

**AIRGRAM**

**DEPARTMENT OF STATE**

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70-116-097-  
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FROM - USAID/Montevideo

SUBJECT - POPULATION PROP  
Maternal-Child Care Program

REFERENCE -

Country: URUGUAY

Project No. 528 11-531-094

Submission Date: June 26, 1970

Original: X

Project Title: Maternal Child Care

U.S.Obligation Span: FY 1971 through FY 1973

Physical Implementation Span: FY 1971 through FY 1974

Gross Life-of-Project financial requirements:

U. S. Dollars \$ 623,000

U. S. owned local currency --

GOU Cash contribution 1,459,000

Other donors ---

TOTAL: 2,082,000

**OTHER AGENCY**

State  
NSC  
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PAGE 1 OF 19 PAGES

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OFFICE  
Program

PHONE NO. DATE  
6/26/70

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Arthur S. Lezin  
Program Officer

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**I - SUMMARY**

Uruguay's population growth rate is 1.3% ( the lowest in Latin America) due primarily to a high incidence of criminal abortion.\* Current figures indicate a ratio of three abortions to one live birth. The Ministry of Health and the medical profession recognize the need to limit population increases through family planning techniques rather than abortion. However, the Ministry is unable to either carry out a direct family planning campaign or openly support the family planning clinics now in operation (one of the clinics is related to the Ministry of Health and the other to the University).

The reason why the Ministry cannot act is sensitivity on the part of the Administration to the charge "family planning is a plot instigated by the U.S." by anti-U.S. students and press.

Because a direct GOU family planning program is not possible at the present time, the Ministry of Health has requested AID assistance in reducing the high abortion rate (and attendant social-medical problems) through a maternal-child care program. In addition to reducing the abortion rate, the Ministry expects to reduce infant mortality and morbidity, improve maternal medical assistance, and better social conditions in the low-income areas where the program will be concentrated.

The proposed program will be carried out in two stages,

Stage I covering the Montevideo area (half of Uruguay's population) will require establishing three new clinics.

Stage II, encompassing the rest of the country, will involve establishing clinics in six regional centers.

Stage I covering the period from November 1970 to December 31, 1972 will require an AID input of \$ 375,000. The period November 1970 to July 1971 will be used to train personnel, order equipment and prepare the clinics. They are scheduled to open July 1, 1971.

\* In the interests of readability most of the statistics on which this paper is based, have been included in Section VI - Statistics.

The Ministry will have to construct or adapt three clinics, assign and train additional personnel, and provide operating expenses, totalling \$ 462,000 for the same period. The AID input will consist of equipment for the three clinics, mobile clinics and vehicles (see page 12 for details), supplemental salaries for the Ministry personnel assigned to the program (in order to increase the present working hours) and third-country training for key personnel.

Stage II of the program (from January 1, 1973 to June 30, 1974) will require an AID input of \$ 248,000. This stage has two components: (1) the continuation of activities in the three Montevideo clinics and (2) the expansion of services to the interior. With regard to the Montevideo program, the AID contribution will consist of reduced salary supplements for 12 months (that is, from January 1973 to December 1973) totalling less than half the amount programmed for this purpose in Stage I, and training of additional personnel from Montevideo. The Ministry will continue to provide buildings and operating expenses. It will also contribute part of the salary supplement during 1973 and all of the salary supplements from January 1974 onwards. (See page 7 for a more detailed treatment of this point.)

In connection with expansion of the program to the interior, the Ministry will provide buildings for six regional centers, personnel and operation expenses for these centers. AID will contribute equipment and vehicles for the centers, and training, but no salary supplement.

By June 1972 the Montevideo clinics will have been in operation for twelve months. At that time AID will review:

- a) Ministry operation of the three clinics in Montevideo.
- b) Availability of GOV funds to finance salary supplements, and
- c) A detailed Ministry program for the expansion of the program to the interior.

