9:00 |
| 2. Opening | 9:30 |
| 3. Group Photo and Tea | 10:00 |
| 4. Introduction to Workshop | 10:30 |

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ANNEX C (Continued)

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**SESSION:** 1. Introduction to Korean Population Policy and Family Planning Programme

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the overall population goal of Korea and the programmme approach being used to achieve that goal.

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**PRESENTATION:**

1. The Korean Population Policy and Family Planning Programme
   by Dr. Sung-Woo Lee

---

**BACKGROUND MATERIALS:**

1. The Korean Population Policy and Family Planning Programme (Presentation paper)
2. Population Problems and Their Counter-Measures in Korea, KIPH, Dec. 1987
3. Population and Family Planning in Korea, KIPH, August 1986

---

**TASKS:**

1. After the presentation, participants are encouraged to ask questions and raise points for further study during the workshop.

---

ANNEX C (Continued)

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**SESSION: 2. The Korean Social, Economic and Demographic Situation - Trends since 1962**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the major changes in demographic, social and economic status that have taken place over the last 26 years in Korea,
2. depict the likely cause and effect relationships that have occurred among selected social, economic, demographic, health and programme variables.

---

**PRESENTATION:** Panel of experts including

1. Dr. Sea-Baick Lee (demographer) - Demographic aspects
2. Dr. Oh-Seok Hyun (economist) - Economic aspects
3. Dr. Kye-Choon Ahn (sociologist) - Social and cultural aspects

---

**BACKGROUND MATERIALS:**

1. Korean Social and Economic System:Social and Cultural Aspects, Kye-Choon Ahn
2. Population and Socio-Economic Changes in Korea, 1960-1985, Sea-Baick Lee
3. Korean Social Economic System, Oh-Seok Hyun
4. Changes in Vital Statistics and Population Composition in Korea, 1960-2025(Table)
5. Population Problems and Their Counter-Measures in Korea, KIPH, 1987
6. Socio-economic system diagram (example)
7. Hand-out on "Oval Diagramming"
8. Population and Family Planning in Korea, KIPH, Aug.1986

---

**TASKS:** Subgroups are asked to review the time series data, and description of other changes in Korea, and through use of the conceptual model constructed by the group, discuss and depict the direction of the predominent cause and effect relationships felt to have taken place in Korea during the last 25 years.

Examples: a. Select the variable felt to have strong inter-relationship between demographic changes and socio-economic development.
b. Depict relationship on a system diagram (refer to example).

Note: The group consensus should be entered on the transparency provided for presentation to the plenary.

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ANNEX C (Continued)

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**SESSION: 3. Population Policy Evolution in Korea**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the major population policies enacted in Korea over the last 26 years and the sequence of their introduction,
2. perform brief analysis of population policy to determine why the policy was enacted and its apparent effects.

---

**PRESENTATION:**

1. Population and Policy Evolution in Korea
   by Dr. Sea-Baick Lee

---

**BACKGROUND MATERIALS:**

1. Population Problems and Their Counter-Measures in Korea, KIPH, 1987
2. Overall Review of the Fertility Control Policies in Korea, Nam-Hoon Cho, in Comparative Study of Fertility Control Experiences in Republic of Korea and Republic of China (Proceedings of Workshop, 3-10 Nov. 1986, Seoul, Korea), KIPH-CCITFP, August 1987
3. Population and Family Planning in Korea, KIPH, Aug.1986

---

**TASKS:** Subgroups are asked to discuss and present their group opinion on the following questions to the plenary session.

1. What in your group's opinion was the government primary objectives in establishing its population policy?
2. What in your opinion are the possible weaknesses/gaps in the Korean population policy?
3. List the type of monetary incentives which you find in the full set of population policies.
4. List the beyond family planning policies in Korea.
5. Describe the policies designed to improve the service accessibility.
6. Describe the policies to integrate with other socio-economic development.
7. Which policies do you think have made greatest impact on family planning acceptance in Korea?

Note: Each group will be provided with data, case studies, research findings and experts to question on their chosen subjects. Such reports and presentations of their findings are to be delivered to the plenary.

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ANNEX C (Continued)

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**SESSION: 4-5. Organizations Involved in Family Planning**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the major role and function of the key governmental and non-governmental organizations supporting family planning,
2. apply a simple case study approach to describe in detail one organization along with its apparent achievements and difficulties.

---

**PRESENTATION:**

1. Overview of Organizations Involved in Family Planning by Dr. Jae-Mo Yang

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**EXERCISE MATERIALS:**

1. Organizations Involved in Family Planning - Historical Review on Their Development Contributions and Limitations, Jae-Mo Yang
2. Case Study Guideline

---

**BACKGROUND MATERIALS:**

1. National Institute of Health, Seoul, Korea
2. KIPH Brochure
3. '88 Annual Report, PPFK
4. KAVS Brochure

---

**TASKS:**

Following the presentation participants will select which organization they wish to study from the following possibilities:

a. Training research institutions (NIH)
b. Research institution (KIPH)
c. Planned Parenthood Federation of Korea (PPFK)
d. Korean Association for Voluntray Sterilization (KAVS)

Each group will prepare for the field visit by listing the types of information they want to obtain in order to complete their case study refering to the case study guideline.

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ANNEX C (Continued)

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**SESSION: 6. Visit FP Organizations**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe in some detail the charateristics and functioning of the Ministry of Health and Social Affairs, the Economic Planning Board and the selected agencies involved in family planning,
2. complete their case study write up using the information collected during the visit.

---

**PRESENTATION:**

Short briefings by agency representative

---

**BACKGROUND MATERIALS:**

1. The list of questions and required data prepared in Session 5

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**TASKS:**

1. Visit the Ministry of Health and Social Affairs and receiving briefing/pose questions with MOHSA and EPB personnel 9:00-12:00 hours.
2. Visit other selected agencies to receive briefing and pose questions.

Throughout the visit, each team member will record answers to preformulated questions in order to complete their group case study report.

---

ANNEX C (Continued)

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SESSION: 7-8. FP Organization Case Study Report

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OBJECTIVES: At the end of this session participants should be able to:

1. briefly describe in writing and through a presentation the main characteristics of a selected organization.

---

PRESENTATION:

None, but plenary to be moderated by Mr. Moon-Sik Hong

---

BACKGROUND MATERIALS:

1. Case study outline
2. Notes collected during the field visit to FP organizations

---

TASKS:

1. Groups dealing each with a different organization will compile the notes and data collected during the field visit conducted during Session 6.

2. Further information may be obtained from background documents and Korean staff.

3. A brief report will be drafted covering the subjects in the case study outline as modified to suit the particular organization being studied (3-4 pages).

4. The main points of the report would be placed on a transparency.

5. Each subgroup to present their findings in plenary (20-30 minutes each) followed by plenary discussion among participants and facilitators.

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ANNEX C (Continued)

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**SESSION: 9. Adolescent Reproductive Health**

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**OBJECTIVES:** At the end of this session participants should be able to :

1. be familiar with an approach for planning of action in relation to adolescent reproductive health
2. describe sex and reproductive health related adolescent projects in Korea
3. develop management skill on how to plan adolescent reproductive health related research and programs in her/his country based on Korea's experiences

---

**PRESENTATION:**

An Approach to Planning Adolescent Reproductive Health Related Research and Program Planning
by Mrs. Han K. Chang

---

**BACKGROUND MATERIALS:**

1. The World-wide Problems of Adolescent Fertility, Han K. Chang
2. Korean Youth's Profile on Sex and Reproductive Health, Han K. Chang and Jung-Ja Nam
3. An Approach to Planning Adolescent Reproductive Health Related Research and Program Planning, Han K. Chang

---

**TASKS:**

1. Skim through B.M.1 to comprehend world wide adolescent fertility problems
2. Make yourself familiar with Korean youth related data and their sexual problems reading B.M.2
3. Plan sex and reproductive health related research or program in your country using B.M.3 as guideline and reference

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ANNEX C (Continued)

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**SESSION: 10. Family Planning I.E.C. Management**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. assess the strengths and weaknesses of the Korean FP IEC programme,
2. suggest possible new information efforts needed in the IEC programme.

---

**PRESENTATION:**

Overview of Family Planning IEC Program
by Ms. Dong-Eun Park

---

**EXERCISE MATERIALS:**

1. Trends in IEC themes (Presentation paper p.140)
2. Current IEC Strategies (Presentation paper pp.143-154)
3. IEC Planning Process Model (Presentation paper p.155)

**BACKGROUND MATERIALS:**

1. IEC Planning and Management, Dong-Eun Park

---

**TASKS:**

Each subgroup is asked to review the presentation and materials and considering the Korean FP policy and programme, its past IEC effort and current IEC strategies, answer the following;

1. What do you consider the major strengths and achievements of the IEC programme?
2. What new directions, strategies or subjects do you recommend be considered now in the IEC programme?

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ANNEX C (Continued)

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**SESSION: 11. Family Planning Programme Management Overview**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the components of the Korean FP and the processes that occur in each level of the administrative system.

---

**PRESENTATION:**

1. An Overview of the Management Development in the Korea National Family Planning Programme
   by Mr. Nam-Hoon Cho

---

**BACKGROUND MATERIALS:**

1. An Overview of the Management Development in the Korean National Family Planning Programme (Presentation paper), Nam-Hoon Cho
2. Distinction between the FP Program Operation and Management System
3. Family Planning Programme Management Structure and Process (Chart)
4. Results of Programme Management Strengthening on Sterilization (Table)
5. Summary of Management Development Efforts

---

**TASKS:**

Participants are asked to read the background documents in advance and be prepared to ask questions about the overall management system.

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**ANNEX C (Continued)**

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**SESSION: 12. FP Target Setting and Allocation**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the overall basis for setting annual family planning acceptor targets in Korea,
2. perform target allocation among contraceptive methods and between government and non-government sources,
3. describe how individual facility and staff acceptor targets are allocated.

---

**PRESENTATION:**

1. FP Target System in Korea by Mr. Nam-Hoon Cho

---

**BACKGROUND MATERIALS:**

1. The FP Target-Setting Procedures in Korea (diagram)
2. Briefing Note - Procedures for Allocating Targets
3. Tables: Contraceptive Use by Method and Source
4. Forms for Input Data for Target-Setting

---

**TASKS:**

Exercise 1.

Following the presentation, each group will conduct target setting in a different situation as follows:

Group 1. Proportion of contraceptive use by method to be determined by the group based on past trends and most likely future preference.

2. Proportion of contraceptive use by method to be determined assuming that IUDs are to be removed from the programme.
3. Proportion by method to be determined assuming a 30% reduction in use of permanent methods.
4. Proportion by method to be determined assuming the introduction of a new method (injectables)

Each group will submit its assumption of proportion by method on the form provided, after which the computer model will calculate actual numerical targets by year and method. This result will be delivered to the group after the completion of Session 13.

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**ANNEX C (Continued)**

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**SESSION: 13. Korean Family Planning Information and Evaluation**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. state the optimum information and indicators required for FP Programme Monitoring and Evaluation,
2. describe the Korean system of FP information and evaluation,
3. assess the extent to which the Korean FP information system provides the information needed for evaluation.

---

**PRESENTATION:**

1. The Korean FP Information and Evaluation System
   by Mr. Kap-Suk Koh

---

**BACKGROUND MATERIALS:**

1. The Family Planning Information System in Korea, Kap-Suk Koh
2. Evaluation of Family Planning Program in Korea, Kap-Suk Koh

---

**TASKS:**

1. Prior to the presentation subgroups list the essential types of information felt necessary to fully evaluate a family planning programme. List for each type of information at least one indicator.
2. Each subgroup will present its list of information and indicators felt required for FP evaluation and a consensus list will be agreed upon in plenary.
3. Following the presentation on the Korean FP information and evaluation, each group shall assess whether the Korean system provides each type of information required for full evaluation.
4. Each group will present its assessment followed by a plenary discussion between Korean staff and participants.

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ANNEX C (Continued)

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**SESSION:** 14. Integration and Coordination of Family Planning Activities

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**OBJECTIVES:** At the end of this session participants should be able to:

1. define and describe "integration" of family planning activities,
2. identify both positive and negative factors affecting integration and coordination of FP activities, in Korea and in general.

---

**PRESENTATION:** A panel of experts including

1. Dr. Sook Bang - FP and health services
2. Dr. Kye-Choon Ahn - FP in the new village movement
3. Mr. Ung-Chul Young - FP in industrial sites

---

**BACKGROUND MATERIALS:**

1. Review of FP/Health Integration Efforts and Evaluation Results in Korea, Sook Bang
2. Integration of Family Planning Activities with the Community Development Program, Kye-Choon Ahn
3. Family Planning Activities in the Industrial Sites, Ung-Chul Young
4. Towards Organizational Effectiveness of Integrated Family Planning Programs: The ESCAP Experience, Population Research Leads No.3, Population Division of Population and Social Affairs, ESCAP, Bangkok

---

**TASKS:**

After the brief presentation by each panel member, the participants will be asked to respond in plenary discussion to the following questions;

1. Do you have any comments about the definition of integration?
2. What are the difficulties in acieving integration and coordination?
3. What are the presumed benefits of integration?

---

ANNEX C (Continued)

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**SESSION: 15. Cost-Effectiveness Analysis of the Family Planning Program in Korea**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. identify the types of cost by contraceptive methods (cost analysis of FP program),
2. estimate the effectiveness by the three methods (effectiveness analysis of FP program),
3. undertake cost-effectiveness and cost-benefit analysis of FP program using the data in the presentation paper,
4. apply the techniques of C-E and C-B analysis to another problem of FP program,
5. evaluate the contraceptive methods and FP program efficiency.

---

**PRESENTATION:**

1. Cost-Effectiveness Analysis of the Family Planning Program in Korea by Kong-Kyun Ro

---

**BACKGROUND MATERIALS:**

1. The data and the results from Table 1 to Table 9 in the presentation paper
2. Study on Impact and Efficiency of Family Planning Program in Korea

---

**TASKS:** Discuss the following subjects on the basis of reviewing the attached paper, "Study on Impact and Efficiency of Family Planning Program in Korea", specially the content presented on pages 27-38 and 38-48.

1. Discuss the definition and usefulness of the Efficiency Index (See pp.38-48).
2. Discuss the causes of difference in Efficiency Index between the areas (See pp.40-48).
3. Discuss the relative contribution of socio-economic factors vs. family planning programmes to birth control (See pp.27-37).
4. On the basis of the causes of difference in Efficiency Index, discuss and recommend the strategies to improve the Efficiency Index (See pp.38-48).

---

ANNEX C (Continued)

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**SESSION: 16. FP Service Procedure Manuals and Supervision in Korea**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the manner in which FP operating and managerial procedures are documented and updated,
2. describe the overall approach to supervision applied in the Korean FP programme,
3. list the strengths and weaknesses of Korean FP procedural guidance supervision.

---

**PRESENTATION:**

The Use of Procedure Manuals and Supervision in the Korean FP Programme by Dr. Chang-Jin Moon

---

**BACKGROUND MATERIALS:**

1. Family Health Activity Regulations and Guidelines, MOHSA, trans. by Chang-Jin Moon
2. Supervision of Family Planning Activities in Korea, Chang-Jin Moon

---

**TASKS:**

After presentation, participants raise questions on FP service procedure and supervision in Korea.

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ANNEX C (Continued)

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**SESSION: 17. Preparation of Service Field Trip**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. plan an efficient field visit so as to collect required data at each type of facility to be visited in order to understand and assess the FP management system.

---

**PRESENTATION:**

None

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**BACKGROUND MATERIALS:**

1. Guidelines of Sessions 12-16
2. Field Visit Schedule

---

**TASKS:**

1. Given the list of service facilities to be visited tomorrow, and the types of information suggested to be collected pertaining to each management subject presented in Sessions 12-16;

   a. compile a list of data and other information to be obtained at each facility and prepare forms for recording answers.

   b. assign group members to visit each type of facility to be visited in the afternoon.

---

ANNEX C (Continued)

---

**SESSION: 18. FP Services Field Visit**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. describe in detail the FP managerial technique pertaining to

   - target allocation,
   - recording/reporting, monitoring,
   - evaluation and feedback,
   - supervision and other FP procedures,
   - integration of FP activities within health and community development,
   - unit cost and effectiveness of FP service at various types of facilities.

---

**PRESENTATION:**

None

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**BACKGROUND MATERIALS:**

1. Data collection formats, check list and questionnares produced in Session 17
2. Field visit schedule

---

**TASKS:**

1. Complete the managerial tasks and data gathering specified in Session 12-16 during the visit to FP service facilities.

---

ANNEX C (Continued)

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**SESSION: 19-20. Complete FP Service Management Case Study**

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**OBJECTIVES:** At the end of this session participants should be able to:

1. analyze findings from the structured data gathering in FP service facilities,
2. present in writing and in plenary the findings in a concise case study report.

---

**PRESENTATION:**

None, but plenary to be moderated by Mr. Nam-Hoon Cho

---

**BACKGROUND MATERIALS:**

1. Detailed data requirements from Sessions 12-16
2. Detailed data collected during field visit

---

**TASKS:**

A. In the morning (in subgroups)

1. Complete the exercise assigned in Sessions 12-16 which required data and information from service facilities and prepare brief write-ups of solutions.
2. Write a brief assessment (advantages, difficulties and ideas for improvement) of each aspect of the Korean FP management system studied in this workshop.
   a. target setting and allocation
   b. information (recording, reporting)
   c. evaluation and feedback
   d. integration and coordination
   e. cost analysis
   f. procedure description
   g. supervision
3. Combine 1. and 2. above into a succinct written report and prepare transparencies for its presentation of the plenary.

B. In the afternoon (in plenary session)

1. Each subgroup will quarelly display by transparency, their solutions and answers to the individual exercises from Sessions 12-16 which required field data to complete. Comparisons will then be made in plenary.
2. Each subgroup will briefly present its assessment of the Korean FP Management System followed by Korean staff response and plenary discussion.

