

DEPARTMENT OF STATE

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December 12, 1968

FROM - USAID/SAN JOSE

DATA-ER

SUBJECT - Non Capital Project Paper
FAMILY PLANNING

REFERENCE -

COUNTRY: COSTA RICA

PROJECT: 515-11-580-105

SUBMISSION DATE: Oct. 1, 1968

Original X

PROJECT TITLE: Family Planning

US OBLIGATION SPAN: FY 68 THROUGH FY 72

PHYSICAL IMPLEMENTATION SPAN: FY 68 THROUGH FY 73

GROSS LIFE-OF-PROJECT FINANCIAL REQUIREMENTS:

US dollars 1,250,000

US-owned local currency

Cooperating country cash contribution 570,000

Other donor 380,000

TOTALS \$ 1,952,000

DISTRIBUTION ACTION L.A' INFO.

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PAGE 1 OF 14 PAGES

DRAFTED BY: [Signature] OFFICE: Population PHONE NO.: DATE: 12/11/68 APPROVED BY: W. Schaefer, Acting Mission Director

AID AND OTHER CLEARANCES: I. Smolkin, N.L. Nicholson

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A. SUMMARY**1. Highlights****a. Necessity and Justification**

Costa Rican population rate of growth (3.9% per year) may be faster than that of any other country in Latin America or in the world. The USAID views this rapid rate as Costa Rica's most critical fundamental problem for long-range development.

b. Goals

Based on Asian experience and the growing interest in family planning (FP) in Costa Rica, the Mission is assuming that institutional development can reduce the rate of population growth to 3.4% by 1972; to perhaps 3% by 1975; and to 2½% by 1980. Achievement of these goals will be made more difficult by the fact that larger numbers of survivors resulting from the reduction of mortality since the late 1940's are now approaching marriage and reproductive ages.

c. Minimum Support Required.

By 1970, USAID should be able to begin to scale down its inputs to minimal assistance in host country health programs. Until that date continued AID support requires that the Ministry of Health and the Demographic Association take on an increasing share of both program and financial responsibilities and that training of personnel and the opening of family planning clinics continue as scheduled under Course of Action.

d. General Approach and Plan of Action

USAID is concentrating its support on the GOCR Ministry of Health population program. The Ministry has both the action responsibility and an established health network. Without GOCR support, the FP program cannot readily succeed. Close working relationships among CR institutions help achieve family planning objectives. The University of Costa Rica (UCR) provides FP training for key medical and paramedical Ministry staff and is beginning to provide regular demographic-FP training for medical and nursing students as well. The UCR is also expected to establish a training program for community leaders and may expand its family planning program to include training in nutrition and child rehabilitation. The CELADE (Latin American Center for Demographic Studies) sub-center undertakes demographic research and teaching. The Costa

FPN -
 Clinic 2.
 Rican Demographic Association (CRDA) offers services through private doctor-commercial drugstore-employer channels while maintaining a flow of information on FP activities.

USAID is working closely with these agencies and private international foundations.

The Ministry has also requested AID assistance in various aspects of its nutrition program and particularly in the area of nutritional education. The Ministry feels that if its personnel receiving training in family planning also received training and support in nutritional education activities that the visibility and vulnerability of its ~~program~~ ^{project} would be reduced. Specifically the Ministry is considering requesting the USR broaden its AID-Ford financed training programs to include nutrition and has requested that AID provide a nutritionist to work with a PAHO advisor in designing a mass media program and a nutrition curriculum for the nation's normal schools.

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B. SETTING

1. Conditions making Project Necessary

a. Demographic Profile: Nature of Costa Rica's Population Problem

Costa Rica has 1.6 million inhabitants but it is perhaps the most rapidly growing country in the world. The time period required to double the population was halved from 40 years between 1900 and 1940 (303,000 to 626,000) to 23 years (1.3 million) in 1963 and if the present growth rate continues, the population will again double in only 17 years.