A short-term technician is proposed to assist in carrying out this evaluation. Additional AID support - that is, after December 31, 1972 - will be conditioned on satisfactory Ministry performance on the points noted above.

TABULAR BREAKDOWN

	<u>Personnel</u>	<u>Training</u>	<u>Commodities</u>	<u>Other Costs</u>	<u>Total</u>	<u>GOU Cash Contribution</u>
FY - 71	5,000	12,000	190,000	150,000	357,000	65,500
FY - 72	-	-	-	-	-	261,000
FY - 73	-	28,000	150,000	70,000	248,000	443,000 *
FY - 74	-	-	-	-	-	689, 00 *

\* Includes \$ 500,000 to finance expansion of the project to the interior in Stage II.

## II - SETTING

### A. Ministry Efforts in Maternal-Child Health

In its long-term Development Plan (1963) the GOU Planning Office assigned a high priority to the Maternal-Child health problem. However, it was not until January 1969 that a Special Department in the Ministry of Health was created, directed by Dr. Ramon Guerra, a prominent physician. Due to budget limitations and lack of staff Dr. Guerra has had only limited success in coordinating and improving the Ministry's programs in this area.

Maternal-Child medical assistance in Montevideo is provided by the Ministry through one pediatric hospital and one hospital which combines maternal and pediatric care. Both have out-patient clinics and, together, cover practically all obstetric, gynecological and pediatric problems. Prevention is poorly organized and can best be described as an enlarged vaccination program. One Center of Preventive Medicine which is responsible for the entire department of Montevideo will be incorporated as one of the three clinics proposed for the program.

The same pattern is true for the interior. However, in general, sanitary conditions are worse, and the Ministry's resources are smaller there.

### B. Family Planning Activities

1) The University has one Family Planning clinic in the University Hospital which has an average of 500 women patients per year.

2) The Ministry has one Family Planning clinic in the "Pereira Rossell" Hospital which is a combined Maternal and Pediatric hospital.

The Ministry clinic and AUFFIRH (see below) operate jointly and provide family planning services to approximately 1,500 women per year.

3) AUFFIRH (Association for Family Planning and Research on Reproduction) a private association founded in 1962, is also housed within the Pereira Rossell Hospital. This association receives limited but effective assistance from IPPF amounting to \$ 75,000 in 1969.

AUFFIRH has a part-time staff of 8 doctors, 13 auxiliary personnel in Montevideo and 24 part-time physicians in the interior.

AUFFIRH and the Ministry's clinic are headed by the same physician (Dr. Alvarez) and operate in the same premises. On paper, therefore, Uruguay has three FP organizations but actually there are only two central clinics in Montevideo (University Hospital and Ministry Hospital) which carry out some of their work in the interior. The number of women treated by AUFFIRH and the University clinic is low because they operate with limited resources and due to the political sensitivity of the subject the clinics are unable to publicize their activities.

Another consequence of official concern on this issue is a Ministry of Health decision that no contraceptives can be introduced into the country through foreign assistance programs, bilateral, multilateral or private. All types of contraceptives are readily obtainable commercially without a prescription.

### III - STRATEGY

#### A. Justification of Indirect Approach to FP

1) GOU officials cannot openly favor FP efforts, for the reasons noted above. There is also considerable opposition to FP based on demographic (abundance of land) and religious reasons. This has forced the Ministry and University clinics to operate without publicity, which has not prevented occasional attacks from the leftist press. As a result, no direct AID FP assistance is possible at the present time. However, Ministry officials and University professors are receptive to any type of assistance that can otherwise be provided ( i.e., training, publications).

2) The Ministry's FP assistance will be a part of the Maternal-Child Care activity - an accepted program. The Ministry will encourage the active participation of AUFFIRH to support the FP element.

The Mission agrees that the Ministry strategy is the only feasible way to attack the abortion/FP problem at this time.