---

ANNEX C (Continued)

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**SESSION: 21. Population Research Management**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the full set of population and FP research activities carried out in Korea,
2. propose their ideas on future FP research felt needed in Korea, identifying the research topics, justifying the choice of each topic, describing the research method and how the findings would be used.

---

**PRESENTATION:**

Population Research Management in Korea
by Mr. Moon-Sik Hong

---

**BACKGROUND MATERIALS:**

1. Population Research Management in Korea, Moon-Sik Hong
2. Regulations related to FP research
3. List of research subjects being carried out in 1988 by KIPH
4. General population research task in Korea

---

**TASKS:**

1. Select and describe 3 or more research topics felt to be a priority for undertaking in 1989 within the Korean population and family planning programme, include for each topic why the study is needed, the recommended method and the expected utilization of the findings (The attached format may be used in presenting your recommendation).

---

ANNEX C (Continued)

SESSION 21

## Exercise for Research Management

Select and describe 3 or more research topics felt to describe a priority within the 1989 Korean population and family planning programme.

Research Plan for 1989

| Topics | Necessity | Contents | Expected Result |
|---|---|---|---|
| In this column, a brief title of each proposed study is listed. | In this column, justify the proposed study on the basis of problem identified. | Mention the proposed research method and population group or aspect of the service to be studied. | Describe expected research findings and the intended utilization of them in national population and family planning programme. |

ANNEX C (Continued)

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**SESSION: 22. Managing External Collaboration in Family lanning**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. list general principles for making the best use of external collaboration in population and family planning programme,
2. cite recent examples of extremely effective external collaboration.

---

**PRESENTATION:**

The Korean Experience in Utilizing External Collaboration in Family Planning by Dr. Jae-Mo Yang

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**BACKGROUND MATERIALS:**

1. Managing External Collaboration in Family Planning: The Korean Experience, Jae-Mo Yang

---

**TASKS:** Participants will be divided into two groups of 6-country delegations each. Within each group the following tasks will be carried out:

1. Each country delegation will present a list of the predominent types of external support received by their family planning and population programmes. The most and least effective types of support will be indicated.
2. The group will list the most prevalent problems encountered with each type of collaboration.
3. The group will list basic principles and criteria for making best use of external collaboration.
4. The group will select one example of an extremely effective experience with external collaboration to be described in plenary, explaining why it was so effective.

In plenary each group will present 2,3 and 4 above, to be followed by general discussion.

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ANNEX C (Continued)

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**SESSION: 23. Workshop Evaluation**

---

**OBJECTIVES:** At the end of this session participants should be able to:

1. describe the participants' assessment of the effectiveness of this workshop in achieving its overall and individual session objectives,
2. make suggestions of how the workshop might be improved in the future,
3. assess whether this type of management learning should be applied again.

---

**PRESENTATION:**

Results of the written evaluation completed by each participant at the end of Session 22.
Moderated by Mr. Nam-Hoon Cho

---

**BACKGROUND MATERIALS:**

1. Completed evaluation questionnaires
2. Summary of evaluation results prepared by the secretariat

---

**TASKS:**

Following the presentation of the evaluation results (analysis of previously completed questionnaires) the participants should contribute further, informal comments in plenary about the strengths and weaknesses of this workshop and how it might be improved, and whether it should be repeated.

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## ANNEX D

### Subgroup Products, 1987



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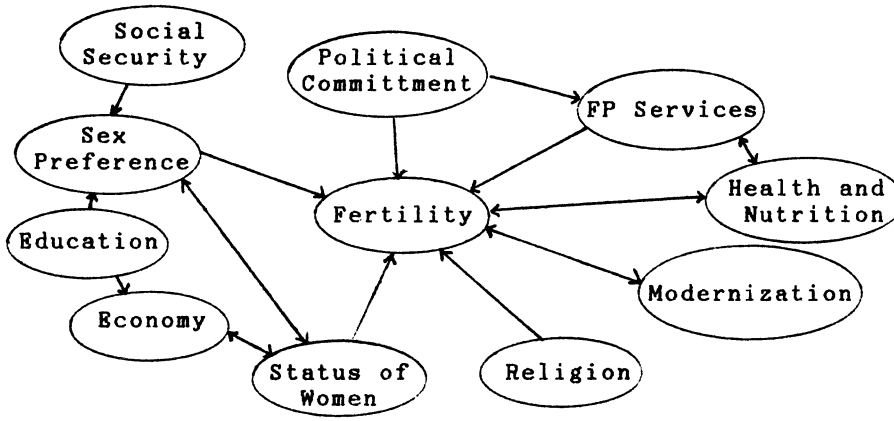
* Figure numbers of subgroup products, 1987 are the same as subgroup products, 1988, but are marked with apostrophe (').

ANNEX D

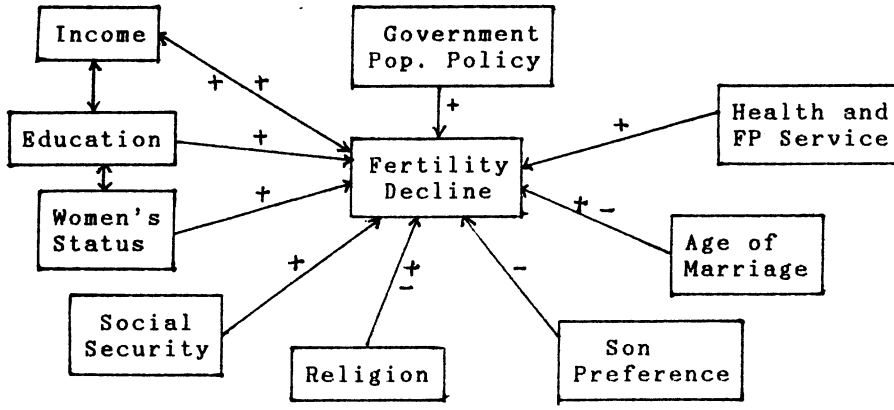
Figure 1'

System Diagram on Interrelationship
between Demographic Changes and Socio-Economic Development

**Group A**



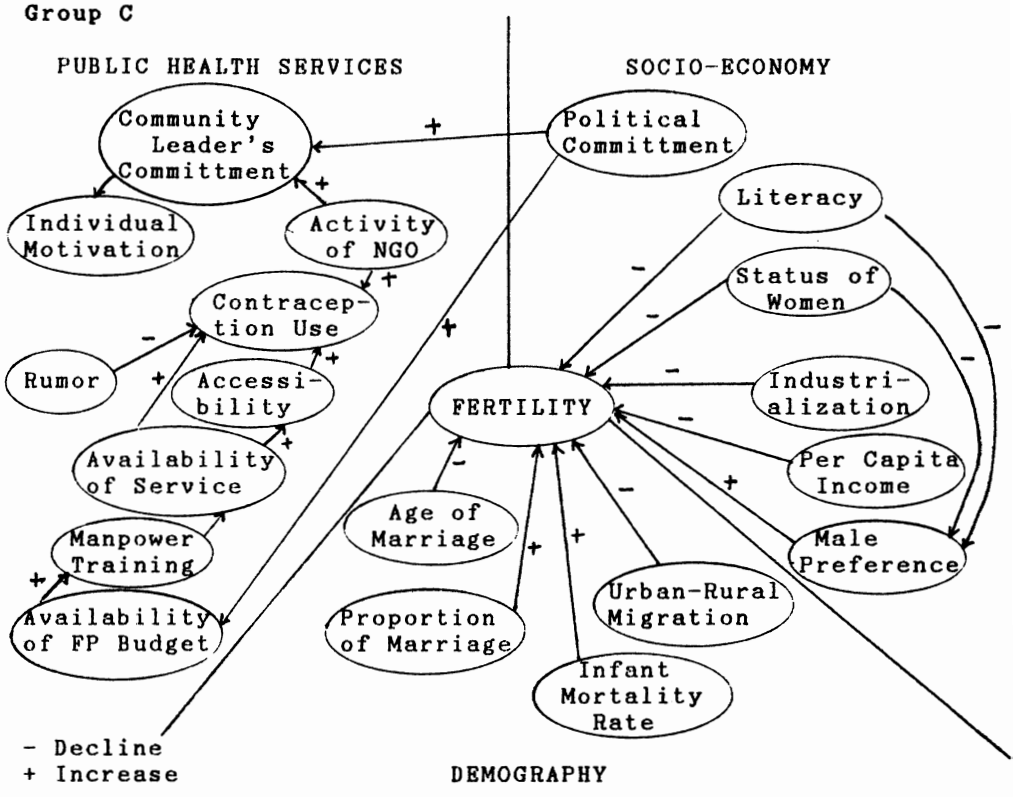

**Group B**



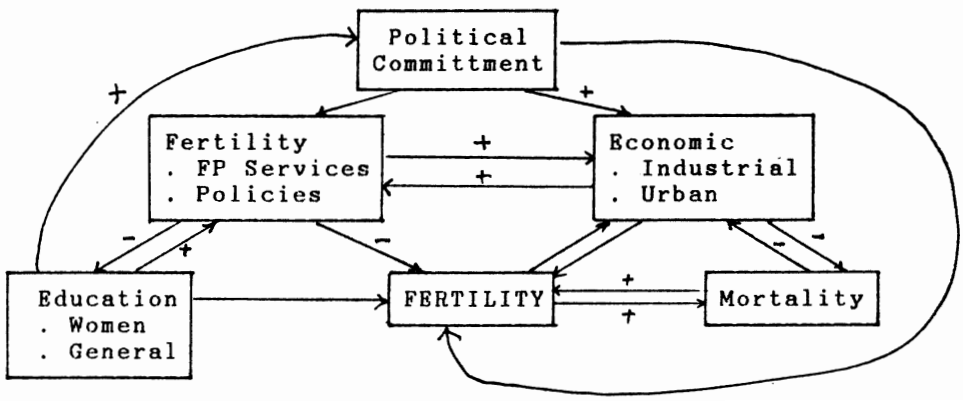
ANNEX D (Continued)

Figure 1' (Continued)

Group C




Group D



ANNEX D (Continued)

Figure 2'

Population Policy Review Results

Q.1. The Primary Objectives in Establishing Government Population Policy

Group A: a. To raise per capita income and eliminate poverty.
b. They believe that high population growth rate interferes with the country's development programs.

Group B: To eliminate poverty in order to improve the social economical status of individuals.

Group C: a. Economic development.
b. Family welfare.
c. Elimination of poverty.

Group D: Economic development.

Q.2. Weaknesses/Gaps in the Korean Population Policy

Group A: a. Too contraceptive oriented program.
b. FP was not integrated into other development programs when it started. It was done later. Too much focus on demographic aspects.
c. No equal distribution of employment opportunities between the rural and urban population. Weakness in socio-economic development for rural areas.
d. Less involvement of volunteers. FP programs are financially supported by government.
e. Induced abortion is practiced but not completely legalized.
f. Too much incentives to FP clients.

Group B: a. Possibly more emphasis needed on spacing methods.
b. Question of future population structure (dependence ratio).
c. Knowledge of zero or negative growth rate on social economic conditions.
d. Possible consideration on pro-natalist incentives after population growth rate goes below zero.
e. More emphasis on quality of life (MCH services, health services).

ANNEX D (Continued)

Figure 2' (Continued)

Group C: a. Neglect of mortality issues.
b. Integrated implementation of the Prime Minister Decree in 1963 and 1981; measures are still imcomplete.
c. Abortion/MTP (Medical Treatment of Pregnancy) Act has still not been legalized.
d. Lack of balance between permanent and temporary FP method.
e. Population distribution plan has not succeeded, instead it lead to over concentration of population in urban areas.
f. Neglect of primary health and MCH till 1979.

Group D: a. Concentration on fertility.
b. Not integrated with Mother & Child Health care in 1960s.
c. Mode of operation.

Q.7. Policies That Give Greatest Impact to FP Acceptance

Group A: a. Policy on incentive and disincentive schemes.
b. Policy on massive information/education drive.
c. Policy on industrialization.
d. Policy on women participation to socio-economic development.
e. Policy on economic development.

Group B: a. IEC mass motivation (mothers' club).
b. Monetary incentive for sterilization.
c. Free medical services for sterilization acceptances.
d. Monetary incentive for doctors.

Group C: a. FP mothers' club.
b. Package of incentives and disincentives.
c. Strengthening of IEC activities.

Group D: a. Motivation through IEC programs by field workers, mass media and mothers' clubs.
b. Services provided through private physicians.
c. Contraceptives, sterilization provided free of charge.
d. Social support, incentives and disincentives.
e. Population education from 1977.
f. Urban family planning program from 1982.

ANNEX D (Continued)

Figure 4'

Case Study Report on Organization
Involved in Family Planning

KAVS

1. Character of the Organization

KAVS is a voluntary semi-private organization established in 1975 to support the national family planning program under direct guidance and partial control of the Family Health Division in the Bureau of Public Health, Ministry of Health and Social Affairs (MOHSA). KAVS is also affiliated with World Federation of Associations for Voluntary Sterilization and linked with the International Project of the US Association for Voluntary Sterilization (IPAVS).

At present the organization has 1,192 members and has trained 2,832 government designated doctors working in hospitals and clinics throughout the country. These doctors are actively involved in the Mutual Assistance Fund System (MAFS) which formed 57.3% of the total income in fiscal year 1987 KAVS Budget, which the government supported only 10.9%.

Besides training physicians for sterilization techniques, the organization also provides follow-up care and maintenance and repair services for sterilization equipment.

The President of KAVS has three advisory committees on male sterilization, female sterilization and administration. He also chairs the Mutual Assistance Fund System (MAFS) Committee, Extert Review Committee and Board of Trustees. The Secretary-General runs three divisions, namely Administration, Program and Model Clinics.

The expert Review Committee meets to study requests for sterilization reversal procedure and reimbursement of medical expenses.

KAVS Model Clinics provide services of surgical/non-surgical contraception, perform obstetric emergency care and delivery, including antenatal/postpartum care, operate well-baby clinics, conduct clinical trials related to surgical/non-surgical contraception, and conduct practical training for medical/paramedical personnel in the surgical contraceptions and MCH.

ANNEX D (Continued)

Figure 4' (Continued)

The organization also conducts research, clinical studies, and academic conferences and seminars, maintaining KAVS' identity as the key technical resource for voluntary sterilization activities in Korea. KAVS is establishing contacts and exchange of information and materials with other national and international organizations.

2. Functions

This organization functions very efficiently and systematically, which is the reason it has achieved its goal in a very short time. The functions are the following:

1) A very good training program for physician.
2) Conduct surgical and non-surgical sterilization.
3) Antenatal, postnatal and MCH clinic.
4) Treatment and compensation for the patient if any complication arises after operation through mutual assocation fund system.
5) Maintenance of instruments and equipment.
6) Research programs such as evaluating the effectiveness of surgical and non-surgical sterilization and enhancing qualitative and quantitative aspects of sterilization.

3. Resources

Since 1977 sterilization has become the major procedure for family planning in Korea. During the past six years a total of 1,376,559 sterilizations were performed, including 229,065 male and 1,147,464 female. Sterilization usually is by laparascopic procedure.

With the increasing number of female sterilizations, particularly laparascopic procedures, various problems may occur, e.g.:

- manpower and their training requirements;
- treatment of complications following male and female sterilization procedure;
- maintenance and repair of equipment;
- budget.

Manpower was provided by government and private physicians designated by the KAVS.

Treatments of complications and maintenance of equipment is carried out by the physicians and clinics. Male and female sterilization is carried out in the whole country by stationery and mobile units.

ANNEX D (Continued)

Figure 4' (Continued)

The **total income of KAVS** has about US$1.4 million in 1987 from many types of resources. 57% comes from the mutual assistance fund system (which results from physicians donation of 5% of each sterilization fee), 20% self-support and KAVS, including membership fees, 12% from clinics and 11% from the government.

**Expenditure** is 53% for treatments of complications and about 20% for Repair and Maintenance of equipment and clinics.

4. Managerial Process

The goals of KAVS are to maintain and promote family health and welfare in the country and to propagate the most safe and efficient male and female sterilization procedures as a family planning method.

Planning and targets of the program are formulated by the Ministry of Health and Social Affairs. Basic operational quidance is made by MOHSA, whereas technical guidance is made by KAVS. To monitor the performance there is a mechanism of administration to be followed. For example a field worker who brings a client or acceptor must bring with him a card to be given to a doctor. This card then will be used to claim money from the MOHSA. There is good participation from the clients that come voluntarily to the clinic as a result of successful motivation by field workers.

5. Coordination

KAVS links very closely with MOHSA, EPB, KIPH, NIH, and PPFK;

with MOHSA: Program organization
EPB: Finance
KIPH: Research and evaluation
NIH: Training
PPFK: Demonstration FP clinics

Specialist technical advice is obtained from the members of KAVS and KIPH to exchange experience to find out the most common and beneficial method for sterilization and others methods of contraception. All the activities are monitored by the government. KAVS activity is jointly conducted with MOHSA, KIPH, and PPFK.

ANNEX D (Continued)

Figure 4' (Continued)

6. Conclusion

1) The major achievements of the organization are:

- Rapid increase in female sterilization specially with the technical assistance through Johns Hopkins hospital;
- Training of doctors, paramedical and midwives;
- Compensation for complications through MAFA (Mutual Assistance Fund Association)

2) Difficulties

- Low budget;
- No sub-branches;
- No KAVS clinic for recanalization operation.

3) The services and activities are justified inspite of their limited resources.

4) They have good coordination between MOHSA, government hospitals and other organizations like KIPH.

PPFK

1. Character of the Organization

PPFK is a quasi-government organization covered under Article 16 of the MCH Act as amended in 1983, which states:

Article 16: Maternal and Child Health Act

1) There shall be established PPFK in order to carry out such activities as research, survey, IEC, etc. relating to MCH and FP.
2) Those who agree with the purpose and activities of PPFK can be members of PPFK.
3) PPFK should be a legal foundation.
4) Other specific activities can be decided by Presidential decree to be carried out by PPFK.

