5140150 (2)

AID 1025-1 (7-71) (FACE SHEET)

NONCAPITAL PROJECT PAPER (PROP) PD-AAA-605-B1

PAGE 1 of __ PAGES

I. PROJECT IDENTIFICATION

PROJECT TITLE: POPULATION AND FAMILY PLANNING

APPENDIX ATTACHED: [X] YES [ ] NO

2. PROJECT NO. (M.O. 1095.2): 514-11-580-150

3. RECIPIENT (specify): [X] COUNTRY Colombia [ ] REGIONAL [ ] INTERREGIONAL

4. LIFE OF PROJECT: BEGINS FY 1968 ENDS FY 1978

5. SUBMISSION: [ ] ORIGINAL DATE [X] REV. NO. 2 DATE

CONTR./PASA NO.

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

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ___ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY	2991	1089	149	1511	1500	86	305	976	107			
2. OPRN FY 76	240	---		100	84	15	125	104	18			
3. BUDGET FY TQ	60	---		16	14	4	40	---				
4. BUDGET +1 FY 77	240	---		75	60	15	150	---				
5. BUDGET +2 FY 78	240	---		75	60	15	150	---				
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	3771	1089	149	1777	1718	135	770	957	125			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
See text for related activities.		

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER	TITLE	DATE
William Bair	Chief, Special Activities USAID/Colombia	4/24/75
2. CLEARANCE OFFICER	**TITLE**	**DATE**
William Ellis	Director, USAID/Colombia	4/24/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

This project is approved for FY 1976 and the interim quarter only. Prior to initiating activities in FY 1977, the project is to be resubmitted to the LA Bureau for their recommendation as to the appropriate level of activities for FY 1977 and beyond.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP/LA	C. N. Johnson (CNJ) L. Gardella	4/22/75 4/21/75	LA/NC PPC/DPR	G. Oglesby (Illegible) J. Welty	5/14/75
PHA/POP	E. R. Backlund	2 6 75	PHA/PRS LA/DR	R. Martin J. Breen	
PHA/POP	R. Ravenholt	13-5-75	PHA/PRS GC/TFHA	C.D. McMakin J. Miller	2/9/75

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE: Harriett S. Growley DATE: 9/17/75

TITLE: AA/PHA, Harriett S. Growley

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

SIGNATURE: John E. Murphy DATE: 9/27/75

TITLE: ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT (Acting)

INDEX

		Page No.
SUMMARY AND CONCLUSIONS		3
GLOSSARY OF ACRONYMS		8
I	GENERAL COLOMBIAN DEMOGRAPHIC CONDITION	9
II	POPULATION PROGRAM PROGRESS	11
III	USAID ROLE: PAST, PRESENT AND FUTURE	14
IV	CURRENT ATTITUDES TOWARD POPULATION PROGRAMS	18
V	STRATEGY	20
VI	COURSE OF ACTION	~~23~~ 25
VII	FINANCING SOURCES	~~29~~ 31
VIII	IMPROVED OPPORTUNITIES FOR WOMEN	~~32~~ 34
IX	ABORTION AND STERILIZATION	~~32~~ 34
X	EVALUATION	~~33~~ 35
XI	CONTRACEPTIVES SUPPLY	33 35
XII	Host Country Contribution	36

ANNEX I - 1972 - 1978 SUMMARY OF POPULATION EXPENDITURES AND OUTPUTS.

ANNEX II - DEMOGRAPHIC CONDITIONS COLOMBIA

ANNEX III - POPULATION PROJECT - LOGICAL FRAMEWORK (Project Inputs and Outputs)

ANNEX IV - POPULATION PROJECT - REPORTING FORMS

SUMMARY AND CONCLUSIONS

This PROP provides a description of population program accomplishment since 1972, and the planned activities and funding needs through 1978. The PROP, covers all major population activities, since the USAID participation only makes sense in the context of the total effort. There are at least a dozen Colombian organizations, and more than a score of international agencies, foundations, universities, etc., who play important roles. This document mentions those which take a substantial part in programs closely associated with AID supported activities. However, it does not attempt to deal with everything touching the population field. In Annex I USAID presents the general magnitude of their 1972-75 efforts and projection of their 1976-78 plans. It should be noted that as we speak of the role of international agencies other than AID this is descriptive and does not imply we think they should carry out these activities or attempt to commit them to a particular role.

The following statements provide a brief summary of the results of our analysis:

Progress

- Fertility rates, although imprecisely measured, are clearly falling, particularly in the urban areas. Rates may now be 28/1000 urban, 48/1000 rural, with a country average of 36 to 38/1000, with death rates of 8-10/1000 and a growth rate of 2.7 - 2.9%.
- Many factors have influenced the fertility drop such as urbanization, increased educational and economic opportunity, expanded health services. Population programs have served

to accelerate the decline with substantial increases in clinic and contraceptive accessability and widespread information and education campaigns

Role of External Assistance

- The role of international agencies including AID has been supportive of Colombian efforts to deal with the problem. Financial and other assistance has been made available in ways that allowed Colombian leadership freedom to develop Colombian solutions and programs.

- The USAID role has been effective in serving to bring together Colombian programs with international sources of financing in a coordinated fashion and in providing a stimulus to Colombian leadership through financing a large international training program

Colombian Attitudes

- While controversy still exists and the present government is taking a "wait and see" attitude, the general body of public opinion appears favorable to family planning programs.

Strategy:

- Essential for population programs is to maintain a balance - or dynamic equilibrium - within the several parts of the population program and between population programs and other development efforts.

Emphasis should be given in order of priotiry to:

-- continuing and improving present clinical services and expanding service particularly to the rural population and urban poor through community based non-clinical programs.

-- training, particularly incountry, and information and education campaigns, both mass media and person to person contacts.

-- evaluative and other research, particularly as it measures efficiency, quality and impact of various population programs and as it develops information for policy decisions of population program planners and socio-economic development planners.

- Population programs in the future should continue to depend on a blend of private and public actions to take fullest advantage of the particular interest and capacity of all sectors.

Course of Action and Objectives:

- by 1978 service programs will have expanded from the 978 hospitals and clinics, 661 non clinical outlets providing 198,000 new acceptors and total of 434,000 program users in 1974 to 1,150 hospitals and clinics and 5,000 non-clinical service outlets providing 607,000 new acceptors per year with a total of 1,319,000 program users. This level of activity could bring the growth rate to 2% by the end of the decade.

- training programs will have been carried out to provide adequate trained personnel to implement all population programs; sufficient training for extension, welfare and community service institutions to include demographic factors in their program and adequate "trainers" and faculty members in-country to continue all training programs in the future.

- research and evaluation activities will have developed current information for policy making and evaluative information of family planning program effectiveness and impact.

Financing Sources:

- USAID involvement should be greater in the future to be supportive of growing Colombian efforts. Expansion should be in the area of technical assistance in organizing in-country training; personnel for comprehensive training,

evaluation and monitoring; and in bilateraly financed support for training, particularly in-country; I and E; evaluation and support of community based non-clinical service. In 1978 USAID bilateral financed activities will be 2% of the total population effort. 2

- substantial financial assistance from all external sources will still be needed in 1978. Increases in local funding are expected but as part of a growing program. The percentage of local funding in 1978 will be 51% of a total effort of $13,832,000, up from 40% in 1974 of a total of $6,933,000.

- to carry out the projected bilateral activities USAID requests:

FY 1976	240,000
I.Q.	60,000
FY 1977	240,000
FY 1978	240,000
Total	780,000

GLOSSARY OF ACRONYMS

ACEP	-	Colombian Institute for the Study of Population
ACPO	-	Popular Cultural Action Organization
ASCOFAME	-	Colombian Association of Medical Faculties
CCRP	-	Regional Population Center
CIMED	-	Center for Demographic Methodology Research
CRUZ VERDE	-	Green Cross (Service institution)
COLCIENCIAS	-	National Science Council
DANE	-	National Statistics Department
DAI	-	Development Associates Incorporated
FUNOF	-	Foundation for Family Orientation
ICA	-	Colombian Agricultural Research and Extension Agency
ICARP	-	International Committee for Applied Research in Population
ICBF	-	Colombian Family Welfare Institute
IPPF	-	International Planned Parenthood Federation
PAHO	-	Pan American Health Organization
PROCOL	-	Pro Colombia (private organization for coordinating foreign assistance)
PROFAMILIA	-	Colombian private family planning organization
SENA	-	National Skill Training Organization
SOMEFA	-	Organization of Physicians and Pharmacists
UNFPA	-	United Nations Fund for Population Activities

I. GENERAL COLOMBIAN DEMOGRAPHIC CONDITIONS *

The total population in Colombia in mid-1974 was about 23.8 million. The urban share of the population increased from 52% in 1964 to 59% in 1974; the age structure of the population has a dependency ratio of 90:100; 44% are less than 15 years of age; 53% are between 15-64 and 3% are over 65. Sex structure estimates place 5.6 million women in the fertile age group, 15-49, of whom 54% are in union; 66% of the fertile women are in the urban areas.

USAID's review of several studies concludes that the urban fertility rate is about 28/1000 and the rural rate is 48/1000, for a national average of about 36/1000. This wide differential between the rural and urban areas underscores the need to expand family planning activities in the rural areas. Crude mortality rates are estimated at 9/1000. Thus the population growth rate would appear to be about 2.7% per year down considerably from the 3.2 - 3.3% of the mid-sixties. These rates still imply a doubling of the population in less than 25 years and a population of 400 million in a century. As is pointed out in Annex II,

---

* See Annex II for a more detailed discussion of these conditions.

projecting these rates into 1980 demonstrates serious nutrition, education and employment problems for Colombia.

The CCRP has projected the effect of the proposed expanded use of contraceptives from 1974 to 1978. Based on trends in the programs planned in this PROP, the rural fertility rate should be reduced from 48/1000 to approximately 39/1000 and the urban fertility rate from 28/1000 to approximately 24/1000, with a total country average of approximately 29/1000. Thus, overall population growth in Colombia would be slowed down from 2.7% in 1974 to approximately 2.0 to 2.1% in 1978. Clearly this is an optimistic projection requiring concerted and committed efforts on the part of many institutions. Some delay and slippage could be tolerated if we were confident of reaching this goal even by 1980.

II. POPULATION PROGRAM PROGRESS

Beginning in the early 1960's and accelerating after 1965, there has been a notable drop in fertility rates in Colombia. Despite a 6-8 point drop in death rate per thousand, by the early 1970's the much greater reduction in the birth rate caused an overall reduction of population growth rate. The reason for this reduction in the birth rate is not clear. It is not possible to separate the impact of population programs from that of other factors such as urbanization, extension of literacy to a larger number (if not a larger proportion) of the population, drops in infant mortality rates, opportunities for women in the work force, etc., which occurred concurrent with the beginning decline of fertility even before population programs got under way.

The population programs provided widespread information and education campaigns, stimulated comment in the press, aided widespread availability of clinical services and increased availability of contraceptives. USAID believes these factors must have been an important part of accelerating the reduction in birth rates. Information is available regarding high continuity rates of participants in organized programs, lowering average age and parity of new acceptors, and the significant number of persons who attribute their knowledge of family planning to radio broadcasts or informational campaigns of the organized programs. These data confirm our view of the contribution of the organized program.

It is also difficult to separate the impact of various elements of the organized programs. In the organized programs, the most important factor contributing to success has been the initiative, innovation and dedication of Colombian leadership of the institutions involved. Although these institutions have turned to international sources for substantial parts of the financing for their programs, the programs themselves were Colombian, organized by Colombian institutions to deal with a Colombian problem in a Colombian fashion. These leaders have received training in various parts of the world, but have returned to give their own kind of leadership to deal with this problem in a "home grown" fashion.

Most of this leadership has come from the Colombian medical profession, first as an effort to provide an acceptable substitute through modern means of contraception to the increasing incidence of illegal, clandestine abortion that takes such a high toll of maternal life and medical resources. As time passed, the emphasis has increasingly shifted toward recognizing the burden place on maternal and infant health and mortality as low income families were not able to bear the cost of housing, feeding and educating the traditional large family in a modernizing society.

The medical profession was also first to make some of the early projections of the cost to society of a rapidly growing population. Those charged with the responsibility for socio-economic development programs seem to have come later to the scene to include demographic factors as part of their planning process. The efforts of the medical profession to demonstrate by public response to service programs that there is a demand and the efforts toward showing the policy makers the importance of demographic factors seem to have now had almost universal acceptance among those who take an intellectual approach to the matter.

ACCOMPLISHMENTS

Briefly here is a summary of the accomplishments of the population program between CY 1972 - 1974:

(charts in other sections give more details)

a) The continuing and growing operation of the 40 Profamilia clinics which in this period provided services to an average of 75,000 new acceptors yearly and 126,000 total patients.

b) The development by Profamilia of an innovative non-clinical community based family planning program both in the rural and urban areas that in 1974 operated from 661 distribution points and provided service to 55,760 women.

c) The development by Profamilia of a stimulus to commercial distribution of contraceptives that in CY 1974 distributed one million cycles of orals and fifteen thousand gross of condoms.

d) The establishment in Profamilia of an effective evaluation unit.

e) The restructuring by ASCOFAME of the teaching and post-partum program at the medical faculties into an integrated maternal child care teaching and service activity which provides all medical graduates with academic and practical experience in family planning and provided family planning service to 21,120 new acceptors in CY 1974.

f) The development by ASCOFAME with Ministry of Health collaboration of the plans, curricula and methodology for a new maternal child care training program emphasizing para-medical personnel.

g) The expansion of the Ministry of Health program from 639 clinics and hospitals providing services to 57,043 new acceptors in 1972 to 928 clinics and hospitals in 1974 providing service to 85,643 new acceptors.

h) The distribution in all program 1972 through 1974 of 6.9 million cycles of orals and 270 000 I U D.s

i) The expansion of the information and training activities of the Association for the Study of Population to include such new groups as the military, unions, pharmacists, in its series of 161 courses and seminars on family life education, which between 1972 and 1974 reached 2,306 leaders of community organizations and government institutions. The most current reliable data concerning urban fertility and contraceptive use come from an extensive survey in Bogotá carried out in 1974 by ACEP.

j) The development and implementation of a plan to include a substantial content of "responsible procreation" within the general broadcasts and campesino newspaper of ACPO, which reaches a rural reading audience of half a million and a listening audience of three million. Evaluations carried out by a World Education sponsored ACPO project and a contract with Columbia University indicate the project although not without problems has developed extremely well and is reaching the rural population with a well received message.

k) The development of a research oriented Regional Center of Population with an impressive group of professionals with recognized capacity in social and bio-medical research, program evaluation and training. Most noteworthy results to date are the improvement of the service statistics gathering for the Ministry and ASCOFAME, the development in cooperation with G.E. TEMPO, of the SERES model for projecting socio-economic/demographic relationships, the continuation of substantial research in population matters and the training of top leadership of several ministries and government agencies.

l) The development with Population Council assistance of a first class department of Demography and Maternal Child Health at the National School of Public Health.

m) The development of a multidisciplinary post-graduate population program at the Jesuit University, Javeriana.

n) The evolution of the government population policy to the extent of making explicit the need to make medical services available to provide family planning services to interested couples.

III. USAID ROLE: PAST, PRESENT, AND FUTURE

While all the international agencies including AID have responded to Colombian leadership with adequate financial assistance in a flexible manner and have insisted on program standards, they have also refrained from insisting on excessive participation in program direction and policy and avoided undue and counter-productive involvement in program management. USAID has served a beneficial role purposely limiting our financial role as indicated elsewhere in this paper but taking an active coordinating role in assisting Colombian agencies and international agencies to use the appropriate associations to achieve program objectives.

Training Success

Of USAID bilateral programs the training activities have made the most direct and long lasting contribution to achieving population program objectives. The successes to date in project implementation are due to Colombian leadership, but have been made substantially easier due to the depth of well-trained personnel, many of whom received training with USAID financing.

During the period FY 1972 through FY 1974 the USAID financed the training of 172 Colombians through PIO/Ps and 47 through invitational travel. The broad range of PIO/P training included 45 medical faculty and family planning program directors, 46 faculty members of home economics, sociology, public administration, etc., 67 service extension and welfare institution leadership, 14 DANE personnel.

In September 1973 USAID evaluated the returned participant's attitudes toward the training received and how well they had been able to apply their knowledge on return. In January 1975 interviews were made of those who had returned subsequent to the first evaluation. Highlights of the interviews are that 73% felt the training helped them to comprehend Colombia's population problems, 91% were working in an area related to their training, 82% had been able to apply their knowledge in full or large part, 43% felt they had been influential in changing the population policy of the institution where they worked.

