PD-AAB-175-G1

5250142 (4)
Reference Center

Attachment A to M.Doc102566 NS
(TL 9:72)

AID 1025-1 (7-71) (FACE SHEET)
NONCAPITAL PROJECT PAPER (PROP)

PAGE 1 of __ PAGES

6p.

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: POPULATION (Family Planning)

APPENDIX ATTACHED: [X] YES [ ] NO

2. PROJECT NO. (M.O. 1055.2): 525-16-580-142

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

4. LIFE OF PROJECT: BEGINS FY 1967 ENDS FY 1975

5. SUBMISSION: [ ] ORIGINAL [X] REV. NO. 2 DATE 11/71 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. ONLY) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY	1,675	230		150		482	813	123				434
2. OPRN FY 72	439	58	18	54	25	52	275	40	12			250
3. BUDGET FY 73	210	40	12	40	18	50	80	40	12			300
4. BUDGET +1 FY 74	265	45	12	45	18	50	125	45	12			350
5. BUDGET +2 FY 75	265	45	12	45	18	50	125	45	12			350
6. BUDGET +3 FY												
7. ALL SUBO. FY												
8. GRAND TOTAL	2,854	418		334		684	1,418	293				1,684

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
International Planned Parenthood Federation	Grant contribution to Family Planning Assoc. of Panama (APLAFA)	$40,000 per year

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER: E. Feigenbaum	TITLE: Chief, Health & Pop. Div	DATE: Nov. 23, 1971
2. CLEARANCE OFFICER: Alexander Firfer	TITLE: Director	DATE: Nov. 23, 1971

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE | DATE

TITLE

4. APPROVAL A.I.D. (See M.O. 1025.1 VI C)

SIGNATURE | DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

I. PROJECT GOAL

The overall objective of this project is to encourage family planning to decelerate population growth from the current annual rate of 3.3% to about 2% by the year 2,000 as an initial goal in achieving a population pattern compatible with Panama's natural resources and desired standard of living.

Goal achievement will be verified to the extent that a fertility decline begins about 1975 and the crude birth rate is reduced gradually from the current 41 per thousand to about 29.5 per thousand in the year 2,000. Goal achievement will be measured through analytical comparison of population projections based on the decennial census, vital statistics, and special surveys.

Implicit in the logical framework design for this project is the assumption that demographic trends (such as urban vs. rural population percentages) and sociological factors (such as the average age at marriage) which are outside the scope of this project will favor a declining growth rate rather than an increasing rate.

II. PROJECT PURPOSE

The project purpose is to create the broadest possible awareness in all Panamanian sectors of population growth problems and to achieve delivery of family planning services to the highest possible percentage of the fertile females within Panama.

Successful achievement of outputs scheduled for this project will raise percentage of fertile age women receiving family planning services from 7% in 1971 to 35% in 1975, the final year for which extraordinary U.S. financed inputs are programmed.

It is assumed that the percentage will increase to 50% of fertile age women by 1980 with no further extraordinary inputs from external aid sources. It is also assumed that 50% coverage will be adequate to achieve the desired fertility decline.

III. PROJECT OUTPUTS

A. Family planning services will be provided on a national scale as follows:

By end of CY 71 - 45 Ministry of Health (MOH) clinics will be providing family planning services.

By end of CY 72 - 60 MOH clinics will be providing family planning services.

By end of CY 73 - All MOH clinics (62) plus 10 sub-centers will be providing family planning services.

By beginning of CY 73 family planning will be adopted as a routine service in the Social Security health system.

By end of CY 73 - 15% of all fertile age women will be using some form of contraception.

By end of CY 75 - 35% of all fertile age women will be using some form of contraception.

B. Sex education courses will be established in the national school system beginning as a pilot project at the 5th grade level in all public schools early in CY 1972. By the end of CY 75 sex education and demography courses will be fully integrated into all grade levels as well as the university level.

C. An Office of Demography and Health Planning will be established within the MOH which will be fully operational by the end of CY 71.

D. Continuing mass media family planning information programs will be established. In the latter part of CY 71 a public relations agency will have begun pilot programs which will achieve national coverage by early CY 72.

E. Continuing technical training programs for specific target groups within university, government and private institutions will be established. By the end of CY 72 all government health personnel will have received in-service training in population/family planning and 1,200 primary school directors will have received health/family planning instruction. By the end of CY 73 the remaining 600 primary school directors will have received instruction; all teacher training will contain population/family planning content; and all appropriate university curricula will include demography/ecology content.

F. A national ecological integrating group will be formed starting by the end of CY 72 with a conference of concerned representatives from the GOP, universities, private enterprise and international groups to determine the structure and function of a permanent group. The permanent group will study the interrelationships of population, resources and the environment in planning programs for social and economic development.

