

...GRAM

DEPARTMENT OF STATE

UNCLASSIFIED

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AID/W TOAD A- 873

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FROM GUATEMALA
SUBJECT NONCAPITAL PROJECT PAPER

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REFERENCE

Country: GUATEMALA Project N° 520-11-580-189
Revision N° 2

Submission date: December 9, 1968

Project Title: Population and Rural Health

U.S. Obligation Span: FY 1968 through FY 1973

Physical Implementation Span: FY 1968 through FY 1973

Gross life-of-project financial requirements:

U.S. Dollars	2,666,000.00
Cooperating Country Contribution	200,000.00
Other Donor	217,000.00
TOTAL.....	\$ 3,083,000.00

In-kind.

77W

OTHER AGENCY

HEW
DOD
STATE

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DRAFTED BY James C. King, M.D.	OFFICE HRD	PHONE NO. X-56	DATE 12/9/68	APPROVED BY: DIR:DRHinton
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AID AND OTHER CLEARANCES
APRM: PEGrover
AADO: WEBradford

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Table 1
Page 1 of 2

NONCAPITAL PROJECT FUNDING
(Obligation in \$000)

PROP DATE: Feb. 28, 1968
Revision N° 2
Project N° 520-11-580-189

COUNTRY: Guatemala
Project Title: Population and Rural Health

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FY	Ap	L/G	Total Cont.		Personnel Services			Partici-		Commo-			Other Costs				
					AID	PASA	CONT	US\$	CONT	Dir	US	CONT	Dir.	US	CONT		
															Aq.		
Through FY 67																	
Oper.																	
FY 68	DL	G	396	60	31	-	60	51	-	79	-	175	-	-			
Budg.																	
FY 69	AG	G	694	57	6	28	57	10	-	100	-	493	-	-			
B + 1																	
FY 70	AG	G	741	79	6	28	79	25	-	100	-	503	-	-			
B+2																	
FY 71	AG	G	447	25	60	-	25	15	-	136	-	211	-	-			
B+3																	
FY 72	AG	G	364	25	60	-	25	15	-	128	-	136	-	-			
All Subs																	
Total																	
Life	AG	G	2,642	246	163	56	246	116	-	543	-	1,518	-	-			

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Fiscal Year	AID/controlled		Other Cash Contribution Cooperating Country <u>1</u> /	Other Donor Funds <u>2</u> / (\$ Equiv.)	Metric Tons (000)	CCC Value & Freight (000)	World Market Price (\$000)
	Local U.S.- Owned	Currency Country- Owned					
Prior through Act. FY 67							
Oper FY 68				10,000 Act. C F 40 ∴ 20 for FY			
Budg. FY 69			100,000	15,000 Act. CY 80 + 7 ∴ 20 + 40 + 7 for FY			
B + 1 FY 70			100,000	25,000			
B + 2 FY 71			100,000	25,000			
B + 3 FY 72			100,000	25,000			
All Subs.							
Total Life			400,000	100,000			

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1/ Consists of estimated construction costs for 15 maternal-child centers described in narrative.

2/ Consists of estimated cost of contraceptive and medicines to be contributed by another government and private donors.

520-11-580-189 - POPULATION AND RURAL HEALTHGENERAL

The following revision is designed to show, in greater detail, the direction in which the population and rural health program is to take in FY 1969 and FY 1970. No revision to the planning for the subsequent FY's as outlined in the original PROP, is proposed at this time, but a change may well be indicated as experience is gained during the next two years.

The prescribed format of the PROP has been modified (as authorized in Section VII A 3 of M.O. 1025.1) to conform to the preferred planning method of the originating office. All essential factors required under M.O. 1025.1 are included.

Delays in approval of the FY 1968 Project Agreement and changes in USAID personnel necessitated some changes in the original PROP. Since we are now at the mid-point of FY 1969, the revision presented up-dates budgeting for FY 1969 as well as presenting new estimates for FY 1970.

The total amount requested for FY 1969 is \$ 696,000.

THE PLAN FOR 1969-701. The Problem.

It has been estimated, based upon current statistics, namely those produced by regional organizations such as CELADE and by the Population Reference Bureau¹, that the population of Guatemala will double during the next 23 years if the existing rate of population growth continues. Present population is 4.9 million and the annual rate of growth according to CELADE is 3.1%.² Of the present population, 46% are under 15 years of age. Birth and death rates are 46/1000 and 16.6/1000 respectively.

1 Basic Demographic Data are taken from the World Population Data Sheet - 1968 produced by the Population Reference Bureau, Washington, D.C. in March 1968. All subsequent calculations are based on these figures.