An evaluation was carried out 1973-1975 by the Association for the Study of Population and the University of North Carolina related to the training of Colombians outside of Colombia in programs related to population. This evaluation interviewed over 200 trainees (about 90% financed by AID) and some thirty Colombian institutions directly or indirectly involved with population programs which had either sent candidates for training or would be likely to do so in the future. The preliminary results of this evaluation indicate the following:

a) The training was generally responsive to the needs of the trainees and their institutions and served to improve their skills and the level of awareness of their institutions to the influence of demographic factors on their programs.

b) The training provided has generally prepared Colombian institutions to carry on most of the further training needed within Colombia; there will be a small continuing need for international training in selected specialties or as additional institutions become aware of and/or concerned for the problem, but most emphasis should be for training programs within country.

Commodities for Educational Programs

At a much lower financial level the USAID contribution in educational materials and equipment served to enhance the capacity of the Colombian institutions to do their work of communication, information and education, so important to the substantial change noted in awareness of and favor of family planning programs. Material and equipment placed in the hands of such institutions as Profamilia, ACEP, ASCOFAME, Ministry of Health has been used with effectiveness. As an example of the kinds of things purchased, following is the list for FY 1974.(The list does not include books and pamphlets from RTAC).

2 16 mm motion picture projector

1 projection screen

50 16 mm films

200 film strips

1 tape recorder

1 photo-copier

1 multilith

1 mimeograph

1 camera

1 overhead projector

Research Statistics

USAID financing of the UNC/DANE research project on collection of demographic statistics was successful but costly. The project was carried out with the effective participation of DANE and useful administrative and technical assistance from the University of North Carolina. The methodological research including a complex and extensive field study was completed and analytical reports produced. In our opinion and that of UNC, the field work, analysis and reports were satisfactory and make a useful contribution to the body of knowledge in the field of demographic methodology. In addition the field work provided useful detailed socio-economic/demographic information about two rural and urban areas of Colombia containing more than 3,000,000 people. This whole process served to demonstrate to DANE the importance of demographic statistics and the weaknesses in the present system for gathering such data in Colombia. The study laid the groundwork for a comprehensive demographic statistics system in Colombia. Unfortunately, the government of Colombia may not in the near future make the necessary investment to take full advantage of what was learned in this study.

Nevertheless a new cost-effective methodology was developed, DANE's capacity was enhanced, a Demographic Analysis Unit was established in DANE and they are in a position to do the job when the decision is made to make the investment. While there were definite elements of success in this particular activity, this activity was not one of the more important population activities in Colombia in the past because of the GOC's failure to fully utilize the study to implement a better system for demographic statistics. A limited amount (up to 4 man-months) technical assistance will be provided 1975 to terminate this activity.

Future

A greater degree of participation on the part of the USAID is now necessary to help augment increased GOC efforts in population. To take fullest possible advantage of the growing interest within the Ministry of Health program and its increasing relationship with other agencies, USAID will assign a public health specialist to see that the concepts of public health planning are brought to bear on population program planning and development, and to add a professional level of program evaluation. In the recently signed loan $6,104,866 are for the Ministry of Health, $2,000,000 of which are specifically for the Maternal Child Care program and $128,000 specifically for PRIMOPS. The Institute of Family Welfare (ICBF) will receive $ 655,737. . While not specifically identified with family life education, this additional funding of the ICBF budget will make it more possible to implement the family life education program, with the fullest possible impact on the population objectives.

In addition USAID plans to contract with Development Associates to provide up to two man-years of technical assistance in the area of planning and organizing training and information education programs in-country, the major thrust of the 1975-78 activities to be supported by bilateral USAID assistance. This technical assistance will be provided in conjunction with the proposed contract with PROCOL to finance in-country training, evaluation and information and education programs. The USAID will also continue its highly successful international training, albeit at a lower level of financing.

Although we recognize the essential nature of service programs to population programs we do not think it appropriate for USAID to participate in direct financing of clinical services.

The logical framework attached as Annex III outlines the USAID proposed activities.

IV. CURRENT ATTITUDES TOWARD POPULATION PROGRAMS

A. General Population

While little attention is given by the general Colombian population to technical demographic matters as population growth rates and dependency ratios, an increasingly larger share of the population, particularly in urban areas, realizes that smaller families make more sense in their personal situation. Indicators of this realization include: a continuing high rate of abortion in spite of absolute illegality of the practice; more than 500,000 cycles of orals sold monthly in the commercial channels; and almost 200,000 new acceptors annually in the family planning programs. Sample surveys support this observation. In 1969, the ASCOFAME fertility survey indicated fifty eight percent of the rural women and 61% of the urban women in the general Colombian population approved of the use of family planning methods. In a 1974 survey of 6,692 women in Bogotá, ACEP found that 92% of the women in union aged 20-49 approved of family planning, compared to 76% in 1969, and only 68% in 1964 from the same group. Although areas such as abortion and sterilization are still controversial, the concept of a three or four child maximum size family has gained widespread acceptance in Colombia as compared with five or six several years ago.

B. Church Leadership

The Church, although not monolithic, generally now accepts the view that excessively large families and rapid population growth rates are Colombian developmental problems. This relatively progressive attitude has been aided by ACPO and Javeriana University programs, as well as international training. The principal debate now is what is the appropriate role of the Church in solving this problem. One point of view stresses the need for increased attention to socio-economic development, social justice and income distribution. It is argued this attention will produce conditions for slowing population growth by balancing family size with financial capability. The other opinion would concur in the more immediate need to provide families with information and means to limit their family as they desire. However even those holding this opinion will have some problems with the "means". How can they accept family planning services, while not permitting the process to carry into such generally unacceptable areas as abortion and sterilization. In July, a Council of Bishops meeting is expected to produce a declaration to clarify the Church's position. A more liberal official church position would lessen constraints on official GOC family planning programs. Meanwhile, however, many individuals will make their own personal decisions about family planning, possibly independent of Church doctrine.

C. Government Opinion

During the previous Pastrana government the population policy evolved to a statement in the health policy document "Sistema Nacional de Salud, Política, Objetivos, Estrategia y Estructura" (pg. 17) that the three-year goals of government family planning services were "to expand the service to all the health facilities and to carry out post-partum programs in all the hospitals, increasing from 2.9% of the women of fertile age who would be provided services by the program in 1973 (158,000) to 7.6% (452,000) in three years". Since it took power in August 1974, the López government has not elaborated further upon the previous policy, mainly because of its preoccupation with fiscal reform and nutrition. There are positive signs such as favorable legislation being introduced, but the top GOC leadership seems to prefer a more cautious approach insofar as public declarations on family planning are concerned.

The GOC does intend to continue and has publicized its high priority attention to maternal child health. A new $4.2 million agreement with UNFPA and the inclusion of $2 million in the current health sector loan were well publicized. Both were to support the maternal child program of the Ministry of Health. Other governmental institutions are expected to give increased emphasis to family life education, including responsible parenthood.

V. STRATEGY

Population activities are directly related to all socio-economic development activities in Colombia in a continual on-going process. Development planners must be made aware that demographic factors can simplify, or complicate, their efforts to achieve socio-economic progress. At the same time, population planners must realize that health, literacy and nutrition efforts, among others, are basic to achieving changed life styles and family patterns. These two kinds of development thrusts are inter-related; progress must proceed in both areas in a complementary fashion. In Colombia, with international agency help, the GOC is giving attention to such population-related concerns as health delivery systems, multi-sector nutrition planning, extending educational opportunities, and improving rural income levels. The GOC's policy thrust emphasizing the lower 50% of the population clearly sets the atmosphere for a concerted attack on poverty. And, to be sure, poverty is directly related to demographic pressures.

Within this favorable overall context, strategy in the population sector is to assure financing and human resource availability to generate public interest in family planning and to make necessary services available. This strategy involves three inter-related components: family planning services; training, information/education, and communication; and research and evaluation. Each of these components is heavily dependent upon the others in order to assure the success of the final product - the bringing of population growth rates into a rational relationship with the development process. Rather than ranking these components in static priorities, USWG believes a continued balance, or equilibrium, must be maintained between them. This dynamic equilibrium requires continued monitoring and revision in light of relative funding levels, effectiveness, acceptability and progress achieved. As is discussed below, we feel the current relative emphasis should be on provision of family planning services.

Family Planning Services

The goal of this component is to develop a widespread and efficient system of clinical and nonclinical provision of family planning services (public and private). These services should be easily available to the majority of the population in order to meet the growing demand for a dignified, safe means of having the number of children which they desire and can care for properly. Recent progress in the provision of these services has been excellent. Large increases have been registered in the number of clinics providing family planning services throughout the country and in the number of non-clinical community based distribution centers (40 specialized urban family planning clinics PROFAMILIA; 288 urban community based distribution centers; 373 rural community based distribution centers; 928 Ministry of Health MCH hospital and health post clinic services; and 10 University hospital/clinics of ASCOFAME in 1974).

Nevertheless, there are still substantial numbers, particularly of the rural poor, for whom services are not easily accesible or for whom the present service is too expensive or of low quality. The current tendency toward lower increases particularly in the urban clinics, in the numbers of new acceptors, does not indicate an absence of potential demand, but rather the need to provide a higher quality, lower cost service and to stimulate interest. For example, the 1973 ACEP survey indicates that only 51% of women in union are practicing contraception - which still leaves a high percentage controlling their fertility with dangerous abortion (from other sources this is estimated as high as one abortion for every two or three live births). We believe, therefore, that highest priority should now be given to the provision of services, especially to the rural population where fertility rates are highest and where commercial distribution of contraceptives is not yet readily available. (However, in making this statement we must also keep in mind that 60% of the population lives in the urban area and that the fertility level of the middle class urban population (as shown by 1973 ACEP survey) is actually as high as or higher than that of the lower economic class). Three aspects of this component merit special attention by all international donors:

a) Adequate funding, equipment and commodities for on-going activities;

b) Higher quality programs through evaluation, training, increased use of paramedical personnel, better supervision and management; and increased use of field personnel.

c) Expansion of the service program through non-clinical community-based and commercial distribution programs in the poor urban barrios and the rural areas.

Training, Information/Education, and Communication

One goal of this component is to provide a system of training and communication that makes personnel available to population and community based service and development-oriented institutions. These personnel can interpret the developmental influence of demographic factors and their interrelationship with development policies at the macroeconomic and sectorial level. This training will also provide the personnel to plan and implement the programs of the family planning service institutions. Another goal is to use education and information campaigns to lay the groundwork for an expansion of the services to areas where the population has not had extensive experience with family planning. As an immediate support to the service programs, we give second priority to this component within the overall population program.

In training, priority will be given to those who will implement the service programs with special attention to program planning and administration, evaluation, supervision and communication. Continued training is necessary for clinical and outreach personnel, particularly at the paramedical level. Primary emphasis

will be given to in-country training programs but selected opportunities will be provided for international visits and training. Information, education and communication efforts will be divided between the mass media campaigns, particularly to the rural population, and the more person-to-person approach of the community-based non-clinical programs, the rural health promotoras, and community leadership training activities. The latter includes the SENA, ICA, ICBF, FUNOF and ACEP activities, discussed elsewhere, which principally address the lower half of the population.

Research and Evaluation

At present, because of the considerable work already completed, the lowest priority component is to provide meaningful, up-to-date information on Colombian conditions. This will enable policy makers to make well-informed decisions regarding population matters. The extensive research already done includes demographic statistics and their development implications, the extensive ASCOFAME fertility study, internal migration patterns, and biomedical fertility research. Each of these research activities will need additional upgrading or revision, but the net financial costs would be small, compared to the other two components of the strategy.

The highest priority in this component is the evaluation of family planning programs both as a management concern and relative to their impact of fertility levels. Limited and partial evaluation has been carried out of most programs, but knowledge is painfully inadequate vis-a-vis the comparative effectiveness, client satisfaction and efficiency of various clinical and non-clinical programs and their extended use effectiveness. Insufficient objective information is available related to the impact of various communication/outreach programs. Better evaluation mechanisms must be built into ongoing activities and provision must be made for special research that provides a comprehensive evaluation of the impact of all population programs.

Strategy for Use of USAID Bilateral Funds

There are three basic elements to this strategy as follows:

1) The first is a rather pragmatic approach that rules out those things that clearly some other agency can do better or more

conveniently or those things which we consider inappropriate in the present socio-cultural millieu for USAID direct funding. In the former are such things as bio-medical research and broad policy research that we consider such institutions as the Population Council, Ford Foundation, Smithsonian, G.E. Tempo and AID/W to be better equipped to handle. In the latter category we have ruled out support for clinical family planning programs or the provision of contraceptives.

2) A second consideration is to do those things which past experience has indicated are useful, successful and that USAID has the procedures and relationships to do well and efficiently. This involves international training, albeit at a reduced level as we have largely met the needs. This encompases in-country training which the USAID has had a close, although not direct, relationship in the past. Due to changing in-country situations USAID can now do this directly by strengthening our capacity through a contract with DAI. USAID plans to emphasis in-country training as compared to international training.

3) The third consideration is to actively seek ways to do those things that are essential for the overall population strategy but appears for various reasons there will be inadequate support through other donor agencies. In this category USAID has identified two high priority and one lesser priority thrust. The former are the

information and education support to Profamilia which is the basis for expanding the community based service program and the evaluative research focused on improving program effectiveness and measuring program impact on fertility. The later category of lesser priority is the provision of key but "missing" commodities particularly for information and education programs.

We consider somewhat artificial the establishing of priorities but would list the above in order of priority as follows:

a) Information and Education as the basis of community based program expansion

b) Evaluation research

c) In-country training

d) International training

e) Commodities

In the provision of this support USAID will also enhance what may be an even more important role of USAID - that of providing a low key input in projectand program planning and design and service as an interested "broker" by assisting Colombian agencies seek funding relationships with international agencies. The role of informal coordination and monitoring of activities is not to be overlooked in this regard.

VI. COURSE OF ACTION

Implementing the afore-mentioned population strategy requires the utilization of all interested public and private institutions. Despite progress, the problem is still sufficiently serious -- a 2.7 to 2.9% annual growth rate -- that all available resources must be directed in a comprehensive fashion at the target. The freedom, initiative, experimental nature and missionary zeal of the private agencies is essential in the continuing uphill struggle. In addition, the potential impact of governmental programs needs to be nurtured within the sociocultural constraints of Colombia. The relative benefits from both approaches clearly outweighs, at this time, the risks of possible disruptive competition and duplication of effort.

To minimize these risks, efforts are being made to improve communication among the public and private organizations working in population through informal conversations and occasional group meetings. However, it is not likely that a formalized mechanism for coordination will be developed in the near future but rather a continuation of ad hoc meetings and an occasional retreat. The following sections will outline the roles and course of action envisioned for each of the major implementing agencies.

Service Programs

The Ministry of Health (MOH) provides family planning services in the context of an integrated program of maternal child health care, in view of church and other conservative opinion and the practical efficiency of the interrelationship of these two areas. Contraceptive supplies, along with information, to be dispensed under medical supervision will soon be a normal part of the service of all public health facilities ranging from university hospitals to rural health posts. While a doubling of the number of maternal child clinics (to 1,800) over the next five years would be desirable, the increase will probably be no more than 150, for a new total of 1,100 over three years. The short-term MOH emphasis will rather be toward quality upgrading of service to assure increased use of existing facilities. The principal mechanism will be the training and utilization of an additional 7,000 rural and urban health promotoras, cooperating with ICBF personnel to provide information, education and motivation to the community to increase the use of the service. Improved training for program personnel, better financing and logistic management of equipment and contraceptives should also improve the efficiency of the clinical service. In addition, the number of regional hospitals providing post partum family planning service will expand from about 25 to 105, or 100% coverage of this type facility.

Related to the MOH maternal child health programs is an experimental low cost health delivery operational research project in CALI, PRIMOPS. The project is being carried out by the University of Valle, the city of Cali, and the state and national health services, with technical assistance from Tulane. The project is designed to test delivery of low cost maternal child health services, but includes a substantial family planning component.

The high quality PROFAMILIA family planning program, which began in urban specialized clinics, has pioneered the full spectrum of modern clinical contraceptive practices in Colombia. Until recently, PROFAMILIA has provided as much family planning service as the total of all other programs. Support will continue to be given for the continuation, but not expansion, in numbers of the PROFAMILIA urban clinics. Due to continued urban migration and extension of existing activities into new areas and the remarkably high continuity rate of PROFAMILIA patients, the average urban clinic patient load will increase somewhat particularly in terms of total users. However, the major expansion of the PROFAMILIA services program will be in the community-based and commercial distribution of contraceptives to the urban poor and rural areas. The community-based (non-clinical) distribution program should expand from 660 to 2,300 distribution posts in the next three years, so that by 1978 there will be more new acceptors in this part of the program than in the urban clinics. PROFAMILIA commercial distribution should expand from 1 million to 2.5 million cycles of orals annually and 15,000 to 50,000 gross of condoms annually from 1974 to 1978.