Improved sanitation, the general control of malaria, and the wide availability of health services have reduced the crude death rate to 7.4 per 1,000 population, one of the lowest in the world. With the birth rate at 46 per 1,000 population, population may increase from 1.5 million in 1965 to 1.8 million in 1970; to 2.2 million in 1975; and to 2.7 million in 1980.

The sharp decline in the death rate (from 13.2 in 1949 to 11.7 in 1953 and 9.0 in 1958) implies that larger proportions of girl babies have been surviving in the last two decades and are now coming of age to marry. If the trend toward earlier marriages continues, a new wave of marriages and births can be expected shortly.

b. Size and Impact of Population Problem

1) Family Size and Age Structure

A study by the Population Office of the Ministry of Health showed that 35 per cent of women giving birth in 1965 already had six or more children. Fertility is higher in rural areas than in urban areas and tends to be higher in the lowlands far from the capital.

Nearly half (48.2%) of the population is under 15 years of age. Moreover, life expectancies (65.6 years for males and 68.4 years for females in 1967) approach those of the United States. Only 3.3% of the Costa Rican population is now 60 years of age or older, but lengthening life expectancies indicate that more people will be elderly and thus entitled to social security and other benefits. The dependency burden has now increased to the point where there are 2.4 inactive persons for every economically active person.

2) Economic Aspects

A high rate of population growth, with a corollary increase in non-producers, who require costly services, places serious strains on the economy, including heavy investment costs for the education and health systems and for housing.

3) Abortions

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An increasing number of Costa Rican women are resorting to abortions. Studies for 1962-1964, based on data from the National Hospital System, reveal an annual rate of 30 abortions per 1,000 mothers and an estimated 127 abortions per 1,000 births. Abortion rates are relatively high for older women, married women, and residents of urban areas. An average of 5,000 women per year--three-fourths of them married--are hospitalized for complications resulting from abortions. Indeed, abortions rank third among the causes of hospitalization.

Abortions cost the Government more than 1 million colones in medical assistance--apart from the unquantifiable health losses of the patients.

2. Relationship of Family Planning Goals to Country Development

The goals are to give Costa Rican families the option of planning family size

and spacing to help make available the necessary means. Achievement of these goals will permit the family to act more responsibly with respect to the size of the family and to provide itself with better nutrition, housing, and education. Inculcating a sense of planning beyond the moment in this most intimate sphere of life should have a carryover effect into other spheres of attitudes and actions.

Responsible parenthood, in reducing population growth to a manageable rate, should help the economy both by making more resources available for economic development and related infrastructures and by requiring fewer social services for the disproportionately large child population.

3. Specific Obstacles to the Costa Rican Population Program

As all cultures, Latin American society values children for the contributions they make to the family's happiness and the potential they have to aid national development. This desire for children is strengthened, in Latin society however, by the belief that a man can demonstrate "machismo" or "manliness" by having a large number of children, regardless of whether he can support and educate them.

This desire for many children is often rationalized by the argument that Costa Rica has a large amount of unutilized land able to absorb a larger population. Thus, one of the obstacles to the family planning program is the failure of the individual family as well as the population as a whole to realize the heavy individual and social costs that accompany large families.

A possible institutional obstacle to the success of the family planning effort in Costa Rica is the recent Papal Encyclical, "Humanae Vitae", which has strengthened the position of the top-level conservatives in the church hierarchy and has made it more difficult for individual priests to permit their parishioners to use non-rhythm methods of contraception. The Papal Nuncio, the Archbishop and the Auxiliary Bishop of San José are upholding the traditional church position distinguishing between rhythm and other methods of fertility control and calling for compliance with the encyclical. As for the Government's reaction, immediately after announcement of the encyclical, the Ministers stated that they wished to maintain correct relations with the Church. Later, President Trejos Fernández indicated that the encyclical is "a matter of conscience which concerns the Church more than it does the State".

The Minister of Health, who has action responsibility for the GOCR family—
planning program, has made some gestures at compliance, but his Medical
Director and Population Office Director are continuing with FP programs.