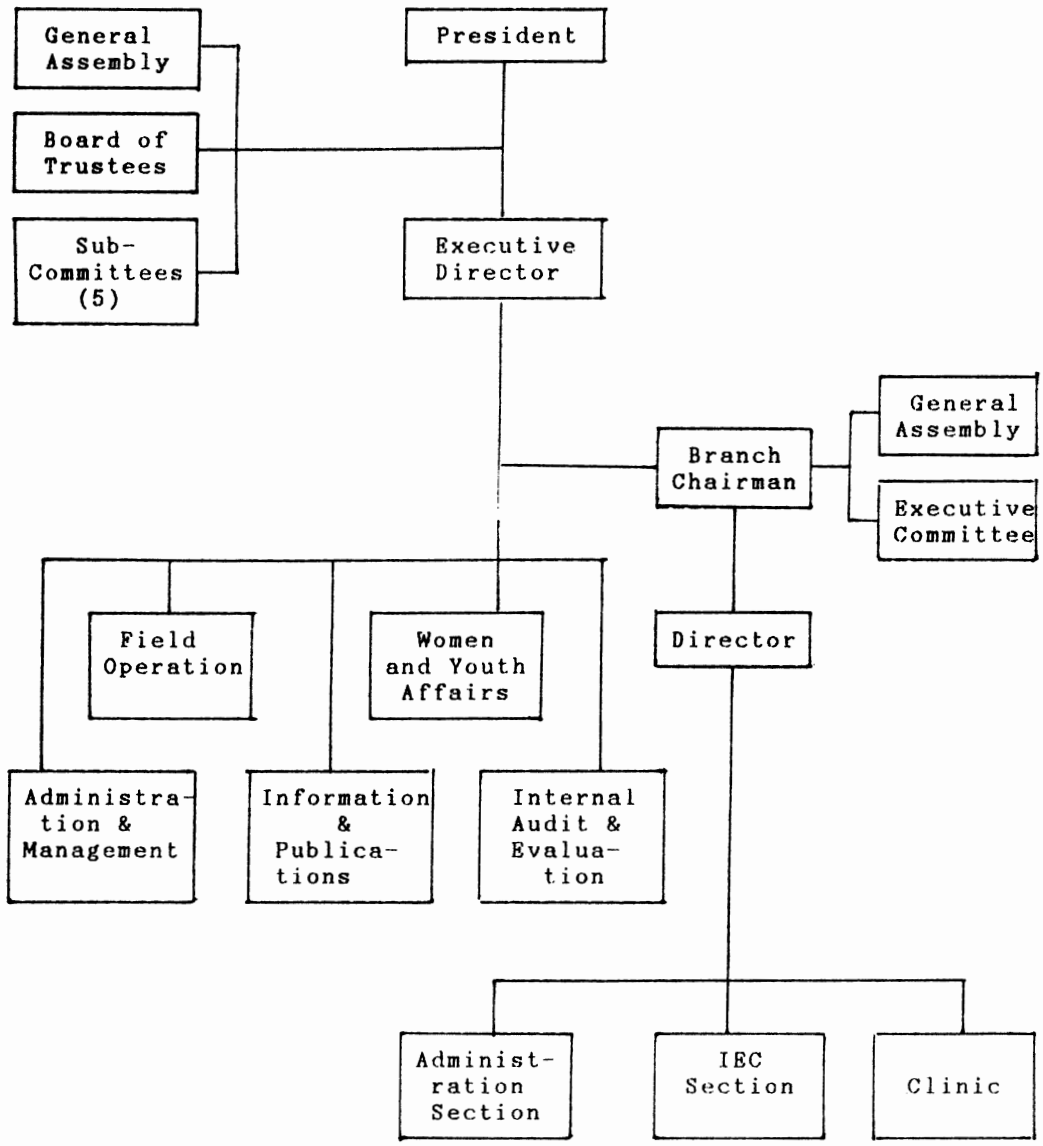
a. Organization

The organization consists of a President, who is an honorary appointment, a Secretary-General paid from PPFK who supervised the activities, a Board of Trustees elected by the General Assembly which consists of representatives from the 12 provincial chapters and the head quarters. The organizational structure is as below:

**ANNEX D (Continued)**

**Figure 4' (Continued)**

Though originally a non-government organization set up in April 1961 and affiliated to IPPF in June the same year, it has come more and more under government control, with the President being now recommended by the MOHSA and approved in the General Assembly.



ANNEX D (Continued)

Figure 4' (Continued)

b. Source of Funding

The budget of PPFK is US$7.7 million in the current year and its sources are as follows:

| Sources | Amount |
|---|---|
| IPPF | US$1 million |
| Government | 2 million |
| PPFK resources (clinics, membership fees, studio, etc.) | 4.3 million ($45 per vasectomy $50 per laparascopy $38 per delivery) |
| UNFPA (5 projects) | 0.3 million |
| Others | 0.1 million |
| Total | 7.7 million |

The budget, after being passed by the General Assembly, has to be approved by MOHSA. The government funding covers the salaries of 250 Male Field Offficers at the Health Center level, and the IEC activities.

52% of the budget goes for salaries, 13% for administration and office expenses, 14% for IEC, 10% for surgical services, 5% for MCH services and 5% for training.

With 65% of the budget going to administrative expenses including salaries, there is urgent need for reviewing the Performance Budget of PPFK to bring about greater allocation of resources - around 50% - to IEC programs.

2. Functions of the Organization

The entire IEC functions for the government FP and MCH program have been assigned to PPFK as follows:

a. Objectives

To improve the quality of life of the Korean people by supporting and promoting family planning and by improving maternal and child health, and thereby provide all the people with culturally, economically and socially healthy family life.

ANNEX D (Continued)

Figure 4' (Continued)

b. Major Functions

1) Information, education and communication on population, FP and MCH
2) FP program through Saemaul Women's Association
3) FP programs for industries and non-FP organizations
4) Population/FP education for youths
5) MCH and clinical services through PPFK clinics
6) Development of new pilot projects
7) Cooperation with overseas FP organizations

c. Major Programs

| Program | Basic Approach | Activities |
|---|---|---|
| 1) Public Information | - Maximization of mass media utilization<br>- Production and distribution of IEC materials for various target groups | - TV & radio programs<br>- News paper & magazine<br>- Symposium & meetings<br>- Leaflets, pamphlets, posters, stickers<br>- "Happy Home" magazine<br>- Films and slides<br>- Video and cassette tapes |
| 2) Education | - Group education for various organized bodies<br>- Encouragement of non-FP organizations for FP activities<br>- FP education for women and youth | - Homeland Reserve Forces<br>- Civil Defense Corps<br>- Industries<br>- Educational and training institutes<br>- Assistance for FP activities<br>- FP seminars<br>- College student seminar<br>- Hot-line services<br>- Counselling service center<br>- Pregnant women |
| 3) Interpersonal communication | - Persuasion of hard core groups to practise FP<br>- Mobilization of community leaders as FP agents<br>- Utilization of Family Health Record | - Saemaul Women's Associations<br>. Training<br>. Seminar<br>. Promotional rally<br>. Family Health Record<br>- Fieldworkers<br>. Group education and home visit |

ANNEX D (Continued)

Figure 4' (Continued)

| | | |
|---|---|---|
| 4) Clinical services | - Integration of FP and MCH services<br>- Mobile clinical services to disadvantaged groups<br>- Clinical study on contraceptives | - Operation of 12 clinics<br>- Utilization of 13 mobile IEC and clinical vans<br>- Clinical study on contraceptives |
| 5) Special programs | - Development of community integrated projects<br>- Identification of new channels for specified target groups | - Urban low-income project<br>- One-child family club<br>- Family health project<br>. FP-Parasite-Nutrition<br>. Primary Health Care<br>- Development of prototype of IEC materials for youth |
| 6) Cooperative IEC | - Maximum mobilization of voluntary contributions of mass media, industry and government<br>- Expansion of IEC services through utilization of non-FP channels | - Utilization of government and trade publications<br>- Operation of population clock tower<br>- Mass media |
| 7) Resource Development | | |

A picture of the complete range of functions will be available from the performance report for 1986:

| Family Planning | | MCH | |
|---|---|---|---|
| Vasectomy | 32,238 | Prenatal care | 14,371 |
| Tubectomy | 22,714 | Deliveries | 3,939 |
| IUD | 5,540 | Postnatal care | 5,275 |
| Oral Pill cycles | 4,702 | Infant & child care | 10,350 |
| Condom packs of 6 | 7,691 | Immunization | 19,921 |
| MR kits | 18,739 | Nutritional education | 17,134 |
| | | Medical check up | 11,299 |

There have not been any major changes in the functions of PPFK but the emphasis has altered according to the government policy. A picture of the development of its functions over the years is given below:

ANNEX D (Continued)

Figure 4' (Continued)

Historical Background

| | |
|---|---|
| 1961 | Establishment of PPFK (April)<br>Affiliation with IPPF (June)<br>Adoption of FP as a government policy (November) |
| 1962 | Establishment of branch offices |
| 1965 | Establishment of PPFK clinics<br>Mobile clinical vans services |
| 1968 | Organization of FP Mothers' Clubs<br>Placement of PPFK fieldworkers to each county<br>Publication of the HAPPY HOME magazine |
| 1971 | Initiation of two child campaign |
| 1972 | Promotion of male sterilization<br>Initiation of FP program for Homeland Reserve Forces |
| 1974 | UNFPA funded IEC programs |
| 1976 | Initiation of FP-parasite control project<br>Establishment of Population Policy Coordination Committee |
| 1977 | Expansion of IEC programs with increased government subsidies<br>Promotion of female sterilization<br>Integration of FP Mothers' Club into Saemaul Women's Associations |
| 1981 | Announcement of new government population policy |
| 1982-'84 | Construction of 11 PPFK clinics, 1 studio and introduction of 13 mobile IEC clinical vans with IBRD funds |
| 1983 | Korean population passes 40 million mark (July)<br>Placement of 85 new fieldworkers to cities |
| 1984 | Installation of 16 population clock towers |
| 1985 | National FP rally for earlier achievement of population target (Dropping population growth rate to 1% by 1993) |

A significant departure from the established pattern will be noted in 1977 when the Mothers' Clubs, which formed the grass-root base of PPFK's success in promoting FP, were merged into the Saemaul Women's Associations by government

**ANNEX D (Continued)**

**Figure 4' (Continued)**

decree leading to adverse effects on the pace of the FP campaign.

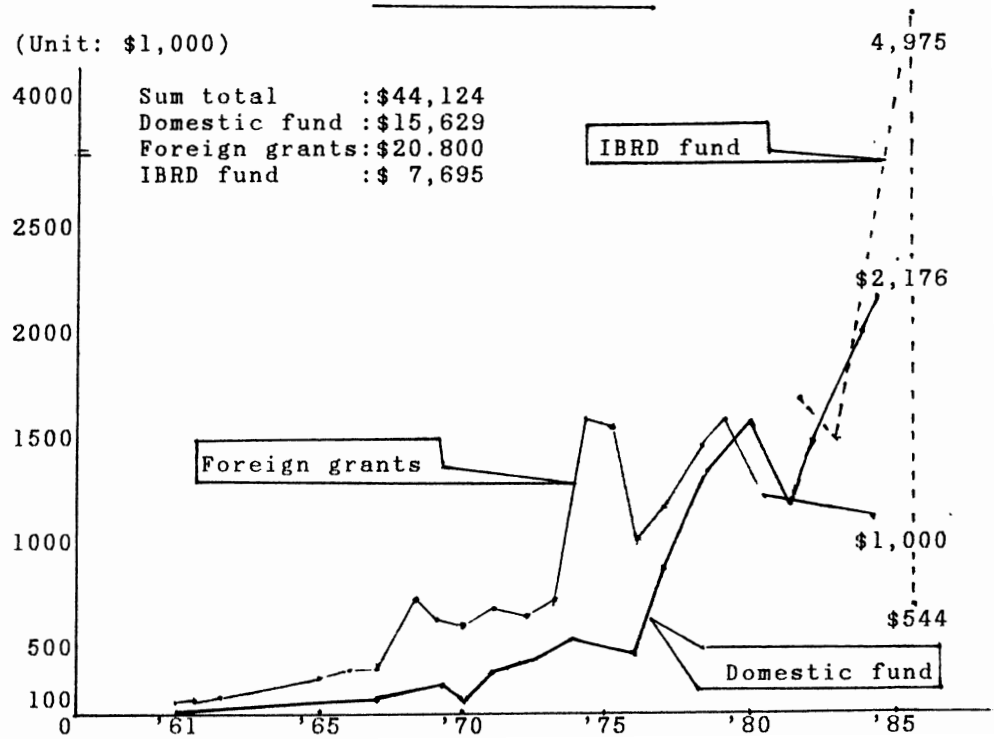
3. Resources

A study of the trend in the **financial resources** of PPFK over the years shows the following:

a. Foreign funding reached a peak in 1973-1975 of $1.7 million annually approximately. It dropped to $1 million in 1985.
b. IBRD loan of $4 million was received in 1984 and dropped to $544,000 in 1985.
c. Domestic funding dropped drastically in 1970 picked up in 1975 and went on increasing since 1980 to $2.176 million in 1985.
d. The UNFPA assistance is about to come to an end the last IPPF project ended last year.

A graph showing the trend is given below.

Financial Sources



ANNEX D (Continued)

Figure 4' (Continued)

The staffing pattern is given in the chart below:

Table of Organization

| Division | Total | HQ | Branch |
|---|---|---|---|
| Total | 674 | 85 | 589 |
| Executive Director and Branch Directors | 13 | 1 | 12 |
| General Staff | 130 | 58 | 72 |
| Medical Staff | 162 | - | 162 |
| Technical Staff | 65 | 16 | 49 |
| Manual Worker | 48 | 10 | 38 |
| Fieldworker | 256 | - | 256 |

52% of the budget is spent on their salaries.

Important Resources: An IEC studio has recently been set up with IBRD help as Media Production Center where video films are made and sold to make income. The 12 clinics and 13 mobile IEC and Clinical Vans are another important resource. By appointing 250 male field officers at the Health Center level PPFK has bridged a crucial gap in the FP motivational network relating to eligible males, as the government had only female field workers.

For developing resources, PPFK engages in the following activities:

- National and provincial government grants
- Clinic services
- Sale of audio-visual materials
- Membership drive
- Contraceptive sales - condom

4. Managerial Process

The annual goals are arrived at on the basis of planning from below by the PPFK chapters. The factors taken into account are:

a. Manpower available
b. Achievement in the previous year
c. Provincial governments targets.

Monitoring is carried out through monthly reports submitted by the clinics, and quarterly reports from the provinicial chapters relating to special project. Further, to assess the impact of IEC programs, PPFK appoints Monitors who submit weekly reports. Through the Saemaul Women's Associations FP Divisions liaison is maintained with the client groups.

**ANNEX D (Continued)**

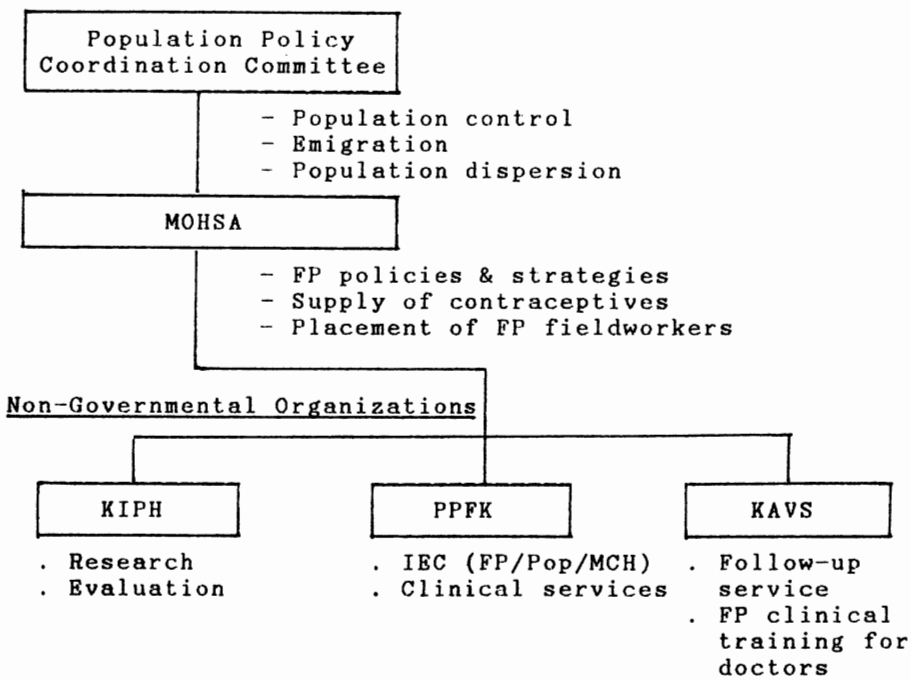
**Figure 4' (Continued)**

5. Coordination

All research and evaluation of performance is the clinical responsibility of KIPH, while clinical training of PPFK medical staff is done by KAVS who also take care of follow-up services. The over-all control and funding flow from MOHSA under the PPCC (which is under the EPB). The chart given below shows the linkages.