ASCOFAME will continue to provide 10% of total service activity in Colombia through its post-partum service at the university hospitals and related out-patient clinics. A potentially important service organization, the Cruz Verde, has been formed by a group of influential citizens with the substantial interest of the Coffee Growers Association. The Cruz Verde is interested in developing commercial distribution of contraceptives in the rural areas. Their goal is 75,000 monthly cycles of orals through 1,500 outlets by the end of 1978. Another service organization of somewhat less present significance is the Association of Physicians and Pharmacists (SOMEFA) which provides incentives for private physicians and pharmacists to extend information and services through private channels. In view of its middle and upper class clientel, only limited assistance will be provided SOMEFA which will be working with 6,000 physicians and pharmacists (1,200 contraceptive outlets) and will be distributing 150,000 oral cycles and 10,000 IUDs by 1978.

In sum, the above service programs are expected to result in 1,150 hospitals and clinics and 5,000 non-clinical service outlets providing 607,000 new acceptors per year with a total of 1,319,000 program users in CY 1978. None of the programs involve abortion or AID financing of sterilization.

Training, Information & Education

This component involves the preparation of personnel to plan, administer and implement the service programs, and the use of communication techniques to educate and motivate the populace toward more responsible decisions relating to family size. AID's contribution to the training aspect of this component has been exceptional and well-received, as is pointed out in Progress section of this PROP. The following reviews the contributions and plans of the many other agencies involved.

Training

With extensive AID and other donor support in the past, international training for selected professionals from universities, community-oriented service institutions, and population program personnel has been emphasized. Some international training will continue especially to train "trainers" based on selections by ACEP in non-health fields and by a joint committee of ASCOFAME, the MOH, and the School of Public Health in health fields. However, in the future, a greater effort will be put forth to provide training within Colombia for its direct and immediate multiplier effect.

PROFAMILIA will train medical and paramedical personnel for its own needs, and for other Colombian and Latin American institutions. Between 1976 and 1978 it is expected that 30 courses will be held to train 450 personnel. ASCOFAME guidance and support, of a decreasing financial nature, will continue for the teaching of population matters in the medical faculties. In addition, a special training program for maternal child care personnel is being developed by ASCOFAME with the MOH. By 1976 the curricula will be developed, personnel trained at every medical faculty, and courses given, principally to paramedical personnel. By 1978, 316 trainers and 1,752 service personnel will have been trained.

The Association for the Study of Population (ACEP) has excelled in leadership training seminars and courses related to "Family Life Education." With a substantial emphasis on women's leadership groups which have significant multiplier potential, they have also provided training for such diverse elements as pharmacists, military leaders, agrarian reform institute employees, union leaders, family welfare

institute leaders, teacher's association, slum clearance institute leadership, and hospital "gray lady" volunteers. (Public service institutions such as ICA, ICBF, and SENA also work with their own people in these programs). ACEP has also translated, published, and distributed regionally to a list of some 8,000 individuals and institutions a large body of material originally published by the Population Council and George Washington University. Between 1976-78, ACEP should have held 88 courses and seminars for approximately 2,200 leaders in governmental and community organizations.

Although CCRP has often been identified for its research contribution, it too will participate strongly in leadership training providing 432 population education courses to nearly 11,000 participants between 1976-1978. The influence and capacity of CCRP will be important in further development with the Ministry of Education of the sex education/population awareness component of public education.

Within the MCH, training in the maternal child care program provides an indirect impact on family planning activities. Thirty schools of auxiliary nursing have received a revised curricula with substantially increased emphasis on MCH which will enable the graduates to better perform their front line service functions. By 1978, 10,000 health promotoras will have been trained near their communities in these same areas. The School of Public Health will also train 2,100 people from 1976-78, of whom 20% will work directly in population - related fields.

The Foundation for Family Life Orientation, (FUNOF) has focused on training and community seminars, outside Bogotá, with ICBF funding. Since ICBF is now training its own people to carry out the activity, FUNOF will be reduced to reaching 31,500 persons in leadership seminars and community meetings between 1976-78. Finally, a potential in-country training mechanism may be Pro-Colombia, which is currently a clearing house for international assistance.

Information & Education

The institutions and agencies involved in information and education may conduct mass media campaigns, lay the groundwork for service programs through general education programs, or may in the process of training their own people incorporate family planning concepts into the course-work. In many of these programs, the thrust is not family planning, but information and education on family planning is a useful complement to the principal substantive material. In the Ministry of Education, for example, curriculum development for general education now looks toward a population awareness/sex education emphasis, developed in conjunction with the United Nations, ASCOFAME, and the University of Valle. Similarly, the ICBF "family life education" programs include multipurpose community workers whose role in to provide a number of counselling services such as family economics, nutrition, hygiene, as well as family planning. Between 1976-78, ICBF will train approximately 1,500 workers to counsel 3,000,000 people.

The national skills training program, SENA, is currently considering giving 200 of its own leaders short courses in population matters whose efforts by 1978 would result in about 200,000 SENA clients, mostly in rural areas, having received the material. Simiarly, the Javeriana University undergraduate nutrition program and post-graduate interdisciplinary population program provides highly qualified academic personnel with a background in population matters which is important for their future decision making in public and private institutions. By 1978, there will have been 230 nutrition/population graduates as well as 200 trained in 10 short courses with a population focus. The multidisciplinary post-graduate program will have graduated 70 masters degrees students in the population field and will have given in 70 short courses training to 500 government and private institutional leaders as well as exerting an important lateral influence on 250 other faculty members and 8,000 students indirectly associated with the program.

Mass media impact programs by ACPO and PROFAMILIA stimulate public interest in family planning. ACPO's radio and campesino newspaper campaign does not directly stress family planning, but rather emphasizes "responsible procreation". By 1978, ACPO will reach 3 million listeners and 500,000 readers in rural areas, in addition to the 1,400 leadership training students. PROFAMILIA has in the past had very useful mass media campaigns, but due to funding limitations will now focus on information and education through social/field worker and distributor personnel (2,500 by 1978) in the urban barrios and rural areas.

Research & Evaluation

Research and evaluation for future policy-making is ongoing in several agencies. The Regional Population Center (CCRP) will have the greatest degree of involvement in this area. We have been somewhat skeptical of the modelling process. However, we are beginning to see the value in CCRP's development of an analytical model to project relationships and effects on varying investments in health, education, population, etc.. They will continue their relationship with G.E.TEMPO in developing this policy-type research. By 1976 the first production of analytic information in the health, education and labor fields will be available and transmitted to government leaders. This work will be continued in 1977 and 1978 as a contribution to development planning and evaluation of the government population policy. The research within the Javeriana post-graduate population program will also be useful in this regard. The CCRP will continue to gather and analyze service statistics for the Ministry of Health and ASCOFAME, which will serve as the basis of several evaluative studies to be carried out in 1976,1977 and 1978 on fertility trends and the impact of family planning programs both on fertility levels and on the health and welfare of families. The patient follow-up studies of CCRP are particularly important in this regard.

Although ACEP's principal role is in training and publication, its research activities have made a useful contribution to knowledge in the population field. Their incursions into research have included an evaluation of the impact of international training programs, the role and rights of women in the society, contraceptive practices in Bogotá, and the role of pharmacists in contraceptive use.

Other past and future contributors to research include ASCOFAME which in the early stages demonstrated the nature of Colombia's population problem and PROFAMILIA which in addition to a growing capacity for program evaluation will study the effectiveness of various contraceptive methods. The School of Public Health makes an important contribution through research projects to improve the planning, implementation and evaluation of population programs. One potential key contributor representing the national government, the National Science Council (Colciencias), has the responsibility for a "Special Project of Population and Environment." To date, little has been done in this matter.

VII. FINANCING SOURCES

The financing of the above mentioned programs will show a definite increase in local participation, especially in government programs and in the support of such private sources as the Coffee Growers Federation, banks and industry. (Recipient contributions in PROFAMILIA generated by the sale of contraceptives and services, were about 30% of the total PROFAMILIA budget in 1974). A substantial part of the funding will continue to come from international agencies and foundations, many of which receive funding from AID on a world wide or regional basis. These organizations such as Population Council, IPPF, PATHFINDER, UNFPA et al provided about 60 % of the funding in 1974. In CY 1978 this percentage should have dropped to 49 %.

USAID

USAID will not be involved in direct financing of clinical family planning services. However, there will be an indirect involvement through the sector loan assistance to the MCH program. Sector loan assistance to ICBF and the proposed FY 75 loan to ACPO/SENA do not address population in an isolated fashion, but do provide support in the educational aspects of family planning.

In addition to continuing its participant training and purchases of educational materials and equipment, USAID will subcontract with PROCOL to finance evaluation, in-country training, information and education some of which will be supportive of community based non-clinical family planning programs. USAID will not fund non-evaluative research, since institutions such as the Population Council, G.E. TEMPO, Smithsonian Institute, Ford Foundation are better equipped to evaluate the proposed research designs and provide technical assistance if needed. The USAID grant funding in CY 1978 will be 6 % of the population effort.

GOC Institutions

For the Ministry of Health, external funding will come from UNFPA and the AID health sector loan. Any additional U.S. funding needs after the sector loan would be met by project lending to MCH. National government contributions (not including departmental budgets) will be at least equal to external funding. AID's contract with DAI will provide CY 75 external funds for: ICA and School of Home Economics training programs; the ICBF leadership training program; and the SENA top leadership program Union and military leadership training, etc. In CY 76-78 the USAID-financed PROCOL contract will help fund these same and other training programs. In these programs, local funds will cover at least 25% of the total costs.

The proposed FY 75 AID SENA/ACPO non-formal education loan will provide ACPO $200,000 per year CY 77-78 to help finance its responsible procreation campaign and leadership training program; and SENA will use $200,000 in the period CY 76-78 for its family life education program. (In CY 75-76, ACPO will receive FPIA and World Education funds.) In addition, AID may help finance any new projects developed by DNP, Colciencias and the Ministry of Education.

Private Institutions

It is expected that IPPF funding for PROFAMILIA will expand in addition to limited funding from Pathfinder for projects of their choice. Projected financial expension particularly of urban clinics is not proportional to the projected patient load. It is expected that efficiencies in operations, e.g., the use of more paramedical personnel, can help in this regard. The Population Council will be encouraged to continue supporting the PROFAMILIA evaluation unit and, if governmental approval permits, some experimental activity in the rural area. The University of North Carolina may assist evaluation through a university service agreement. Ford Foundation may assist particularly in management/administration improvement. The Columbian University Center for Population Science will provide some support to evaluation. Through the subcontract mentioned with PROCOL, USAID would support the information and education activities of the social worker/field workers of the urban and rural community based programs. By CY 1978 PROFAMILIA costs not including contraceptives will be funded 50% from local sources.

ASCOFAME financing on a reducing scale (particularly as related to the core administrative support) would be provided by the Population Council. Financing for the post partum program may continue through Population Council for some time. In our view before the end of 1977, this program should be shifted to local or Ministerial financing. SOMEFA will be a useful channel for contraceptives. Financing for the MCH training program to be done by ASCOFAME will be through Population Council. In CY 1976 half the service personnel training costs will be assumed by the MOH and in CY 1977 all the service personnel training costs will be paid by MOH. The Ford Foundation may fund special projects. Limited funds will be made available through the PROCOL contract for special training programs. In CY 78 we expect 25% of the ASCOFAME population programs to be funded locally (not including contraceptives)

After CY 1976 Population Council core support for CCRP will have been phased out and financing will be on a project-by-project basis. Policy type research will continue, with financing requested through G.E. TEMPO. Population Council will also be requested to support this type research, as well as continuing financing and providing technical assistance to the service statistics collection and the evaluation research. They as well as Smithsonian Institute will also be requested to support socio-cultural research as related to fertility levels. The Ford Foundation is considering a year grant 75-79 core, project and general research development support. CCRP is looking toward UNFPA for future funding possibilities. Other CCRP evaluative research and training programs will be financed through the PROCOL contract. Local institutions will be expected to participate in the financing of training programs. During CY 1978 we would expect local financing to be at least 25% of CCRP program.

ACEP does not have the institutional relationships to develop substantial local funding, but during CY 1978 we would expect at least 35% of the costs for in-country programs to be locally financed (excluding such activities as Population Council financed regional publications or regional training programs). Limited funding may be provided for special training and research efforts by Pathfinder, Population Council, Ford Foundation and Canadian International Development Research Center, and the remainder of financing for training would be through the PROCOL contract.

At least half of the Cruz Verde program (not including contraceptives) will be financed locally by such institutions as Coffee Growers Federation, Cotton Growers, and Cattlemen Association; the necessary external funding and contraceptives would be requested of Family Planning International. Re the SOMEFA program, limited external funding and contraceptives would be requested of FPIA or Pathfinder.

For Javeriana University, external funding will be requested through the University of North Carolina contract. Limited funding for special training programs or scholarships in the post-graduate program will be provided through the PROCOL contract. Local funds are more than 50% of the cost. Limited funding for FUNOF will be available for training CY 75 through DAI; in CY 1976-78 funds (no more than 75% of the total) for specific training programs through the PROCOL contract.

VIII IMPROVED OPPORTUNITIES FOR WOMEN

It is clear that this activity which will provide family size and life-style alternatives in a very direct service fashion to several million women over the next three years will enhance their opportunities for improved health, employment, and general family welfare.

In addition we should note the employment generation aspect of the activity itself, which will provide opportunities as field workers, supervisor and program planners for an estimated additional 10,000 women in the next three years.

The leadership training programs of ACEP focus on many aspects of women's community leadership in addition to more specific "family life education." Over the next three years approximately sixty of their courses will include 1800 women leaders.

Women are in top positions of leadership in all the population program, as head of information and education programs in Profamilia, head of sex education programs in CORP, executive director of ACEP, executive director of FUNOP, one of a team of four top leaders in the MOH/MCH, chief of the Demographic Analysis Division of DANE, etc.

USAID participant training in the population field has contributed to the increased influence of women in the program. For example of the last 179 participants sent for training, 67 of them were women.

IX ABORTION and STERILIZATION

Abortion is illegal in Colombia. It is not considered appropriate or wise to take any action to stimulate abortion or its legalization. None of the population organizations mentioned in this paper are engaged in any activities toward this purpose nor will any AID efforts or financing be used to encourage them to do so. Similarly AID financing will not be used to support any sterilization activities in Colombia.

X EVALUATION

As noted in the material presented elsewhere, improved ongoing evaluation procedures will be built into each program. At the same time several special evaluative research activities are planned particularly related to service program efficiency, to program effect on fertility and to impact of communication programs on attitude and practice.

In addition the USAID intends to make additional personnel time available for monitoring and evaluation purposes. Some of this can be done in conjunction with our health sector and education activities and the pertinent reports forthcoming from loans in these areas.

We have also designed a reporting format, which although in summary form can keep us abreast of progress in the most important output indicators. We used this type form for gathering much of the information for this PROP document. We have noted some problems with using them for all the many organizations and varied activities and have made some changes. We expect other changes will be necessary throughout the period Copies are attached to ANNEX IV.

XI CONTRACEPTIVE SUPPLY

The USAID will require AID/W assistance in developing a policy regarding contraceptive supply. In our opinion the IPPF and Population Council channels for assistance to PROFAMILIA and ASCOFAME are reasonably effective. We presume arrangements to supply CRUZ VERDE and SOMEFA would not be too difficult. We believe that further attention is required together with UNFPA to assure the needed supplies from external sources for the Ministry of Health.

1) The contraceptives are distributed in several different ways in Colombia.

   a) Ministry of Health - through hospital and health posts under medical prescription with follow-up supply to patients provided by auxiliary nurses. Patients are charged U.S. $0.06 to $0.20 per cycle.

   b) ASCOFAME - With SOMEFA handling the logistics, contraceptives are dispensed under medical supervision at the University hospitals and clinics at a charge approximately $0.20 per cycle.

   c) Profamilia -

      1. Clinical - Under medical and paramedical supervision contraceptives are for new acceptors and dispensed to

follow-up patients at a charge of $0.15 to $0.25 per cycle.

2) Community Based - With extended medical supervision and field worker assistance, community leaders provide contraceptives to their rural or urban poor neighbors at a cost of $0.15 per cycle (the leader retains $0.07).

3) Commercial - Profamilia "wholesales" to supermarkets, co-ops and some drug chains at about $0.20 for resale at under $0.40.

d) SOMEFA - Is handling logistics for institutional needs like ASCOFAME and will supply private doctors at about $0.20 to $0.40 for their resale to patients at about $0.40 to $0.60 per cycle.

In all these programs charges for I.U.D.s are a minimal $0.50 to $1.00 charge for insertions. (condoms, foams, suppositories are sold by Profamilia) at reductions similar to orals.

2) Orals are produced in Colombia and half those used by the public are supplied through commercial pharmacy sales (at about $0.80). Efforts to reduce this price by making them available cheaper in the programs must avoid an "unfair" competition that would excessively reduce the incentive of the commercial channels to expand their distribution. It is expected that purchases in country by the Ministry of Health and the demand expansion stimulated by the family planning clinical and I & E programs will tend to complement drug firm efforts to increase sales.