### B. Background on Salary Supplement

The Mission is aware that the financing and timing of salary supplements by AID requires the most careful study. As a result, we have discussed this aspect of the project in detail with Ministry representatives. The Mission has agreed to the temporary financing of salary supplements because we believe it will be an important incentive to attract qualified and dedicated full-time personnel in the program. At the same time, we are conscious of the problem involved as AID salary support is phased down and out. The plan outlined below reflects our concern that such a phase-out, and corresponding phase-in by the Ministry, be accomplished smoothly.

Because of a constitutional provision effective in pre-electoral years (the Uruguayan Presidential election will take place in November 1971) the Administration has established the level of official personnel, and their salaries, through December 31, 1972 in the budget already proposed to Congress.

Based on the above legal provisions, the following plan has been worked out with Ministry representatives:

#### Salaries for Personnel assigned to Project

	<u>By Ministry</u>	<u>by AID</u>	<u>Total</u>
July 1, 1971-Dec. 31, 1971	54 %	46 %	100 %
Jan. 1, 1972-Dec. 31, 1972	62	38	100
Jan. 1, 1973 -Dec. 31, 1973	72	28	100
Jan. 1, 1974 -June 30, 1974	100	-	100

These percentages represent an AID input for salary supplements of US\$ 150,000 for Stage I and US\$ 70,000 for Stage II.

The following table shows the number and type of personnel which will receive a supplement, extra hours financed with the supplement, etc., for the period July 1, 1971 - December 31, 1971.

Personnel	Number in Program	Normal <sup>a/</sup> Min. salary US\$ equiv. <sup>b/</sup>	Normal <sup>b/</sup> Working Hours	Amount of <sup>a/</sup> Supplement US\$ equiv. <sup>b/</sup>	Extra hours <sup>b/</sup>
Chief Doctor	3	\$ 112.02	3	\$ 96.60	1
Pediatrician	20	105.10	3	90.60	1
Obstetrician	12	105.10	3	90.60	1
Dentist	3	105.10	3	90.60	1
Nurses	6	82.13	6	70.80	2
Auxiliary nurses	57	64.00	6	55.18	2
Social Workers	3	79.58	6	68.60	2
Sanitary Statistician	1	79.58	6	68.60	2
Administrator	3	83.52	6	72.00	2
Administrative Personnel	12	60.34	6	54.60	2
Chauffeurs	10	51.25	6	52.80	2
	130				

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\* Following this period Ministry salaries and AID supplement will vary in the percentages indicated on Table in Page 7.

a/ Monthly salary per person

b/ Daily working hours

**IV - TARGETS, RESULTS, OUTPUTS**

Program targets in Montevideo are as follows:

1. Reduce the abortion rate. Because this rate is difficult to quantify, the Ministry expects to measure its efforts through an indirect indicator; a reduction in the number of post-abortion admittances in gynecological wards.

2. Obtain a 2 o/oo reduction in the infant mortality rate in Montevideo, from 40.9 o/oo to 38.0 o/oo in the first year.

3. Reduce the morbidity rate of the 0-3 year child. As in a) above, measure of success will be through an indirect indicator: a reduction in the hospital admittance figure for morbidity in the 0-3 age group.

4. Provide Family Planning assistance to 5,000 additional families per year in Montevideo.

5. Establish the first integrated health program in Uruguay with three new Maternal-Child out-patient clinics in Montevideo and six new regional centers in the interior. (This will be the first program in Uruguay incorporating both preventive and assistance activities at the same time and place.)

6. Improve the quality of medical services provided to the low-income sector of the population. It is expected that the intensive medical services provided through the program will result in an increased number of controls of the woman during pregnancy and of the child up to three years of age, in an earlier detection of diseases, and in a general improvement of the health situation of the family through the assistance of specialized nurses and social workers. During a period of at least four years, families covered by the program will receive concentrated and continuous integrated medical attention; the Ministry has no similar coverage in any of its other programs.