2 This is a more conservative estimate than the 3.3% rate shown in the AID Basic Data Book, but agrees with official GOG estimates.

Infant mortality is reported to be 91/1000 and the annual per capita income is about US\$307.00.

Data obtained in 1962 revealed the fact that, in spite of Guatemala's dependence on agriculture for subsistence, 1,534,000 of the 1,995,000 farm workers are considered to be unemployed or underemployed.

Observations of the per capita annual consumption of such basic items as meat, milk and eggs, reveal them to be very substandard (21 lbs., 28 liters and 6.6 respectively).

Numerous detailed studies have brought out the relationships between population growth rates and economic development. No attempt will be made at this time to analyze the specific situation in Guatemala. However, attention is called to the existence of a March 1967 study by International Population and Urban Research, Berkeley, California entitled "The Growth of Population and the Economic and Social Development of Guatemala".

2. The Goals.

A. Make available to all couples, an opportunity to choose for themselves the size of their family; this to be accomplished through providing them with the necessary knowledge and making services available to those who seek them.

B. Reduce the annual rate of population growth from 3.1% to 2.2% over a period of 11 years and maintain it at that level.

3. The Country.

A. Attitudes

(i) Government. Although a majority of the Cabinet favor Government Programs to deal with the population problem, the President has not yet publicly endorsed family planning. Most, but not all, officials in the Ministry of Public Health are in agreement with the concept; however, until a policy decision is made by the President and the Cabinet, they are not able to support it publicly. Local government officials, alcaldes, etc., almost all enthusiastically endorse family planning and are actively asking for services to be made available. The government has agreed to an expanded program, while cautioning against undue publicity.

(ii) Church. The Archbishop has made a formal statement requesting all people to obey the teaching of the recent encyclical. This remains the official position of the Church. Nevertheless, many local priests, when questioned, are replying that the decision on family planning belongs to the individuals concerned, and in most cases they are not trying to interfere with the development of local programs. For example, some have answered affirmatively when asked if talks on family planning could be given on church property by Peace Corps Volunteers.

(iii) Press. Strong articles pro and con have appeared in the local press. More negatively than positively oriented articles have been published. No definitive judgment can be made from these, except that a difference of opinion does exist. Possibly the controversy itself serves to acquaint additional people with the fact that families can be planned.

(iv) Educators. The Dean of the Medical School, University of San Carlos, has spoken publicly against the need for family planning, but is cooperating with some research on training programs. The faculty of the School of Economics in a recently published full page article in the local press gave all their "reasons" why Guatemala needed more people instead of a family planning program. In contrast however, at the local level, many teachers of primary and secondary schools are outspokenly in favor of family planning, as is the Minister of Education.

(v) Prominent Citizens. Most are very careful not to commit themselves in public. One leading wealthy farm owner with many workers has offered family planning services to his people and brings a physician to his plantation regularly for this purpose.

(vi) Physicians. Opinions differ radically. No generalization seems justifiable.

In summary it can be said that family planning has tacit official support while public controversy grows. At the local level it is definitely favored and desired.

B. Resources.

In planning a health program of any kind it is important to know what resources exist. The number of personnel available in the country who conceivably could work for the program and their degree of training are essential pieces of information. The availability of facilities must also be known as well as their relation to the proposed program. On the assumption that family planning services, for the most part, 1) will be given by doctors or nurses, 2) will be given in or in relation to health centers and hospitals with maternity services the following data is submitted. (It is realized that the data are not complete. Some information is just not available

at this time).

(i) Human. (Figures are for 1966)

Physicians	1,161	(1 doctor per 3,603 people)
Registered nurses	434	(1 nurse per 9,872 people)
Practical nurses	?	(350 are known to work in the Health Centers)

A large proportion of these personnel are located in Guatemala City, e.g. nearly 1,000 of the doctors.

During the past 12 months the following professional personnel have been trained in Family Planning and related topics:

	Outside Guatemala	In Guatemala
Physicians	16	22
Nurses	6	23
Others	14	14

(ii) Services. Under the direction of the Ministry of Public Health direct health services are offered in:

57 Health Centers
146 Health Posts

Services are also offered to 67 rural towns through 10 Mobile Health Units. Maternity inpatient services are offered in 28 Government hospitals throughout the country and in 1 hospital in Guatemala City operated by the Guatemalan Social Security Institute.

27,541 women were delivered in the Government hospitals and 9,776 were delivered in the Guatemalan Social Security Institute hospital in 1967.