XII. HOST COUNTRY CONTRIBUTION

Financing proposed for use under this PROP deals almost exclusively with private agencies, i.e. from page 6 of the logical framework we see the following:

1) Participants - these are mostly from private agencies such as Profamilia, ASCOFAME, CCRP, ACEP, Universities. In the case of personnel of government agencies approximately 60% of their salary is continued by the agencies while they are on training leave on the average more than 25% of the cost of the training.

2) Commodities - These, too, generally go to the private agencies. In the event of contributions to government agencies the cost of other elements (paid by the government) of the training or communications programs in which the commodities are used generally exceeds the value of the commodity.

3) Contracts

a) PCS - Technical assistance to the total program where local institutions contributions are at least 1/2 of the

total and where the cost of the T.A. is infinitesimal compared to the total.

b) DAI - Technical assistance in training to private agencies and small involvement in government agencies where the government participation far exceeds the value of the T.A.

c) PROCOL - PROCOL is a private agency and the subcontracts will be to private agencies.

Since all of the above is applicable to assistance to private organizations in furtherance of their programs in the less developed countries the 25% provision of Section 110(a) is not applicable.

ANNEX I

	Page
- Activity and Organization Budgets as Percent of Total	1
- Expenditures by Source	2
- Expenditures by Activity Area	8
- Total Outputs by Years CY 1972-1978	16
- Service Program Users, Service Points and Number of Contraceptives	44
- Outputs by Year CY 1972-1978	46

INTRODUCTION

The USAID has not attempted over the years to keep fiscal accounting of these many activities, many of which AID had only partial association with by reason of its support of such organizations as IPPF, Population Council, PAHO, PATHFINDER et. al. on a world wide or regional basis. Neither has the USAID been recipient of direct reporting from these programs which had lines of reporting responsibility to these other agencies. Nevertheless during this period the USAID has maintained informal relationships with these programs and has kept reasonably up to date information vis a vis the general progress and direction of their programs and the level of accomplishment. Thus the 1972-75 tables, while not completely accurate in detail, are generally accurate in trend and order of magnitude.

The 1976-1978 tables are projections based in large part on the individual projections of the several Colombian organizations involved. The organizations were consulted in group meetings regarding the general strategy and thrust of this document. It was, however, the considered opinion of the group that the time was not right as yet to try to achieve a full consensus of the group or to develop a group document. It was concluded that USAID should write what would be recognized as an AID document but which would attempt to reflect as nearly as possible the projections of the several institutions and the general opinions of the group. In some cases the participating institutions preferred to submit the information requested in letter form rather than using the questionnaire format provided by the Mission. This usually resulted in an abundance of information that required interpretation and classification before it could be included in the following tabular formats. There were some subjective decisions about classification made which may have resulted in a margin of error. Particular examples are in the expenditures and outputs for administration, research other than evaluation and evaluative research. We believe evaluative research substantially under-reported, as much of it was reported under general research. Comparisons of administrative expenses and personnel can be quite misleading as for example ACEP included costs and personnel for administering particular courses and the CCRP figures are more what we had in mind - the more limited costs and personnel of the central headquarters administrative staff. The Ministry of Health administrative expenditures are not comparable since they include personnel and costs which we might have attributed to operational costs of service.

With the exception of some limited contraceptives to be purchased in-country by the MOH, contraceptives were left outside the budget as non-add items in keeping with past practice of procurement by Population Council and IPPF on a "no cost" to project basis. However, we recognize this to be a substantial cost to the program and have estimated the cost of contraceptives using average prices for all years of 0.25 per oral cycle, 0.25 per IUD and .05 per unit of other.

Following are several of the points in the document that we recognize depart from the projections made by the several agencies, but represent USAID opinion as we view these activities in the perspective of total country programming:

a) Profamilia

Profamilia projected somewhat higher budget needs, particularly in the urban clinic program, than we include here. Our opinion was that as the evaluation unit gives more attention to cost-efficiency studies and as more emphasis is being placed on use of para-medical personnel, increased patient loads can be absorbed without radical increases in costs (excluding contraceptives).

The projections in this paper also reflect our interest in seeking additional ways to help the rural and urban community based non-clinical program expand even faster than Profamilia's projection. Clearly the projections we have made in this area are optimistic but we believe the need is urgent here. We hope that with Pathfinder, Population Council and increased USAID support for service availability along with ACPO I and E efforts to stimulate popular demand that these targets can be met with minimum slippage.

b) CCRP

CCRP has had a remarkable expansion in a relatively short time bringing together an impressive group of professionals and producing important research and training results. They are to be congratulated for these results and their ambition and vision for the future. However as we viewed their projections against what we consider the likelihood of fund availability we came to a somewhat different conclusion than their projections. We do think they will play an essential role in population programming in Colombia, particularly in policy research, high level training and program evaluation. However, we doubt funds will be available for them to do all they can and want to do. Nevertheless, much of what they hope to accomplish would be of real benefit to the whole hemisphere. In this regard they may be successful in achieving substantial UNFPA funding which would allow them to do more than projected in this document. (Neither does this document discuss the regional research they will carry out with ICARP funds, the bio-medical research of PLAMIRH, or the possibility of CCRP participation in the World Fertility Survey.)

c) ACEP

Our difference with the ACEP projections resulted in a lower figure for research. ACEP has done and will do some important population research but our projections reflect our view that their strongest role is communication and leadership training.

d) Ministry of Health

The projections of this paper draw heavily on projections of the program during the previous government administration. This present government has not specifically reaffirmed these projections and there have been some changes in the Maternal Child Health Unit leadership in the Ministry. This may result in some delay but we think the program will go forward generally as described.

e) FUNOF

Our reduced projections for FUNOF reflect the expressed determination of ICBF to do with its own personnel what it previously contracted FUNOF to do in the area of community education and motivation. Since we see some value in the participation of this organization based outside Bogotá, we will seek limited funding for some continuing efforts on their part.

f) ACPO

The ACPO expenditure projections were higher than we considered likely for fund availability. Nevertheless we left them as they projected. - Since we consider their rural mass media and rural leadership campaign of such potential and worthy of support if funds are available - and because they do intend to use approx $200,000 loan fund for this prupose 1977 and 1978.

g) SOMEFA

Too late to change the tables, we received the notification that SOMEFA had signed a contract with ASCOFAME to distribute the ASCOFAME contraceptives. Therefore those that appear in the tables for ASCOFAME should appear for SOMEFA.

ACTIVITY AND ORGANIZATION BUDGETS AS PERCENT OF TOTAL

	1972	1973	1974	1975	1976	1977	1978
1. Administration	29%	24%	19	24%	15%	16%	17%
2. Training	13	11	11	8	12	11	9
3. Info & Education	8	9	13	12	10	10	10
4. Research	25	8	8	7	9	7	8
5. Clinical Services	16	37	36	31	32	32	32
6. Non Clinical Services	1	3	3	5	11	15	17
7. Contraceptives *(MOH purchase)			2	2	2	2	3
8. Equipment	2	2	2	7	5	3	1
9. Evaluation***	1	1	2	1	2	2	2
10. Other	5	5	4	3	2	2	1
TOTAL	100%	100%	100%	100%	100%	100%	100%

ACEP	2	4	6	5	3	3	3
MOH	46	42	39	48	54	56	56
PROFAMILIA	24	29	28	25	19	21	21
CCRP		3	5	4	4	4	4
SOMEFA			1	1	1	1	1
FUNOF	1	1	1	1	1	1	1
Javeriana		1	4	4	3	3	3
USAID **	13	10	7	5	7	6	6
School Public Health	2	2	1	1	1	1	1
ACPO		1	3	3	2	2	2
ASCOFAME	12	7	5	3	4	1	1
CRUZ VERDE					1	1	1
TOTAL	100	100	100	100	100	100	100

* Non-add contraceptives not included in total budget figures. If included with clinical and non-clinical services the figure for service for 1978 would be 58% of the total.

** The AID % amounts to some insignificant double counting here since some of the expenditures will support other institutional budgets.

*** Evaluation is understated as % of total since some will also be included in research.

EXPENDITURES BY SOURCE

	Nat. Gov't.	USAID	Pop Council	Ford Found.	Path finder	DAI	IDRC	Local Donations	IPPF
CY 1972									
ACEP	67		31,374	1,790	58,620	7,260	4,950	3,476	
Min Health	1,217,000								
Profamilia			9,000	32,000	279,089			127,916	653,000
CCRP									
SOMEFA									
FUNOF								69,000	
Javeriana									
AID/Project		680,000							
School Public Health	26,926		60,000						
ACPO									
ASCOFAME	14,000		594,000	32,000			1,000		
Cruz Verde									
Total	1,258,000	680,000	694,000	66,000	378,000	7,000	6,000	200,000	643,000
CY 1973									
ACEP	387		130,543	2,571	54,666	24,9[illegible]0	1,750	13,246	
Min Health	1,332,000								
Profamilia				19,618	153,612			524,648	718,576
CCRP	1,739		78,595	59,253	5,397		16,000	1,828	
SOMEFA									
FUNOF									
Javeriana								47,000	
AID/Project		600,000							
School Public Health	32,506		40,000						
ACPO								8,000	
ASCOFAME	2,000		355,000	32,000					
Cruz Verde									
Total	1,369,000	600,000	604,000	113,000	214,000	25,000	18,000	595,000	719,000

Totals may not add due to rounding.

EXPENDITURES BY SOURCE

1-B

	Charge for Services	Sale of Contra-ceptives	Other	PAHO	Total	Non Add Contra-ceptives
CY 1972						
ACEP					107,537	
Min Health				1,044,000	2,261,000	158,000
Profamilia	91,271	33,874	30,000		1,246,150	212,000
CCRP					-	
SOMEFA					-	
FUNOF					69,000	
Javeriana					-	
AID/Project					680,000	
School Public Health				8,333	95,259	
ACPO					-	
ASCOFAME			7,000		648,000	35,000
Cruz Verde						
Total	91,000	34,000	37,000	1,052,000	5,[illegible],000	405,000
CY 1973						
ACEP			14,000*		241,601	
Min Health				1,090,000	2,422,000	145,000
Profamilia	126,680	73,852	78,521*		1,695,507	261,000
CCRP			35,280		198,092	
SOMEFA					-	
FUNOF					68,965	
Javeriana			20,000*		67,000	
AID/Project					600,000	
School Public Health			20,000**	8,333	100,839	
ACPO			55,000		63,000	
ASCOFAME					390,000	19,000
Cruz Verde						
Total	127,000	74,000	223,000	1,098,000	5,847,000	425,000

*** UNC

**** Who

Totals may not add due to rounding.

* American Friends Services Committee, Population Service International, World Neighbors, George Washington Univ., AUS.

** World Education/EEIA - Procol

EXPENDITURES BY SOURCE

2-A

CY 1974	Nat. Gov't.	CICRED	USAID	Pop Council	Ford Found.	Path finder	DAI	IDRC	Local Donations	IPPR
ACEP	9,545	5,000		109,864	40,000	41,641	37,936	20,000	25,151	
Min Health	1,663,000					4,000				
Profamilia				40,000	50,000	94,643			133,850	866,637
CCRP	22,635			79,336	73,465	18,566		1,650	3,640	
SOMEFA									8,000	
FUNOF									68,965	
Javeriana									210,000	
AID/Project			470,000							
School Public Health	16,267			30,000						
ACPO									19,000	
ASCOFAME				269,000	10,000					
Cruz Verde										
Total	1,711,000	5,000	470,000	528,000	173,000	159,000	37,936	21,650	469,000	866,637

EXPENDITURES BY SOURCE

2-B

CY 1974	Charge for Services	Sale of Contra-ceptives	Other	UNFPA/ PAHO	Total	Non Add Contra-ceptives
ACEP			119,000		407,712	
Min Health			1,000	1,061,000	2,728,960	254,000
Profamilia	173,450	416,897	192,482*		1,967,959	510,000
CCRP			143,743		343,035	
SOMEFA					8,000	
FUNOF					68,965	
Javeriana			72,000*		282,000	
AID/Project					470,000	
School Public Health			20,000**	33,333	99,600	
ACPO			174,000		193,000	
ASCOFAME			67,000****		346,000	26,000
Cruz Verde						
Total	173,000	417,000	789,000	1,094,000	6,915,000	790,000

** UNC
*** Who
* World Neighbors, University of Chicago, A.U.S., P.S.I.
**** U.N.C., A.V.S., Pispal/Celade

Totals may not add due to rounding.

EXPENDITURES BY SOURCE

	CY 1975		
	Local	External	Total
ACEP	38,000	441,000	479,000
Min Health	2,165,000	2,226,000	4,391,000
Profamilia	833,900	1,432,200	2,266,100
CCRP*	33,000	375,000	408,000
SOMEFA		66,000	66,000
FUNOF	30,689	20,000	50,689
Javeriana	280,000	100,000	300,000
AID/Project		426,000	426,000
School Public Health	35,000	34,000	69,000
ACPO	22,000	231,000	253,000
ASCOFAME		332,000	332,000
Cruz Verde			
Total	3,438,000	5,683,000	9,121,000
Non Add Contraceptives			
Min Health			337,000
Profamilia			907,000
SOMEFA			190,000
ACPO			14,000
Total			1,448,000

*Does not include proposed ICARP contribution for L.A. research

Totals may not add due to rounding

EXPENDITURES BY SOURCE

	CY 1976				CY 1977			
	LOCAL	PROCOL	OTHER EXTERNAL	TOTAL	LOCAL	PROCOL	OTHER EXTERNAL	TOTAL
ACEP	42,000	150,000	203,000	395,000	46,000	150,000	215,000	411,000
MINHEALTH	4,007,000		2,700,000	6,707,000	4,550,000		3,155,000	7,705,000
PROFAMILIA	1,023,000	275,000	1,138,000	2,436,000	1,435,000	335,000	1,100,000	2,870,000
CCRP	53,000	180,000	305,000	538,000	113,000	210,000	240,000	563,000
SOMEFA	11,000	-	70,000	81,000	23,000		75,000	98,000
FUNOF	25,000	20,000	6,000	51,000	25,000	20,000	6,000	51,000
JAVERIANA	330,000	25,000	66,000	421,000	370,000	30,000	52,000	452,000
USAID PROJECT		270,000*		270,000		175,000*		175,000
SCHOOL PUBLIC HEALTH	45,000		70,000	115,000	55,000		65,000	120,000
ACPO	28,000		237,000	265,000	32,000		282,000	314,000
ASCOFAME	10,000	15,000	479,000	504,000	23,000	15,000	189,000	227,000
CRUZ VERDE	40,000		40,000	80,000	60,000		60,000	120,000
	5,614,000	935,000	5,314,000	11,863,000	6,732,000	935,000	5,439,000	13,106,000
NON ADD CONTRACEPTIVES								
MINISTRY OF HEALTH				349,000				450,000
PROFAMILIA				1,040,000				1,168,000
SOMEFA				16,000				31,000
ASCOFAME				60,000				93,000
CRUZ VERDE				75,000				150,000
				1,540,000				1,892,000

* USAID direct expenditures for international training and education material

EXPENDITURES BY SOURCE

CY 1978

	LOCAL	PROCOL	OTHER EXTERNAL	TOTAL
ACEP	91,000	150,000	161,000	412,000
MINHEALTH	4,600,000	-	3,500,000	8,100,000
PROFAMILIA	1,507,000	255,000	1,252,000	3,014,000
CCRP	141,000	175,000	247,000	563,000
SOMEFA	30,000	-	60,000	90,000
FUNOF	25,000	15,000	11,000	51,000
JAVERIANA	390,000	20,000	40,000	450,000
USAID PROJECT		225,000*		225,000
SCHOOL OF PUBLIC HEALTH	65,000	-	80,000	145,000
ACPO	35,000	-	317,000	352,000
ASCOFAME	59,000	10,000	166,000	235,000
CRUZ VERDE	90,000	-	90,000	180,000
	7,033,000	850,000	5,934,000	13,817,000

NON ADD CONTRACEPTIVES	
MINISTRY OF HEALTH	375,000
PROFAMILIA	1,295,000
SOMEFA	31,000
ASCOFAME	94,000
CRUZ VERDE	250,000
TOTAL	2,045,000

* USAID direct expenditures for international training and educational materials.-

EXPENDITURES BY ACTIVITY AREA

"A"

#	Program CY 1972	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1	Administration	3,736	1,030,000*	163,070			689		30,000	2,259	
2	Training		76,500	10,453			68,276		348,000		
3	Information & Education	66,687	3,294	248,732						68,000	
4	Research (other than evaluation)	11,040	905,882	9,000					288,000	20,000	
5	Clinical Services		3,529	712,906							
6	Non Clinical Services			32,000							
7	Contraceptives										
8	Equipment		58,823	40,378					14,000		
9	Evaluative Research			27,927							
10	Other	27,074*	182,529	11,684						5,000	
	Total	107,000	2,261,000	1,246,000			69,000		680,000*	95,000	

*Publications

*FY 72 Data

Program CY 1973

#											
1	Administration	6,889	1,056,522	138,939	14,159		689	7,000	30,000	2,500	7,000
2	Training		126,087	31,609	2,197		68,276		353,000		
3	Information & Education	97,312	2,608	246,587	29,952			40,000		70,000	
4	Research (other than evaluation)	14,321			95,278				208,000	22,000	56,000
5	Clinical Services		1,065,217	1,035,000	2,120						
6	Non Clinical Services			180,649							
7	Contraceptives		13,000								
8	Equipment		75,391	6,227	3,277			20,000	9,000		
9	Evaluative Research			31,875	7,086						
10	Other	123,079	82,609	24,621	44,023					6,339	
	Total	242,000	2,422,000	1,696,000	198,000		69,000	67,000	600,000*	101,000	63,000

*Includes field supervisory personnel and some operational costs as well as central headquarters costs.