V - COURSE OF ACTIONA. The ProjectStage I - Department of Montevideo (Nov. 1970 - Dec. 1972)

The proposed Maternal-Child Care Program will establish three out-patient clinics in selected low-income areas of the periphery of the Department of Montevideo where a high incidence of medical-social problems exist. The clinics will start to operate in July 1971, and will be open all day (attention to the public in other Ministry out-patient clinics is either morning or afternoon). From each of these centers a mobile clinic will cover its own area of influence, practically on a door-to-door basis. (See Section VI-B for tabulation of personnel). The personnel for this program will be specially chosen and trained to work as a team in maternal-child care and family planning.

The Training Program will be carried out before the clinics start operations in July 1971. Special attention will be given to the concept of integrated assistance. It is planned that the Ministry will carry out the training of personnel and the operation of the clinics in coordination with AUFFIRH, the private Family Planning Institution, and in direct connection with its own FP clinic. The Family Planning aspect will be dealt with by the doctor and specialized nurses through the normal medical visits and in special information sessions to be carried out at the clinics.

Stage II - Interior (January 1973 - June 1974)

The extension of the program towards the interior will begin in January 1973. The program could be implemented along the same pattern as in Montevideo, with six regional centers covering the remaining 18 departments in Uruguay. AID inputs would be limited to equipment and vehicles for the centers, and training. The Ministry will provide the buildings and pay the salaries and operational expenses. A detailed plan for the second stage is being prepared by the Ministry; AID assistance (Stage II) is contingent on review and approval of the plan. One of the major problems with the second stage is availability of GOU resources to meet the sharply increased population covered in the interior. It is estimated that the Ministry provides health services to 20% of the population of Montevideo, or 250,000 people. In the interior this figure is 80%, or 1,200,000 people. Further, while the population in Montevideo is concentrated in a small area, the population in the interior is dispersed.

During Stage II the activities in the three Montevideo clinics will continue. AID will contribute with reduced salary supplements (from January 1973 to December 1973) and training to additional personnel.

B. Inputs

Stage I - Timing and Level of Inputs

1. Ministry Inputs

During Stage I, (November 1970 - December 1972) the Ministry will provide salaries and operating expenses totalling \$ 462,000 and buildings estimated at \$ 360,000.

a. Buildings

For the First Stage the Ministry will provide three buildings for the operation of the clinics. They should be ready by June 1, 1971, for the installation of the equipment and open for patients by July 1, 1971. The Ministry has considered constructing new clinics for the program. However, budget limitations indicate that the program will begin in existing well-located Ministry buildings now used for other functions.

b. Personnel

The Ministry plans to assign a staff of 130 to this program. Of these 60 are included in the budget proposed now before Congress. The balance will be transferred from other Ministry dependencies or contracted. It is expected that the budget with personnel requested, will be approved by November, 1970. Salary inputs will total \$ 232,000.

c. Training

In-country training is planned for 63 nurses and assistant nurses to prepare them for their preventive-assistance duties. General sessions are contemplated for the entire staff to prepare them for intensive team work. Training will take place during the first two quarters of 1971.

d. Operational Expenses

The estimated cost of operation for the program in Montevideo during Stage I is \$ 180,000. (No budget figures are available because the whole Ministry operation costs are paid out of one budget item.)

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## 2. AID inputs

### a. Salary Supplement

AID will contribute a salary supplement during the first 18 months of operation of the clinics in Montevideo (Stage I) to finance additional hours by assigned personnel totalling \$ 150,000.

### b. Equipment

AID commodity input for the clinics in Montevideo is estimated at \$ 190,000. The equipment will have to be ordered before December 1970 to arrive by June 1971. Commodities programmed in Stage I consist of 3 mobile clinics (equipped with stretcher, glass case, small desk and chair) 6 station wagons, and equipment for three clinics including stretchers, glass cases, laboratory equipment, sterilizers, refrigerators, scales, medical instruments for gynecological and pediatric examinations, dentist chairs and equipment, visual aids and movie projector, and office equipment and furniture.