National Organization for Family Planning

Governmental Organization




6. Conclusions

Although it began as a private voluntary association in 1961, PPFK has now become a quasi-governmental organization formulating and implementing the entire IEC program of government's FP and MCH policy. However, under Article 16 of the Act it was directed to undertake research and survey, this work has been taken up by the KIPH and not by PPFK. The achievement of PPFK is impressive:

ANNEX D (Continued)

Figure 4' (Continued)

FP Achievement in PPFK Clinics: 1977-1986

| Year | Vasectomy | Tubectomy | IUD | Pill (cycle) | Condom (box) | M.C. |
|---|---|---|---|---|---|---|
| 1986 | 32,238 | 22,174 | 5,540 | 4,702 | 7,691 | 18,739 |
| 1985 | 32,460 | 20,820 | 4,043 | 6,324 | 5,763 | 17,749 |
| 1984 | 31,689 | 19,193 | 3,051 | 4,706 | 8,931 | 20,844 |
| 1983 | 25,211 | 30,612 | 3,318 | 6,884 | 4,873 | 26,862 |
| 1982 | 15,936 | 32,896 | 5,460 | 13,737 | 6,861 | 34,570 |
| 1981 | 10,385 | 27,558 | 4,757 | 16,404 | 10,387 | 27,369 |
| 1980 | 8,077 | 22,479 | 5,110 | 12,199 | 14,497 | 25,524 |
| 1979 | 5,876 | 14,108 | 4,893 | 11,917 | 8,396 | 20,922 |
| 1978 | 10,631 | 5,991 | 5,435 | 10,546 | 9,225 | 17,952 |
| 1977 | 15,442 | 950 | 7,769 | 27,749 | 23,148 | 16,343 |
| Total | 228,602 | 197,321 | 49,376 | 115,168 | 199,772 | 195,874 |

It is worth noting that as much as 65% of the budget is spent on administrative expenses and salaries, which appears to be unduly high until we realize that for an IEC organization, high overheads on personnel is an inevitable component of its make-up. It would still be worthwhile for an exercise to be carried out in reducing staffing overheads.

A major difficulty appears to be the dissolution of the Mothers' Clubs in 1977. The immediate result has been that the composition of the Saemaul Women's Associations has altered to the 16 to 60 years age span while that of PPFK Clubs was 20 to 44 years, the ideal target group for FP activities. The FP activity has, consequently, become less intense, and the close control PPFK had over women's clubs has been lost. Through grant of allowances, PPFK used to encourage regular monthly meetings of women, but after 1977 this incentive is no longer available for motivation purposes.

The group recommends that there should not be any further erosion of the voluntary nature of the functions of the PPFK and that the PPFK should be given more funds and a free hand to develop a more intensive IEC program which is necessary to ensure a one-child family norm.

**ANNEX D (Continued)**

**Figure 4' (Continued)**

**KIPH**

1. Character of Organization

The KIPH was born in July on 1981 when the Korean Institute for Family Planning (KIFP) and the Korea Health Development Institute (KHDI) were eventually merged.

The KIFP was then conducting the over-all research activities and evaluating the impact of the family planning Program. On the other hand, the KHDI was evaluating the long and short term needs for health, investigating particular health services/activities that were requested by the government.

The KIPH status is a semi-government institution which works closely with the MOHSA and other government and non-government entities. At present, it has six divisions that help each other in the attainment of its goals and objectives.

2. Roles and Functions

Before 1981, both the KIFP and the KHDI conducted not only research and evaluation activities but also training. specifically, the KIFP did some skills training for field workers and physicians.

With the advent of the KIPH, the activities were concentrated only on the following:

a. Research, development and evaluation on areas of population, family planning, health system, health service, social insurance and social welfare services and technical cooperation among developing countries.
b. Provide expertise in formulating government policy in support of FP and Health Program.

Specifically, the organization has the following functions:

1) conduct studies and evaluation for health care delivery system development, population and FP.
2) carry out studies and evaluation on long and short term health care needs on population and FP.
3) render assistance and service for health care programs including FP, nutrition and MCH.
4) help implement and evaluate a comprehensive health care demonstration project.

ANNEX D (Continued)

Figure 4' (Continued)

These functions are carried out by six divisions. However for clarity, population concerns such as migration, size, etc. are undertaken by the Population Research Division while KAP on family planning and other related issues are done by the Family Planning Research Division.

3. Resources

a. Manpower

The Institute is manned by competent and highly qualified personnel who is headed by the President. The President, however, can not be appointed unless it is concurred in by the MOHSA Minister. All other employees are appointed by the President on a permanent status after having passed the probationary period.

b. Facilities and Equipment

The Institute has its own building that is fully furnished and equipped. The computer unit is located at the 3rd floor. All its equipment are of latest model and are modern.

c. Funds

The Institute receives financial assistance from International Agencies such as WHO, UNICEF but majority of its program funds come from the Korean government through the MOHSA.

4. Managerial Process

a. Planning

The Population Deliberation Committee, chaired by the EPB Minister, and which is attended by all Ministers of other government ministries, agrees planning issues.

The Vice Minister of EPB holds two meetings a year to discuss population issues, migration, labor, housing. This group is the Work Committee.

Once finalized, MOHSA coordinates with Provinces and gives targets for the FP program. These targets are later on given to City and Counties. Targets for cities are broken down to Towns, then further to Health Centers, until individual targets are attained.

ANNEX D (Continued)

Figure 4' (Continued)

b. Monitoring

To monitor the FP program, the KIPH devised two methods namely: nationwide survey and service statistics.

The coupons are directly submitted by the clinics to KIPH. These coupons contain variables, like education, age, place of operation, number of children, etc.

Reports are used in the system. Managers from provincial level are required to submit to MOHSA and KIPH these reports monthly.

5. Coordination

Please refer to 4. planning and monitoring.

6. Conclusion

a. Achievements

In the implementation of the Family Planning Program that is from the planning stage to implementation (monitoring and evaluation of activities) there exists a vertical and horizontal coordination by and among all agencies involved. This effective coordination exists not only at central level but also at the local level.

b. Feedback mechanism

The feedback mechanism is very good as raw data are usually processed within 10 days upon receipt by KIPH from the centers. Managers can use this feedback information to better improve program implementation at the local level. Likewise, planners can adopt new measures for future directions.

c. Difficulties

1) KIPH has no manpower support at local level to validate reliability of data processed. It is suggested that either KIPH or the local government appoint highly qualified personnel to do these activities.

2) Service Statistics such as Records and Reports have so many variables that are no longer responsive to the program. It is recommended that a committee in KIPH be created to study and update these coupons, records and reports.

ANNEX D (Continued)

Figure 4' (Continued)

NIH

1. Introduction

a. Background

NIH was established by integration of separate bodies of research institutes including National Laboratory and National Institute for Prevention of Infectious Diseases or laboratories in the field of public health in December 1963. It has developed as a central body in such important functions as research and development of public health, national level examination and evaluations of food drugs.

b. Goal

To develop as a professional research and training institute to assist MOHSA programs and activities necessary for the promotion and welfare of the people.

c. Function

The NIH undertakes the following functions of public health importance as a central body for the promotion of health and welfare of the people.

- Epidemiological survey and research on communicable diseases of bacteriology and research, diagnoses, production of vaccines and diagnostic antigens.
- Research on food and food additives, establishing standards and quality control evaluation.
- Comprehensive evaluation including national regulatory assessment of drugs establishing standards and quality controls.
- Research and evaluation on safety and efficacy of foods and drugs.
- Standardization of radiation and inspection of X-ray for medical appliances.
- In-service training for public health workers.
- National qualification examinations for public health personnel.

2. Characters

NIH is a Government institute that comes under the portfolio of the MOHSA. It receives its budget from the government via MOHSA. Its 1987 total budget was US$9 million (approximately, 1.4% of the total budget of MOHSA). Approximately, US$337,000 of the US$9 million were allocated for training.

ANNEX D (Continued)

Figure 4' (Continued)

The institute is divided into 8 departments and 43 divisions with a total staff of 336. Of these 336, 160 are researchers (including 7 faculty members), 68 technicians and 108 administrators and others. The NIH is headed by a Director General and each department is headed by a director and each division is headed by a section chief.

The salary ranges from US$500.00 to US$1300.00 per month. Each salaried staff is entitled to pension on completion of 20 years of service.

The principal functions of NIH that directly involved family planning are training of public health workers and the quality control of contraceptives to ensure high standard of efficiency and efficacy.

The provincial institutes and local government are responsible for the implementation of NIH activities at those levels. However, NIH is responsible for the provision of technical guidance and periodical training to provincial institutes. Inspections of specimens, etc. which require high technology and sophisticated equipments are rent to NIH.

3. Managerial Process

a. Targets

1) Quality control of standard setting and research on efficiency and efficacy of drugs and foods
2) Epidemiological survey and research on communicable diseases and research on viral diseases and entomological diseases
3) In-service training for public health workers

b. Plan

Planning and formulation of policy are carried out independently by NIH. But formal approval will be made by the Ministry of Health and Social Affairs. The Director General of NIH and other section heads are responsible primarily for planning of NIH programs and activities.

The current priorities in planning are directed towards research activities and training. Family Plannig is a part and parcel of these research and training programs. The planning of training program is in accordance to basic goals for health development as already mentioned in the basic functions of NIH. The average time lapsed between the submission of 'plans' through subcommittee and committee to MOHSA for approval was given as eight months. NIH seems to be quite satisfied with this arrangements.

**ANNEX D (Continued)**

**Figure 4' (Continued)**

c. Training targets

The number of trainees that undertake the 'training program' each year is estimated to be 3400. However, the estimated wide need for the number of trainees per year, as indicated by NIH should be 8000. Resources both manpower and finance restricted the number of trainees intake.

d. Quality control of contraceptives

The control of the quality of contraceptives as in other drugs is a direct responsibility of NIH. The evaluation procedure is based on 'criteria' already set by NIH, with the approval by the Central Government. The evaluation is constantly carried out to ensure efficiency and efficacy. The NIH is more than satisfied with the present criteria currently adopted in this field (refer other comments found elsewhere in this paper).

e. Performance monitoring

Efficacy of training is monitored through survey projects and feedback reports conducted mainly by the NIH instructors. This is beside the quality control of drugs as in quality control of contraceptives.

4. Coordination

We learned through our visit that there is a very high standard and degree of coordination especially in field of research and training between NIH and other services. Other services include other Government services and the private sectors such as KIPH, KAVS, MOHA, EPB, etc.

The basic factors involved in coordination of NIH program with other services is through meetings, provision of specialists and materials for training, conducting of evaluation surveys, receiving and feedback on reports, etc. The detail mechanism of such coordination is beyond the scope of this paper. However, the back remains, that the success of NIH depends heavily on the degree and quality of this coordination process.

5. Concluding Remarks

a. Training

- Over the past few years, NIH has been successfully formulated a training program for all public health workers including family planning. So far NIH trains an average 3400 such workers annually. These training programs are in the form of in-service training.

ANNEX D (Continued)

Figure 4' (Continued)

- Successfully coordinated with other services an 'evaluation procedure' every three years to assess the impact and the outcome of such training.
- Achieved a satisfactory level of multi-sectoral cooperation in the provision of materials and specialists for the training program.
- Gained status of recognition by MOHSA and the government as an institution for training.
- Ability to maintain a high standard and quality of all contraceptives available to consumers through strict measure of 'quality control'.

b. Difficulties

- Resources available limit the number of trainees to 3400 only. Actual number needed to be trained annually is 8000.
- Shortage of institutional instructors (specialists).
- High proportion of funds available for training goes to the fees of outside specialists.
- Needs for the improvement and to maintain quality control of drugs, etc. are increased. Daily resources to meet the demands are heavily taxed and may become inadequate.

c. Future plans

- Decentralize the training
- Training of trainees (master)
- Increased the number of institutional instructors
- Review the curriculum and the approaches to training

d. Our group recommendations

- Budget for training to be increased
- Specialists to be employed within the NIH establishments
- Independent 'body' made up of specialists to assist in the services
- Rise of quality control
- Participants should be given a chance in the selections of topics for the training program.

ANNEX D (Continued)

Figure 7'

Development of Service Program Related to Adolescents' Child Delivery/Abortion

Group A (Abortion)

1. Major Problems Identified

   a. Lack of knowledge by adolescents and their parents
   b. Lack of agreement by the policy makers
   c. Lack of acceptance by parents
   d. Low priority by leaders
   e. Lack of adequate services guidance counselling and clinic

2. Research

   a. Survey on policy makers - KAP on adolescent abortion
   b. Systematic reporting system on abortion by health personnel

3. Training

   a. Training of health personnel on late abortion
   b. Sex education on pregnancy and abortion to adolescents and parents through formal and non-formal education
   c. Training on fertility to school counselors and peer groups

4. Sensitization

   a. Trainer's training program including policy makers
   b. IEC activities for adolescents and public
   c. Massive campaign and festival for adolescents
   d. Utilization of mass media

5. Direct Action

   a. Organization of youth clubs to communicate on sexuality
   b. Spot TV or radio program on adolescent fertility
   c. Organization of adolescents medicine as speciality
   d. Adolescent counselling clinics in hospital

ANNEX D (Continued)

Figure 7' (Continued)

Group B (Abortion)

| Major Problems Identified | Research | Training | Sensitization | Direct Action |
|---|---|---|---|---|
| 1)Anxiety, fear, stress, shame, guilty, worries, emotional upset, future marriage (P) | -Surveys of adolescent KAP side effects of abortion, psychological research | -Training of parents youth leaders, teachers -Sex education for health personnels | -Make them aware of the problem | -Educational services -IEC counselling services -Special confidential adolescent services -Legal free services for abortion |
| 2)Hemorrhage, septicaemia, subfertility, damage of reproductive organs (M) | | -Training of health personnels mid-wives | -To create awareness | -Government financial allocation for adolescent free services |
| 3)Social disapproval, condemn by society, loss of peer companionship (S) | | | | |
| 4)Highly expensive (Ec) | -Cost analysis | | | -Availability of trends for free medical service |
| 5)Lack of information, school drop-outs (Ed) | -Survey on drop outs -Type of training needed | | -Teaching manuals | |

ANNEX D (Continued)

Figure 7' (Continued)

| | | | |
|---|---|---|---|
| 6)Illegal need for parent agreement (L) | -Ground for: legaliza- tion of abortion | -Mass media campaign | -Formulate abortion law |

* P : Psychological S : Social Ed : Education
M : Medical Ec : Economic L : Legal

For prevention of induced abortion, all sorts of morality taboo/religion should be taught and also the dangers of abortion like hemorrhage, septicaemia, infection, ruptured uterus, and even death through parents, teachers and IEC.

For treatment of induced abortion, 1) the abortion with unmarried young girls be legalized for the first 3 months, 2) child after 3 months pregnancy should be given a birth to save the parent from dangers of abortion, and 3) the services of psychologist and/or social worker should be available to prevent the victim of the abortion.

Group C (Delivery)

| Major Problems Identified: | Research | Training | Sensiti-zation | Direct Action |
|---|---|---|---|---|
| 1)Parents' social dis-approval | -Survey of illegitimate births<br>-Survey of attitudes, beliefs, knowledge and behavior of unwed parents | Training & education of community leader | -For sympathy toward unwed mother<br>-Campaign to prevent births outside the marriage | |
| 2)Availa-bility of service | Survey of services available, especially for high risk mother | | | -Establish-ment of delivery service agency<br>-Home for unwed mother |

**ANNEX D (Continued)**

**Figure 7' (Continued)**

| | | | | |
|---|---|---|---|---|
| 3)Lack of resources (finance) | | | Campaign to support unwed mother | Rehabilitation program for unwed mother (marriage & employment) |
| 4)Lack of knowledge and education | Survey of efficacy of IEC & sex education | Sex education in school especially teachers, parents & students | | Popularization of FP methods and availability of services |
| 5)Anxiety | | Training for counsellors | Campaign for adoption | -Adoption<br>-Telephone counselling service<br>-Counselling service for unwed mother |
| 6)High risk birth | | Training for medical staff | Campaign about danger of high risk birth | Link to medical care |
| 7)Dislocation of education | Survey on attitudes of teachers and fellow students | Counselling of school authorities | | |

**ANNEX D (Continued)**

**Figure 7' (Continued)**

**Group D**

| GRID I (Problem) | GRID II (Service) | GRID III (Action) |
|---|---|---|
| 1)Shame/embarrassment (P) | Inadequate counselling | More counselling(P) |
| 2)Fears for future (P) | Aid through adoption service | Increase adoption counselling/ education |
| 3)Social disapproval (S) | If adoption, then some agency support | In some adoption, welfare centers, need to study |
| 4)Loss of peer companioship (S) | Extend problem not known | Sets of delivery, avoid care abortion study |
| 5)School discontinuation (Ed) | No education available | Adult education |
| 6)Preparation for parenthood (Ed) | Some private counselling, no information | Information education, course of parenthood |
| 7)Risk of delivering complications (M) | No service responsibility | Information education social worker related to health center |
| 8)Cost of delivery (Ec) | Delivery not free except adoption cases | Agency funds for not adoption cases |
| 9)Child care cost (Ec) | No service | -Day care center<br>-Job training<br>-Job placement |
| 10)Illegality (L) | No information | -No identification<br>-No discontinuation |

* P : Psychological
S : Social
Ed : Education
M : Medical
Ec : Economic
L : Illegal

ANNEX D (Continued)

Figure 8'

Strengths and Weaknesses of the Korean FP IEC Program and Its Future Strategy and Directions

Group A

1. Major Strengths

1) Mass media compaign
2) Utilization of private organizations
3) Provision of population and FP education for specific groups
4) Development of audio visual materials
5) Male participation for FP participation
6) Cooperative IEC with other ministries

2. Achievements

1) 97% of population are aware of FP.
2) 74% of target group practice FP.
3) Reduction of TFR and PGR
4) Increase of per capita income
5) Improvement in MCH

3. New Directions, Strategies

1) Special IEC for adolescent
2) More emphasis on high risk women in rural or urban areas
3) More emphasis on integrated health services (FP & MCH)
4) Provision of information on location of health services (MCH/FP)
5) More emphasis on temporary method and proper use of different methods
6) Detailed informations about contraceptive failure, complication side-effects
7) More support of IEC materials to industrial sites
8) More involvement of NGO
9) Exchange of IEC materials and strategies with other countries

**ANNEX D (Continued)**

**Figure 8' (Continued)**

**Group B**

1. Major Strengths

   1) Effective IEC planning process consisting of:

   - Identifying status of FP program
   - Selection and analysis of priority audiences
   - Setting communities goals
   - Developing communication strategies
   - Setting management objectives
   - Plan of operations
   - Evaluation