FY 73 Data

(All figures to the nearest thousand dollars)

Totals may not add due to rounding

EXPENDITURES BY ACTIVITY AREA

"B"

#	Program CY 1972	Ascofame	Cruz Verde	Total	MOH Non Add	Ascofame Non Add	Profamilia Non Add	Cruz Verde Non Add	SOMEFA
1	Administration	192,383		1,422,000					
2	Training	156,125		659,000					
3	Information & Education	51,515		438,000					
4	Research (other than evaluation)	66,000		1,300,000					
5	Clinical Services	119,811		836,000					
6	Non Clinical Services			32,000					
7	Contraceptives			-	158,000	35,000	212,000		
8	Equipment	7,225		120,000					
9	Evaluative Research	43,658		72,000					
10	Other	11,570		238,000					
	Total	648,000		5,106,000	158,000	35,000	212,000		
	Program CY 1973								
1	Administration	123,898		1,388,000					
2	Training	74,963		656,000					
3	Information & Education	22,508		509,000					
4	Research (other than evaluation)	54,800		450,000					
5	Clinical Services	94,065		2,196,000					
6	Non Clinical Services			181,000					
7	Contraceptives			13,000	145,000	19,000	261,000		
8	Equipment	2,144		116,000					
9	Evaluation	8,692		48,000					
10	Other	8,915		290,000					
	Total	390,000		5,848,000	145,000	19,000	261,000		

Totals may not add due to rounding

EXPENDITURES BY ACTIVITY AREA

"A"

# Program CY 1974	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1 Administration	8,494	1,032,000	1,130,078	32,272	4,000	689	25,000		2,000	10,000
2 Training		284,000	28,153			68,276		353,000		
3 Info. & Ed.	102,617	8,800	315,224	20,235			192,000		60,000	183,000
4 Research (other than evaluation)	127,815			208,854			45,000	97,000	33,600	
5 Clinical Services		1,116,000	1,203,212	18,566						
6 Non Clinical Services			242,507		4,000					
7 Contraceptives		155,000								
8 Equipment		81,360					20,000	20,000		
9 Evaluative research			49,497	44,813						
10 Other	168,786*	52,000	16,288	18,295					4,000	
Total	408,000	2,729,000	1,968,000	343,000	8,000	69,000	282,000	470,000*	99,000	193,000

*Publications

CY 74 data

Program CY 1975										
1 Administration	9,000	1,841,935	130,100	35,000	8,000	689	30,000		2,000	12,000
2 Training		354,839	35,000	5,000		50,000		239,000		
3 Info. & Ed.	145,000	3,226	362,000	60,000			250,000		48,000	241,000
4 Research (other than evaluation)	140,000			210,000			90,000	180,000	15,000	
5 Clinical Services		1,345,161	1,383,000	20,000						
6 Non Clinical Services			280,000		54,000					
7 Contraceptives		173,000								
8 Equipment		640,562					10,000	7,000		
9 Evaluative Research			67,000	60,000	4,000					
10 Other	185,000*	32,258	19,000	18,000					4,000*	
Total	479,000	4,391,000	2,276,100	408,000	66,000	50,689	380,000	426,000	69,000	253,000

*Publications

*Fellowship for study abroad

(All figures to the nearest thousand dollars)

Totals may not add due to rounding

EXPENDITURE BY ACTIVITY AREA

"B"

#	Program CY 1974	Ascofame	Cruz Verde	Total	MOH Non Add	Ascofame Non Add	Profamilia Non Add	Cruz Verde Non Add	SOMEFA
1	Administration	101,104		1,329,000					
2	Training			733,000					
3	Information & Education	9,515		891,000					
4	Research (other than eval.)	35,405		548,000					
5	Clinical Services	150,480		2,488,000					
6	Non Clinical Services			246,000					
7	Contraceptives			155,000	254,000	26,000	510,000		
8	Equipment	44,500		166,000					
9	Evaluation			94,000					
10	Other	5,000		264,000					
	Total	346,000		6,915,000	254,000	26,000	510,000		
	Program CY 1975								
1	Administration	96,353		2,165,000					
2	Training	59,000		743,000					
3	Information & Education	3,900		1,113,000					
4	Research (other than eval.)	40,000		675,000					
5	Clinical Services	132,000		2,880,000					
6	Non Clinical Services			434,000					
7	Contraceptives			173,000	337,000	14,000	907,000		
8	Equipment			658,000					
9	Evaluative Research	1,000		122,000					
10	Other			258,000					
	Total	332,253		9,221,000	337,000	14,000	907,000		

Totals may not add due to rounding

EXPENDITURES BY ACTIVITY AREA

"A"

#	Program CY 1976	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1	Administration	10,000	1,498,132	150,000	35,000	9,000	689	30,000		2,000	14,000
2	Training		996,693	20,000	5,000		50,000		100,000		
3	Info. & Ed.	160,000		380,000	100,000			301,000		69,000	251,000
4	Research (other than evaluation)	75,000			210,000			90,000	120,000	29,000	
5	Clinical Services		2,515,437	1,400,000	20,000						
6	Non Clinical Services		848,089	400,000		74,000					
7	Contraceptives		286,000								
8	Equipment		562,000						20,000		
9	Evaluative Research			65,000	150,000	5,000					
10	Other	150,000*		21,000	18,000					15,000*	
	Total	395,000	6,706,351	1,524,360	538,000	88,000	50,689	421,000	240,000	115,000	265,000

*Study abroad

	Program CY 1977										
1	Administration	11,000	1,808,000	170,000	35,000	12,000	689	30,000		2,100	14,000
2	Training		1,083,000	20,000	5,000		50,000		91,000	73,900	
3	Info. & Ed.	175,000		380,000	180,000			327,000		29,000	300,000
4	Research (other than evaluation)	75,000			110,000			95,000	209,000		
5	Clinical Services		2,727,000	1,600,000		81,000					
6	Non Clinical Services		1,335,670	600,000							
7	Contraceptives		286,000								
8	Equipment		359,612								
9	Evaluative Research			75,000	215,000	5,000					
10	Other	150,000*		25,000	18,000					15,000	
	Total	411,000	7,599,282	2,870,000	563,000	98,000	51,000	452,000	300,000**	120,000	314,000

* Publications

(All figures to the nearest thousand dollars)

**Includes interim quarter

Totals may not add due to rounding

EXPENDITURES BY ACTIVITY AREA

"B"

#	Program CY 1976	Ascofame	Cruz Verde	Total	MOH Non Add	Ascofame Non Add	Profamilia Non Add	Cruz Verde Non Add	SOMEFA
1	Administration	146,225	16,000	1,911,000					
2	Training	190,000		1,362,000					
3	Information & Education	5,000	8,000	1,274,000					
4	Research (other than evaluation	40,000		378,000					
5	Clinical Services	120,000		4,055,000					
6	Non Clinical Services		52,000	1,374,000					
7	Contraceptives			286,000	349,000	60,000	1,040,000	75,000	16,000
8	Equipment			582,000					
9	Evaluative Research	3,000	4,000	227,000					
10	Other			204,000					
	Total	504,225	80,000	11,653,000 *	349,000	60,000	1,040,000	75,000	16,000
	Program CY 1977								
1	Administration	77,000	24,000	2,184,000					
2	Training	50,000		1,373,000					
3	Information & Education	8,000	12,000	1,411,000					
4	Research (other than evaluation)	50,000		289,000					
5	Clinical Services	80,000		4,488,000					
6	Non Clinical Services		78,000	2,014,000					
7	Contraceptives			286,000	450,000	93,000	1,168,000	150,000	31,000
8	Equipment			380,000					
9	Evaluative Research	2,000		297,000					
10	Other		6,000	214,000					
	Total	267,000	120,000	12,936,000 *	450,000	93,000	1,168,000	150,000	31,000

*Total exceeds the total in the Expenditures by Source charts due to double accounting of USAID project expenditures.

Totals may not add due to rounding.

EXPENDITURES BY ACTIVITY AREA

"A"

#	Program CY 1978	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1	Administration	12,000	2,000,000	200,000	35,000	12,000	689	15,000		2,600	16,000
2	Training		1,000,000	20,000	5,000		50,000		75,000		
3	Info & Ed.	175,000		380,000	100,000			320,000		88,400	336,000
4	Research (other than evaluation)	75,000			210,000			105,000	145,000	39,000	
5	Clinical Services		3,000,000	1,600,000	20,000						
6	Non Clinical Services		1,500,000	700,000		73,000					
7	Contraceptives		500,000								
8	Equipment		100,000					10,000			
9	Evaluation			86,000	175,000	5,000			20,000		
10	Other	150,000*		28,000	18,000					15,000	
	Total	412,000	8,100,000	3,014,000	563,000	90,000	51,000	450,000	240,000	145,000	352,000

*Publications

(All figures to the nearest thousand dollars)

Totals may not add due to rounding.

EXPENDITURES BY ACTIVITY AREA

"B"

#	Program CY 1978	Ascofame	Cruz Verde	Total	MOH Non Add	Ascofame Non Add	Profamilia Non Add	Cruz Verde Non Add	SOMEFA
1	Administration	68,000	36,000	2,397,000					
2	Training	45,000		1,195,000					
3	Information & Education	10,000	18,000	1,427,000					
4	Research (other than evaluation)	50,000		624,000					
5	Clinical Services	60,000		4,680,000					
6	Non Clinical Services		117,000	2,390,000					
7	Contraceptives			500,000	375,000	94,000	1,295,000	250,000	31,250
8	Equipment			110,000					
9	Evaluation	2,000		289,000					
10	Other		9,000	220,000					
	Total	235,000	180,000	13,832,000 *	375,000	94,000	1,295,000	250,000	31,250

*Total exceeds the total in the Expenditures by Source charts due to double accounting of USAID project expenditures.

Totals may not add due to rounding.

OUTPUTS CY 1972

	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1. Administration										
a. Central Headquarters personnel*	25*	31	28			8			3	
b. Number professional*	18	14	10			3			1	
c. Number non professional*	7	17	18			5			2	
2. Training for Professionals										
a. Short Courses: Doctors	4	211	25					4	100	
b. Nurses	16								75	
c. Others	873							10	25	
d. Total	893	211	25					14	200	
e. Long courses: Doctors	3	13						5		
f. Nurses	3	7								
g. Others	102							29	100	
h. Total	108	20						34	100	
3. Training for Para Professionals										
a. Short courses: Aux. Nurses	18	228	15						25	
b. Promotoras	188		18							
c. Others	687		6			20,000			75	
d. Total	893	228	39			20,000			100	
e. Long courses: Aux. Nurses	2									
f. Promotoras	49	690								
g. Others	57								150	
h. Total	108	690							150	
4. Information & Education										
a. Short courses	23	26	3						16	
b. Long courses	2	47							6	
c. Other courses	14		398							
Total	39	73	401						22	

*Includes contract personnel

OUTPUTS CY 1972

	ACEP	Min Health	Pro-familia	CCRP	SCMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
d. Publications	24,000									
e. Meetings			1,101			1,000				
f. Persons contacted			8,985							
5. Research										
a. Projects completed or underway	2	3	5						2	
6. Clinical services										
a. # clinics & hospitals providing F.P.S.		639	43							
b. # new FP users		57,543	63,074							
c. # Total Users		91,867	230,019							
d. # Maternal health consultations		346,876								
e. # child consultations		1,271,034								
7. Non-Clinical F.P.										
a. # New F.P. users			4,804							
b. # Total Users			4,526							
c. Distribution points			80							
8. Quantities of contraceptives used										
a. # oral cycles		600,000	800,000							
b. # IUDs		30,000	46,000							
c. # Other										
9. Evaluations										
a. # eval. underway or completed	4	2	1							
10. Other										
Movie Projections			8,664							

OUTPUTS CY 1972

		Ascofame	Cruz Verde	Total
1.	Administration			
a.	Central headquarter personnel	7		102
b.	Number professional	6		52
c.	Number Non professional	1		50
2.	Training for Professionals			
a.	Short Courses: Doctors			344
b.	Nurses			91
c.	Others			908
d.	Total			1,343
e.	Long Courses: Doctors			21
f.	Nurses			10
g.	Others			231
h.	Total			262
3.	Training for Para Professionals			
a.	Short Courses: Aux. Nurses	50		336
b.	Promotoras	10		216
c.	Others			20,768
d.	Total	60		21,320
e.	Long Courses: Aux. Nurses			2
f.	Promotoras			739
g.	Others			207
h.	Total			948
4.	Information & Education			
a.	Short Courses	2		70
b.	Long Courses			55
c.	Other Courses			412
d.	Total	2		537
e.	Publications			24,000
f.	Meetings			2,101
g.	Persons contacted			8,985

OUTPUTS CY 1972

		Ascofame	Cruz Verde	Total
5.	Research			
a.	Projects underway or completed	16		28
6.	Clinical Services			
a.	# Clinics/hospitals providing F.P.S.	26		708
b.	# New F.P. users	31,173		152,000
c.	# Total users	49,896		165,000
d.	# Maternal health consultations			347,000
e.	# Ghild consultations			1,271,000
7.	Non-Clinical F.P.			
a.	# New F.P. users			4,800
b.	# Total users			4,500
c.	Distribution points			80
8.	Quantities of Contraceptives			
a.	# Oral cycles	120,000		1,520,000
b.	# IUDs	17,000		93,000
c.	# Other			[illegible]
9.	Evaluations			
a.	# Underway or completed			8
10.	Other			

OUTPUTS CY 1973

	ACEP	Min Health	Pro familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1. Administration										
a. Central headquarter personnel	42*	36	29	4		8	5		3	5
b. Professional	27	17	10	2		3	5		1	2
c. Non professional	15	19	19	2		5			2	3
2. Training for professionals										
a. Short courses: Doctors		45		190				8	100	
b. Nurses	12		60					16	75	
c. Others	530			900			40		25	
d. Total	542	45	60	1,090			40	24	200	
e. Long courses: Doctors	3							5		
f. Nurses	3									
g. Others	96							29	100	
h. Total	102							34	100	
3. Training for Para Professionals										
a. Short courses: Aux. Nurses	15	119							25	
b. Promotoras	26									
c. Others	501			741		20,000			75	
d. Total	542	119		741		20,000			100	
e. Long courses: Aux. Nurses										
f. Promotoras	29	1,305								
g. Others	73	19							150	
h. Total	102	1,324							150	
4. Information & Education										
a. Short courses	13	10	2	33			2		16	
b. Long courses	4	56							6	
c. Other courses	20		528							
Total	37	66	530	33			2		22	

*Includes contract personnel involved with individual courses as well as central headquarters.