### c. Training

Up to 10 training observation trips (\$ 12,000) to selected Latin American countries now implementing maternal-child care programs for GOU supervisory and planning personnel. Countries will be selected with AID/W assistance. These trips will take place during the first quarter of 1971.

### d. Short-Term Advisor

Two man-months services of a PAHO or other advisor to evaluate the program in July 1972 (\$ 5,000).

## Stage II - Timing and Level of Inputs

(Expansion of program to the interior - )  
(Continuing activities in Montevideo. - )

### 1. Ministry inputs

a. The program in the interior will require a Ministry input of six strategically located buildings, salaries for the personnel and operating expenses. In-country training will also be provided by the Ministry to assigned personnel. (Estimated Ministry contribution \$ 500,000.)

b. The continuation of activities in Monteideo will require a Ministry salary input of \$ 317,000 for the period January 1973 - June 1974, and operating expenses costing \$180,000, totalling \$ 497,000.

## 2. AID inputs

Stage II will require an AID contribution of \$ 248,000 from FY 1973 funds.

a. For the expansion of the program to the interior AID input will consist of \$ 150,000 worth of equipment for the six centers and \$ 18,000 for third-country training, totalling \$ 168,000.

b. For the continuation of activities in Monteideo AID will contribute a total of \$ 80,000 consisting of a reduced salary supplement for a period of 12 months (January 1973 - December 1973) amounting to \$ 70,000 and third-country training for additional personnel estimated at \$ 10,000.

Timing of the program is explained hereunder in chronological sequence.

### C. Chronological Sequence

July-December 1970: Intensive negotiations with the Ministry in order to sign Project Agreement before December 1970. Assure appropriate buildings for the project. Adapt the equipment requested to the proposed buildings. Obtain specifications. Prepare a detailed training program. Obtain from Ministry a definitive staffing commitment.

Before December 1970: Sign Project Agreement. Order equipment. Delivery scheduled for not later than June 1971.

January 1971: Ministry should begin assigning personnel.

January-March 1971: Third-country training for selected personnel.  
Duration: One month.

January-June 1971: In-country training for entire staff, especially for nurses and assistant nurses.

June 1971: Sites should be prepared and equipment installed.

July 1971: AID begins salary input until December 1972.

January 1972: Assure contract-services of Public Health expert.

March-June 1972: Start intensive negotiations with new Administration. Determine Administration's support for the on-going program. Obtain commitment of phase-in of salary supplements for calendar year 1973. Negotiate extension of program to the interior.

June-July 1972: Services of Public Health expert to evaluate program and to assist Mission on the advisability of continued support to the program.

July 1972: Sign new Project Agreement for expansion of services to the interior and continued assistance in Montevideo. Order equipment for the interior. Ministry prepares buildings in the interior.

July-December 1972: Delivery of equipment. Training of personnel for the interior and training of additional Montevideo personnel.

January 1973: Start implementation of program in the interior. Ministry phase-in of salary supplements for Montevideo. AID reduces salary input.

January 1974: AID discontinues salary input.

#### D. Self-Help

Despite the enthusiasm of the Minister of Public Health and his top staff, the Mission notes several areas which will have to be reviewed carefully before a U.S. commitment can be made and Project Agreement signed.

We will need a firm commitment concerning the GOU input in Stage I, that is, the adequacy of resources to finance the conversion (or construction) of 3 clinics in Montevideo, as well as planned personnel, operating expenses, etc. We expect this can be accomplished by December 1, 1970.

In connection with Stage II, in November 1971 Uruguay will elect a new Administration which will take office in March 1, 1972. The question of AID salary phase-out beginning January 1, 1973 and the expansion of the project to the interior will have to be negotiated with the new Administration.