(iii) Economic. Inputs from various sources to the family planning program are available at this time. Some of these are listed:

<u>USAID</u>	FY 1968:	Project Agreement	\$ 283,285
		Other	113,000

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

CY 1968	\$ 40,000
CY 1969 (estimated)	80,000

PATHFINDER FUND

1968 Special Project	\$ 7,000
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GOVERNMENT OF GUATEMALA

1969 Estimated	\$ 50,000
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(This includes the salary of the Director of Division of Maternal and Child Health who, as advisor to the Minister of Health in Family Planning, devotes considerable time to the program. It also includes an estimation of the value of time spent by other GOG officials on family planning and the use of facilities such as Health Centers, etc. for family planning programs).

OTHER

Studies and Services are being funded by such organizations as the Population Council, ROCAP, the Government of Sweden and the Peace Corps. A very rough estimate of their value is

\$ 30,000

C. Present Situation.

(i) As of December 1, 1968, organized Family Planning services were being offered in the following locales:

- (a) Central Clinic of the Family Welfare Association in Guatemala City.
- (b) General Hospital and Roosevelt Hospital, Guatemala City.
- (c) Three separate Government Health Centers in Guatemala City.
- (d) Twenty three separate Government Health Centers in the remainder of the country.
- (e) ██████████ Mobile Units of SESP (Special Services of Public Health) serving 67 communities.

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(i) Opened on December 1, 1968, a special service offered through the **Maternity Clinic of the Lions Club of Jutiapa** which is designed to cover much of this department through extension clinics in rural locations.

(ii) A Division of **Maternal and Child Health** has been created in **Sanidad Pública** and one of its functions will be to develop a national family planning program. A committee consisting of **four members** of **Sanidad Pública** and 3 members of the private **Family Welfare Association** has been named to work with this Division. This Committee helped in the preparation of this document. The **USAID Public Health Advisor** participates informally in the work of this Committee.

4. Analysis of the Problem.

The causes of the high rate of population increase are typical of those of the developing countries. For the most part these are:

A. The favorable impact of **Public Health** programs on health in general during the last decade. This includes the rapid decline in overall mortality and more recently a drop in the infant mortality rate.

B. The lack of knowledge, on the part of the vast majority of the population, of the means available to control family size. The high illiteracy rate contributes markedly to this by making informational campaigns more difficult. The superstitions of the ignorant also play a major role.

C. Since Guatemala is a country in which **Roman Catholicism** is the dominant religion, the attitude of certain members of the Church has retarded the development of an adequate family planning program.

D. There is great importance placed on the size of the family in the culture of the **campesinos** and the **Indians** in Guatemala. To some, a large family is a sign of greater stature on the part of the male. The fear that a woman who has no risk of getting pregnant may become promiscuous is another male preoccupation with the utilization of family planning.

E. The traditional Marxist attitude of a number of intellectual, political and opinion leaders that a large increasing population is economically and politically desirable for a developing country.

F. It is known that many people have favorable attitudes towards family planning and would welcome such services. However, there is a shortage of medical and paramedical personnel for all health services in Guatemala and an even greater shortage of those adequately trained to provide family planning services.

G. Some Government authorities, by not giving family planning their public support, have slowed down development to date. A gradual, but so far minimal, change is being seen in this area.

5. Alternative Methods of Action.

A detailed analysis of alternate methods has not been completed yet. Only two major approaches will be considered at this time. Other methods described in the existing PROOP will be evaluated for potential development in FY 71.

A. Continue Existing Program.

This assumes that the presently planned program with its existing rate of expansion of activities continues with no major changes.

At the present time (Dec. 1968) services are being offered in:

- 23 Health Centers
- 10 Mobile Health Units
- 1 Central Clinic (Guatemala City)
- 3 Satellite clinics (Guatemala City)
- 2 Hospitals
- 1 Special project (Jutiapa)

Programmed to be added by the end of FY 1969:

- 17 Health Centers --- 40
- 6 Mobile Units --- 16
- 2 Special projects -- 3

All units would be operated by a part time physician and nurse and the special projects would be aided by local field workers. Using the most optimistic figures, based on existing experience, it is anticipated that services could be supplied to 11,000 women during FY 1970 if the existing planned program were continued at its expected rate of activity. Approximately 115 professional personnel would receive training in family planning.

If we look at the costs of the existing program continued into FY 1970, a 12-month total budget would be:

Personnel

Direct Hire		6,000.00
PASA		28,000.00
Contract		57,000.00
Participants		10,000.00
Commodities		53,400.00
Other Costs		
Administrative Personnel	27,000	
Direct service personnel	116,000	
Publicity, education, training	23,800	
Supplies, transportation	97,400	
Miscellaneous	5,000	269,200.00
	<u>TOTAL.....</u>	<u>\$ 423,600.00</u>

This total cost of program includes a direct cash input of \$80,000 programmed from the International Planned Parenthood Federation. (All of this belongs in the "Other Costs" component).