   2) Literacy rate 100%

2. Major Achievements

   - Mass media campaign to promote FP
   - Development of IEC materials to be used for various target groups
   - Development of cooperative IEC channels to raise the frequency of people's contact with FP messages

3. Weaknesses

   - 65% of budget spent on administration and staff expenses
   - Inadequate interaction with field workers who are unaware of the new thrusts away from only permanent methods
   - A single officer for IEC at county level is not enough without great interaction with field workers
   - No special strategy for reaching the 10% of population who are still unaware of family welfare program

4. New Directions (Especially target areas)

   - Young couples - MCH immunization
   - Youth
   - Urban slum population and remote rural areas
   - Infertility treatment
   - Training of female fieldworkers

5. Strategies

   - Develop IEC materials for couple with child, one and two children and stress more the temporary methods.
   - Develop FP education program for in and out-of-school
   - Develop IEC material for urban slum and remote rural areas
   - Develop IEC material for quality of life
   - Stress responsibility for national welfare and development

**ANNEX D (Continued)**

**Figure 8' (Continued)**

**Group C**

1. Strengths

   1) Political commitment and strong government support (budget, finance)
   2) NGOs cooperation and participation of voluntary agencies (PPFK, KIPH)
   3) Multisectoral cooperation like Ministry of Culture and Information, MOHA, Ministry of Communication, and others
   4) Presence of communication net work throughout the country
   5) Trained manpower in IEC and facilities available
   6) High literacy rate in Korea
   7) Absence of pressure group
   8) Good and active participation of organized sector and community such as mothers' club in FP program
   9) Utilization of senior citizens

2. Weaknesses

   1) Population education is not included sufficiently in school level education.
   2) Lack of regular evaluation of the effectiveness of IEC program
   3) Insufficient stress on interpersonal communication

3. New Directions

   1) Introduce IEC program in primary, high school, colleges, and universities (regular curriculum)
   2) Emphasis on promotion of MCH program
   3) Strengthen interpersonal communication
   4) Regular evaluation of the impact of the IEC activities
   5) Strengthening and support of the existing program and direction

**ANNEX D (Continued)**

**Figure 8' (Continued)**

**Group D**

1. Strengths

   1) Close linkage with FP goals and strategies
   2) Full delegation to private organization (PPFK) to promote more intensive participation of the community
   3) Active involvement of private enterprises
   4) Use all forms of media in communicating FP messages
   5) Availability of IEC funds from government
   6) IEC program development based on identified target groups

2. Weaknesses

   1) Too much focused IEC contents on demographic goals
   2) IEC with the emphasis on sterilization and less emphasis on MCH and temporary methods
   3) Too much centralized IEC material development and production with no consideration of local situation

3. Achievements

   1) High awareness of FP and practice rate (more than 70% of the eligible couples)
   2) Formation of small family norm
   3) Wide coverage of population by different sector

4. Recommendations

   1) Emphasis of IEC messages on family welfare and responsible parenthood
   2) More emphasis on MCH and temporary methods for spacing birth
   3) Strengthen IEC programs for adolescents
   4) Decentralize IEC material developments and productions suitable for local conditions

## ANNEX D (Continued)

## Figure 10'

## FP Target Setting and Allocation (1987-1991)

## Group A

1. Assumption of Contraceptive Mix for 1995

| Method | 1985 | 1995 |
|---|---|---|
| Male sterilization | 13% | 16% |
| Female sterilization | 45% | 40% |
| Condom | 10% | 12% |
| Pill | 6% | 6% |
| IUD | 10% | 12% |
| Others (Rhythm, Withdraw,..) | 16% | 14% |

2. Justification of the Assumption

1) By 1995, one-child norm will be generally accepted.
2) Married Women in Reproductive Age (MWRA) will have 1 or 2 children and practice temporary method for a period of time.
3) Thanks to the improvement of temporary method technology, continuation rate will be high.
4) High educated
5) Next decade, young couple increase.

3. Output: Total Amount of Program Target by Method (1987-1991)

(Unit:1,000)

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%)* |
|---|---|---|---|---|---|---|
| Vasectomy | 595.2 | 640.1 | 687.2 | 737.0 | 781.0 | 2659.5(11.47) |
| Tubectomy | 1956.2 | 2021.2 | 2086.0 | 2153.2 | 2203.1 | 10419.7(32.32) |
| IUD | 485.5 | 516.5 | 548.4 | 582.2 | 612.2 | 2744.8(8.98) |
| Oral Pill | 274.7 | 289.7 | 304.7 | 320.4 | 332.9 | 1522.4(4.88) |
| Condom | 478.1 | 511.3 | 545.3 | 581.2 | 614.5 | 2730.4(9.02) |
| Others | 690.2 | 716.9 | 743.0 | 770.2 | 791.4 | 3711.7(11.61) |
| Total | 4479.9 | 4695.7 | 4914.8 | 5144.2 | 5335.1 | 47724.1(78.28) |
| CPR(%) | 73.08 | 74.5 | 75.8 | 77.1 | 78.28 | (78.28) |

* Contraceptive Practice Rate by method for 1991

## ANNEX D (Continued)

### Figure 10' (Continued)

### Group B

1. Assumption of Contraceptive Mix for 1995

| Method | 1985 | 1995 |
|---|---|---|
| Male sterilization | 13% | 13% |
| Female sterilization | 45% | 40% |
| Condom | 10% | 12% |
| Pills | 6% | 10% |
| IUD | 10% | 15% |
| Others | 16% | 10% |
| Total | 100% | 100% |

2. Justification of the Assumption

| Assumption | Justification |
|---|---|
| 1) CPR is going to be raised. | -TFR is to be reduced from 2.1 to 1.75. |
| 2) Percentage for Pills and Condoms will increase. | -Most new users will prefer these methods. |
| 3) Male Sterilization will remain constant and Female Sterilization will decrease. | -One-child families are going to be encouraged and one-child parents will be reluctant to go for sterilizations. |
| 4) 'Others' will decrease. | -Methods as defined in 'Others' are not safe enough. |
| 5) MR rate will at least remain constant. | -Failure rate for Pills, Condoms, IUDs, etc. are not as safe as sterilization. |

3. Output: Total Amount of Program Target by Method (1987-1991) (Unit:1,000)

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%)* |
|---|---|---|---|---|---|---|
| Vasectomy | 567.2 | 596.1 | 625.7 | 656.9 | 681.9 | 3127.8(10.0) |
| Tubectomy | 1953.1 | 2016.3 | 2079.6 | 2144.5 | 2192.5 | 10386.0(32.16) |
| IUD | 511.6 | 557.4 | 605.4 | 656.6 | 704.8 | 3035.8(10.34) |
| Oral Pill | 311.6 | 347.8 | 385.8 | 464.5 | 504.4 | 2014.1(6.81) |
| Condom | 477.0 | 509.5 | 542.9 | 578.0 | 610.5 | 2717.9(8.96) |
| Others | 652.3 | 657.3 | 660.1 | 661.8 | 665.6 | 3297.1(9.63) |
| Total | 4472.8 | 4684.5 | 4899.5 | 5124.2 | 5310.7 | 24578.7(77.90) |
| CPR(%) | 72.96 | 74.32 | 75.57 | 76.80 | 77.90 | |

* Contraceptive Practice Rate by method for 1991

ANNEX D (Continued)

Figure 10' (Continued)

Group C

1. Assumption of Contraceptive Mix for 1995

| Method | 1985 | 1995 |
|---|---|---|
| Male sterilization | 13.0 | 11.0 |
| Female sterilization | 45.0 | 30.0 |
| Condom | 10.0 | 23.0 |
| Pills | 6.0 | 10.0 |
| IUDs | 10.0 | 10.0 |
| Others | 16.0 | 16.0 |
| Total | 100% | 100% |

* Proportion by method to be determined assuming a 30% reduction in use of permanent methods.

2. Justification of the Assumption

1) Spacing vs permanent methods
2) Importance of IEC in the promotion of temporary methods is currently emphasized.
3) Popularity of condom is increasing due to sexually transmitted diseases.
4) Active participation of private sectors in the promotion of temporary methods.
5) Improvement in the level of education will create better understanding of other methods especially in the rural areas.

3. Output: Total Amount of Program Target by Method (1987-1991)

(Unit:1,000)

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total CPR:** |
|---|---|---|---|---|---|---|
| Vasectomy | 42.7 | 44.1 | 45.3 | 43.2 | 41.1 | 216.4(9.25) |
| Tubectomy | 111.8 | 109.5 | 106.0 | 94.7 | 83.6 | 505.6(28.25) |
| IUD | 254.9 | 266.5 | 278.0 | 287.7 | 295.8 | 1382.9(8.14) |
| Oral Pill | 265.5 | 295.6 | 327.2 | 358.6 | 387.9 | 6322.0(6.9) |
| Condom | 490.8 | 562.3 | 638.0 | 716.4 | 795.2 | 3202.7(14.5) |
| Others | 626.0 | 659.7 | 693.5 | 726.0 | 754.6 | 3459.8(12.7) |
| Total | 1791.7 | 1937.7 | 2088.0 | 2226.6 | 2358.2 | 10402.2 |
| CPR(%) | 73.54 | 75.20 | 76.76 | 78.32 | 79.77 | |

* Contraceptive Practice Rate by method for 1991

## ANNEX D (Continued)

## Figure 10' (Continued)

## Group D

1. Assumption of Contraceptive Mix for 1995

| Method | 1985 | 1995 |
|---|---|---|
| Male sterilization | 13% | 20% |
| Female sterilization | 45 | 40 |
| Condom | 10 | 10 |
| Pills | 6 | 5 |
| IUDs | 10 | 10 |
| Others | 16 | 12 |
| Injectables | - | 3 |
| Total | 100% | 100% |

2. Justification of the Assumption

1) Male sterilization is increased because FP acceptance should be the joint responsibility of both sexes. It is easier to perform and less complications, and it is very cheap. It protects more women from pregnancy.

2) Female sterilization is reduced because the number of women under age 20-30 with 1 or 2 children would not prefer sterilization. The Korean fertility rates under age groups 20-24 and 25 -29 is reducing by 1995 and these are the women who prefer the conventional methods rather than the permanent methods.

3) IUD and Condom maintained because they are not very popular methods in Korea.

4) Oral Pill is reduced because of side effects and other contra-indications. Women are likely to forget to take the pill regularly.

5) Other methods (rhythm, withdrawal, herbal, etc.) are vague and should not even be included as program methods.

6) Injectables is introduced because it is effective, cheap and very convenient to women, although in Korea its efficacy has yet to be seen.

## ANNEX D (Continued)

### Figure 10' (Continued)

3. Output: Total Amount of Program Target by Method (1987-1991)

(Unit:1,000)

| Method | 1987 | 1988 | 1989 | 1990 | 1991 | Total(CPR:%)* |
|---|---|---|---|---|---|---|
| Vasectomy | 87.6 | 94.5 | 101.3 | 103.8 | 106.2 | (13.3) |
| Tubectomy | 154.9 | 158.4 | 161.1 | 155.4 | 150.0 | (32.2) |
| IUD | 252.2 | 262.8 | 273.1 | 281.8 | 288.6 | (8.0) |
| Oral Pill | 204.0 | 211.1 | 217.5 | 222.5 | 225.0 | (4.4) |
| Condom | 338.7 | 354.9 | 370.6 | 385.4 | 398.1 | (8.0) |
| Injectable | 34.4 | 46.8 | 60.2 | 74.3 | 88.9 | (1.4) |
| Others | 571.4 | 584.0 | 594.9 | 603.2 | 606.7 | (10.6) |
| Total | 1643.2 | 1712.5 | 1778.7 | 1826.4 | 1863.5 | (77.9) |
| CPR(%) | 72.99 | 74.36 | 75.63 | 76.87 | 77.97 | |

* Contraceptive Practice Rate by method for 1991

ANNEX D (Continued)

Figure 11'

Information and Indicators Needed
for Family Planning Evaluation

Group A

| Information | Indicators |
|---|---|
| 1. Population growth | - CBR, CDR, migration |
| 2. Contraceptive prevalence | - Number of current user<br>- Contraceptive mix<br>- Number of new acceptor<br>- Use rate of contraceptive<br>- Age & marital status<br>- Education |
| 3. Fertility | - TFR<br>- Percent distribution of birth by birth order<br>- Mean age of marriage<br>- Interval between marriage & first delivery |
| 4. KAP | - Percentage of awareness of FP program and method<br>- Ideal size of family<br>- Son preference |
| 5. Effectiveness | - Side effect rate<br>- Dropout rate |
| 6. Efficacy | - Failure rate |
| 7. Cost benefit | - Cost per birth averted by method |
| 8. Worker's performance | - Achievement of target<br>- Rate of FP worker/10,000 eligible couple<br>- Education level of FP worker |

**ANNEX D (Continued)**

**Figure 11' (Continued)**

**Group B**

| Type of Information | Proposed Indicators |
|---|---|
| 1. Client satisfaction | - Number of complaints by method in the Health Center |
| 2. Pregnancy after services | - Failure rate by method |
| 3. MCH services | - Number of mothers and children provided with services<br>- Infant mortality rate |
| 4. Number of failures | - Number of MR |
| 5. General demographic information | - CBR, CDR, IMR, PGR |
| 6. Service performance | - Number of reception by method, age, education, and number of children |
| 7. Level of awareness | - Ideal family norm as indicated by client<br>- Number of MR<br>- Number of performance<br>- Number of publicity need shows, broadcasting |
| 8. Community participation | - Number of meetings of women associations and trade unions |

**ANNEX D (Continued)**

**Figure 11' (Continued)**

**Group C**

| Type of Information | Indicators |
|---|---|
| 1. Annual growth rate of population | - CBR, CDR, Immigration rate<br>- Age of marriage<br>- Infant mortality rate |
| 2. Total fertility rate | - No. of children by age and sex<br>- Current.pregnancy |
| 3. Couple year protection | - Contraceptives used<br>- Current users of sterilization, IUD, and other methods |
| 4. Discontinuation rate | - Methods and users failure<br>- Discontinuation of methods |

**Group D**

| Type of Information | Indicators |
|---|---|
| 1. Population growth rate | - CBR, CDR<br>- Migration rate |
| 2. Contraceptive practice rate | - Number of contraceptive users by FP method |
| 3. Continuation rate | - Number of total users<br>- Number of dropouts |
| 4. Cost effectiveness by method | - Total expenditure by methods<br>- Number of acceptors/method |
| 5. Satisfaction rate | - Number of changing methods from more effective methods to less effective methods or vice versa<br>- Number of complications<br>- Number of dropouts<br>- Number of side effects |
| 6. Induced abortion rate | - Number of women experiencing abortion |
| 7. Infant mortality rate | - Number of infant deaths |

## ANNEX D (Continued)

## Figure 15'

## Family Planning Service Management
## Case Study Reports

### Group A

Objectives of field visit

1. to observe management system of FP program at different levels.
2. to study life style.
3. to have an eye witness account of socio-economic development of Korea.

Overview

Governor is the chief executive of province. Director General of Bureau of Health and Social Affairs is the overall in charge of health and FP facilities.

1. Target Setting and Allocation

a. Target was set from province and allocated to Health Center.
b. County and city Health Center readjustified if necessary.
c. At village, health worker does FP activities under supervision of family health worker.

Comment:

a. Target may be allocated to community health practitioner.
b. Dual system of target (province and county target) is implemented. County lays down higher target than the one which is allocated by province for competition.
c. Target is too high.

2. Information (record and report)

a. Family card showing all health informations kept at health post and health center.
b. Report cases of condom and pill acceptors from health post, sterilization-IUD-MR from clinics are forwarded to city or county health center for reimbursement, monitor and evaluation. These informations are proceeded to KIPH for intensive evaluation.

Comment:

Feedback and reporting systems are very good.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

3. Procedure

Family health workers at every level follow the Family Health Procedure Manual written by MOHSA.

4. Coordination and Integration

Population policy of government call for coordination also integration of family planning with MCH services and new village movement. There is a coordination committee consisting of senior officials and is headed by the city mayor or county mayor.

5. Supervision of FP Work Done

a. Done by supervisor to FP worker in the field.
b. Done by Director of Public Health Division at city and county health center.
c. Finally supervised by provincial government staff.
d. Supervision of provincial implementation is done by central evaluation team, consisted of 7 personnels representing concerned agencies.

6. Monitoring and Evaluation

a. Periodic check on timely submission of forms.
b. Good monitoring, timely service statistics available.
c. Evaluation is done by family health workers in township level and county supervisor.
d. Good linkage between supervisor and field worker.
e. Continuation rate of pill and condom is low.
f. General practitioner at health subcenter should contribute to clinical service of FP.
g. High contraceptive rate and low failure, complication and side effects rates.
h. Satisfactory performance of multi-function CHP and high credibility.
i. Integrated approach seems workable at village level.

7. Cost Analysis

Total expenditure provided for FP in Korea seems to be beneficial regarding the strong decrease of natural growth rate during past five years.

ANNEX D (Continued)

Figure 15' (Continued)

8. Recommendations

a. More emphasis should be given to MCH services and temporary methods.
b. Sex counselling and FP services should be directed to adolescents.
c. Services for subfertility should be available.
d. More rural development to stop migration.

Observation

Hard working, friendly and strong will for future development and prosperity contribute to the success of Korean FP program.

Group B

The summary presents only the conclusions we have arrived at, and the factual data at various levels are not repeated as all participants have the fact sheets.

Province-level interaction being severely limited, we are unable to provide incisive observations for that level, and look forward to enlightenment from other groups.

1. National Policy

shifting from permanent to temporary methods plus MCH.

2. Province

11 MCH clinics for 19 counties and 12 cities

3. PPFK Clinic

- 1 person for IEC of whole county
- No awards recommended by provincial government to PPFK for outstanding Saemaul Women's Association/city/county.

4. Hwa-Sung County

- Need blood transfusion and emergency services at County Health Center.
- 1 family worker covers 640 couples in 15 days. Need more family workers to bring about shift in policy implementation.