E. Chronological Table

MATERNAL CHILD CARE

Year	1970	1971	1972	1973	1974
Month	JASOND	JFMAMJ' JASOND	JFMAMJ' JASOND	JFMAMJ' JASOND	JFMAMJ' JASOND
Montevideo	nnnnAP	PPPPPP IIIIII	IIIIII IIIIII	IIIIII IIIIII	XXXXXX XXXXXX
Interior			nnnn	APPPPP	XXXXXX XXXXXX XXXXXX XXXXXX
			Stage I		Stage II

- n: Intensive negotiation with the Ministry
- A: Signing of PROAG.
- P: Preparatory Actions: Delivery of equipment: training: remodelling of buildings.
- I: Implementation with AID salary input.
- x: Implementation. No AID salary input.

VI - STATISTICSA. General Health Statistics1. Health Indicators

a) The crude birth rate is 21.2 per thousand; population growth is 1.3% per year. These rates are the lowest in Latin America and comparable to those in Western Europe.

b) The Mortality Rate is low, (9.5 per thousand) and life expectancy at birth is high (68 years for men and 74 years for women - in U.S. 71 years). Infant mortality, however, is high and the tendency is to increase (40 per thousand live births in 1949: 50.8 per thousand in 1969 for the 0-1 year-age group). Child mortality in the school age (5 to 10 year-age group) is very low (0.48 per thousand).

In the Montevideo area infant mortality (0-1 year age group) has increased from 22.5 per thousand in 1956, to 35.8 per thousand in 1958, and to 40.9 per thousand in 1969. Infant mortality rates are therefore one of the black spots in Uruguay's health picture; having constantly decreased in the last half of the century, a sustained increase has occurred since 1950. (Infant mortality in the U.S. 22 per thousand).

c) Morbidity - No country-wide figures exist. The Ministry of Public Health attends 150,300 bed patients a year, and 1,374,500 out-patients. In Montevideo the Ministry attends 50,000 bed patients and 540,000 out-patients.

d) Abortion - Although abortion statistics are not reliable (abortion is illegal in Uruguay) the figures show a considerable and continued increase in the abortion rates (1908: 2 abortions per 100 births; 1925: 40; 1934: 50; 1967: 300 abortions per 100 births). 80% of the abortions are performed on married women. Deaths caused by abortions add to 80 per year. Complications caused by abortions are a major problem; in some wards they count for 70% of the cases. (Abortions are usually performed by doctors and midwives who instruct the women to go to the hospital immediately after - thus the relatively low number of deaths and high post-abortion admittance in hospitals).

## 2. Health Expenditures

Total health expenditures in Uruguay correspond to 5.3 % of the GNP and a per capita expenditure of US\$ 43.87. Expenditures are proportionately much higher than other Latin American countries.

Of total expenditures in health, 34% correspond to the public sector and 66% to the private sector. Of the 34% corresponding to the public sector expenditures, 76% (or 25.8% of the total) is spent by the Ministry of Public Health. The balance of expenditures in the public sector is spent by Governmental Health institutions outside the Ministry of Health. (University, Military hospitals, autonomous entities, etc.)

## 3. Ministry Hospitals

In Montevideo, the Ministry has two general hospitals, 1 pediatric hospital, 1 combined maternal and pediatric hospital, 2 psychiatric hospitals, 1 TB hospital and 1 geriatric hospital. It also has 7 institutes, centers and services of a specialized nature.

In the interior the MPH has a total of 192 dependencies, 13 departmental hospitals, 29 auxiliary centers, 124 polyclinics, 9 centers and 12 sub-centers for preventive medicine.

The Uruguayan population is approximately 2.8 million. Approximately half of the population is in Montevideo and surrounding areas. Density in the northern part of the country is 5.8 inhabitants per square kilometer; in the southern part of the interior, the density is 21 inhabitants per square kilometer; Montevideo has a density of 2,515. Of the 2.8 million it is estimated that the Ministry attends 1,400,000 or approximately 1/2. General users of the Ministry's health services belong to the low-income sector of the population.