The Minister has however requested that AID also provide assistance to the Ministry's programs for child nutrition and rehabilitation which would tend to lower the "visibility" of our assistance in family planning. The Mission is now exploring the details of the Ministry's program with the chief of the nutritional unit and is requesting additional FY 1969 population funds for this purpose beyond those requested in the Congressional Presentation.

Despite these setbacks, however, the Costa Rican family planning effort, which developed in the breathing period following "Populorum Progressio", appears to have been constructed strongly enough to withstand consequences of the recent encyclical.

Several indicators point to the quiet continuation of family planning efforts:

(1) MCH FP clinics have experienced little or no decline in the number of people seeking information and services; (2) the University on August 19 began another two-week course for MCH doctors and nurses; (3) the Clinica Biblica has noticed only a slight reduction in new patients; and is getting a substantial response to its post-encyclical advertisement offering three-month contraceptive injections; (4) following the Mt. Arenal volcanic eruption, many women were introduced to FP methods in clinics held in refugee camps; (5) the Demographic Association is experiencing no difficulty in placing programs with press-radio-TV media and indicates that some people who were not getting the message before the encyclical are now requesting information; and (6) the Family Planning Center (Centro de Orientación Familiar) is continuing advertising for marriage guidance courses and is getting participants.

While these signs are hopeful, the sensitivity of the subject requires a quiet approach and at times roundabout methods of project implementation. In this environment extremely rapid progress is difficult.

C. STRATEGY

1. Strategy

This project was originally designed to support the population, education, and demographic research activities of the Costa Rican Demographic Association, the University, the GOCR, and private institutions. The project now is being revised significantly to support the action program of the GOCR. While public education and research work will continue to be supported, FY 69 funds will be used to provide commodity and local-cost support to the programs initiated by the Ministry of Health.

2. Costa Rican Interest in and Support of Family Planning

a. Popular Interest in Family Planning

Studies undertaken in 1964-1965 indicate that Costa Ricans generally-- almost 70% of those interviewed--were then aware of the rapid population growth, and 60% thought that a slower growth would be better for the country. Depending on the studies undertaken, 43% to 80% of individuals interviewed has a favorable attitude toward family planning.

b. Support for Family Planning within Costa Rica

1) Institutional Framework to Deal with Population Problems

Technical assistance provided under earlier Ministry-USAID agreements has helped to stimulate an awareness of rapid population growth and its implications for Costa Rica. One of the objectives of ProAg AID-CR-116 (Dec. 1965) was to establish within the Ministry a Population Office (PO) to serve "as a focal point of stimulating, coordinating and supporting GOER interest" in family planning. That PO, established with AID support in October 1966, was officially recognized by Executive Decree N° 3 in April 1967, which had the stated objective of permitting "families to opt voluntarily for the spacing of births and to form a conscience toward responsible procreation."

The decree was issued less than two weeks after the Papal Encyclical, "Populorum Progressio", left fertility control "for the parents to decide, with full knowledge of the matter, on the number of their children, taking into account their responsibilities..." and permitted governments to act.

In January 1968, the Ministry, with AID support, opened family planning centers that have been giving service to an average of 300 women per month. With the additional 34 units scheduled for opening in CY 68, a million inhabitants, or nearly two-thirds of the total population will be covered. Half of these units will be in high fertility coastal lowland areas. By May, 1969, FP services will be integrated into the totality of health services offered in 60 of the Ministry's health centers and, by May, 1970, in the remainder of the more than 100 health centers and mobile units.

2) Training Staff for Family Planning

Prerequisite to putting the Ministry of Health population program into full effect is short-term but intensive staff training. The UCR, through its School of Medicine and with the cooperation of the Ministry, Ford Foundation,

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CELADE sub-center, and the CRDA, is providing training in the rationale, theory, and techniques of FP for all of the 500 key staff (physicians, graduate nurses, and auxiliary health and social workers) presently working in the Ministry health centers. Each month from May, 1968, through April, 1970, one 15-day course for physicians and nurses, and one one-week course for auxiliaries will be given, and in late FY 1969 this training may be expanded to include an additional week on child nutrition and rehabilitation. Practical training will be given in FP clinics in the San José area. By October 1, 1969, 151 had been trained: 30 doctors, 58 nurses, 57 auxiliaries, and 6 others. The UCR is in the process of incorporating demography-FP courses into its curricula for medical and nursing students and, in addition, is drawing upon university faculty and specialists to establish a Population Center to consider medical, economic, and sociological aspects of FP and to give short courses for community leaders.