## ANNEX D (Continued)

## Figure 15' (Continued)

5. Seong-Nam City

- 1/2 budget of FP spent on primary medical services to children of sterilization acceptors. High achievement (115%) due to personal efforts of director. Higher budget needed as target 300% in 1987.
- 1 family worker for 90,000 with 40 volunteers. Need more family workers.

6. Wonsam-Myon

- No instructions received on stressing temporary methods
- No facilities for this at health subcenter
- No FP designated doctor in Myon
- Only 1 primary health post has IUD facility.
- County lays down higher targets than province (too high).
- 1986 achievement over 100%

7. Kongsei-Ri and Its Saemaul Women's Association (SWA)

- No targets for primary health posts. The community health practitioners should receive targets from health subcenter.
- 1 community health post for village to do many works. Need 1 more person.
- SWA leaders have 3 or more children. Should choose only those with 1 or 2.

8. Conclusion

- National policy is not passed down to ground level.
- Open more MCH clinics.
- Temporary methods be free.
- Reorientate family workers and IEC officers.
- If not done, danger of a high dependancy ratio in rural areas and high pressure on health service, shrinking work force and ultimately lower productivity and problems in recruitment for defense forces.

## Group C

1. Objectives

a. To observe and assess the FP management system of program at various levels of 'Health Care' delivery in Korea.
b. To utilize the results of our experience, observations and assessment to strengthen the FP program management in our respective country.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

2. Observations

a. Programing

1) Target setting and allocation

- Target setting is based on socio-economic development to achieve the goal of 1% population growth by the year 1993.

2) Crieteria for target allocation

a) Central government
- policy
- demographic goal and data

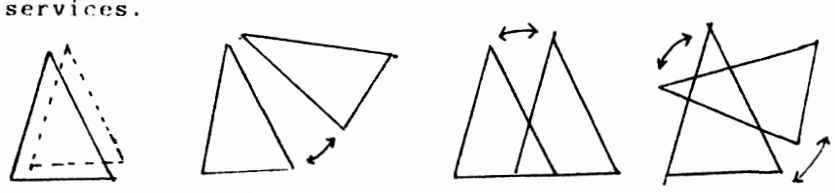
b) Provincial government
- FP target is allocated by the central government to provincial level based on facts in following c).

c) County/City
- Number of eligible couples
- Number of sterilizations done during the last 6 years
- Number of pregnant women
- Number of FP workers
- Place of above of FP health workers

b. Implementation

1) Integration

- Saemaul (MCH, FP, Preventive Medicine)
- Primary Health Post
  Same integration as Saemaul level
- Integration at city level seems to be different from city to city but in Seongnam there is an effective integration amongst internal services both vertically and laterally. This is also true in regards to other services bot governmental and non-governmental services.



ANNEX D (Continued)

Figure 15' (Continued)

2) Supervision

- Meetings
- Spot on inspection
- Telephone
- Recall

c. Monitoring and Evaluation

- Records/Reports feedbacks
- Coupons
- Meetings
- Points allocation to various FP activities

d. Budget

1) MOHSA allocates budget as

- contraceptive fees
- monetary incentive
- IEC activities

2) Provincial allocates

- sterilization
- maintenance and operation
- subsidy for the needy families
- purchase of equipment and devices
- medical treatment for FP acceptors of sterilization
- financing of special FP village protects

3) Primary health post

- central government

3. Strengths and Weaknesses

a. Strengths

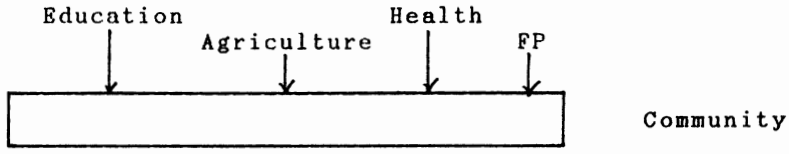
- Incentives
- Workers/Population ratio (County 1:640)
- Good logistic support
- Excellent communication, cooperation and coordination exit in all parts of area.
- Positive and strong political support and commitment
- Existence of designated clinic system
- Primary health center
  . availability of services on demand
  . community participation is evident.
- City
  . good leadership and management style

**ANNEX D (Continued)**

**Figure 15' (Continued)**

b. Weaknesses

- Emphasis is on FP at the expense of MCH.
- More emphasis on permanent methods
- Target allocation by the county - in contrast to central government and in line with budget allocation
- Too many priorities from top and ignoring the community priorities




- Inadequate marriage counselling and adolescent sex education, etc.
- Style of management
- Inadequate in-service training
- Inadequate 'supervisory' visits, etc.

4. Recommendations

a. FP and MCH should be given equal emphasis.
b. Other FP methods should be promoted as in permanent methods.
c. Community participation and their priorities should not be ignored.
d. In-service training at various levels should be encouraged and be conducted regularly. (IEC, skills, motivation, etc.)
e. Meetings between directors should be encouraged to share experiences in management and leadership.
f. Incentives: Monetary, overseas trips, etc. for outstanding workers and directors, etc.
g. Supervision visits to be assessed regularly so that appropriate and adequate numbers are determined.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

**Group D**

1. Target Setting

a. Advantages

1) Help in budget and planning preparation.
2) Facilitate evaluation of the FP program.
3) Help motivate workers to perform.
4) Based on demographic goals.

b. Difficulties

1) Target concious (inadequate follow-ups).
2) Unrealistic target for local situation.
3) Target setting is top to bottom.

c. Recommendations

1) Involve the local workers in target setting.
2) Target should be flexible.

2. Information (Recording/Reporting)

a& Advantages

1) Maintain service data and survey data.
2) Multi-purpose coupon(reimbursement, service statistics, analysis)

b. Difficulties

Information use of pill and condom and new acceptors is weak.

c. Recommendation

Maintain the present system but strengthen the information system on temporary methods.

3. Evaluation

a. Advantage

Achieving targets and helps future planning.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

b. Difficulties

More emphasis on achievement of targets, especially sterilization. But not evaluation of quality control, e.g., failure after operation, effect of IEC activities, dropouts, etc.

c. Recommendation

More emphasis on quality evaluation of FP.

4. Integration and Coordination

a. Integration

1) Advantage

Government has policy to integrate MCH and family planning.

2) Difficulties
- Family planning vertical program.
- Health workers qualification insufficient to become multi-purpose MCH workers.

3) Recommendation

Train to upgrade qualification health workers or replace with them with nurses.

b. Coordination

1) Advantage: Provincial level

- MOHSA, PPFK, private clinic and local government have strong linkages.
- Population Policy Implementation Committee (PPIC)

2) Recommendation

Improve the PPI Committee function.

5. Cost Analysis

a. Advantages

1) Unlimited budget for contraceptive service
2) Active participation of private doctors due to high fee.

ANNEX D (Continued)

Figure 15' (Continued)

b. Difficulties

1) Rely on physician who charges high fee.
2) All of incentives only to the sterilization method (not to the temporary method).

c. Recommendations

Include cost-effectiveness in planning.

6. Program Description (Manual)

a. Advantages

1) Fairly describes the criteria for program operations.
2) This manual is used for program monitoring.
3) All program personnel from top to bottom are knowledgeable about the content.

b. Difficulties

None identified.

c. Recommendations

Maintain and improve.

7. Supervision

a. Advantages

1) Korea provides training for FP managers.
2) Supervisors visit and telephone their areas as needed frequently.
3) Monthly meetings of field workers.

b. Difficulties

1) Insufficient travel budget.
2) Insufficient number of supervisors.
3) Lack of continuity of program manager due to government policy of rotation.

c. Recommendations

1) Reduce frequency of rotation of program managers.
2) Increase travel allowance of supervision.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

8. General Findings, Observations and Recommendations

a. Strengths of the Korea program

1) Accountability in implementing the FP program is lodged in the local government administration. The best way to implement a program is to give the responsibility to the people who are directly affected by the negative effects of a rapid PGR and those that are directly benefited by it.
2) Budgets are provided for the different activities in the implementation of the FP program by the local government.
3) Targets set by the central government are strictly followed down to the village level.
4) FP is integrated on the acceptance.
5) There is emphasis on the acceptance of the more effective methods especially sterilization that made the program succeed in attaining its goals and objection earlier.
6) Availability of clinics and health centers with modern facilities to provide quality FP method service to clients.
7) IEC campaign is effective as evidence by the good acceptance and continuation rate of the More Effective Methods (MEM).
8) There is a systematic way of reporting and monitoring FP performance.
9) There is a very attractive incentives and awards schemes for FP workers, acceptors and service providers.
10) There is a good and effective program evaluation and feedback mechanism.

b. Weaknesses

1) The program has adopted a too contraceptive oriented approach.
2) Target settings are prescribed rather than thorough consultation or participation. It is top to bottom without considering the taste of methods by area.
3) Field workers who are tasked to implement the integrated FP and MCH program, are not paramedics and may only be effective in monitoring FP but lack the capability to provide service to MCH.
4) Absence of service providers for IUD in the subcenters and indifference of Community Health Practitioners to the method.

**ANNEX D (Continued)**

**Figure 15' (Continued)**

c. Recommendation: Ambitious and forward looking

As the program had already achieved its goals of implementing the quality of life of the people and raising standard of living, and since FP has been internalized and become a way of life of the Koreans, the following are recommended:

1) Redirection of the program thrust from a too contraceptive oriented approach to a family welfare oriented approach but maintain the provision of all medically approved and acceptable methods of contraceptive in the clinics including the introductive of injectables.
2) Menstrual Regulation or Induced Abortion should be discouraged and no target should be set. Induced abortion will have a tremendous effect on the mental, physical, spiritual and moral standards of the Korean population. This runs counter to the Korea's objective of quality population. HR will also increase the abnormal sexual behavior of the young adolescents.
3) Emphasis on IEC campaign be shifted from sterilization and the child family to Responsible Parenthood and Family Welfare.
4) As the program is adopting an integrated approach, paramedics (nurses/nurses) should be given priority in hiring field workers.
5) Incentive schemes should be reviewed in view of the redirection of the program as recommended in this report.
6) Target clients to include all sectors of population.

| | |
|---|---|
| Age 0 - 6 | Value Inculcation |
| 7 -14 | Population Education |
| 15-44 | Responsible Parenthood |
| | Responsible Sex |
| | Responsible Citizenship |

**ANNEX D (Continued)**

**Figure 16'**

**Research Plan**

**Group A**

| Research Topics | Justification | Contents | Expected Results |
|---|---|---|---|
| 1. Study on the attitude of policy makers toward the adolescent fertility problem | -Increasing unwanted pregnancies<br>-Lack of policy makers' concern<br>-Basis for developing adolescent fertility program | -Review policy makers writings and speeches<br>-Interview policy makers<br>-Focus group discussions | Developing adolescent fertility program |
| 2. Study on integration of FP into other health services | -To find out the current status of integration from client perspective<br>-To increase quality services | -Interview clients in selected areas<br>-Task analysis in four selected areas: | To develop efficient model for integration |
| 3. Study on strengthening community participation on the FP program | -Increase coverage and satisfaction of clients<br>-To save government budget | -Select pilot area to test community participation<br>-Conduct community survey regarding interest and capacity for self-relience | To develop a model for community participation throughout Korea |

**ANNEX D (Continued)**

**Figure 16' (Continued)**

**Group B**

| Topics/ Necessity | Research Contents/ Objectives | Expected Results/ Utilization |
|---|---|---|
| 1. Psychological effects of only one child policy on family | -Psychological effects(if any) of only one child on mothers and other members of family<br>-Special education by the parents at home | -Policy makers<br>-Social workers<br>-Educators<br>-Parents |
| 2. Understanding of FP policy by:<br>. general public<br>. KIPH staff | -Understanding of FP policy:<br>.study of awareness by adolescent<br>.changing of concept toward children | -FP administrators<br>-Target group |
| 3. Methods to determine the number of current users of all oral pills and condoms (actual users) | -Efficacy of oral pills and condoms<br>-Determine drop-out | -FP managers<br>-Planners |
| 4. Weakness of FP program demographic aspect i.e. population structure | Trends of population growth optimum size of population | Policy makers |
| 5. Sterilization failure rate and the rate of 'request for reversal'. What is the 'success rate' of the reversal surgical procedure. | 1).Causes of failure<br>.Rate of failure<br>2).Rate of requests for reversal<br>.Rate of success<br>.Cost effectiveness | -Planners<br>-FP managers |

**ANNEX D (Continued)**

**Figure 16' (Continued)**

**Group C**

| Topics | Necessity | Research Contents | Expected Results |
|---|---|---|---|
| 1. Role of incentive in decision making for a small family norm | -For budgeting purpose<br>-For planning IEC campaign<br>-To develop more effective incentive system | -KAP of acceptance pattern<br>-To know new ideas about incentive | More effective incentive system |
| 2. Incidence of illegitimate births | -To organize proper population education program for community<br>-Plan counseling system for preventive and curative services<br>-Allocation of budget for rehabilitation program | Sample survey in the unmarried teeage group of factory workers and students | Reduction in incidence of illegitimate birth and improved management of unmarried mothers and such children |
| 3. Relative efficacy of different FP methods | -Plan type of input and services required<br>-Plan manpower development accordingly<br>-Production of suitable IEC materials<br>-Allocation of resources | -Sample survey among different reproductive age group<br>-Contraceptive history of eligible couple<br>-Reason for preference of a particular method | Provision of appropriate input and services |

ANNEX D (Continued)

Figure 16' (Continued)

| | | | |
|---|---|---|---|
| 4. Incidence of high risk mother | -Plan preventive & curative services<br>-Plan IEC campaign<br>-To organize a special hospital and RHC services | -A study of hospital records and interview<br>-History of such deliveries and sequelae | Specific services for improved management & provision of IEC campaign to reduce incidence of high risk mothers |

Group D

| Topics | Necessity | Contents | Utilization |
|---|---|---|---|
| 1. Adolescent sexual problems in Korea | Problem exists however no information and/or data are available | -Pregnancy and termination<br>.% of abortion rate<br>.% of live birth<br>-KAP among adolescent in both areas<br>-Fertility level | -For future policy formation/ direction<br>-For resource generation (planners, workers,etc.)<br>.information dissemination purpose<br>.training of workers, teachers |
| 2. Impact of incentive scheme in sterilization | -Lack of data available despite government support/ assistance<br>-Qualitative rather than quantitative reasons<br>-No information on impact of scheme to quality of service given | -Cost analysis of satisfaction benefits<br>-Analysis of satisfaction level of professional such as physicians or service provider<br>-Satisfaction acceptors, particularly male pop.<br>-Contribution in the fertility reduction rate | For policy direction for planning purpose: IEC strategies, etc. |

## ANNEX D (Continued)

### Figure 17'

### External Collaboration

**Group 1** (Bangladesh, China, India, Indonesia, Fiji, Korea)

International forum of FP management experts, 'Traveller, there is no path, paths are made by walking..... Especially those with definite purposes, direction, aims and objectives.'

1. List of predominent types of external support

a. Donor agencies

UNFPA, NORAD, UNICEF, USAID, WORLD BANK, WHO, IDA, SIDA, IPPF, UNDP, ESCAP, PATHFINDER, JOICFP, JICA, POPCOM, DANIDA, BRAID, IBRD, ICTAM, OXFAM, USC, British Foundation, ICARP, ENC, WFC, EWC, WHS, Asia Foundation.

b. Most effective types of support

1) Training (Fellowship, management, internal training)
2) MCH
3) Facilities
4) Logistic supplies
5) Research
6) Areal development program
7) IEC (IEM)

c. Least effective types of support

Discontinued activities after external support stop.

2. Prevalent problems

1) Time frame
2) Audit
3) Equipments
4) Different interest between donor agency and local government
5) Lack of continuity
6) External evaluation and monitoring x internal

3. Basic principles and criteria for making best use of external collaboration

1) Model plan for pop. and FP development and programing
2) Government commitment
3) Replicable activities and project
4) Increase impact measure from 5 to 10 years
5) Unconditional
6) Not to interfere with local self reliance

ANNEX D (Continued)

Figure 17' (Continued)

4. Example of extremely effective experience with external assistance

1) Training
2) Research
3) Management system

**Group 2**

1. List of predominant types of external support

| Country | Most | Least |
|---|---|---|
| Philippines | Service | Research |
| Thailand | Manpower | Research |
| Pakistan | Development | Research |
| Nepal | Service | Research |
| Vietnam | Service | Research |
| Sri Lanka | Service | Research |

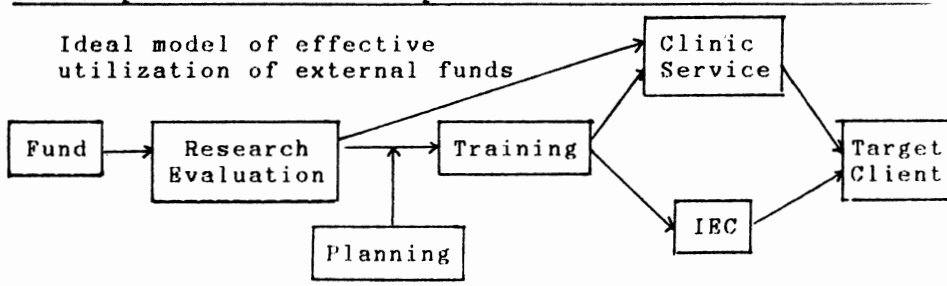
2. Prevalent problems

1) Under utilization due to delayed release of funds and bureaucracy.
2) Counterpart fund is insufficient.
3) Problem of prioritization of unmet needs.
4) Research utilization not maximized.

3. Basic criteria for making use of external collaboration

1) Priority needs of recipient country
2) Capacity to be self reliant (Institutionalization)
3) Capacity of recipient country to comply with conditions e.g., time, fund, manpower....

