AIRGRAM

DEPARTMENT OF STATE

5240072 (2)

A.I.D. Reference Center, Room 1656 NS

UNCLASSIFIED
CLASSIFICATION

For each address check one ACTION | INFO

DATE REC'D

2

DISTRIBUTION

ACTION

LA

INFO.

WOF

AMAC

TO: AID/W TOAID A-184 x

PDAAB-108-B1

8p.

DATE SENT August, 26-1969

FROM - Managua

SUBJECT - NONCAPITAL PROJECT PAPER (PROP)

REFERENCE -

Country: NICARAGUA Project Number: 524-11-580-972

Submission Date: August 23, 1969 Original X Revision No. ____

Project Title: FAMILY PLANNING

U.S. Obligation Span: FY-1968 through FY-1972

Physical Implementation Span: FY-1967 through FY-1973

Gross life-of-project financial requirements:

U.S. Dollars	$ 1,355,000
Cooperating Country in-kind Contribution	260,000
Other Donors	10,000
Total	$ 1,625,000

90W

HEW

State

DOD

CROCKETT

PAGE 1 OF PAGES 7

DRAFTED BY	OFFICE	PHONE NO	DATE	APPROVED BY:
LGardella	H&S		8/23/69	OD:CRJohnson

AID AND OTHER CLEARANCES

DEVPLN:JWProcopis

HRES:PETobia

DEVPLN:AGoldstein (draft)

UNCLASSIFIED
CLASSIFICATION

AID-5-39 (11-65) (Do not type below this line) PRINTED 3-67

I. SUMMARY

While death rates have dropped during the past two decades due to increased medical and public health services, there has been no corresponding decline in the birth rate, and the population of Nicaragua is increasing at an estimated rate of about 3.5 percent annually. If such a rate of population growth continues, the country's population will more than double within 25 years, and Nicaragua will face serious problems in meeting the demands for food, schools, housing, hospitals, and other essential services.

The object of this project is to establish a national family planning system that will provide family planning motivation, clinical services and uterine cancer detection facilities through the maternal child health systems of the Ministry of Health (MOH), the Social Security Institute (INSS) and private clinics by the end of CY-1972.

To achieve this goal a family planning section has been established in the MOH and the INSS, and medical, para-medical and health education personnel have been trained and assigned to health centers, hospitals and mobile teams throughout the country. USAID will fund equipment, pharmaceuticals, educational materials, vehicles, and a portion of local personnel costs and training. The MOH and INSS will provide funds for locally purchased supplies and pharmaceuticals, personnel, office and clinic space, utilities and other operational costs. Contraceptives will be supplied by the Population Council and Pathfinder Fund as well as educational materials from the International Planned Parenthood Federation (IPPF) and the Swedish Government. Assistance in participant training, other than US will be provided by IPPF, Latin American Demography Center (CELADE), Pan-American Health Organization (PAHO) and the Governments of Sweden and Great Britain.

II. SETTING

On October, 1967, an Office of Family Welfare was established within the Ministry of Health and a full time staff assigned, including a Coordinator, Director-General, Medical Director and three Health Educators. All family planning, private and public, is coordinated and directed through this office. Beginning in FY-1969, a program was established with the Social Security Institute to include educational and clinical family planning services in their clinics. Motivation and clinical family planning services are now offered in 28 clinics of the MOH, 5 clinics of the INSS and 2 clinics of the Moravian Mission in the Northeast section of Nicaragua. Six MOH and two INSS family planning clinics are located in Managua where the largest concentration of the population is located.

Separate administrative and supervisory sections have been organized in the MOH and INSS to implement the family planning program. These sections closely coordinate family planning activities with the national maternal child health and child nutrition programs.

USAID has funded almost all of the direct costs of the MOH family planning program since late 1967. The INSS program, which started July 1969, is being supported in a like manner. Assistance has consisted of contraceptives (pills), medical equipment, office equipment and supplies, vehicles, educational materials, gasoline and lubricants, maintenance of vehicles and supplementary salary costs. The Population Council and the Pathfinder Fund provides the IUDs for the MOH program.