## 4. Doctors

Uruguay has an average of 843 inhabitants per doctor (Latin American average 1,759). The quality of the doctors is generally acceptable, and no widespread need exists to upgrade medical standards in connection with the proposed program. Projected in-country training is to place the medical staff on an up-to-date level, to provide the knowledge for team work in this area, and on Family Planning methods in general.

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5. Ministry of Public Health Budget  
(millions of pesos)

	<u>Total GOU Budget</u>	<u>MIL. Health</u>	<u>%</u>
1968	43,530	3,167	8.0
1969	66,719	3,967	5.9
1970	88,170	4,006	4.5

Budget Breakdown (1970)

Salaries	3,140
Operational Expenses	785
Equipment	52
Global authorization and transfers	29
	<u>4,006</u>

GOU Investment in Health \*

1968	83.0
1969	93.0
1970	110.0

\* Not included in Ministry's budget.

B. Project Statistics

1) Ministry personnel to be assigned to the three clinics in Montevideo:

- 3 Chief Doctors (Public Health specialists)
- 20 Pediatricians
- 12 Obstetricians
- 3 Dentists
- 6 Nurses
- 57 Auxiliary Nurses
- 3 Social Workers
- 1 Sanitary statistician
- 15 Administrative employees
- 10 Chauffeurs

Estimated yearly totals of medical visits and controls to be performed by the above personnel are shown below:

<u>Obstetricians:</u>	Number of patients	4,800
	Pregnancy controls	28,800
	Medical examinations	9,600
	Home visits	4,800
	Total:	<u>43,200</u>

Pediatricians:

a) 0-1 year age group:

	Number of patients	4,800
	Preventive controls	28,800
	Medical examinations	9,600
	Home visits	9,600

1-3 year age group:

	Number of patients	10,000
	Preventive controls	15,000
	Medical examinations	10,000
	Home visits	10,000

Total patients: 34,800

Total visits and controls 53,000

Auxiliary nurses (Home visits to control accomplishment of medical instructions and to provide general health education)

	During pregnancy	9,600
	Child control and puericulture	24,400

TOPPING

**AIRGRAM**

**DEPARTMENT OF S**

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**MONTEVIDEO**  
TO - ~~XXXXXXXX~~ AIDTO-A 74

FROM - AID/WASHINGTON

SUBJECT - Maternal Child Care PROP

REFERENCE - 528-11-531-094

DATE SENT

9/8/70

**XNEXX**  
**KKEXX**

**AGR**  
**NEW**

**MONTEVIDEO**

1. AID/W Evaluation Panel reviewed this PROP on July 27, 1970. It is approved for the life of the project (through FY 1973) with the following conditions.

2/ Targets on Page 9 should be amended during the next few months to spell out as best the Mission can:

- A. The reduction in post-abortion admittances expected by the end of the project giving also some data on the present admittances for this PROP.
- B. Projected reduction in infant mortality rates expected by the end of the project.
- C. Reduction in morbidity in 0-3 year old children expected by the end of the project.
- D. Some measure of improved quantity of medical services to the low income sector which will pertain by 1974.

3. It is hoped that these revised targets can be received in AID/W by January 15, 1971.

4. The drafters of this message, M. Aviozzi and C. dell Castillo,

PAGE 1 OF 2 PAGES

DRAFTED BY <i>[Signature]</i> Arthur M. Hughes	OFFICE LA/OPIS	PHONE NO. 29882	DATE 7/30/70	APPROVED BY: JHeller:LA/DP
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AID AND OTHER CLEARANCES

HJacobson:ARA/LA/P-U      BGoldstein:LA/DP      [Signature]:LA/PCU

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are to be commended for having produced an extremely readable, logical and well-presented PROP. This document is one of the finest of its type in the entire L.A. Region.