4. Example of effective experience with external assistance




1) The most effective: Service delivery (IEC)
2) The least effective: Research

## ANNEX E

## WORKSHOP EVALUATION QUESTIONNAIRE

I. To what extent did you achieve the session objectives and targets? (Circle the appropriate answer)

| Ses. My ability is | Extensive | Partial | Minimal | Zero |
|---|---|---|---|---|
| 1. To describe the overall Korean population goal and the FP program approach being used to achieve that goal | 3 | 2 | 1 | 0 |
| 2.1 To describe the major changes; demographic, social and economic status that have taken place over the last 26 years | 3 | 2 | 1 | 0 |
| 2.2 To depict cause and effect relationships among selected social, economic and demographic, health and program variables | 3 | 2 | 1 | 0 |
| 3.1 To describe the major population policies enacted in Korea over the last 26 years and the sequence of their introduction | 3 | 2 | 1 | 0 |
| 3.2 To perform brief analysis of pop. policy to determine why the policy was enacted and its apparent effects | 3 | 2 | 1 | 0 |
| 4.1 To describe the major role and function of the key governmental & non-governmental organizations supporting FP | 3 | 2 | 1 | 0 |
| 4.2 To apply a simple case study approach to describe in detail one organization along with its apparent achievement and difficulties | 3 | 2 | 1 | 0 |

**ANNEX E (Continued)**

| | | | | |
|---|---|---|---|---|
| 9.1 Be familiar with an approach for planning of action in relation to adolescent reproductive health | 3 | 2 | 1 | 0 |
| 9.2 To describe sex and reproductive health related adolescent projects in Korea | 3 | 2 | 1 | 0 |
| 9.3 To develop management skill on how to plan adolescent reproductive health related research and programs in her/his country based on Korea's experiences | 3 | 2 | 1 | 0 |
| 10.1 To assess the strengths and weaknesses of Korean FP IEC program | 3 | 2 | 1 | 0 |
| 10.2 To suggest possible new information efforts needed in the IEC program | 3 | 2 | 1 | 0 |
| 11. To describe the components of Korean FP and the processes that occur in each level of the program management system | 3 | 2 | 1 | 0 |
| 12.1 To describe the overall basis for setting annual family planning acceptor targets in Korea | 3 | 2 | 1 | 0 |
| 12.2 To perform target allocation among contraceptive methods and between government and non-government sources | 3 | 2 | 1 | 0 |
| 12.3 To describe how individual facility and staff acceptor targets are allocated | 3 | 2 | 1 | 0 |

**ANNEX E (Continued)**

| | | | | |
|---|---|---|---|---|
| 13.1 To state the optimum information and indicators required for FP Program Monitoring and Evaluation | 3 | 2 | 1 | 0 |
| 13.2 To describe the Korean system of FP information and evaluation | 3 | 2 | 1 | 0 |
| 13.3 To assess the extent to which the Korean FP information system provides the information needed for evaluation | 3 | 2 | 1 | 0 |
| 14.1 To define and describe "integration" of family planning activities | 3 | 2 | 1 | 0 |
| 14.2 To identify both positive and negative factors affecting integration and coordination of FP activities, in Korea and in general | 3 | 2 | 1 | 0 |
| 15.1 To identify the types of cost by contraceptive methods (cost analysis of FP program) | 3 | 2 | 1 | 0 |
| 15.2 To estimate the effectiveness by the three methods (effectivness analysis of FP program) | 3 | 2 | 1 | 0 |
| 15.3 To undertake cost-effectiveness and cost-benefit analysis of FP program using the data in presentation paper | 3 | 2 | 1 | 0 |
| 15.4 To apply techniques of C-E and C-B analysis to another problem of FP | 3 | 2 | 1 | 0 |
| 15.5 To evaluate the contraceptive methods and FP program efficiency | 3 | 2 | 1 | 0 |

**ANNEX E (Continued)**

| | | | | | |
|---|---|---|---|---|---|
| 16.1 To describe the manner in which FP operating and managerial procedures are documented and updated | 3 | 2 | 1 | 0 | |
| 16.2 To describe the overall approach to supervision applied in the Korean FP program | 3 | 2 | 1 | | |
| 16.3 To list the strengths and weaknesses of Korean FP procedural guidance supervision | 3 | 2 | 1 | 0 | |
| 17. To plan an efficient field visit so as to collect required data at each type of facility to be visited soasto understand and assess FP management system | 3 | 2 | 1 | 0 | |
| 19.1 To analyze findings from the structured data gathering in FP service facilities | 3 | 2 | 1 | 0 | |
| 19.2 To present in writing and in plenary the findings in a concise case study report | 3 | 2 | 1 | 0 | |
| 21.1 To describe the full set of population and FP research activities carried out in Korea | 3 | 2 | 1 | 0 | |
| 21.2 To propose their ideas on future FP research felt needed in Korea, identifying the research topics, justifying the choice of each topic, describing the research method and how the findings would be used | 3 | 2 | 1 | 0 | |

**ANNEX E (Continued)**

| | | | | | |
|---|---|---|---|---|---|
| 22.1 To list general principles for making the best use of external collaboration in population and FP program | 3 | 2 | 1 | 0 | |
| 22.2 To cite recent examples of extremely effective external collaboration | | | | | |

II. How effectively was the workshop prepared and conducted?

| | Very Effective | Effective | Mixed | Not Effective |
|---|---|---|---|---|
| 1. Explanation of session objectives and tasks | 3 | 2 | 1 | 0 |
| 2. Presentations | 3 | 2 | 1 | 0 |
| 3. Exercises | 3 | 2 | 1 | 0 |
| 4. Background materials | 3 | 2 | 1 | 0 |
| 5. Support by facilities | 3 | 2 | 1 | 0 |
| 6. Workshop accommodation | 3 | 2 | 1 | 0 |
| 7. Living accommodations | 3 | 2 | 1 | 0 |

**ANNEX E (Continued)**

III. General Assessment - How true are the following statements?

| | Totally True | Generally True | Partly True | Untrue |
|---|---|---|---|---|
| 1. The workshop subject matter was relevant to my work | 3 | 2 | 1 | 0 |
| 2. The management methods discussed will be useful in my work | 3 | 2 | 1 | 0 |
| 3. I found the style of this workshop interesting and effective | 3 | 2 | 1 | 0 |
| 4. The workshop succeeded in obtaining a high level of individual interest and participation | 3 | 2 | 1 | 0 |
| 5. I was personally able to actively participate: | | | | |
| a. within group work | 3 | 2 | 1 | 0 |
| b. in plenary sessions | 3 | 2 | 1 | 0 |
| c. on field trips | 3 | 2 | 1 | 0 |
| 6. I think the session topics were well chosen and sequenced | 3 | 2 | 1 | 0 |
| 7. I feel this style of workshop | | | | |
| a. should be held in my country | 3 | 2 | 1 | 0 |
| b. should be held again internationally | 3 | 2 | 1 | 0 |
| 8. I feel able to plan and conduct such a workshop in my country | 3 | 2 | 1 | 0 |

**ANNEX E (Continued)**

9. Name the two sessions in which you feel you acquired most new information and analytical skill:

10. Name the session in which you became most frustrated:

11. Name the session in which you feel information exchange (both written and verbal) was best achieved:

12. Name one session in which you developed a new interest:

13. Name the "best" session:

14. Name the most difficult session:

15. Name the one session which you will be most able to apply in your work:

16. Which topics should have received more emphasis?

17. Which topics could have been omitted?

18. What additional topics would you have liked to have presented?

19. What particular problems or difficulties did you have in the workshop?

20. What suggestions do you have for improving this type of workshop?

**ANNEX E (Continued)**

IV. To what extent were the objectives of the workshop achieved?

| | Fully | To a Large Extent | Only Partly | Not At All |
|---|---|---|---|---|
| 1. a) To enable a sharing of experiences in managing population policies and programs | | | | |
| b) To provide a first-hand examination of the Korean (FP Policy and Programme) experience | 3 | 2 | 1 | 0 |
| 2. To facilitate the acquisition of: | | | | |
| a) New skills in: | | | | |
| 1) policy analysis | 3 | 2 | 1 | 0 |
| 2) strategy design | 3 | 2 | 1 | 0 |
| 3) program planning | 3 | 2 | 1 | 0 |
| 4) monitoring and evaluation | 3 | 2 | 1 | 0 |
| 5) organization development | 3 | 2 | 1 | 0 |
| b) New ideas for improving all aspects of FP program effectiveness | 3 | 2 | 1 | 0 |
| 3. To employ improved methods for learning FP program management based on the Korean experience | 3 | 2 | 1 | 0 |
| 4. a) To further strengthen a spirit of cooperation among countries in the field of population program | 3 | 2 | 1 | 0 |
| b) To strenghthen the international network of individuals and institutions which are actively undertaking FP program research and management development | 3 | 2 | 1 | 0 |

ANNEX E (Continued)

Table of Evaluation Scores and Comments, 1987

I. Achievement of Session Objectives

| | | Degree of Success/ Effectiveness | | | | | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| | | Extensive (3) | Partial (2) | Minimal (1) | Zero (0) | NR | |
| 2. | Describe the overall Korean population policy and program | 28 | 3 | 0 | 0 | 0 | 97 |
| 3.1 | Describe the major demographic, social and economic changes | 22 | 9 | 0 | 0 | 0 | 90 |
| 3.2 | Depict cause and effect relationships among social, economic and demographic changes | 13 | 18 | 0 | 0 | 0 | 81 |
| 4.1 | Describe the major population policies | 26 | 5 | 0 | 0 | 0 | 95 |
| 4.2 | Determine the apparent effects of a policy | 17 | 12 | 0 | 0 | 2 | 86 |
| 5.1 | Describe the adolescent reproductive health | 12 | 17 | 2 | 0 | 0 | 77 |
| 5.2 | Apply the GRID approach | 10 | 18 | 3 | 0 | 0 | 74 |
| 6.1 | Describe the various organizations supporting family planning | 10 | 18 | 3 | 0 | 0 | 74 |
| 6.2 | Conduct a brief case study of FP organization | 25 | 6 | 0 | 0 | 0 | 94 |
| 9. | Assess the achievements of IEC program | 23 | 7 | 1 | 0 | 0 | 90 |
| 10. | Describe the components of FP management system | 19 | 12 | 0 | 0 | 0 | 87 |

* NR = Not responding

ANNEX E (Continued)

| | | | | | | |
|---|---|---|---|---|---|---|
| 11.1 Describe the basis for annual FP target setting | 24 | 7 | 0 | 0 | 0 | 92 |
| 11.2 Describe the target allcation | 18 | 12 | 1 | 0 | 0 | 85 |
| 12.1 List information and indicators for FP program evaluation | 18 | 12 | 0 | 0 | 1 | 87 |
| 12.2 Describe the components of FP information and evaluation system | 24 | 7 | 0 | 0 | 0 | 92 |
| 12.3 Assess the extent of information provision by FP information system | 21 | 7 | 1 | 0 | 2 | 90 |
| 13.1 Define integration of FP activities | 15 | 15 | 1 | 0 | 0 | 82 |
| 13.2 Identify positive and negative factors affecting integration | 19 | 12 | 0 | 0 | 0 | 87 |
| 14.2 Identify the types of cost for evaluating program efficiency | 17 | 14 | 0 | 0 | 0 | 85 |
| 14.3 Undertake cost-effectiveness analysis | 7 | 22 | 2 | 0 | 0 | 72 |
| 15.1 Describe the Korean FP procedures | 7 | 20 | 3 | 0 | 1 | 71 |
| 15.2 Describe the FP supervision | 21 | 10 | 0 | 0 | 0 | 89 |
| 15.3 List the strengths and weaknesses of FP procedures | 25 | 6 | 0 | 0 | 0 | 94 |
| 16.1 Plan an efficient field visit | 19 | 11 | 1 | 0 | 0 | 86 |
| 18. Present a review of FP management system | 21 | 8 | 1 | 0 | 0 | 86 |
| 19.1 Describe population research activities | 25 | 5 | 1 | 0 | 0 | 92 |

ANNEX E (Continued)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 19.2 | Propose the future FP research | 19 | 12 | 0 | 0 | 0 | 87 |
| 20.1 | List general principles of FP external collaboration | 18 | 13 | 0 | 0 | 0 | 86 |
| 20.2 | Cite examples of external collaboration | 15 | 13 | 1 | 0 | 2 | 83 |

II. Effectiveness of the Workshop Preparation and Conduct

| | | Very Effective (3) | Effective (2) | Mixed (1) | Not Effective (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | Explanation of session objectives and tasks | 24 | 6 | 1 | 0 | 0 | 91 |
| 2. | Presentations | 19 | 10 | 1 | 1 | 0 | 84 |
| 3. | Exercises | 20 | 10 | 1 | 0 | 0 | 87 |
| 4. | Background materials | 23 | 8 | 0 | 0 | 0 | 91 |
| 5. | Support by facilitators | 23 | 7 | 1 | 0 | 0 | 90 |
| 6. | Workshop accommodation | 27 | 4 | 0 | 0 | 0 | 96 |
| 7. | Living accommodations | 18 | 11 | 1 | 0 | 1 | 86 |

ANNEX E (Continued)

III. General Assessment

| | | Totally True (3) | Generally True (2) | Partly True (1) | Un-True (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | Workshop subject matter relevant to my work | 16 | 15 | 0 | 0 | 0 | 84 |
| 2. | Discussed management methods useful in my work | 26 | 4 | 1 | 0 | 0 | 94 |
| 3. | Style of workshop interesting and effective | 27 | 3 | 1 | 0 | 0 | 95 |
| 4. | Workshop succeeded in obtaining individual interest and participation | 26 | 4 | 1 | 0 | 0 | 94 |
| 5. | Able to actively participate: | | | | | | |
| | a. within group work | 23 | 6 | 2 | 0 | 0 | 89 |
| | b. in plenary sessions | 17 | 11 | 2 | 1 | 0 | 81 |
| | c. on field trips | 23 | 6 | 1 | 1 | 0 | 88 |
| 6. | Session topics well chosen and sequenced | 19 | 11 | 1 | 0 | 0 | 86 |
| 7. | This style of workshop: | | | | | | |
| | a. should be held in my country | 18 | 10 | 1 | 0 | 2 | 86 |
| | b. should be held internationally | 24 | 6 | 0 | 0 | 1 | 93 |
| 8. | Feel to plan and conduct such a workshop in my country | 15 | 13 | 3 | 0 | 0 | 80 |

## ANNEX E (Continued)

| 9. Two sessions acquired most new information and analytical skill: | No. of Responses |
|---|---|
| Population Policy Evolution | 8 |
| Korean Social Economic System | 6 |
| IEC Management | 5 |
| FP Program Management Overview | 5 |
| Field Visit | 5 |
| Adolescent Reproductive Health | 4 |
| FP Organizations | 4 |
| Target Setting and Allocation | 4 |
| Cost Analysis | 4 |
| Field Visit to FP Organization | 3 |
| Case Study Preparation | 3 |
| Information and Evaluation | 2 |
| FP Service Procedures and Supervision | 2 |
| Family Planning and Health | 1 |
| Introduction to Korean Population Policies | 1 |
| Integration of FP Activities | 1 |

| 10. The session most frustrated: | |
|---|---|
| Cost Analysis | 8 |
| Adolescent Reproductive Health | 2 |
| FP Program Management Overview | 1 |
| Information and Evaluation | 1 |
| FP Service Procedures and Supervision | 1 |
| Field Visit | 1 |

| 11. The session best achieved information exchange: | |
|---|---|
| Field Visit | 6 |
| Case Study Presentation | 6 |
| Integration of FP Activities | 5 |
| Information and Evaluation | 3 |
| Population Policy Evolution | 2 |
| FP Program Management Overview | 2 |
| Target Setting and Allocation | 2 |
| Preparation of Field Visit | 2 |
| Population Research Management | 2 |
| FP External Collaboration | 2 |
| Opening | 1 |
| Introduction | 1 |
| FP Organization | 1 |
| Visit to FP Organization | 1 |
| IEC Management | 1 |

ANNEX E (Continued)

| 12. Session developing a new interest: | No. of Responses |
|---|---|
| IEC Management | 5 |
| Adolescent Reproductive Health | 3 |
| Target Setting and Allocation | 3 |
| Field Visit | 3 |
| Social Economic System | 2 |
| Population Policy Evolution | 2 |
| Cost Analysis | 2 |
| Case Study Preparation | 2 |
| FP External Collaboration | 2 |
| FP Organization | 1 |
| FP Program Management Overview | 1 |
| Information and Evaluation | 1 |
| Integration of FP Activities | 1 |
| Banglim Textile Company Visit | 1 |

13. The best session:

| | |
|---|---|
| Field Visit | 7 |
| Integration of FP Activities | 4 |
| Case Study Preparation | 4 |
| IEC Management | 2 |
| Introduction to Population and FP | 1 |
| Population Policy Evolution | 1 |
| Adolescent Reproductive Health | 1 |
| FP Organization | 1 |
| FP Program Management Overview | 1 |
| Information and Evaluation | 1 |
| FP External Collaboration | 1 |

14. The difficult session:

| | |
|---|---|
| Cost Analysis | 10 |
| Field Visit | 3 |
| Adolescent Reproductive Health | 2 |
| FP Program Management Overview | 1 |
| Integration of FP Activities | 1 |
| FP Service Procedures and Supervision | 1 |
| Population Research Management | 1 |
| Presentation | 1 |
| All sessions | 1 |

ANNEX E (Continued)

| 15. Session most able to apply in participants' work: | No. of Responses |
|---|---|
| Target Setting and Allocation | 5 |
| IEC Management | 3 |
| Information and Evaluation | 3 |
| Cost Analysis | 3 |
| Field Visit | 3 |
| Adolescent Reproductive Health | 2 |
| FP Program Management Overview | 2 |
| Integration of FP Activities | 2 |
| Population Research Management | 2 |
| All sessions | 2 |
| Korean Social Economic System | 1 |
| Population Policy Evolution | 1 |
| FP Organization | 1 |
| Visit to FP Organization | 1 |
| FP Service Procedures and Supervision | 1 |
| FP External Collaboration | 1 |