The cost per woman receiving family planning advice is therefore \$ 423,600 or \$ 38.51. 11,000

The resulting rate of population increase can be calculated to be 3.02 instead of 3.1 at the end of one year's operation, with these projections.

B. Expand Existing Program.

The program planned for FY 68 which, as previously explained, only got under way at the end of the fiscal year will in reality be completed toward the end of FY 1969 if it continues to develop as planned and retains the same input of cash resources. An expanded program has just been started in an attempt to attain the goals listed in Section 2 of this PROP.

The program description and detailed costs which follow are based upon an estimate of one Year's full scale operation.

(i) Central Clinic and its satellites.

There are 122,127 women of fertile age group in Guatemala City. The central clinic operation will attempt to reach 10% of them or 12,213. Two programs will be aimed at this group. The first is to expand the hours and services offered in the existing central clinic and the second is to set up 10 satellite clinics in the outlying districts of the city.

Central Clinics:

1 MD $\frac{1}{2}$ time at Q300/month	Q. 3,600.00
1 MD 2 hours (Infertility Clinic)	1,800.00
2 MD's 2 hours each Q.150/month	3,600.00
1 RN $\frac{1}{2}$ time at Q100/month	1,200.00
2 Auxiliary nurses $\frac{1}{2}$ time at Q60/month	1,440.00
2 Social workers $\frac{1}{2}$ time at Q125/month	3,000.00
2 Secretaries $\frac{1}{2}$ time at Q75/month	1,800.00
Rent	<u>1,500.00</u>
	Q. 17,940.00

Satellite Clinics:

10 MD's 2 hours at Q150/month	Q.18,000.00
10 Nurses 2 hours at Q50/month	6,000.00
2 Social workers full-time at Q250/month	6,000.00
1 MD supervisor " "	6,000.00
30 Field workers at Q20/month	7,200.00
1 Secretary $\frac{1}{3}$ time at Q75/month	900.00
Rent (est.)	3,600.00
Transportation	<u>1,000.00</u>
	Q. 48,700.00

(ii) Special field projects.

Ten sites would be selected (three have already been considered and will be under way by 2/1/69) for intensive special projects. These would be aimed at locales with sufficient population to justify them and would be staffed by a half-time physician, a full time RN and about 10 field workers. Although the primary activities of this

staff would be family planning it is expected that some time would be devoted to Maternal and Child Health problems such as basic education in health, nutrition, etc. The 10 projects will aim at serving 10% of the 86,235 women in the fertile age group in the area covered by the projects or about 8,624 women.

10 MD's $\frac{1}{2}$ time at Q300/month	Q 36,000.00
10 RN's full time at Q200/month	24,000.00
100 Field workers at Q20/month	24,000.00
1 MD supervisor at Q500/month	6,000.00
Incentive payments to professional personnel (3 projects)	13,400.00
Transportation, etc.	<u>3,000.00</u>
	Q. 106,400.00

(iii) Health Centers.

Expand services to all 57 Health Centers in the country and work intensively in selected sites through publicity and use of full time personnel who would work out of them and supervise field workers whose role would be the referral and follow-up of patients. The 57 health centers (including those currently in operation) have a fertile age female population of 284,820. To reach 5% of this number would necessitate providing services to 14,241 women.

35 MD's at Q37.50/month	Q. 15,750.00
17 MD's at Q75/month	15,300.00
5 MD's at Q.102.50/month	6,150.00
12 RN's full time at Q200/month	28,800.00
120 field workers at Q20/month	28,800.00
1 field supervisor $\frac{1}{2}$ time at Q300/month	3,600.00
5 regional supervisors at Q75/month	4,500.00
Transportation	<u>1,500.00</u>
	Q. 104,400.00

(iv) Mobile Units.

The existing activity of the 10 Mobile Units would be increased through the addition of a full time nurse and a Community Development worker whom she would supervise. Four additional units will be put into operation as well as 2 full time Mobile Units

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to be operated by the Family Welfare Association. The Association would be assigned to serve 5% of an estimated 100,422 women of fertile age in B. 021.