While IPPF has provided large quantities of educational material. Requests have been forwarded from INSS to the Population Council and IPPF for like assistance for the first year of the INSS clinical program. To date more than 12,000 women have attended the family planning clinics of which 3,200 were placed on contraceptives. It is difficult to measure the number of people reached through the motivation program as much of this is accomplished through the media of the press, radio and some T.V. plus audio-vidual means directed to both small and large groups. A rough estimate is that over 200,000 persons have been reached by all medias.

There has been little opposition from the press or Catholic Church. The press in most cases supports the program, but on occasions has published letters to the editor which attack or support family planning. The Catholic Church has posed no serious threats for the program; in fact in certain places it has assisted and cooperated by lecturing on the parent's responsibility to their children and emphasizing the fact that large families can be a serious economic and social problem.

III PLANNED TARGETS, RESULTS AND OUTPUTS

Experience to date with the MOH family planning program has shown that the program will move rapidly as similar programs have done in other countries. However, it is not expected that this project will have a measurable impact on the national birth rate before FY-1973, when AID assistance is to phase out. If 20,000 women have accepted family planning methods by the end of FY-1973, the project could be considered successful. It is estimated that this number of acceptors would be required to assure that five percent of women in the 15 through 44 age groups were effectively using family planning methods. Five percent is the rule of thumb figure accepted by many demographers as the minimum requirements for a measurable effect on the birth rate.

If the MOH program continues to progress as it has in the past year and with the addition ofthe INSS into the program it would seem that 20,000 acceptors by the end of CY-1972 would be a realistic target. Technical advances in contraceptives measures and an aggressive and successful motivation program could bring about major changes in plans and justify establishing more ambitious goals.

Induced abortion is the cause of a large number of deaths in Nicaragua particularly in the lower income groups. The cost to the government hospitals in caring for abortion cases is high. A portion of the MOH and INSS programs are to instruct those women who do not desire more children to use contraceptives

and not to revert to the practice of abortion. An aggressive anti-abortion education program which points out the dangers of abortion, and the availability of contraceptives at government clinics, will possibly reduce the present abortion rate over the next few years.

Uterine cancer in women of child bearing age unless detected will result in the death of the women. As part of the overall family planning program all women who are acceptors must undergo a complete physical examination which includes a routine Papanicolaou Smear. The MOH and INSS have sufficient trained personnel and adequate laboratory facilities for the reading of Papanicolaou Smears for the present program, but as the program advances more personnel and facilities will be required. Though the 20,000 acceptors that will be screened for uterine cancer only represents 5% of the estimated women of child bearing age, this will bring to the attention of the medical profession the possible seriousness of this problem and might lead to a future nation wide uterine cancer detection program. AID is providing funds for short-term training for laboratory technicians and physicians in this field.

Experience since initiation of the existing project has shown that the present public health infrastructure is not totally adequate to support an effective program. AID funds and assistance from other international organizations will be required to support the program for the next few years until the GON fully realizes the importance of family planning. Fortunately, there are influential people in the medical profession and in high government circles who are concerned about the high birth rate and the country's future development. This project was developed in discussions with them, and is planned to obtain the broadest possible support in government and in professional circles and among those who will benefit most directly from the program. It is therefore necessary to strengthen the existing infrastructure within the public health system so that this system is responsive to the needs of the country.

IV. COURSE OF ACTION

A. Organization

Administrative and technical support for the family planning program will be provided by the family planning office of the INSS and MOH. In addition to the administrative and supervisory personnel at the central level, there will be field workers. The field workers will consist of physicians, nurses, auxiliary nurses, health educators, social workers and chauffeurs.

B. Clinical Services

Norms and procedures for medical services will conform to those presently used by the MOH and the INSS. Family planning assistance to the acceptor will consist of a physical examination, cancer detection smear and choice of contraceptive to be used. Complete records will be maintained on all patients and statistical data will be submitted monthly.

Medical and para-medical personnel will be employed for this program. Family Planning personnel will receive specialized training in family planning prior to field assignments. Most personnel will be employed on a part-time basis in order to meet the needs of the program.