16. Topics which should have received more emphasis:

| | |
|---|---|
| Cost Analysis | 5 |
| Field Visit | 5 |
| Population Policy Evolution | 4 |
| Target Setting and Allocation | 4 |
| Adolescent Reproductive Health | 3 |
| FP Organization | 3 |
| Information and Evaluation | 3 |
| IEC Management | 2 |
| Integration of FP Activities | 2 |
| FP Service Procedures and Supervision | 2 |
| Korean Social Economic System | 1 |
| Visit to FP Organization | 1 |
| FP Program Management Overview | 1 |
| Case Study Preparation | 1 |
| All sessions | 1 |
| Management principles and practices(problem-solving approach) | 1 |
| Difference between policy and implementation | 1 |

17. Topics which could have been omitted:

| | |
|---|---|
| Adolescent Reproductive Health | 2 |
| FP External Collaboration | 2 |
| Korean Social Economic System should be condensed. | 1 |
| Population Policy Evolution can be covered in Session 2. | 1 |
| Population Research Management | 1 |

**ANNEX E (Continued)**

| 18. Additional topics likely to have presented: | No. of Responses |
|---|---|
| 1) More field visit | 3 |
| 2) Advanced contraceptive technology | 2 |
| 3) Discussion of other country experiences | 2 |
| 4) Training of FP health personnel | 1 |
| 5) Socio-economic analysis to set priority of program for country development | 1 |
| 6) Benefit of FP to economic of the country (how to calculate) | 1 |
| 7) EPB activities | 1 |
| 8) Implementation of FP activities at the village level (special approaches, procedures, difficulties and successes) | 1 |
| 9) Social and cultural change of Korea | 1 |
| 10) Saemaul Women's Movement | 1 |
| 11) Country presentation on FP management | 1 |
| 12) Demographic | 1 |
| 13) Statistic | 1 |
| 14) Program policy by each FP organization (MOHSA, PPFK) | 1 |
| 15) Women's role in FP | 1 |
| 16) Case study on contraceptive side effect | 1 |

| 19. Particular problems or difficulties: | |
|---|---|
| 1) Insufficient discussion time | 4 |
| 2) Language difficulty in presentation | 3 |
| 3) Too tight schedule for discussion after understanding the background materials | 1 |
| 4) Difficult gathering data/information at the field visit | 1 |
| 5) Unsatisfactory hotel condition | 1 |
| 6) 50 percent of perdiems be provided in US dollars | 1 |
| 7) Difficult communication among participants | 1 |
| 8) Cultural difference | 1 |

**ANNEX E (Continued)**

| 20. Suggestions for improving this type of workshop: | No. of Responses |
|---|---|
| 1) To exchange slogan and highlight of motivating phrase (poster) | 1 |
| 2) To compare difference about policy, management systems, incentive scheme among participated countries to learn weakness and advantages | 1 |
| 3) Field visit: 3 days are needed. More time is necessary. Briefings should be translated and distributed in advance. Management process of the program should be observed. | 1 |
| 4) Target setting: should be flexible. | 1 |
| 5) FP Committee: functions should be improved. | 1 |
| 6) Workshop period: be shortened to 10 days. | 1 |
| 7) Secretariat: very cooperative and helpful. Thanks to all. Planning of the workshop is excellent and implementation of the training activities best | 1 |
| 8) Speakers' presentations: should be limited to 20 minutes | 1 |
| 9) Transparencies: should be limited to those large script depicting simple ideas. | 1 |
| 10) Question and answer time: adequately insured | 1 |
| 11) Background information on Korea: be reduced to proceed more quickly to understanding and assessment of FP management | 1 |
| 12) Background materials in the Session Guide: should be distributed. | 1 |
| 13) Country report: should be presented. | 1 |
| 14) Proposal development: proposal on FP/MCH program in each country and context should be developed based on Korean program | 1 |
| 15) Needs materials be read in advance | 1 |
| 16) Need more field visit | 1 |
| 17) Insufficient discussion time | 1 |
| 18) Need more information for cost effectiveness session (with relation to target setting) | 1 |

**ANNEX E (Continued)**

IV. Achievement of Workshop Objectives

| | | Fully (3) | To a Large Extent (2) | Only Partly (1) | Not at All (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | a. Enable a sharing of experiences in managing population policies | 18 | 12 | 1 | 0 | 0 | 85 |
| | b. Provide a first-hand examination of Korean experience | 22 | 9 | 0 | 0 | 0 | 90 |
| 2. | Acquisition of: | | | | | | |
| | a. New skills in: | | | | | | |
| | 1) policy analysis | 36 | 14 | 1 | 0 | 0 | 83 |
| | 2) strategy design | 15 | 13 | 1 | 0 | 2 | 83 |
| | 3) program planning | 20 | 10 | 1 | 0 | 0 | 87 |
| | 4) monitoring and evaluation | 20 | 10 | 1 | 0 | 0 | 87 |
| | 5) organization development | 19 | 8 | 3 | 0 | 1 | 84 |
| | b. New ideas for improving FP program effectiveness | 16 | 13 | 1 | 0 | 1 | 83 |
| 3. | Employ improved methods learning FP program | 16 | 15 | 0 | 0 | 0 | 84 |
| 4. | a. Strengthen a spirit of cooperation among countries | 25 | 6 | 0 | 0 | 0 | 94 |
| | b. Strengthen international network of individuals and institutions | 21 | 9 | 1 | 0 | 0 | 88 |

ANNEX E (Continued)

Table of Evaluation Scores and Comments, 1988

I. Achievement of Session Objectives

| | | Extensive (3) | Partial (2) | Minimal (1) | Zero (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | Describe the overall Korean population goal and FP program approach | 20 | 8 | 0 | 0 | 0 | 90 |
| 2.1 | Describe the major demographic, social and economic changes | 20 | 8 | 0 | 0 | 0 | 90 |
| 2.2 | Depict cause and effect relationships among social economic, demographic and health variables | 8 | 20 | 0 | 0 | 0 | 76 |
| 3.1 | Describe the major Korean population policies | 23 | 5 | 0 | 0 | 0 | 93 |
| 3.2 | Determine the apparent effects of a policy | 18 | 9 | 1 | 0 | 0 | 87 |
| 4.1 | Describe the major role and function of organizations supporting FP | 20 | 7 | 1 | 0 | 0 | 89 |
| 4.2 | Apply a case study of one organization | 12 | 16 | 0 | 0 | 0 | 81 |
| 9.1 | Be familiar with adolescent reproductive health | 14 | 13 | 1 | 0 | 0 | 82 |
| 9.2 | Describe adolescent reproductive health projects | 10 | 18 | 3 | 0 | 0 | 79 |

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* NR = Not responding

ANNEX E (Continued)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 10.1 | Assess the strenghths and weaknesses of Korean IEC Program | 18 | 10 | 1 | 0 | 0 | 88 |
| 10.2 | Suggest possible new information efforts needed in IEC program | 15 | 12 | 1 | 0 | 0 | 83 |
| 11. | Describe the components of FP management system | 17 | 11 | 0 | 0 | 0 | 87 |
| 12.1 | Describe the basis for annual FP target setting | 12 | 16 | 0 | 0 | 0 | 81 |
| 12.2 | Perform the target allcation among contraceptive methods | 13 | 14 | 1 | 0 | 0 | 81 |
| 12.3 | Describe how targets are allocated | 10 | 18 | 0 | 0 | 0 | 79 |
| 13.1 | State information and indicators for FP programevaluation | 13 | 15 | 0 | 0 | 0 | 82 |
| 13.2 | Describe Korean FP information and evaluation system | 19 | 9 | 0 | 0 | 0 | 89 |
| 13.3 | Assess the extent of information provision by FP information system | 12 | 16 | 0 | 0 | 0 | 81 |
| 14.1 | Define integration of FP activities | 14 | 13 | 1 | 0 | 0 | 82 |
| 14.2 | Identify positive and negative factors affecting integration | 11 | 17 | 0 | 0 | 0 | 80 |
| 15.1 | Identify the types of cost by contraceptive methods | 7 | 15 | 6 | 0 | 0 | 68 |
| 15.2 | Estimate the effectiveness by the methods | 5 | 19 | 4 | 0 | 0 | 68 |
| 15.3 | Undertake cost-effectiveness analysis | 6 | 13 | 9 | 0 | 0 | 63 |
| 15.4 | Apply techniques of C-E and C-B analysis to another problem of FP | 3 | 16 | 9 | 0 | 0 | 60 |

ANNEX E (Continued)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 15.5 | Evaluate FP program efficiency | 11 | 15 | 2 | 0 | 0 | 77 |
| 16.1 | Describe the Korean FP procedures | 9 | 19 | 0 | 0 | 0 | 77 |
| 16.2 | Describe the FP supervision | 20 | 8 | 0 | 0 | 0 | 90 |
| 16.3 | List the strengths and weaknesses of FP procedures | 16 | 12 | 0 | 0 | 0 | 86 |
| 17 | Plan an efficient field visit | 23 | 5 | 0 | 0 | 0 | 94 |
| 19.1 | Analyze data gathering in FP facilities | 17 | 11 | 0 | 0 | 0 | 87 |
| 19.2 | Present the findings in case study report | 20 | 8 | 0 | 0 | 0 | 90 |
| 21.1 | Describe population and FP research activities | 18 | 10 | 0 | 0 | 0 | 88 |
| 21.2 | Propose future FP research needed in Korea | 14 | 14 | 0 | 0 | 0 | 83 |
| 22.1 | List general principles of FP external collaboration | 12 | 16 | 0 | 0 | 0 | 81 |
| 22.2 | Cite examples of external collaboration | 3 | 11 | 0 | 0 | 14 | 37 |

II. Effectiveness of the Workshop Preparation and Conduct

| | | Very Effective (3) | Effective (2) | Mixed (1) | Not Effective (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | Explanation of session objectives and tasks | 18 | 9 | 1 | 0 | 0 | 87 |
| 2. | Presentations | 13 | 15 | 0 | 0 | 0 | 82 |
| 3. | Exercises | 15 | 13 | 0 | 0 | 0 | 85 |

ANNEX E (Continued)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4. | Background materials | 18 | 10 | 0 | 0 | 0 | 88 |
| 5. | Support by facilitators | 19 | 9 | 0 | 0 | 0 | 89 |
| 6. | Workshop accommodation | 23 | 5 | 0 | 0 | 0 | 94 |
| 7. | Living accommodations | 18 | 9 | 1 | 0 | 0 | 87 |

III. General Assessment

| | | Totally True (3) | Generally True (2) | Partly True (1) | Untrue (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | Workshop subject matter relevant to my work | 11 | 16 | 1 | 0 | 0 | 79 |
| 2. | Discussed management methods useful in my work | 14 | 12 | 2 | 0 | 0 | 81 |
| 3. | Style of workshop interesting and effective | 17 | 10 | 1 | 0 | 0 | 86 |
| 4. | Workshop succeeded in obtaining individual interest and participation | 17 | 10 | 1 | 0 | 0 | 86 |
| 5. | Able to actively participate: | | | | | | |
| | a. within group work | 20 | 6 | 2 | 0 | 0 | 88 |
| | b. in plenary sessions | 16 | 6 | 6 | 0 | 0 | 79 |
| | c. on field trips | 17 | 8 | 3 | 0 | 0 | 83 |
| 6. | Session topics well chosen and sequenced | 18 | 9 | 1 | 0 | 0 | 87 |
| 7. | This style of workshop: | | | | | | |
| | a. should be held in my country | 18 | 8 | 2 | 0 | 0 | 86 |
| | b. should be held internationally | 20 | 8 | 0 | 0 | 0 | 90 |
| 8. | Feel to plan and conduct such a workshop in my country | 12 | 13 | 1 | 2 | 0 | 75 |

## ANNEX E (Continued)

| 9. Two sessions acquired most new information and analytical skill: | No. of Responses |
|---|---|
| Target Setting and Allocation | 9 |
| Adolescent Reproductive Health | 8 |
| Korean Social, Economic and Demographic Situation | 6 |
| Population Policy Evolution | 6 |
| FP Information and Evaluation System | 4 |
| Cost Analysis | 4 |

| 10. The session most frustrated: | |
|---|---|
| Not answer (not frustrated) | 10 |
| Cost Effectiveness Analysis | 15 |
| Population Policy Evolution | 1 |
| Target Setting and Allocation | 1 |
| FP Service Procedures and Supervision | 1 |

| 11. The session best achieved information exchange: | |
|---|---|
| Not answer (none) | 3 |
| IEC Planning and Management | 4 |
| Case Study Presentation | 3 |
| Adolescent Reproductive Health | 3 |
| FP Target Setting and Allocation | 3 |
| FP Services Field Visit | 3 |
| Population Policy Evolution | 2 |
| Integration of FP Activities | 2 |
| Organizations Involved in FP | 1 |
| FP Program Management Overview | 1 |
| FP Service Procedures and Supervision | 1 |
| Population Research Management | 1 |

| 12. Session developing a new interest: | |
|---|---|
| Not answer (none) | 8 |
| Adolescent Reproductive Health | 11 |
| FP Target Setting and Allocation | 4 |
| FP Information and Evaluation System | 2 |
| Cost Effectiveness Analysis | 1 |
| Population Research Management | 1 |
| Management of External Collaboration | 1 |
| FP Service Procedures and Supervision | 1 |

ANNEX E (Continued)

| 13. The best session: | No. of Responses |
|---|---|
| Not answer (none) | 12 |
| FP Services Field Visit | 5 |
| Organizations Involved in FP | 4 |
| Adolescent Reproductive Health | 4 |
| FP Management Overview | 3 |

| 14. The most difficult session: | |
|---|---|
| Not answer (none) | 5 |
| Cost Effectiveness Analysis | 17 |
| Adolescent Reproductive Health | 2 |
| FP Service Procedures and Supervision | 2 |
| Case Study on FP Organizations | 1 |
| IEC Management | 1 |

| 15. Session most able to apply in participants' work: | |
|---|---|
| Not answer (none) | 16 |
| Adolescent Reproductive Health | 3 |
| IEC Management | 3 |
| FP Target Setting and Allocation | 3 |
| FP Information and Evaluation System | 3 |

| 16. Topics which should have received more emphasis: | |
|---|---|
| Not answer (none) | 13 |
| FP Information and Evaluation System | 6 |
| Adolescent Reproductive Health | 3 |
| FP Target Setting and Allocation | 3 |
| Population Research Management | 3 |

| 17. Topics which could have been omitted: | |
|---|---|
| Not answer (no ommission allowed) | 19 |
| Cost Effentiveness Analysis | 4 |
| Case Study Presentation | 1 |
| FP Information and Evaluation System | 1 |
| Integration of FP Activities | 1 |
| Management of External Collaboration | 1 |

**ANNEX E (Continued)**

| | | No. of Responses |
|---|---|---|
| 18. | Additional topics likely to have presented: | |
| | Not answer (none) | 13 |
| | Study on participating countries on FP and population policy | 3 |
| | Management of personnel, financial and logistic in FP program | 1 |
| | Conduct of actual IEC and service/clinic during field trip | 1 |
| | Population trends in the world with areal emphasis on population trends in Asia | 1 |
| | An overview of FP program in the world | 1 |
| | Potential aging of Korean population and its solutions | 1 |
| | Detailed work on FP evaluation and program management | 1 |
| | Study on rejected M.R. cases | 1 |
| | Socio-cultural impact on FP program | 1 |
| | Socio-economic development due to FP activities | 1 |
| | Merits and demerits of various incentives and disincentives in Korea | 1 |
| | Designing IEC materials | 1 |
| | Training of FP planning program | 1 |
| | Incentives vs disincentives of medical insurance | 1 |
| 19. | Particular problems or difficulties in the workshop: | |
| | Not answer (no problems or difficulties) | 18 |
| | Language and communications among participants | 4 |
| | Without background of FP field, difficult to understand the lecture | 1 |
| | During field visit, the group should broken up into smaller one accompanied with facilitator or interpreter | 1 |
| | Too technical | 1 |
| | Differences in working experience | 1 |
| | Adolescent Reproductive Health in Session 9 | 1 |
| | Evaluation of FP programin Korea in Session 13 | 1 |
| 20. | Major suggestions for improving the future workshop: | |
| | Not answer (none) | 13 |
| | More considerations on participating countries' experiences<br>-subgroup work<br>-workshop curriculum<br>-country presentation | 5 |

**ANNEX E (Continued)**

| | |
|---|---|
| More time for field visit | 3 |
| Implementation of regular workshop | 2 |
| Participation of other region and more NGOs | 2 |
| Equal opportunity to all participants in discussion | 1 |
| More time for discussion | 1 |
| Utilization of resource persons from participating countries | 1 |

IV. Achievement of Workshop Objectives

| | | Fully (3) | To a Large Extent (2) | Only Partly (1) | Not at All (0) | NR | % of max. possible score for No. responding |
|---|---|---|---|---|---|---|---|
| 1. | a. Enable a sharing of experiences in managing population policies | 11 | 16 | 1 | 0 | 0 | 79 |
| | b. Provide a first-hand examination of Korean experience | 17 | 11 | 0 | 0 | 0 | 87 |
| 2. | Acquisition of: | | | | | | |
| | a. New skills in: | | | | | | |
| | 1) policy analysis | 17 | 9 | 2 | 0 | 0 | 85 |
| | 2) strategy design | 14 | 12 | 2 | 0 | 0 | 81 |
| | 3) program planning | 14 | 12 | 2 | 0 | 0 | 81 |
| | 4) monitoring and evaluation | 16 | 11 | 1 | 0 | 0 | 85 |
| | 5) organization development | 12 | 13 | 3 | 0 | 0 | 77 |
| | b. New ideas for improving FP program effectiveness | 11 | 17 | 0 | 0 | 0 | 80 |
| 3. | Employ improved methods learning FP program | 11 | 15 | 2 | 0 | 0 | 77 |
| 4. | a. Strengthen a spirit of cooperation among countries | 20 | 7 | 1 | 0 | 0 | 89 |
| | b. Strengthen international network of individuals and institutions | 16 | 11 | 1 | 0 | 0 | 85 |