16 MD's 1 hour at Q75/month	Q 12,000.00
16 RN's full time at Q200/month	32,000.00
16 Community Development workers at Q175/month	28,000.00
2 MD's full time at Q600/month	12,000.00
2 RN's full time at Q200/month	4,000.00
Transportation	3,000.00
	<hr/>
	Q 89,000.00

(v) Central Administration of Association

SALARIES

Executive Secretary Q660/month	Q 7,920.00
Program Coordinator Q150/month	1,800.00
Public Health Advisor US (Contract)	17,820.00
Administrative Assistant Q350/month	4,200.00
Bilingual Secretary Q220/month	2,640.00
Asst. Bilingual secretary Q150/month	1,800.00
Accountant Q150/month	1,800.00
File clerk Q125/month	1,500.00
2 Typists @105/month	2,520.00
Messenger Q60/month	720.00
Employee benefits 8.76%	3,187.00
	<hr/>
Sub-total	Q 49,487.00

GENERAL EXPENSES

Rent Q250/month	Q 3,000.00
Office supplies	1,200.00
Postage, utilities, upkeep	3,000.00
Travel, incl. per diem	3,000.00
Printing	1,000.00
	<hr/>
Sub-total	Q 17,800.00

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Papinolon examinations *

Q. 50,000.00

TOTAL..... Q 111,600.00

* Training of a full-time laboratory technician and establishment of a private laboratory will probably require this figure, which is currently based on purchase of these services under a outside contract.

(4) (b) (1)

A concentrated effort will be made to bring the concept of family planning to the people of Guatemala through various media such as radio, T.V., interviews and publications. This will be promoted by the Family Welfare Association with the concurrence of the Government.

Director full time at US\$30/month

Q. 6,000.00

Equipment

5,000.00

Materials etc.

5,000.00

Q. 16,000.00

(5) Training of Guatemalans

100 professionals will be trained in a series of 10 courses commencing July 1969. Each course to contain 15 trainees and to last 1 week. Courses will commence every 5 weeks. Trainees to include approximately 60 MD's, 70 RN's and 20 others. In addition, a special course in population and family planning will be introduced at the San Carlos Medical School for fifth year students.

Training staff

Q. 2,000.00

Per diem, material, etc.

5,000.00

San Carlos Medical School

2,000.00

Q. 9,000.00

(viii) Training outside Guatemala.

At least 50 people will be sent to the Family Planning training center in San Salvador. 20 are expected to be sent to courses in México, Colombia, Chile, etc.

Estimated costs 50 x Q200.00	Q. 10,000.00
20 x Q750.00	<u>15,000.00</u>
	Q. 25,000.00

(ix) Sex Education.

Support will be given to the Universidad del Valle to promote their program to introduce sex education into secondary schools Q. 40,000.00

(x) Studies, etc.

Analysis of the results of various methods of providing services and their impact will be attempted. These will include analysis of local attitudes and will either be conducted by personnel of the Universidad de San Carlos or by a University in the United States. (Details have not yet been worked out). Q.20,000.00

(xi) Equipment, supplies, vehicles, etc. Q. 100,000.00

Direct family planning services supplied under this program would be expected to reach 40,000 women. The program could also provide technical family planning to 270 professional personnel in Guatemala.

If we look at the costs of this expanded program continued into FY 1970 a 12-month total budget would be:

Personnel	
Direct hire	Q. 6,000.00
PASA	28,000.00
Contract	79,000.00
Participants	25,000.00
Commodities	100,000.00

Other Costs

Administrative personnel	Q. 27,400	
Direct service personnel	372,440	
Publicity, education, training	23,000	
Supplies, transportation, etc.	<u>80,800</u>	<u>503,640.00</u>

TOTAL..... \$ 741,640.00

This total cost of program includes a direct cash input of \$80,000 programmed from the International Planned Parenthood Federation. (All this belongs in the "Other Costs" component).

The cost per woman receiving family planning advice is therefore $\frac{741,640}{40,099}$ or \$ 18.49.

The resulting rate of population increase can be calculated to be 2.9 at the end of one year's operation, instead of 3.1 with these projections.

C. Addition of Maternal and Child Health Centers.

As described in the original PROP, 16 Maternal and Child Health Centers would be built beginning in FY-69. At the proposed rate of four a year completed these could be expected at the end of one year to be serving a population of about 40,000 women in the fertile age group. At the present time no experience exists which permits us to estimate how many women would attend such centers nor how many could be reached for family planning services. The special project recently commenced in the Lions Club Maternal and Child Health Clinic in Jutiapa will be closely observed to see what predictions can be made.

The cost of construction and equipment has been projected at \$100,000 for 4 Centers. Personnel costs can be grossly estimated at \$7,200 year for a full time nurse and a half-time physician for each center.

It is our intention to encourage the Government of Guatemala to budget for some centers in CY 1970. The AID input, if any, will depend in large measure on the action of the GOG.

6. Cost Benefit Analysis.

A. The existing program which it is anticipated will provide services to 11,000

women would cost Q.423,600. The cost per woman receiving services under the first alternative would therefore be Q.38.51.