ROGERS

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PROJECT AUTHORIZATION

1. PROJECT NUMBER <b>528-11-531-094</b>	5. COUNTRY <b>URUGUAY</b>	4. AUTHORIZATION NUMBER
2. PROJECT TITLE <b>Maternal-Child Care</b>		6. AUTHORIZATION DATE
		6. PROJ. DATED

7. LIFE OF PROJECT

a. Number of Years of Funding: 3  
 Starting FY 1971; Terminal FY 1973

b. Estimated Duration of Physical Work:  
 After Last Year of Funding (in Months) 12

FISCAL YEAR (in U.S. EQUIVALENT)	DOLLARS		P.L. 480 CCC & FREIGHT	LOCAL CURRENCY			
	GRANT	LOAN		U.S. DOLLS		HOST COUNTRY	
				GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
1971	223						66
1972							261
1973	400						443
1974							689
TOTAL	623						1,459

8. SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF MATERIALS OR COMMODITIES

N.A.

9. SUMMARY OF APPROVAL OF PROJECT

Targets should be provided, as best USAID can, during next few months to indicate following: a) The reduction in post-abortion admittances expected by end of project giving also some date on present admittances; b) projected reduction in infant mortality rates expected by end of project; c) reduction in morbidity in 0-3 year-old children expected by end of project; and d) some measure of improved quantity of medical services to the low income sector which will pertain by 1974.

10. COMMENTS ON THE PROJECT

11. This authorization is for the life of the project as described in the F.O.P. subject to the availability of funds, and the early completion of the detailed planning with cooperating country and drafting of implementation documents if authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the F.O.P. attached hereto.

This authorization will be reviewed at such time as the objective, scope and nature of the project and/or the magnitude and structure of support or other conditions deviate significantly from the project as originally authorized or to warrant suspension of a new or revised F.O.P.

A.I.D. APPROVAL	CLEARANCES	DATE
	LA/APU:PWaskin	
	LA/POD:R. Brown	

*file*

PROJECT AUTHORIZATION

1. PROJECT NUMBER <b>528-11-531-094</b>	3. COUNTRY <b>URUGUAY</b>	4. AUTHORIZATION NUMBER
2. PROJECT TITLE <b>Maternal-Child Care</b>		5. AUTHORIZATION DATE
		6. PROP DATED <b>June 26, 1970</b>

7. LIFE OF PROJECT

a. Number of Years of Funding: 3  
Starting FY 19 71 Terminal FY 19 73

b. Estimated Duration of Physical Work  
After Last Year of Funding (in Months): 12

FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent)	DOLLARS		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY			
	GRANT	LOAN		Exchange Rate: \$1 =		HOST COUNTRY	
				U.S. OWNED		JOINTLY PROGRAMMED	OTHER
Prior through Actual FY				GRANT	LOAN		
Operational FY <u>71</u>	<u>223</u>						
Budget FY <u>72</u>	<u>--</u>						
B + 1 FY <u>73</u>	<u>400</u>						
B + 2 FY <u>74</u>	<u>--</u>						
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>	<b>623</b>						<b>1,459</b>

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

N.A.

10. CONDITIONS OF APPROVAL OF PROJECT

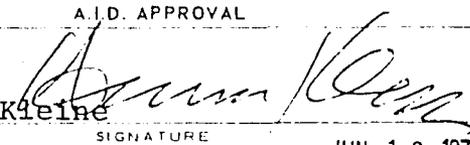
Montevideo AIDTO A-74 dated 8/8/70

(Use continuation sheet if necessary)

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

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

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

A.I.D. APPROVAL		CLEARANCES		DATE
 Herman Klein SIGNATURE		LA/APU:HJacobson (draft)		AUG 8 1970
		LA/DP:BGoldstein (draft)		AUG 8 1970
		LA/DP:JHeller (draft)		AUG 8 1970
		LA/OPNS:GAHill (draft)		
AA LA, Dep. U.S. Coordinator	JUN 18 1971	A CONT		
TITLE	DATE			