Regular hours will be established in the MOH and INSS clinics in order to meet the needs of the people. The intra-uterine device and the pill will be used in the program because of their low cost and efficiency. Contraceptive injections are now in the experimental stage; if successful, the program will be revised for its use in ongoing programs.

C. Educational Services

Educational Services are broken down into two sections: health facilities and general educational and will be carried out in the following manner:

1. Health Facilities

(a) Classes on responsible parenthood and family planning are organized and conducted for couples receiving family planning services;

(b) Individual patient education at clinic interviews by physician, nurse or social worker;

(c) Patients attending health centers for other services are given family planning education either individually or in groups;

(d) Referrals to other facilities are offered to infertile couples who request assistance.

2. General Educational Services

(a) A series of lectures and films are being given or planned for labor leaders, National Guard, teachers and factory workers. The health educators and staff members of the MOH and INSS family planning offices will implement this program.

(b) Printed materials will be designed and adapted locally, or procured through RTAC or other suppliers. ROCAP is developing a project for production of family planning materials through CENCA and these materials will be used when available. Health Educators will make use of film flip charts, pamphlets, etc. working in the communities as well as health centers where clinics are located, they will be assisted by professional and para-professional personnel of the clinics in working with the communities.

D. Advisory and Consultant Services

A U.S. technician will be assigned by USAID to serve as adviser to the MOH and INSS. Consultant services from ROCAP and AID/W will conduct evaluation of the two family family programs.

E. Training

It is difficult to accurately forecast number of persons to be trained because it is impossible to foresee the type of training that may be available over the next three years. The present training opportunities are quite limited with the exception of the U.S. which poses a language restriction.

The majority of the training which will be provided the personnel will be conducted in Nicaragua, El Salvador, Costa Rica and possibly other Latin American countries.

MANAGUA TOAID A 184 UNCLASSIFIED 7 7

NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN $000)

Table I

Page 1 of 1

PROP DATE: 8/23/69
Original X
Rev. No. ____
Proj. No. 524-11-580-072

Country: NICARAGUA Project Title: FAMILY PLANNING

Fiscal Years	AP	L/G	Total	Cont 1/	Personnel Serv. AID	Personnel Serv. PASA	Personnel Serv. CONT	Participants US Agencies	Participants CONT	Commodities Dir. US Ag.	Commodities CONT	Other Costs Dir & US Ag.	Other Costs CONT
Prior through Act. FY-68	AG	G	160		1			22		76		61	
Oper. FY-69	AG	G	230					20		30		180	
Budg. FY-70	AG	G	375					15		100		260	
B + 1 FY-71	AG	G	330					10		70		250	
B + 2 FY-72	AG	G	260					10		50		200	
B + 3 FY-__													
All Subs.													
Total Life	AG	G	1,355		1			77		325		952	

1/ Memorandum (nonadd) column

AIRGRAM

DEPARTMENT OF STATE

UNCLASSIFIED
CLASSIFICATION

40p

DATE REC'D.

For each address check one ACTION | INFO

4R

DISTRIBUTION
ACTION

LA
INFO.

IS
ACONT
AAPC
TAB
HEW

MANA
HECTO

TO - MANAGUA AIDTO-A 50

DATE SENT
6-17-70

FROM - WASHINGTON, D.C.

SUBJECT - Family Planning

REFERENCE - 524-11-580-072

1. This is in response to Allen Goldstein's letter of March 10 concerning this PROP. The PROP is approved for FY 70 funding but requires revision of the target section for FY 71 funding. It is assumed that this problem will be tackled by Mr. William Fluxner, The New Family Population Officer, when he arrives in Nicaragua.

2. To simplify matters it might be useful for him to be briefed by the Latin America Evaluation Office in AID/W before he departs for post on July 10. We will attempt to arrange such a meeting to explore problems with the current PROP with him.

ROGERS

PAGE 1 OF PAGES 1

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
MHageboeck AMHughes:pgs	LA/OPHS	29882	6-15-70	LA/DP:JHeller

AID AND OTHER CLEARANCES

LA/CEN:RCamaur DRAFT LA/PCD:HDalamat LA/DP:CJohnson

UNCLASSIFIED
CLASSIFICATION

AID-5-30 (11-68)

(Do not type below this line)

PRINTED 1-68