The benefits from this program would be:

- (i) Reduction of rate of population increase from 3.1% to 3.02%.
- (ii) The number of professional personnel who would be better trained in family planning would be increased by 115.
- (iii) The program of sex education in public and private schools could be expected to improve general sex knowledge in the younger generation.

Direct relation between cost and benefit can only be measured in the case of the reduction of population increase. It is not possible to estimate a monetary value for the other two benefits.

B. The expanded program would provide services to 40,099 women at a projected cost of Q741,640. The cost per woman receiving services under this plan would therefore be Q.18.49.

The benefits from this program would be:

- (i) Reduction of rate of population increase from 3.1% to 2.9%.
- (ii) The number of professional personnel who would be better trained in family planning would be increased by 270.
- (iii) The program of sex education in public and private schools could be expected to improve general sex knowledge in the younger generation.
- (iv) The concentrated publicity campaign's benefits could be substantial but cannot be predicted.

A direct relation between cost and benefit, as in the case of program A, can only be made in the reduction of the rate of population increase.

COMPARISON OF PROGRAMS

PROGRAM	SERVICES PROVIDED	DROP IN RATE OF POPULATION INCREASE	TOTAL PROGRAM COST	COST PER SERVICE PROVIDED
A	11,000	0.08	423,600	38.51
B	40,099	0.20	741,640	18.49

The above table shows graphically the advantages of program B but does not include the other non-measurable program benefits which it provides.

C. Adequate data are not available to make a cost/benefit analysis.

7. Objectives.

A. To increase the general public knowledge of contraception methods and their impact on the economics of the family.

To do this it will be necessary to institute a major educational campaign aimed both at adults and at children in their later years of schooling.

B. To reduce the rate of population growth from 3.1% to 2.2% in 11 years and maintain it at that level.

To accomplish this it will be necessary to provide family planning services to the number of women shown in the following table:

Year	Results of Programmed Decrease in Rate of Population Growth from 3.1% to 2.2%				Results at Current Rate of Population Growth	
	Women Provided Services	Births Prevented	Population Increase	Total of population at end of period	Population Increase at 3.1%	Total Pop. at end of Period
1969	40,000	10,000	141,900	5,041,900	151,900	5,051,900
1970	48,000	12,000	144,299	5,186,199	156,609	5,208,509
1971	60,000	15,000	145,722	5,331,192	161,464	5,369,973
1972	76,000	19,000	146,267	5,447,459	166,469	5,536,442
1973	96,000	24,000	145,801	5,623,260	171,630	5,708,072
1974	120,000	30,000	144,321	5,767,581	176,950	5,885,022
1975	140,000	35,000	143,795	5,911,375	182,436	6,067,458
1976	160,000	40,000	143,253	6,054,628	188,091	6,255,549
1977	180,000	45,000	142,693	6,197,321	193,922	6,449,471
1978	200,000	50,000	142,117	6,339,438	199,934	6,649,405
1979	220,000	55,000	141,523	6,480,961	206,132	6,855,737

8. The Plan.

The program acceleration already begun will make it possible to commence some of the activities outlined in alternative 5B immediately. If all goes well, the total program should be in operation by the beginning of FY 1970.

Initial priority will be given to recruitment and training of personnel with publicity and site selection following closely in the order of priorities. Concentration of program effort will be towards those areas of greatest population density at the outset.

The revised funding chart for FY 69-72 is attached and is based upon immediate implementation of this plan. No changes have been made in FY-71 and FY-72.

9. Evaluation.

This will be a continual process. The principal measure of success at the outset will have to be based upon the number of women receiving services. Statistical

analyses of population trends will be developed gradually to observe the effect of the program on the rate of population growth.

Among the earliest evaluation analyses to be conducted will be a comparison of the results obtained through the different methods of providing services. As the direct service cost per woman receiving family planning advice varies from as low as \$5.46 in the Central Clinic to as high as \$10.66 in the special projects, these comparisons will help decide program direction in the future. Evaluation of the publicity campaign will be done through observation and analysis of the opinions expressed by government officials, the press and the public. Evaluation of training will be based upon the use to which trainees put their new knowledge and the improvement, if any, of their output if already working in the family planning field.

Evaluation will also include the development of a timetable of program implementation and measurement of actual against programmed activities.

Consultative services of evaluation experts outside de GOG, USAID/G and the Family Welfare Association may be sought.

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FROM - GUATEMALA

SUBJECT - AMENDMENT TO NON-CAPITAL PROJECT PAPER

REFERENCE - TOAID A-873 of December 13, 1968

Section 5 B (x) of the above-referenced Non-capital Project Paper is amended to read as follows:

(x) Studies and Evaluation

Analysis of the results of various methods of providing services and their impact will be attempted. The University of San Carlos will perform a retrospective analysis of services provided to women during calendar year 1968 at an estimated cost of \$10,000.00.