** CCRP figures are purely administrative; does not include professionals involved in program direction.

OUTPUTS CY 1973

	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
d. Publications	56,000									613
e. Meetings	**	8,261				1,000				2,363*
f. Persons contacted										*Radio spots
5. Research										
a. Projects completed or underway	5	1	2	5					3	
6. Clinical Services										
a. # Clinics/hospitals providing F.P.S.		900	43							
b. # New F.P. users		66,698	80,660							
c. # Total users		119,046	125,865							
d. # Maternal health consult.		475,838								
e. # Child consultations		2,003,714								
7. Non-Clinical F.P.										
a. # New F.P. users			9,357							
b. # Total F.P. users			11,931							
c. Distribution points			362							
8. Quantities of Contraceptives Used										
a. # oral cycles		600,000	1,000,000							
b. # IUDs		30,000	42,000							
c. # Other										
9. Evaluations										
a. Underway or completed	3	2		1					2	
10. Other										
Movie Projections			10,058							

**Films shown in centers but no data available indicating frequency of films shown.

OUTPUTS CY 1973

		Ascofame	Cruz Verde	Total
1.	Administration			
a.	Central headquarters personnel	4		136
b.	Number professional	2		69
c.	Number Non Professional	2		67
2.	Training for Professionals			
a.	Short Courses: Doctors	15		358
b.	Nurses			163
c.	Others	18		1,513
d.	Total	33		2,034
e.	Long courses: Doctors			8
f.	Nurses			3
g.	Others			225
h.	Total			236
3.	Training for Para Professionals			
a.	Short Courses: Aux. Nurses	5		164
b.	Promotoras	12		38
c.	Others	1		21,318
d.	Total	18		21,520
e.	Long Courses: Aux. Nurses			
f.	Promotoras			1,334
g.	Others			242
h.	Total			1,576
4.	Information & Education			
a.	Short courses	4		80
b.	Long courses			66
c.	Other courses			548
d.	Total	4		694
e.	Publications			56,613
f.	Meetings/Visits/Films			11,624
g.	Persons contacted			

OUTPUTS CY 1973

		Ascofame	Cruz Verde	Total
5.	Research			
a.	Projects underway or completed	13		29
6.	Clinical Services			
a.	# Clinics/hospitals providing F.P.S.	9		952
b.	# New F.P. users	16,151		164,000
c.	# Total users	57,971		303,000
d.	# Maternal health consultations	11,000		487,000
e.	# Child consultations			2,004,000
7.	Non-Clinical F.P.			
a.	# New F.P. users			9,000
b.	# Total F.P. users			12,000
c.	# Distribution points			362
8.	Quantities of Contraceptives			
a.	# oral cycles	63,000		1,663,000
b.	# IUDs	11,000		83,000
c.	# Other	500		500
9.	Evaluations			
a.	Underway or completed			8
10.	Other			

OUTPUTS CY 1974

	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
1. Administration										
a. Central headquarter personnel	71*	37	32	10	3	14	10		3	6
b. Professional	51	17	12	2	1	3	10		1	3
c. Non professional	20	20	20	8	2	11			2	3
2. Training for professionals										
a. Short courses: Doctors	36			201				14	100	
b. Nurses	17		90	20					75	
c. Others	509			900			54	20	25	
d. Total	562		90	1,121			54	34	200	
e. Long courses: Doctors		8		1				12		
f. Nurses	5	19								
g. Others	94			9			30	33	100	
h. Total	99	27		10			30	45	100	
3. Training for Para Professionals										
a. Short courses: Aux. Nurses	21	567	20						25	
b. Promotoras	20									
c. Others	505			726		20,000			75	
d. Total	546	567	20	726		20,000			100	
e. Long courses: Aux. Nurses	16									
f. Promotoras	24	1,617								
g. Others	59								150	
h. Total	99	1,617							150	
4. Information & Education										
a. Short courses	17	35	4	62			3		16	
b. Long courses	3	68		1			2		6	
c. Other courses	65									
Total	85	103	4	63			5		22	

*Includes contract personnel

OUTPUTS CY 1974

	ACEP	Min Health	Pro-familia	CCRP	SOMEFA	FUNOF	Javeriana	AID/ PROP	School Pub Health	ACPO
e. Publications	24,000									349,732
f. Meetings						1,000				3,527
g. Visits										
5. Research										
a. Projects completed or underway	6	2	4	8			30		3	
6. Clinical Services										
a. # Clinics/hospitals providing F.P.S..		928	40							
b. # New F.P. users		85,675	82,710							
c. # Total users		154,766	167,215							
d. # Maternal health consult.		446,048								
e. # Child consultations		1,957,633								
7. Non-Clinical F.P.										
a. # New F.P. users			38,760							
b. # Total F.P. users			36,380							
c. Distribution points			661							
8. Quantities of Contraceptives										
a. # Oral cycles		1,600,000	2,000,000							
b. # IUDs		35,000	39,000							
c. # Other			2,160,000							
9. Evaluations										
a. Underway or completed	3	2	4	3					2	
10. Other										

OUTPUTS CY 1974

		Ascofame	Cruz Verde	Total
1.	Administration			
a.	Central headquarters personnel	6		192
b.	Number professionals	4		104
c.	Number Non professionals	2		88
2.	Training for Professionals			
a.	Short courses: Doctors	29		380
b.	Nurses	21		223
c.	Others	23		1,531
d.	Total	73		2,134
e.	Long courses: Doctors			21
f.	Nurses			24
g.	Others			266
h.	Total			311
3.	Training for Para Professionals			
a.	Short courses: Aux. Nurses	19		652
b.	Promotoras	23		43
c.	Others			21,306
d.	Total	42		22,001
e.	Long courses: Aux. Nurses			16
f.	Promotoras			1,641
g.	Others			209
h.	Total			1,866
4.	Information & Education			
a.	Short courses	8		145
b.	Long courses			80
c.	Other courses			65
d.	Total	8		290
e.	Publications			373,000
f.	Meetings/Visits/Films			4,527
g.	Persons contacted			

OUTPUTS CY 1974

	Ascofame	Cruz Verde	Total
5. Research			
a. Projects completed or underway	10		63
6. Clinical Services			
a. # Clinics/hospitals providing F.P.S.	10		978
b. # New F.P. users	21,120		190,000
c. # Total users	75,531		398,000
d. # Maternal health consultations	14,000		460,000
e. # Child consultations	200		1,958,000
7. Non-Clinical F.P.S.			
a. # New F.P. users			39,000
b. # Total F.P. users			36,000
c. # Distribution points			661
8. Quantities of Contraceptives			
a. # Oral cycles	84,000		3,684,000
b. # IUDs	17,000		91,000
c. # Others	1,500		218,000
9. Evaluations			
a. Underway or completed			14
10. Other			

OUTPUTS CY 1975

	ACEP	MinHealth	ProFamilia	CCRP	SOMEFA	FUNOF	Javeriana	AID/PROP	School PubHealth	ACHO
1. Administration										
a. Central Headquarter Personnel	123*	34	39	11	5	14	10		3	6
b. Professional	69	17	14	2	2	3	10		1	3
c. Non-Professional	54	17	25	9	3	11			2	3
2. Training for Professionals										
a. Short Courses: Doctors	48	300		229					100	
b. Nurses	62		60	32					75	
c. Others	1,405			1,450			355	35	25	
d. Total	1,515	300	60	1,711			355	35	200	
e. Long Courses: Doctors	4	30		2						
f. Nurses	7	30								
g. Others	37			14			2,073	10	100	
h. Total	48	60		16			2,073	10	100	
3. Training for Para-Professionals										
a. Short Courses: Aux. Nurses	126	500	40						25	
b. Promotoras	384						50			
c. Others	1,005			1,169		20,000			75	
d. Total	1,515	500	40	1,169		20,000	50		100	
e. Long Courses: Aux Nurses	10									
f. Promotoras	27	3,000								
g. Others	11								150	
h. Total	48	3,000							150	
4. Information and Education										
a. Short Courses	51	150	6	100			16		16	
b. Long Courses	2	140		2			52		6	
c. Other Courses	36									
d. Total	89	290	6	102			68		22	
e. Publications	6									375,000
f. Meetings						1,000				4,000
g. Persons contacted					1,000					

* Includes contract personnel

OUTPUTS CY 1975

	ACEP	MinHealth	Profamilia	CCRP	SOMEFA	FUNOF	Javeriana	AID/PROP	School PubHealth	ACTO
5. Research										
a. Projects Completed or Underway	9	3	4	8			73		1	
6. Clinical Services										
a. # Clinics/hospitals providing F.P.S.		950	40							
b. # New F.P. users		195,000	85.000							
c. # Total users		244,275	209,715							
d. # Maternal health consultations		780,660								
e. # Child consultations		2.447,027								
7. Non Clinical F.P.										
a. # New F.P. users			40,000		2,000*					
b. # Total F.P. users			56.000		*					
c. Distribution points			1,000		100					
8. Quantities of Contraceptives used										
a. # Oral cycles		2,000,000	3,500.000		20.000					
b. # IUDs		40,000	40,000		1,000					
c. # Other			2,880.000							
9. Evaluations										
a. Underway or completed	3	2	3	5						
10. Other										

* Non institutional acceptors only

OUTPUTS CY 1975

			ASCOFAME	CRUZ VERDE	TOTAL
1.	Administration				
a.	Central Headquarters Personnel		5		250
b.	Number Professionals		3		124
c.	Number Non-Professionals		2		126
2.	Training for Professionals				
a.	Short Courses:	Doctors	41		718
b.		Nurses	13		242
c.		Others	9		3,279
d.		Total	63		4,239
e.	Long Courses:	Doctors			36
f.		Nurses			37
g.		Others			2,234
h.		Total			2,307
3.	Training for Para-Professionals				
a.	Short Courses:	Aux Nurses	62		753
b.		Promotoras	29		463
c.		Others	260		22,509
d.		Total	351		23,725
e.	Long Courses:	Aux Nurses			10
f.		Promotoras			3,027
g.		Others			161
h.		Total			3,198
4.	Information and Education				
a.	Short courses		24		363
b.	Long courses				202
c.	Other courses				36
d.		Total	24		601
e.	Publications				375,006
f.	Meeti 'Visits/Films				5,000
g.	Person ontacted				1,000

OUTPUTS CY 1975

	ASCOFAME	CRUZ VERDE	TOTAL
5. Research			
a. Projects Underway or Completed	2		102
6. Clinical Services			
a. # Clinics/hospitals providing F.P.S.	9	-	999
b. # Non F.P. users	14,000	-	294,000
c. # Total users	25,000	-	479,000
d. # Maternal health consultations	10,000	-	791,000
e. # Child consultations	400	-	2,447,000
7. Non clinical F.P.			
a. # New F.P. users			42,000
b. # Total F.P. Users			56,000
c. Distribution Points			1,100
8. Quantities of contraceptives			
a. # Oral cycles	40,000		5,560,000
b. # IUD's	15,000		96,000
c. Others	5,000		2,885,000
9. Evaluations			
a. Underway or completed	3		16
10. Other			

OUTPUTS CY 1976

		ACEP	MinHealth	Profamilia	CCRP	SOMEFA	FUNOF	Javeriana	AID/PROP	School PubHealth	ACPO
1.	Administration										
a.	Central Headquarters Personnel	126*	34	44	11	5	10	10		3	7
b.	Professional	63	17	16	2	2	2	10		1	4
c.	Non Professional	63	17	28	9	3	8			2	3
2.	Training for Professional										
a.	Short courses: Doctors	41	200		250					100	
b.	Nurses	35		90	60					75	
c.	Others	674			1,800			355	30	25	
d.	Total	750	200	90	2,110			355	30	200	
e.	Long Courses: Doctors	7	15		4						
f.	Nurses	20	15								
g.	Others	123			18			2,100	8	100	
h.	Total	150	30	-0-	22			2,100	8	100	
3.	Training for Para-Professionals										
a.	Short courses: Aux Nurses	37	500	60						25	
b.	Promotoras	80						50			
c.	Others	633			1,500		10,000			75	
d.	Total	750	500	60	1,500		10,000	50		100	
e.	Long Courses: Aux Nurses										
f.	Promotoras	30	3,000								
g.	Others	120								150	
h.	Total	150	3,000							150	
4.	Information and Education										
a.	Short courses	23	100	10	140			16		16	
b.	Long courses	5	82		4			52		6	
c.	Other courses	22									
d.	Total	50	182	10	144			68		22	
e.	Publications	5									380,000
f.	Meetings	**					500				4,000
g.	Persons contacted					3,000					

* Includes contract personnel

OUTPUTS CY 1976

	ACEP	MinHealth	Profamilia	CCRP	SOMEFA	FUNOF	Javeriana	AID/PROP	School PubHealth	ACPO
5. Research										
a. Projects Completed or Underway	3	2	3	4			100		2	
6. Clinical Services										
a. # Clinics/hospitals providing FPS		950	40							
b. # New F.P. users		240,000	85,000							
c. # Total users		353,481	252,000							
d. # Maternal health consultations		822,082								
e. # Child consultations		2,628,946								
7. Non Clinical F.P Services										
a. # New F.P. users			50,000		4,000*					
b. # Total F.P. users			81,000		1,500*					
c. # Distribution Points			1,500		300					
8. Quantities of Contraceptives Used										
a. # Oral cycles		2,500,000	4,000,000		60,000					
b. # IUDs		40,000	40,000		2,000					
c. # Other			4,320,000							
9. Evaluations										
a. Underway or completed	3	2	2	7						

* Non institutional acceptor

OUTPUTS CY 1976

			ASCOFAME	CRUZ VERDE	TOTAL
1.	Administration				
a.	Central Headquarters Personnel		5	6	261
b.	Professional		3	3	123
c.	Non Professional		2	3	138
2.	Training for Professional				
a.	Short Courses:	Doctors	82		673
b.		Nurses	26		286
c.		Others	18		2,902
d.		Total	126		3,861
e.	Long Courses:	Doctors			26
f.		Nurses			35
g.		Others			2,349
h.		Total			2,410
3.	Training for Para-Professionals				
a.	Short Courses:	Aux Nurses	124		746
b.		Promotoras	58		188
c.		Others	520		12,728
d.		Total	702		13,662
e.	Long Courses:	Aux Nurses			
f.		Promotoras			3,030
g.		Others			270
h.		Total			3,300
4.	Information and Education				
a.	Short Courses		36		341
b.	Long Courses				149
c.	Other Courses				22
d.		Total	36		512
e.	Publication				380,005
f.	Meetings				4,000
g.	Persons contacted				3,000

OUTPUTS CY 1976

	ASCOFAME	CRUZ VERDE	TOTAL
5. Research			
a. Projects underway or completed	3		117
6. Clinical Services			
a. # Clinics/hospitals providing F.P.S.	10		1,000
b. # New F.P. users	20,000		345,000
c. # Total users	85,531		691,000
d. # Maternal consultations	15,000		837,000
e. # Child consultations	1,000		2,630,000
7. Non-Clinical Services			
a. # New F.P. users		30,000	84,000
b. # Total F.P. users		20,000	103,000
c. Distribution Points		500	2,300
8. Quantities of Contraceptives			
a. # Oral cycles	200,000	300,000	7,060,000
b. # IUDs	20,000	-	102,000
c. # Other	30,000	1,440,000	5,790,000
9. Evaluations			
a. Completed or Underway	2		19
10. Other			

OUTPUTS CY 1977

	ACEP	Min Health	PROFAMILIA	CCRP	SOMEFA	FUNOF	JAVERIANA	AID/PROP	School Pub Health	ACPO
1. Administration										
a. Central Headquarters Personnel	143*	34	50	11	8	10	10		3	7
b. Professional	76	17	18	2	3	2	10		1	4
c. Non Professional	67	17	32	9	5	8			2	3
2. Training for Professionals										
a. Short Courses: Doctors	46	200		250					100	
b. Nurses	50		90	60					75	
c. Others	404			1,800			355	20	25	
d. Total	500	200	90	2,110			355	20	200	
e. Long Courses: Doctors	5			4						
f. Nurses	22									
g. Others	123			18			2,100	8	100	
h. Total	150	0		22			2,100	8	100	
3. Training for ParaProfessionals										
a. Short Courses: Aux.Nur.	83	250	60				50		25	
b. Promotoras	100									
c. Others	317			1,500		10,000			75	
d. Total	500	250	60	1,500		10,000	50		100	
e. Long Courses: Aux.Nur.										
f. Promotoras	40	2,000								
g. Others	110								150	
h. Total	150	2,000							150	
4. Information & Education										
a. Short Courses	14	100	10	140			16		16	
b. Long Courses	5	82		4			52		6	
c. Other Courses	10									
d. Total	29	182	10	144			68		22	
e. Publications	5									380,000
f. Meetings						500				4,000*
g. Persons contracted					5,000					

* Radio Spots

OUTPUTS CY 1977

	ACEP	Min Health	PROFAMILIA	CCRP	SOMEFA	FUNOF	JAVERIANA	AID/PROP	School Pub. Health	ACPO
5. Research										
a. Projects Completed or Underway	2	2	1	4			100		3	
6. Clinical Services										
a. # Clinics/hospitals providing F.P.S.		1,000	40							
b. # New F.P. users		315,000	85,000							
c. # Total users		595,000	295,000							
d. # National health consultations		865,356								
e. # Child consultations		3,869,964								
7. Non Clinical F.P. Services										
a. # New F.P. users			70,000		10,000					
b. # Total- F.S. users			116,000		4,000					
c. Distribution points			1,900		1,000					
8. Quantities of Contraceptives Used										
a. # Oral cycles		2,500,000	4,500,000		120,000					
b. # IUDs		50,000	40,000		5,000					
c. # Others			5,760,000							
9. Evaluations										
a. Underway or completed	3	1	1	9					3	
10. Other										

* Non Institution Acceptors.