USAID assistance to the Ministry of Health for its population program, May, 1968, through April, 1969, will total \$171,000. To permit training of health personnel essential to the provision of family planning services, USAID assistance is designed to replace key personnel during 15-day training periods and to supply equipment for clinics in which practical training may be obtained. In addition, USAID will assist in equipping the Ministry's health centers with the necessary gynecologic equipment for carrying out family planning services and will equip a cytologic laboratory for the detection of cervical cancer and initially help support staff for that program. AID is also providing per diem support for supervisors and supervisory nurses carrying out an informational and educational campaign in family planning and nutrition, and salary subsidies to the directors responsible for program planning and administration.

3) Cooperating Institutions and Individual Physicians

The institutional framework for a nationwide family planning program has been developing rapidly in the last six years:

- 4650
- (a) Costa Rican Demographic Association. A national organization, the Costa Rican Demographic Association (CRDA), formed early in 1966, was accepted into membership in the International Planned Parenthood Federation (IPPF) in April, 1967, and has been given continuing financial help (\$50,000 per year) by that institution.

Over 15,000 families have received family planning assistance through the collaboration of more than 70 doctors, and oral contraceptives are

4) Relationship to other USAID Activities

Costa Rica's rapid growth of population places a heavy burden on all development activities and thereby works against USAID efforts in many fields. This is most obvious in such fields as education where despite the fact that 35 percent of the Government budget goes to educational expenditures, shortages of classrooms and teachers still exist. The burden of dependency caused by the high proportion of children in the economy forces a heavy expenditure on all social services and reduces the resources available for directly productive activities which lay the foundation for rapid economic growth.

More specifically, the goal of a family planning project is far more than to limit births, it also should make it possible to improve the quality of life of the children that are born. In this regard efforts are being made to couple family planning activities with nutritional education programs, as well as with maternal health activities.

5) Choice of Funding

The grant mechanism is the only feasible approach to the rapid implementation of a family planning program in Costa Rica at this time. The level of AID assistance is relatively small, and program flexibility is essential in dealing with several different entities--a Ministry, a U.N. organ, an autonomous university, a private demographic association and related organizations. Furthermore, it is desirable to limit the visibility of AID assistance, especially in the wake of the Papal Encyclical, and to let family planning programs mature without eliciting the level of public debate required to undertake a development loan funded project. The process of obtaining approval for an AID development loan is long and complicated, requiring three separate approvals by a majority of the Legislative Assembly. USAID Costa Rica has therefore rejected the loan approach as being unrealistic in moving forward in this high priority and sensitive program.

D. PLANNED TARGETS AND RESULTS

1. Feasible Reduction of Fertility in Costa Rica

Available data on the decline in birth rates in Taiwan, Korea and Singapore after initiation of family planning programs suggest that the rate of population growth in Costa Rica could be cut from the present 3.9% (CELADE figure) to 3.4% in 1972. Although the pace of acceptance of contraception by Roman Catholic families may be slowed by the Encyclical "Humanae Vitae", it should not be forgotten that "many Roman Catholic nations have achieved some of the lowest birth rates on record", as the Population Reference Bureau points out.

In Costa Rica, the PO plans to make family planning services available to increasing proportions and numbers of women of child-bearing age (15-44): 5% (15,200) in 1968; 10% (31,300) in 1969; 15% (48,300) in 1970 and (49,800) in 1971; and 20% (68,800) in 1972. It projects the number of women in the age group as increasing at 3% per year from 303,700 in 1968 to 341,800 in 1972. This projection seems conservative, however, because far larger numbers are entering the reproductive period in the 15-19 age group than are leaving it in the 40-44 group.