As evaluation and on going program supervision are so essential to the development of the optimum system in Guatemala the Family Planning Evaluation Activity of the National Communicable Disease Center of the U.S. Department of Health, Education and Welfare will be asked to assist in the creation of an appropriate mechanism. It is anticipated that a PASA will be written with the above-named activity to provide consultation over a one-year period. Increased funding will be required to cover this PASA and the local associated costs. This is estimated at approximately \$70,000.00.

Comment

The above is not to be construed as a revision to the Non-capital Project Paper. As the program develops some major

PAGE 1 OF 2 PAGES

DRAFTED BY JCKing <i>JCK</i>	OFFICE Human Res.	PHONE NO. X56	DATE 10-31-69	APPROVED BY <i>PTCox</i>
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changes in direction are becoming evident. The PROP will be completely revised and brought up to date prior to designing the Pro-Ag for this year which is scheduled for February, 1970.

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FROM - GUATEMALA

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SUBJECT - Comments on NONCAPITAL PROJECT PAPER

REFERENCE - TOAID A-873 dated Dec. 13, 1968

It is recognized that the PROP/ revision submitted on December 13, 1968 is now in need of updating and further revision. However, with the forthcoming change of Government (July 1st, 1970) and the fact that the present Public Health Advisor will shortly be leaving (June 20th, 1970), it is not deemed appropriate to submit a total revision. It is requested that this program be accepted as providing sufficient information for the authorization of FY-71 project funds.

The following comments are based upon experience gained over the past year and will attempt to predict the most probable direction over the next year. All comments are numbered so that they can be related to the previously mentioned PROP.

Table I (attached) has been revised but not extended beyond FY-1972. Additional year projections will be made when the new government's policy becomes clear.

1. The Problem.

The World Population Data Sheet-1969 produced by the Population Reference Bureau estimates that Guatemala's population will double in 25 years. Present population is 5.0 million and the annual rate of growth is 2.8%. Of the present population 46% are under 15 years of age. Birth and death rates are 43/1000 and 15/1000 respectively. Infant mortality is 92/1000 and annual per capita income is US\$320.00.

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2. The Goals.

A. **This remains unchanged.**

B. **The relative inaccuracy of existing statistics makes this goal unrealistic. Predictions of this type will be appropriate when more reliable baseline data are available.**

3. The Country.**A. Attitudes**

(i) **Government.** Congress approved the reorganization plan of the Ministry of Health in June, 1969. This reorganization included specific reference to family planning as a responsibility of the Ministry. The present Minister of Health is a strong proponent of family planning and has given considerable support to the development of the program. Caution is still the "watchword" of the rest of government as regards publicity and promotion.

(ii) **Church.** No further negative pronouncements have been made and most local priests are promoting the program in their own areas.

(iii) **Press.** No editorial opinion of fixed pattern is evident. Slightly more negatively oriented articles are printed however these are privately promoted. There is no reluctance to accepting and giving space to promotional interviews. Radio stations throughout the country are accepting paid announcements at low rates and offering considerable free time as a public service.

(iv) **Educators.** The former Dean of the Medical School has been replaced by a physician who is wholly in favor of family planning. Courses in demography and family planning are now routinely included in the curriculum for medical students. The economists still speak out strongly against the need to restrict population growth. The Ministry of Education is cautiously in favor of sex education as an integral part of school curricula.

(v) **Prominent Citizens.** Attitudes range from total opposition to moderate support.

(vi) **Physicians.** Progressively the trend is toward open support. More negative comment is heard about AID's input to the program than to the program itself.

B. Resources

(i) Human (figures are for 1968)

Physicians	1,112	(1 doctor per 4,255 people).
Registered nurses	491	(1 nurse per 9,632 people).
Practical nurses	2,289	(1 practical nurse per 2,066 people).

During the CY-1969 the following professional personnel were trained in Family Planning and related topics:

	Outside Guatemala	In Guatemala
Physicians	12	27
Nurses	10	22
Others	24	314

(ii) Services. Under the direction of the Ministry of Health direct health services are offered in:

69	Health Centers
158	Health Posts
40	Hospitals
10	Mobile Units

(iii) Economic. Inputs into family planning include:

<u>USAID</u>	FY 1969	Project Agreement	457,000	
	FY 1970	Project Agreement (through Dec. 31, 1970) currently being negotiated	325,000 (approx.)	
<u>IPPF</u>	CY 1969		80,000	
	CY 1970		100,000	
<u>SIDA</u>	CY 1970	(commodities-estimated)	15,000	
<u>GOG</u>	CY 1969	Estimated	Cash	15,000
			In kind	45,000
	CY 1970	Estimated	Cash	22,000
			In kind	57,000