OUTPUTS CY 1977

	ASCOFAME	CRUZ VERDE	TOTAL
1. Administration			
a. Central Headquarters Personnel	5	10	291
b. Professional	3	4	140
c. Non Professional	2	6	151
2. Training for Professionals			
a. Short Courses: Doctors	75		671
b. Nurses	15		290
c. Others	10		2,614
d. Total	100		3,575
e. Long Courses: Doctors			24
f. Nurses			37
g. Others			2,349
h. Total			2,411
3. Training for Para Professionals			
a. Short Courses: Aux.Nurses	50		468
b. Promotoras	200		350
c. Others	700		12,592
d. Total	950		13,410
e. Long Courses: Aux.Nurses			
f. Promotoras			2,040
g. Others			260
h. Total			2,300
4. Information & Education			
a. Short Courses	10		306
b. Long courses			149
c. Other courses			10
d. Total	10		465
e. Publications			380,005
f. Meetings/Visits/Films			4,500
g. Persons contacted			5,000
5. Research			
a. Projects Underway or Completed	3		115

OUTPUTS CY-1977

	ASCOFAME	CRUZ VERDE	TOTAL
6. Clinical Services			
a. # Clinics/Hospitals providing F.P.S.	10		1,050
b. # New F.P. users	22,000		422,000
c. # Total users	97,000		987,000
d. # Maternal consultations	25,000		890,000
e. # Child consultations	15,000		3,885,000
7. Non-Clinical Services			
a. # New F.P. users		35,000	115,000
b. # Total F.P. users		40,000	160,000
c. # Distribution points		900	3,800
8. Quantities of Contraceptives			
a. # Oral cycles	350,000	600,000	8,070,000
b. # IUDs	15,000		110,000
c. # Others	60,000	2,160,000	7,980,000
9. Evaluations			
a. # Underway or completed	1		18
10. Other			

OUTPUTS CY 1978

	ACEP	Min Health	PROFAMILIA	CCRP	SOMEFA	FUNOF	JAVERIANA	AID/MHOP	School Pub.Health	ACPO
1. Administration										
a. Central Headquarters Personnel	143*	34	55	11	9	10	10		3	7
b. Professionals	76	17	20	2	3	2	10		1	4
c. Non Professionals	67	17	35	9	6	8			2	3
2. Training for Professionals										
a Short courses: Doctors	46	200		250					100	
b. Nurses	50			60					75	
c. Others	404			1,800			355	15	25	
d. Total	500	200		2,110			355	15	200	
e. Long courses: Doctors	5	15		4						
f. Nurses	22	15								
g. Others	123			18			2,100	7	100	
h. Total	150	30		22			2,100	7	100	
3. Training for Para Professionals										
a. Short courses: Aux.Nurses	83	250							25	
b. Promotoras	100						50			
c. Others	317			1,500		10,000			75	
d. Total	500	250		1,500		10,000	50		100	
e. Long courses: Aux.Nurses										
f. Promotoras	40	2,000								
g Others	10								150	
h. Total	50	2,000							150	
4. Information & Education										
a. Short courses	14	100		140			16		16	
b Long courses	5	82		4			52		6	
c Other courses	10									
d. Total	19	182		144			68		22	
e. Publications	5									380,000
f. Meetings						500				4,000*
g Persons contacted					6,000					

Radio Spots.

OUTPUTS CY 1978

	ACEP	Min Health	PROFAMILIA	CCRP	SOMEFA	FUNOF	JAVERIANA	AID/PROP	School Public Health	ACPO
5. Research										
a. Projects completed or underway	1	2		4			100		4	
6. Clinical Services										
a. # Clinics/Hospitals providing F.P.S.		1,100	40							
b. # New F.P. patients		340,000	85,000							
c. # Total users		641,000	337,000							
d. # Maternal health consultations		90,000								
e. # Child consultations		4,000,000								
7. Non-Clinical F.P. Services										
a. # New F.P. users			90,000		12,000*					
b. # Total F.P. users			161,000		9,000*					
c. # Distribution Points			2,300		1,200					
8. Quantities of Contraceptives Used										
a. # Oral cycles		3,000,000	5,000,000		150,000					
b. # IUDs		50,000	40,000		10,000					
c. # Others			7,200,000							
9. Evaluations										
a. Completed or underway	3	1	2	9					3	

* Non-Institutional Acceptors.

OUTPUTS CY 1978

		ASCOFAME	CRUZ VERDE	TOTAL
1.	Administration			
a.	Central Headquarters Personnel	8	12	302
b.	Professional	5	4	144
c.	Non-Professional	3	8	158
2.	Training for Professionals			
a.	Short courses: Doctors	30		626
b.	Nurses	30		215
c.	Other	30		2,629
d.	Total	90		3,470
e.	Long courses: Doctors			24
f.	Nurses			37
g.	Other			2,348
h.	Total			2,409
3.	Training for Para Professionals			
a.	Short courses: Aux. Nurses	50		408
b.	Promotoras	50		200
c.	Other	50		11,942
d.	Total	150		12,550
e.	Long courses: Aux. Nurses			
f.	Promotoras			2,040
g.	Others			160
h.	Total			2,220
4.	Information & Education			
a.	Short courses	10		296
b.	Long courses			149
c.	Other courses			10
d.	Total	10		455
e.	Publications			380,000
f.	Meetings/Visits/Films			4,500
g.	Persons contacted			6,000

OUTPUTS CY 1978

	ASCOFAME	CRUZ VERDE	TOTAL
5. Research			
a. Projects underway or completed	3		114
6. Clinical Services			
a. # Clinics/hospitals providing F.P. services	10		1,150
b. # New F.P. users	30,000		445,000
c. # Total users	112,000		1,090,000
d. # Maternal health consultations	40,000		130,000
e. # Child consultations	20,000		4,020,000
7. Non-Clinical F.P.			
a. # New F.P. users		50,000	152,000
b. # Total F.P. users		60,000	230,000
c. Distribution Points		1,500	5,000
8. Quantities of Contraceptives			
a. # Oral cycles	350,000	1,000,000	9,500,000
b. # IUDs	20,000		120,000
c. Others	70,000	2,880,000	10,150,000
9. Evaluations			
a. # Underway or completed			15

SERVICE PROGRAM USERS, SERVICE POINTS AND NUMBERS OF CONTRACEPTIVES

	NEW ACCEPTORS		TOTAL CONTINUING USERS BY END OF YEAR a/		NUMBER OF CLINICS OR SERVICE OUTLET		CONTRACEPTIVES DISTRIBUTED		
	Rural	Urban	Rural	Urban	Rural	Urban	Oral (000 cycles)	IUD (000)	GROSS CONDOM (000)
1969									
PROFAMILIA	-	28,300	-	-	-	26	300	21	
ASCOFAME	-	22,471	-	-	-	26	100	15	
MOH	7,080	16,520	-	-	-	285 b/	100	18	
CRUZ VERDE	-	-	-	-	-	-	-	-	
TOTAL	7,080	67,291				337	500	54	
1972									
PROFAMILIA	4,804	63,074	4,526	85,535	80	43	800	46	
ASCOFAME	-	31,173	-	49,896	-	26	120	17	
MOH	17,262	40,280	20,426	71,441	-	639	600	30	
CRUZ VERDE	-	-	-	-	-	-	-	-	
TOTAL	22,066	134,527	24,952	206,872	80	708	1,520	93	
1973									
PROFAMILIA	9,357 c/	80,660	11,931	125,865	362	43	1,000	42	
ASCOFAME	-	16,151	-	57,971	-	9 d/	63	11	
MOH	20,000	46,698	24,255	94,791	-	900 e/	600	30	
CRUZ VERDE	-	-	-	-	-	-	-	-	
TOTAL	29,357	143,509	36,186	278,627	362	952	1,663	83	
1974									
PROFAMILIA	38,760	82,710	36,380	167,215	373	328	2,000 (1,000) f/	39	15
ASCOFAME	-	21,120	-	75,531	-	10	84	17	1
MOH	25,702	59,973	29,975	124,791	-	928	1,600	35	
CRUZ VERDE	-	-	-	-	-	-	-	-	
TOTAL	64,462	163,803	66,355	367,537	373	1,266	3,684	91	16

a/ Estimated on basis of 60% continuation rate. b/ Most in "county seat" towns - do serve rural population but not in rural area. c/ Profamilia rural and urban barrio community based recipients. d/ Ministry of Health began serving all but university hospitals. e/ Includes 15 regional hospitals. f/ ( ) commercial part of total Profamilia.

	NEW ACCEPTORS		TOTAL CONTINUING USERS BY END OF YEAR		NUMBER OF CLINICS OR SERVICE OUTLET		CONTRACEPTIVES DISTRIBUTED		
	Rural	Urban	Rural	Urban	Rural	Urban	oral (000 cycles)	IUD (000)	GROSS CONDOM (000)
1975									
PROFAMILIA	40,000	85,000	56,380	209,715	600	400	3,500 (1,500)	40	20
ASCOFAME	-	14,000	-	75,531	-	9 g/	40	15	-
MOH	40,000	155,000	41,984	202,291		950	2,000	40	-
CRUZ VERDE	-	-	-	-	-	-	-	-	-
SOMEFA	-	2,000	-	1,000	-	100	20	1	-
TOTAL	80,000	256,000	98,364	488,537	600	1,459	5,560	96	20
1976									
PROFAMILIA	50,000	85,000	81,380	252,220	1,000	540	4,000 (2,000)	40	30
ASCOFAME	-	20,000	-	85,531	-	10	200	20	-
MOH	60,000	180,000	61,190	292,291		950	2,500	40	-
CRUZ VERDE	30,000	-	20,000		500		300	-	10
SOMEFA	-	4,000	-	1,500	-	500	6-	2	-
TOTAL	140,000	289,000	162,570	631,542	1,500	1,800	7,060	102	40
1977									
PROFAMILIA	70,000	85,000	116,380	294,720	1,200	740	4,500 (2,200)	40	40
ASCOFAME	-	22,000	-	96,531	-	10	350	15	-
MOH	80,000	235,000	84,714	409,791	-	1,000	2,500	50	-
CRUZ VERDE	35,000	-	40,000	-	900	-	600	-	15
SOMEFA	-	10,000	-	4,000	-	1,000	120	5	-
TOTAL	185,000	352,000	241,094	805,042	2,100	2,750	8,070	110	55
1978									
PROFAMILIA	90,000	85,000	161,380	337.220	1,500	840	5,000 (2,500)	40	50
ASCOFAME	-	30,000	-	111,531	-	10	350	20	-
MOH	100,000	240,000	110,829	529,791	-	1,100	3,000	50	-
CRUZ VERDE	50,000	-	60,000	-	1,500	-	1,000	-	20
SOMEFA	-	12,000	-	9,000	-	1,200	150	10	-
TOTAL	240,000	367,000	332,209	987,542	3,000	3,150	9,500	120	70

g/ In 1975 National Univ. (one of largest) withdrew from ASCOFAME.

TOTAL OUTPUTS BY YEARS 1972 - 78

	1972	1973	1974	1975	1976	1977	1978
1. Administration	102	136	192	250	261	291	302
2. Training for Professional							
No. in short course	1,343	2,034	2,134	4,239	3,861	3,575	3,470
No. in long course	262	236	311	2,307 a)	2,410	2,411	2,409
3. Training for Para Profess.							
No. in short course	21,320	21,520	22,001	23,725	13,662 c/	13,410	12,550
No. in long course	948	1,576	1,866	3,198	3,300	2,300 d/	2,200
4. Research projects under way or completed	28	29	63	102 b/	117	115	114
5. Info & Education							
Short course	70	80	145	363	341	306	298
Long course	55	66	80	202	149	149	149
6. Publications No. of copies	24,000	56,613	373,000	423,000	420,000	420,000	420,000
7. Clinics & hospitals providing F.P. service	708	952	978	999	1,000	1,050	1,150
New users clinical	152,000	164,000	190,000	294,000	345,000	422,000	445,000
Total users clinical	165,000	303,000	398,000	479,000	691,000	987,000	1,090,000
8. Non clinical new users	4,800	9,000	39,000	42,000	84,000	115,000	152,000
Total non clinical users	4,500	12,000	36,000	56,000	103,000	160,000	230,000
Distribution points	80	362	661	1,100	2,300	3,800	5,000
9. Contraceptives							
Oral cycles	1,520,000	1,663,000	3,684,000	5,560,000	7,060,000	8,070,000	9,500,000
IUD's	93,000	83,000	91,000	96,000	102,000	110,000	120,000
Other (units)		500	218,000	2,885,000	5,790,000	7,980,000	10,150,000
10. Evaluation under way or complete		8	14	16	19	18	15

a/ Javeriana beings output
b/ Javeriana master's research projects included
c/ FUNOF reduction noted but ICBF subsequent production not includes these charts
d/ Reduction in number rural health promotores needed to be trained

I. DEMOGRAPHIC CONDITIONS COLOMBIA

GENERAL

Various methods have been used to arrive at what might be called a composite of opinion on the numbers of people in Colombia, and the demographic profile as relates to age and rural/urban distribution, fertility and mortality patterns, migratory habits, etc.

The October 1973 census provides some rather extensive information but it has not yet been completed, analyzed or internally corrected. Those responsible suggest the under enumeration to be of the nature of 6% to 8%.

The work of DANE/CIMED over the past five years in cooperation with the University of North Carolina gives substantial demographic information about two distinct areas of Colombia containing rural and urban populations of about 3,000,000. This work also served to prove the real problem of depending on the present civil registration system for fertility or mortality information.

The ASCOFAME fertility survey of 1967-68 which interviewed some 5539 rural and urban women throughout the country provides good information on fertility trends 1960 through 1968.

The most recent fertility survey carried out in 1974 in Bogotá by ACEP with Population Council assistance studied a sample of 6,692 in this city of 2.8 million providing a wealth of information related to fertility and contraceptive use.

In cooperation with G.E. TEMPO, the Regional Population Center (CCRP) has analyzed a variety of demographic material and has developed a model for projecting demographic trends and relations. The group working with the SERES model has used information drawn from family planning program statistics and population projections from such sources as CELADE bulletins, Henry Elkin's analysis of the ASCOFAME fertility surveying, Enrique Pérez "Demographic Projection", the Analysis of the 1951-64 Colombian census by Alvaro López Toro, etc.

The description of the demographic situation that follows draws heavily on the CCRP work. We have used this and our own and Population Council analysis of various surveys and trends to arrive at fertility rate conclusions.

Total Population

The SERES model work indicates that the population in 1973 was 23,165,000. They compared this with the DANE census figure of October 24, 1973 which was 21,069,115 and concluded that although the difference was about 9%, this was not an excessive difference since the DANE figure where stated to be between 6 and 8% under enumerated. Based on this the SERES estimate is that the mid-1974 population was 23.8 million with a shift from 1964 of 52% of the population in urban areas to a figure of 59.1% in urban in 1974.

TABLE 1

TOTAL POPULATION
(000)

Year	Total Country	Urban		Rural		Persons Per Square Kilometer
		Total	Percent	Total	Percent	
1974	23.811	14,072	59.1	9.739	40.9	20.9

SOURCE: Unpublished CCRP 1-75

Age and Sex Structure

The estimates for 1974 suggest the youthful age structure one expects of a rapidly growing population: 44.4% less than 15 years of age; 52.7% between 15 and 64 years and 2.9% over 65. This age structure produces a dependency rate of 90:100. See tables one and two.

TABLE 2

POPULATION OF THE COUNTRY BY SEX AND AGE GROUPS
(000)

AGE GROUPS	MALE		FEMALE		TOTAL	
	TOTAL	PERCENT	TOTAL	PERCENT	TOTAL	PERCENT
0-4	2.094	17.6	2.006	16.8	4.100	17.2
5-9	1.782	15.1	1.724	14.4	3.506	14.7
10-14	1.494	12.6	1.481	12.4	2.975	12.5
15-19	1.386	11.7	1.375	11.5	2.761	11.6
20-24	1 065	9 1	1 082	9.1	2.167	9.1
25-29	826	7.0	891	7 5	1 717	7.2
30-34	657	5 5	702	5.9	1.359	5.7
35-39	552	4.6	580	4 9	1.132	4.8
40-49	472	4.0	495	4.1	967	4.1
45-49	412	3 5	425	3.6	837	3.5
50-54	336	2.8	342	2.9	678	2.8
55-59	262	2.2	263	2.2	525	2.2
60-69	195	1.6	203	1.7	398	1.7
65 y +	327	2 7	362	3.0	689	2.9
TOTAL	11.880	100.0	11.931	100.0	23.811	100.0

SOURCE: C C.R P. Op Cit.

Women in the Reproductive Age

The model estimates 5.6 million women of fertil: age (15-49) in 1974, about 54% of whom are in union.

Considering internal migration (15% 1964-74) and the fact that migration is differential for sex (55% women) and age it is estimated that the urban areas will have 65.9% and 68.4% of the women of fertile age in 1974 and 1980 respectively. Approximately 50% of the urban women are in union as compared to the women of the rural areas where 60% are in union.