A University of Costa Rica study estimated that the number of potential users (32.2% of the 15-44 age group, or 58% of those in the age group who are married and/or living with a "husband") might rise from 97,500 in 1967 to 103,200 in 1970, and, by extrapolation, to 110,900 in 1972. By that date it is anticipated that the Ministry will be reaching 60% of the potential users; the Social Security hospitals, 30%; and private doctors, 10%. The Latin American Survey of Households (LAST) program, that is continuing in the Dirección General de Estadística y Censos with CENSA assistance and possible USAID Costa Rica training input, may help in measuring the rate of decline in the birthrate.

2. Interim Results: First Six Months of Operation of Ministry of Health FP Clinics

During the first half of CY 1968, the newly opened family planning clinics in Ministry of Health centers had some 4,000 cases--2,100 new cases and 1,900 followup cases. The total number of cases increased each month from 208 in January to 971 (prelim.) in June as 14 clinics came into operation (7 in January, one in February, three in March, one in April and two in June). New cases decreased in February and April but followup cases continued to increase.

The most frequent age group was 25-29 years; the most frequent number of children already born was four. Fifty six percent of the women came from rural areas; income was generally low (\$100-150 or about \$12.50-\$25.00 per month but was somewhat higher in urban areas and in some instances in the San José area was \$50 to \$100 per month).

Sixty percent of the new cases adopted contraceptive pills, and 40% IUDs, but practice ranged from exclusive use of pills to 70% usage of IUDs. Only eight cases called for reinsertion of a loop during followup consultations.

By October 1, 1968 some 37 FP clinics were at least partially operational.

E. COURSE OF ACTION**1. FY 69****a. Ministry of Health**

Open 34 additional FP clinics by end CY 69 for total of 44 in areas covering one million inhabitants or two-thirds of total population. The USAID will provide equipment and commodities, help support training, pay salaries of substitute personnel and portion of supervisory nurse educators, topping salaries for medical and population directors; total \$141,000. Funding for a nutrition element, greatly scaled down from that requested by the Minister of Health, is being added to the population program to show continuing interest of the US in helping children as well as in preventing the birth of too many children, and to provide a better balance between family planning and nutrition education. Probable costs of this assistance, mainly a technical advisor, training aids and support for in-country training, is expected to total between \$30,000-\$35,000 in the period FY 1969-1970.

b. University of Costa Rica Medical School

To train 20-25 doctors in each two-week course per month followed by as many auxiliaries in a one-week course in family planning and nutrition. UCR to start Community Leaders sensitivity and demographic course (600 in one-week courses or 300 in two-week courses over a year). Ford will carry brunt of financing, but AID will assist. Format may be broadened to have one week of sensitivity training followed by a second week of demographic training or of training in other disciplines of interest to AID.

c. Costa Rican Demographic Association (CERDA)

(?)
Will continue: (1) backstopping more than 70 private physicians; (2) providing pharmacies with FP supplies at net cost; (3) making available to employers at reduced cost FP policies providing for medical examination and followup, cervical cancer "pap" smear, and initial contraceptive supplies; (4) formation and education program through monthly PLANIFAMILIA, publications, press, radio and TV; (5) supporting marriage counselling service of Family Orientation Center; and (6) assisting in-country, third-country, and U.S. training of non-MCH physicians for FP.

Although the encyclical may set back the timing for incorporation of FP services in Social Security hospitals, doctors who are willing are being sent on an informal basis for FP training in the eight-day course in El Salvador.