IV. PROJECT INPUTS

A. FY 71

U.S. Direct Hire:	One Population Programs Advisor	$42,000
Contract:	One PASA Advisor	23,000
Participants:	One long term to U.S., 60 short term third country and U.S.	68,000
Commodities:	Medical, scientific and office equipment for third group of 15 health centers; audio-visual equipment for training and health education; contraceptives; measles vaccine	215,000
Other Costs:	Informational/educational materials; survey /research grants; renovation/construction of health facilities; construction of training center; mass media education campaign; in-country training.	322,000
	TOTAL	$670,000

FY 72

U.S. Direct Hire:	One Population Programs Advisor (6 months)	$18,000
Contract:	One PASA Advisor	40,000
Participants:	One long term to U.S., thirty short term third country and U.S.	54,000
Commodities:	Clinic and audio-visual equipment; education/informational materials.	52,000
Other Costs:	Renovation and construction of health facilities; survey/research grants; mass-media campaign; in-country training; two local-hire semi-professional assistants and one secretary.	275,000
	TOTAL	$439,000

FY 73

Contract:	One PASA Advisor	$40,000
Participants:	Thirty short term to U.S. and third country	40,000
Commodities:	Clinic and audio-visual equipment; education/informational material.	50,000
Other Costs:	Renovation and construction of health facilities; survey/research grants; mass-media campaign; in-country training; two local hire semi-professional assistants and one secretary	80,000
	TOTAL	$210,000

An estimated total of $530,000 will be required for FYs 1974 and 1975 for similar purposes.

B. Continuing acceptance by the populace of mass-media discussion of family planning topics is assumed. The appearance of government sponsored publicity will signal family planning as a politically and socially acceptable area for government concern. (Such publicity has been released during the past year with apparent acceptance.)

V. RATIONALE

Family planning is becoming an acceptable area of concern for knowledgeable Panamanians. The GOP presently recognizes the right of the individual to choose his family size and is giving increased consideration to the economic implications of population growth. In view of the receptive climate for the acceptance of family planning services in Panama, it is essential that such services be made available rapidly throughout the country to create a demand and insure that these services will be provided in the future.

There has been no significant divergence from the overall project goal as outlined in PROP Revision No. 1. There has, however, been some change in the means to achieve this goal and, in particular, in the roles of the key organizations involved. The Ministry of Health has taken the lead in implementation of population/family planning programs, while the private Panamanian Family Planning Association (APLAFA) and the University of Panama are seeking new initiatives to complement MOH activities. APLAFA currently operates two clinics in Panama City and conducts modest education programs in the form of conferences and group meetings in which quantities of printed materials are used and distributed. USAID assistance which was originally provided just to APLAFA is now provided directly to the MOH.

VI. COURSE OF ACTION

The GOP has officially endorsed the country-wide provision of family planning services through the MOH. Such services are now available in over 45 of 60 health centers with new centers being added each month. A National Committee for Demographic Policy has been inaugurated. Plans are underway for the creation of a National Commission for Population Studies. An Office of Demography and Health Planning has been established within the MOH.

As a result, USAID funding previously envisioned for the years FY 71 through FY 73 has been adjusted upward. Provision had not been made for the dramatic change in official and public opinion permitting an accelerated and broader approach to family planning objectives. With the MOH now willing to absorb family planning services as an integrated part of its operations rather than as a separately financed add-on, the original goals set for this project have proven too modest.

Under the current favorable climate of receptivity, USAID inputs have increased in the areas of training, public information, improvement of health facilities and delivery of decentralized health and family planning services on a national scale. Such services are increasing yearly as regularly budgeted funds become available for family planning activities. USAID assistance principally supports start-up costs and training.

USAID is not funding operating costs and does not plan to in the future. Other than modest IPPF and Pathfinder grants to the private family planning association there is currently no other assistance in the population field from other donors.

In line with official GOP policy of expanding health service coverage country-wide, particularly in rural areas, there has been a stimulation of activity by local health committees which are concerned with the full range of maternal-child health care (MCH) services. Together with family planning services, which are provided in MCH clinics,

other MCH services must be improved concurrently. As a major part of this effort, the Ministry has developed plans for a measles-vaccination campaign. The campaign is intended to reach 80 percent of the total unvaccinated backlog population between the ages of nine months and five years during a twelve-month period.

Assistance was required in obtaining vaccine for this campaign to cover the first year of operation. Once the accumulated backlog of susceptibles has been reached, the GOP will continue the campaign without further assistance. The FY 71 budget for this project therefore reflected the purchase of measles vaccine as a one-time effort. Other required medical supplies and equipment for the measles campaign will be furnished by the GOP.

By 1975 it is expected that the GOP will have a fully integrated family planning program with outside funding possibly required for promotion, evaluation and research. Such assistance could be supplied through several appropriate donors.