C. Present Situation

(i) As of May 1st, 1970, organized Family Planning services were being offered in the following locales:

- a) Central Clinics of the Family Welfare Association in Guatemala City.
- b) General and Roosevelt Hospitals in Guatemala City.
- c) Four separate health clinics in Guatemala City.
- d) 47 Government Health Centers in the remainder of the country.
- e) Three Government Mobile Health Units.
- f) Three special clinics operated by the Family Welfare Association outside the capital city.
- g) The Maternity Hospital of the Guatemalan Social Security Institute.
- h) Many private clinics and individual physician's offices.

(ii) The reorganization of the Ministry of Health in July, 1969 created a Division of Maternal, Child and Family Health, which has, as one of its responsibilities, the family planning activities of the Ministry. This Division works closely with the Family Welfare Association and delegates certain functions and activities to it.

4. Analysis of the problem.

No major changes are warranted in this section. However, it should be stressed that the great shortage of professional personnel, especially in the rural areas, deserves more emphasis than previously given. It should also be added that an anti-american reaction to U.S. input into this field of health to the exclusion of others is slightly more noticeable now than previously.

5. Alternative Methods of Action.

No attempt will be made to spell out alternatives in detail in this document. It is assumed that the program will be continued more or less in its present form until the new Public Health Advisor has an opportunity to formulate alternative methods and decide upon one after taking into consideration the attitudes of the new Government. Experience gained to date would indicate that the proposed Maternal and Child Health Centers would not be built.

The present program calls for the following activities from external assistance:

- (i) Support of the Family Welfare Association (including its central staff, clinical services in the capital city and rural areas, training program, etc.).
- (ii) Support to the Family Planning Activities of the Directorate of Health (including salaries of nurses, equipment, publicity and educational program, data processing program, mobile family planning (P. J. Nicolau) program, mobile family planning teams and related administrative staff).
- (iii) Support to other activities of the Ministry of Health (including salaries of social workers and development of an adequate number of health professionals).
- (iv) Training outside Guatemala.

6. Cost Benefit Analysis.

No attempt will be made to carry out such an analysis in this document.

7. Objectives.

- A. As stated.
- B. Deleted.

8. The Plan.

Program expansion and development will be continued in line with the present activities for the present. Changes may or may not be required in the second half of CY-1970.

9. Evaluation.

This will be accomplished through the computerized data processing program which will be operative within the next 2 months.

DNVIE

Attachment.

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NONCAPITAL PROJECT FUNDING
(Obligation in \$000)

PROP DATE: May 11, 1970
Project No 520-15-580-189

COUNTRY: Guatemala
Project Title: Population and Rural Health

GUATEMALA FOND A-206

FY	Ap	L/G	Total Cont.	Personnel Services			Partici- pants		Commo- dities		Other Costs					
				DIFF	PASA	CONT	US\$	CONT	DIFF	US	CONT	DIFF	PASA	CONT		
													Ag.			
Through FY 67																
Oper. FY 68	DL	G	396	60	11	-	51	-	39	-	175	-				
Budg. FY 69	AG	G	512	68	17	23	88	4	56	-	346	-				
B + 1 FY 70	AG	G	341	-	9	56	-	5	37	-	180	53	-			
B + 2 FY 71	AG	G	354	25	18	35	25	5	20	-	250	-				
B + 3 FY 72	AG	G	354	25	18	35	25	6	20	-	250	-				
All Subs																
Total Life	AG	G	1,957	176	93	149	176	73	212	-	1,201	53	-			

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Table 1

Fiscal Year	AID, controlled		Other C sh	Other Donor	Metric	CCC	World
	U.S.- Owned	Country- Owned	Contribution Country 1/ Cooperating	Funds 2/ (\$ Equiv.)	Tons (000)	Value & Freight (000)	Market Price (\$000)
Prior through Act. FY 67							
Oper FY 68				10,000	(Act. CY 40 .. 20 for FY)		
Budg. FY 69			50,000	15,000	(Act. CY 60 + 7 .. 20 + 40 + 7 for FY)		
B + 1 FY 70			70,000		(CY 70 = 100 + 10)		
B + 2 FY 71			200,000		(CY 71 = 100 + 20)		
B + 3 FY 72			150,000		(CY 72 = 100 + 20)		
All Subs.							
Total Life			500,000	25,000			

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QUANTITATIVE DATA - 206

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1/ Consists of estimated construction costs for 1 nation 1-child centers described in narrative.

2/ Consists of estimated cost of contraceptive and medicines to be contributed by another government and private donors.