USAID input currently of \$34,000; IPTF, \$50,000.

d. Latin American Demographic Center (CELADE)

Project expired (Oct. 67-May 68) but CELADE may be supported with respect to:
 (1) participant training for abortion studies (although training presently planned for San José, Oct. 68); (2) abortion study, but RCCAP will probably fund; and (3) internal migration and population dynamics studies to tie in with research by Tropical Science Center.

e. Tropical Science Center

Dependant on AID research funds and GOCR support, will undertake a one-year \$35,000 aerial-ground research survey of population distribution by actual settlement pattern and of actual and potential land usage as indicated by vegetation cover in accordance with Holdridge Life Zone theory. This would round out studies already undertaken for the US Department of the Army and the GOCR Planning Office to provide a country-wide study for appraising the relationships between population and resources. A separate airgram is being prepared for AID/W research clearance committees explaining this project in greater detail. The study will require an additional \$35,000 above the level shown in the FY 70 PHS.

f. Dirección General de Estadística y Censos

Is receiving support from CINECA for continuing the LASH (Latin American Survey of Households) program and tabulating the results. Over the next few years this program should indicate from size of household data whether there have been reductions in fertility.

Some staff have received "Atlantida" training in Mexico in Spanish but lack of competency in English makes it difficult to send other staff to the US for Census Bureau participant training. Given the presence of CELADE and a developing institutional framework for demographic research in San José, a Central American regional course in population censuses and household surveys conducted in Spanish under US Census Bureau auspices might profitably be organized in Costa Rica.

g. Population Council

Preliminary conversations with the Population Council suggest that Costa Rica might be included in its "postpartum family planning program". Family planning would be integrated into the prenatal, delivery and postpartum services of a maternity hospital.

2. FY 70

- a. By May 1970 family planning services will be integrated into the totality of health services offered in all of the Ministry of Health's more than 100 health centers and mobile units. By then 500 MCH doctors, nurses, and auxiliaries will have been trained. This will mean equipping of some 50 clinics by AID in FY 70.
- b. The Demographic Association should need very little commodity support but will likely need assistance for its training, family welfare policy, and information and education programs. CENSA wants to train doctors in the banana companies on an informal basis and to stimulate interest in family planning among the workers.
- c. Leadership course at University of Costa Rica likely to be continued.

3. FY 71 & 72

Family planning responsibilities to be assumed increasingly by Costa Rican institutions, with AID serving more in standby capacity to assure that objectives are carried out. Within AID, FP duties may again be merged with other duties in health field.

FRINGLE

NON-FEDERAL PROJECT FUNDING (OBLIGATIONS IN \$000)

PROP DATE: Original 8 29 68
REV. No.

Table 1
Page 1 of 2
COUNTRY:

Project Title: FAMILY PLANNING

5-21-58-105

Fiscal Years	Ap	L/G	Total	Cont.	Personnel Serv.			Participants		Commodities		Other Costs	
					AID	PASA	CONT	US	CONT	Dir	CONT	Dir	CONT
								Agencies	US Ag.			US Ag	
Prior through Act. FY 68	AG AL	G G	118 320		1 40		49	5 9		12 80		57 191	
Oper. FY69	AL	G	333		30	20	15		95		173		
Budg. FY70	AL	G	215		30	20	15		40		110		
B/ 1 FY71	AL	G	155		30	30	10		20		65		
All Subs.	AL	G	125										
Total Life	AG AL	G G	118 1118	1 160			49 85	5 59		12 245		57 569	

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Table 1
Page 2 of 2 Exchange rate \$1=6.05

Project No. 515-11-580-105

Fiscal Years	Aid-Controlled		Other Cash	Other	Food for Freedom Commodities		
	<u>Local</u>	<u>Currency</u>	Contribution	Donor	<u>Metric</u>	<u>CCC</u>	<u>World</u>
	US	Country	Cooperating	Funds ^{1/}	Tons	Value &	Market
	owned	owned	Country	(\$ equip)	\$(000)	Freight	Price
						\$(000)	\$(000)
Prior Through Act. FY 68	NONE					NONE	
Oper FY69			70	120			
Budget FY70 B f 1 B f 1 FY71			96	120			
B f 2 FY72			100	80			
All Subs.							
Total Life			376	380			

^{1/} Ford Foundation with University of Costa Rica \$70,000 annually and IPRF with CRDA \$50,000 annually in FY's 69 and 70. Future years rough estimates.

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