TABLE 3

WOMEN OF FERTILE AGE - URBAN AND RURAL 1974

(000)

		Urban		Rural	
Year	Total	Total	Percent	Total	Percent
1974	5,550	3,655	65.9%	1,895	34.1%

SOURCE: C.C.R.P. Op. Cit.

TABLE 4

WOMEN IN UNION - URBAN AND RURAL 1974

		Urban		Rural	
Year	Total	Total	Percent	Total	Percent
1974	2,965	1,828	61.7%	1,137	38.3%

Fertility Levels

Table 5 and pages six and seven present our rationale, albeit shakey, for estimating country fertility rates of 36/1000. (28/1000 urban and 48/1000 rural).

TABLE 5

COMPARATIVE DATA ON FERTILITY STUDIES

	ELKINS FROM ASCOFAME FERTILITY SURVEY					DANE INTERCENSAL ESTIMATE	DANE CIMED/UNC 1973		ACEP BOGOTA
	1960-64	1965-66	1967-68	Projections by Bailey to 1973 (A)	Projections by Bailey to 1973 (B)	(Year 1969)	1973 SANTANDER	1973 BOLIVAR	1973
RURAL	53.7	52.6	50.6	49.9	46.3		48	49	Not applicable
URBAN	41.6	35.9	31.9	30.1	24.0		28	30	25.4
TOTAL	48.0	44.5	41.3	39.9	34.9	40.1*	36*	37.6*	33.6*
COLUMN Number	1	2	3	4	5	6	7	8	9

* Estimates by Bailey and USAID from basic data.

Column 4 is a straight line projection based on 1960 - 68
Column 5 is a straight line projection based on 1965 - 68
Column 6 takes DANE's intercensal growth rate of 2.95 and adds assumed 11/1000 death rate
Columns 7 and 8 calculate a total based on 40% population rural
Column 9 assumes a rural fertility rate around Bogotá of 46/1000 and rural population 40% of total

By comparing averages of some of the columns such as 7, 8 9 (survey data) which gives 35.7 and 4, 5, 7, 8, 9 (survey and projections) which results in 36.4, we feel some confidence in suggesting the fertility level is around 36/1000. We are led this direction by column 5 which most likely approximates the accelerated downward trend since 1965. We assume the Bogotá area is out in front of the rest of the country with a rate, column 9, of 33.6, but we think the area around Santander (36) may be more representative of the total country.

Basing our assumptions largely on the Elkins work and our projections from it and the CIMED study and our knowledge that little has happened to change rural fertility until very recently we conclude the rural fertility is still quite high, perhaps as much as 48/1000.

Thus we conclude, clearly imprecisely, an urban fertility of about 28/1000, a rural fertility of 48/1000.

We feel reasonably confortable with the above figures with such supportive indications as follows:

a) Exports from ACEP1973 Bogotá fertility survey comparing it with ASCOFAME urban data of 1965 - 68

TABLE 6

CHANGES IN AGE SPECIFIC FERTILITY RATES

	ASCOFAME/ELKINS (URBAN)		ACEP Bogotá	
	1965-66	1967-68	1973	Percent Charge
Age Group	Rate	Rate	Rate	
15-19	99	93	41	-56%
20-24	241	214	153	-28.5%
25-29	261	223	171	-23.3%
30-34	206	201	122	-39%
35-39	150	118	82	-30.5%
40-44	78	64	38	-40.6%
45-49	4	4	2	-50%

b) Changes in numbers of births in hospitals

In 1970 in five of the largest maternity hospitals in the country there were 50,486 births, in 1971 there were 47,690; in 1972 there were 45,270.

Comparing the births in the second half of 1974 with those in the second half of 1973 in the nine university hospitals (largest in the country we find a 5% reduction.

TABLE 7

BIRTHS IN 9 UNIVERSITY HOSPITALS

	Total Births	Percent change
Second semester 1973	25,674	
Second semester 1974	24,458	-5%

c) Trends in characteristics of family planning program participants.

It is our opinion that since organized family planning programs have grown to the level of 200,000 new acceptors per year this is now having some effect in fertility levels and that the trend in age and parity of new acceptors is indicative of trends in fertility.

In the following table these two characteristics of the new acceptors in the Ministry of Health Maternal Child Care program are presented:

TABLE 8

CHARACTERISTICS OF ACCEPTORS IN MINISTRY OF HEALTH PROGRAM

	1968	1969	1970	1971	1972	1973	1974
Average Age	29.7	29 0	28.6	-	-	27.0	26.7
Number of Live Children	5.3	5.0	4.6	-	-	4.1	4.1

Mortality Levels

Data on mortality is as imprecise as that on fertility, particularly as we do not give much credence to the civil vital registration system. The best information available from the Ministry of Health and the CIMED studies indicate present crude mortality rates of 8-10 per thousand. (CELADE estimates per July 1971 Demographic bulletin suggests 9/1000 at that time. CCRP uses a higher figure - 12/1000 in some of their estimates).

Growth Rates

All are uncomfortable with the imprecision of our estimates but it does seem clear that fertility rates have dropped perceptibly in the urban areas and that the country growth rate has reduced from 3.2-3.5% to 2.7% -2.9% in the last ten years.

This is significant in that it has begun the process, and that it has made an immediate contribution to the health and welfare of numerous families which have found safe means to have a number of children more nearly within their capacity to care for them adequately. Nevertheless reductions of this nature have little if any immediate or long term effect on macro socio-economic conditions unless the rate of decrease is accelerated drastically. Rates of this nature still imply a doubling of the population in less than 25 years and continuing on this projection would produce a population in Colombia of over 400 million within a century. Obviously these are untenable projections to contemplate when one recognizes that in the past 5 years 338,000 children were added to the 0-5 yr. old group for whom malnutrition is such a problem, and 872,000 to the school age population which was already twice as large as he number of positions available. In 1975 it was estimated that 1,000,000 new jobs were needed for full employment but only 300,000 would be created. Agricultural production has increased at the rate of 3.3% per year over the last five years but population growth has affected this to the degree that per capita food supply has increased only 0.2%.

Projecting these figures to the future at the present 2.8% growth rate would indicate that in 1980 provision would have to be made for attending the birth, vaccinating and improving the nutrition of 5,007,000 children (0-4 years), or 342,000 more than there are in 1975. By 1980 the school system wouldhave to provide for 8,332,000 children, or 1,396,000 more than there are now. In 1980 the labor force would be 9,400,000, requiring 1,100,000 more jobs than would be required today for reasonably full employment.

Probable effects on growth rates of the Proposed Family Planning Programs and Commercial distribution of contraception

Based on the assumptions of fertility/mortality mentioned above and the numbers of users projected for the family planning programs and commercial distribution the SERES model was used to project the fertility rate in 1978 and the percent of women in the fertile age who would be users of contraceptives.

A) Assumptions

1. Present July 1974 population 23,811,000

2. Number females 10-14 1,481,000

3. Number females 15-49 5,550,000

4. Crude birth rate 1974:
   Rural (40% of population) = 48/1000
   Urban (60% of population) = 28/1000

5. Mortality rate Urban/Rural - 9/1000 constant

6. Internal migration by 1978 will produce rural population 38%; urban 62%; external emigration/immigration not important

7. Total users contraceptives (in thousands)

		Urban	Rural
1974	Programs	368	67
	Commercial	550(50 Profamilia)	60(10 Profam)*
	Total	868	127
1975	Programs	489	99
	Commercial	640(90)	75 (20)
	Total	1129	174
1976	Programs	632	143
	Commercial	705(130)	85 (30)
	Total	1337	208
1977	Programs	805	241
	Commercial	745(145)	95 (35)
	Total	1550	336
1978	Programs	988	323
	Commercial	800(165)	105 (35)
	Total	1788	438

1978 new acceptors in program - 607,000

Figures in parentheses are the number in the Profamilia commercial program

B) Projections

1. Women in the productive age group 1978

Rural	Urban	Total
2,031,000	4,253,000	6,284,000

2. The percentage of women in the fertile age group in 1978 who will be users of contraceptives

	Rural	Urban
a) From program	16%	23%
b) From commercial	5%	19%
c) Total	21%	42%

3. The percentage of women in the fertile age group who are new acceptors in 1978 will be 9.6%.

4. Approximate fertility rate 1978

Rural	Urban	Total
39	24	29

C) Comments

We recognize the above projections are imprecise. The methodology has not yet been developed to take account of all variables, nor are we all that confident of the basic assumptions themselves. However, we feel that this type exercise is useful in giving general order of magnitude measures of probable effects of an effort of these dimensions and provides a framework against which to review and evaluate the efforts at a future date. We are impressed with the capacity CCRP has developed in a short time to deal with these matters. We look forward to their corrections of our assumptions and these projections when more basic data has become available and they have had further opportunity to improve upon the model.

It will clearly require tremendous effort to attain this magnitude of program expansion and fertility reduction. Some delay or slippage could be tolerated if one were confident of reaching this goal even by 1980.

AID 1020-28 (7-71)
SUPPLEMENT 1

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAP REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project:
From FY 1963 to FY 1978
Total U.S. Funding
Date Prepared: 4/16/75

Project Title & Number: Population and Family Planning 514-11-580-150

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: To support Colombian efforts to reduce the crude birth rate.	Measures of Goal Achievement: 1) The crude birth rate will decrease from approximately 36 in 1974 to approximately 29 in 1978. 2) Decline in national fertility rate. 3) Greater awareness and support of family planning programs from the public and private sectors.	a) Fertility surveys b) Information from the vital registration system c) Estimates from Correlating factors such as: 1) number of contraceptive users 2) follow-up studies contraceptive users 3) Births in hospitals	Assumptions for achieving goal targets: 1) Conditions prevail that permit freedom of operation and expansion of service and I E & C activities both private and publi 2) Support for program is available from international sources in levels approximating those projected in Annex I. 3) Training will lead to effective goal accomplishment.

AID 1020-20 (7-71)
SUPPLEMENT 1

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1968 to FY 1978
Total U.S. Funding
Date Prepared 4/15/75

Project Title & Number: Population and Family Planning 514-11-580-150

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Project Purpose: a) To make family planning services accessible to 90% of the population. *b) To create an awareness of the need for family planning on the part of the general public.	Conditions that will indicate purpose has been achieved: End of project status. a) Family planning services available to 90% of the women within their normal market area b) As compared to 27% of the women of fertile age who are in 1974 practicing contraception in the urban area and 0% in the rural areas, in 1978 21% of the rural fertile age women and 42% of the urban (30% of total women) will be practicing contraception. *c) 95% of the women in union will know of family planning and 85% will favor it. *d) Government policy statements, political platforms and government agency programs will favor policies of strong support for family planning. *e) Family planning programs will demonstrate substansive reductions in cost per participant, increases in users' satisfaction, and increases in extended use effectiveness of contraception. *f) All but most sophisticated training needs can be met in Colombia. *g) The capacity will exist in Colombia for training all the general medical, paramedical and support staff of government agencies dealing with communities in education, training, agricultural development, social improvement or welfare programs. Limited exceptions for additional international training will be for advanced techniques in fertility control and academic or seminar training of an advanced post graduate level for selected top program leaders in selected skills of policy determination, communication or program management.	a) Survey of service location coverage b) Reports from family planning programs c) KAP surveys d) Policy statements and development plans e) Evaluation research reports f) Budgets of population programs g) Analysis of training needs and capacity of country to provide training	Assumptions for achieving purpose: a) that mass media campaigns and availability of service programs will stimulate commercial markets as well as demand within organized programs. b) Local funding of programs will increase.

*Towards which USAID/Colombia project directed.

AID 1020-28 (7-71)
SUPPLEMENT I

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 1968 to FY 1978
Total U.S. Funding
Date Prepared: 4/16/75

Project Title & Number: Population and Family Planning 514-11-580-150

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Outputs: a) Clinics, health posts and distribution points for family planning services. *b) Community courses, mass media and person to person communication, for general public. *c) Courses, seminars, international training for professionals and in-country training for para-professionals. d) Research on policy and socio-cultural determinants of fertility. *e) Research of evaluative nature related to clinical/non clinical program efficiency, quality and effectiveness. *f) Evaluations of training and communication programs. *g) Evaluation of impact on fertility of family planning programs. *Towards which USAID/Colombia directed.	Magnitude of Outputs: a) See charts Annex I for other USAID Colombia activities. (pg. 28 to 43) b) PROCOL (see attachment)	Semi annual reports from population program participating organizations - see attached. AID records.	Assumptions for achieving outputs: That situations will permit USAID contract with PROCOL to provide more direct funding of in-country training, I & E, evaluation and I & E elements of community based service programs.

PROJEC
LOG

AID 1020-28 (7-71)
SUPPLEMENT I

Project Title & Number: Population and Family Planning 514-11-580-150

Life of Project:
From FY 1968 to FY 1978
Total U.S. Funding
Date Prepared: 4/19/75

PAGE 4

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE IND	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Inputs: a) See charts in Annex I for other than USAID/Colombia inputs b) USAID/Colombia (see attachment)	Implementation Target (Type and Qu Records of expenditures	Review of records of expenditures	Assumptions for providing inputs:

Project Design Summary - Logical Framework - Narrative Summary (con't)

Project Inputs	FY 1976	IQ	FY 1977	FY 1978
Participants				
a) Extension	60,000	16,000	15,000	15,000
b) New	40,000	---	60,000	60,000
	100,000	16,000	75,000	75,000
Commodities	15,000	4,000	15,000	15,000
Other Costs				
Contracts				
a) PROCOL - for support of information and education programs and evaluative research carried out by Profamilia, ACEP, CCRP, Javeriana University, FUNOF, and ASCOFAME.	125,000	40,000	150,000	150,000
Total	240,000	60,000	240,000	240,000

Project Design Summary - Logical Framework (Magnitude of Outputs con't)

3) PROGOL	FY 1976	FY 1977	FY 1978
a) Field workers for community based rural/urban non-clinical service	100	110	95
b) Short courses (up to 2 weeks)			
1. Number courses	110	110	100
2. Number participants	3,300	3,300	3,000
c) Long courses (more than 2 weeks)			
1. Number courses	3	4	4
2. Number participants	60	80	80
d) Community meetings			
1. Number courses	1,000	1,000	800
2. Number participants	25,000	25,000	20,000
e) Evaluations of clinical service	2	2	2
f) Evaluation of non-clinical service	1	1	1
g) Evaluation of fertility impact of family planning	1	1	1
h) Evaluation of Information and Education activities	3	3	2

4) Participants

	FY 1976		FY 1977		FY 1978	
	Long term	Short term	Long term	Short term	Long term	Short term
a) Population Program Personnel	1	10	1	6	1	5
b) University Faculty Members	2	3	2	2	2	1
c) Extension, Welfare Institution and other opinion leaders	1	5	1	3	1	2

5) Commodities	FY 1976	FY 1977	FY 1978
a) Audio-visual equipment (units)	5	4	4
b) Films (units)	50	50	50
c) Film strips & slides (sets)	100	100	100
d) Books (units)	500	500	500
e) Reproduction equipment (units)	3	3	3

AID 1020-24 (10-69)

AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.)

PROJECT AUTHORIZATION

1. PROJECT NUMBER	3. COUNTRY	4. AUTHORIZATION NUMBER
514-11-580-150	COLOMBIA	
2. PROJECT TITLE		**5. AUTHORIZATION DATE**
Population and Family Planning		**6. PROP DATED**
		October 15, 1971

7. LIFE OF PROJECT

a. Number of Years of Funding: 8
Starting FY 1968; Terminal FY 1975

b. Estimated Duration of Physical Work
After Last Year of Funding (in Months): 9

FUNDING BY FISCAL YEAR (in U.S. $ or $ equivalent)	DOLLARS (000)		P.L. 480	LOCAL CURRENCY Exchange Rate: $1 =			
				U.S. OWNED		HOST COUNTRY	
	GRANT	LOAN	CCC + FREIGHT	GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY	1,068						
Operational FY (72)	680						
Budget FY (73)	600						
B + 1 FY (74)	600						
B + 2 FY (75)	585						
B + 3 FY							
All Subsequent FY's							
TOTAL	3,533						

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

The PROP describes both Mission and Regionally funded activities being undertaken in Colombia. The latter are funded through grants made to several private U.S. family planning groups, and funding for these activities is justified in PROP's describing these grants.

10. CONDITIONS OF APPROVAL OF PROJECT

Before FY 1973 funds are obligated for the project, the logical framework should be refined to elaborate the specific U.S. and other donor inputs, outputs, objectively verifiable output indicators, and assumptions pertaining to Mission-supported activities (participant training and assistance to DANE).

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL		CLEARANCES	DATE
John A. Hannah		AA/LA, Herman Kleine	12/31/71
SIGNATURE		AA/PPC	12/20/72
John A. Hannah, A/AID	1-25-72	AA/TAB	1/18/72
TITLE	DATE		