

NONCAPITAL PROJECT FUNDING
(Obligations in \$000)

PROP DATE: Feb. 28, 1968
Revision No. 1
Project No. 520-11-500-139

COUNTRY: Guatemala
Project Title: Population and Rural Health

FY	Ap	L/G	Total Cont.	Personnel Services			Partici- pants		Commo- dities		Other Costs		
				AID	PASA	CONT	US\$ Aqs.	CONT	Dir. US Aqs.	CONT	Dir. US Aqs.	Cont.	
Through FY 67													
Oper. FY 68	DL	G	496	61	35	-	61	10	-	112	-	273	-
Ind. FY 68	AG	G	509	12	55	-	12	15	-	154.5	-	272.5	-
B + I FY 70	AG	G	548	62	56	-	62	15	-	126	-	239	-
B + I FY 71	AG	G	447	25	60	-	25	15	-	136	-	211	-
B + I FY 72	AG	G	364	25	60	-	25	15	-	123	-	13	-
All Subs													
Total Line	AG	G	2334	185	266	-	185	70	-	655.5	-	1136.5	-

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520-11-590-189 - POPULATION AND RURAL HEALTH**I. SUMMARY DESCRIPTION**

Although the GOC as a whole has no official position on population problems and there is as yet no general consensus, Ministry of Health officials, among others, are becoming increasingly aware of Guatemala's rapid growth rate (at least 3.2%) and the implications of this growth rate as regards maternal health and national development. A beginning in the field of family planning has been made, which has provided valuable experience for further planning of such services, and one can anticipate that if present policies and trends continue family planning services will be made available in all Ministry of Health facilities within the next three years.

During this period, it is planned that all physicians and nurses employed by the Ministry of Health in its health centers and hospitals will be trained in the nature of the demographic problem of Guatemala as well as methodology of family planning. Similar training will be offered to the nurse aides who man the Ministry of Health health posts, and advanced training will be provided to physicians and nurses in supervisory positions.

The USAID will continue to support the Family Welfare Association of Guatemala, which is jointly carrying out a family planning program with the Ministry of Health, by incentive payments, per diem, and travel expenses of administrative and technical personnel, and by procurement of vehicles, educational equipment, drugs, and other commodities.

By virtue of the fact that the personnel of the Mobile Rural Health Program, which serves about sixty communities in rural Guatemala, will become actively involved in the joint Ministry-Family Welfare Association program for family planning, the Mission will provide commodity support to this program in the form of replacement vehicles and a limited supply of drugs and will continue to pay the salaries of the community development workers of the program.

II. SETTING

Guatemala's rapid population growth rate is contributing to an ever increasing land/population density and to further compounding the problem of the "minifundia", land holdings too small to be utilized profitably for agricultural production. The young men of rural Guatemala are becoming widely aware of the problem.

Fiscal Year	AID/controlled Local Currency		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)
	U.S.- Owned	Country- Owned					
Prices through Oct. 1967							
Open FY 68				10,000			
Adj. FY 69			100,000	15,000			
+ 1 FY 70			100,000	25,000			
+ 2 FY 71			100,000	25,000			
+ 3 FY 72			100,000	25,000			
Total			500,000	100,000			

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

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

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Maternal mortality in Guatemala is higher than in any other Central American country. While this reflects particularly the lack of pre- and post-natal care as well as delivery by empirical mid-wives, it is highly likely that the fact that women in rural areas are subjected to repeated pregnancies throughout their reproductive years contributes to this situation. (Some outstanding obstetricians in the United States feel that no woman should be subjected to more than five pregnancies and deliveries due to the increased maternal risk that accompanies the sixth and subsequent pregnancies).

III. STRATEGY

The scope of population programs in Guatemala and the speed with which demographic problems can be attacked will depend largely on attitudes. There are two major groups the USAID hopes to influence and stimulate into increased activity: (1) medical and other public health personnel who will have the power to implement or help family planning programs; and (2) the Guatemalan population in general, but more especially leaders of public opinion and decision-makers, both public and private, who can be expected to influence the thinking of important segments of the Guatemalan population.

The USAID proposes to create an awareness on the part of the medical and para-medical personnel of the Ministry of Public Health of the importance of the role of family planning in public health and national development and to provide them the knowledge necessary to render family planning services effectively.

This concept has the complete support of the Minister of Public Health, the Director General of Public Health, and other high level Ministry officials. The Minister and the Director General have supported family planning as fully as one could possibly hope in light of their fears on this sensitive issue.

To impart the type of know-how mentioned previously is a relatively easy matter. To create the desire to serve on the part of Ministry personnel, which experience in the program to date suggests, is the most important missing ingredient for success in family planning, is quite another. This training program clearly must include some feature that deals with motivation rather than technical matters. There are no proven avenues to success ~~xxxxx~~ in confronting this problem; however, in view of the success of the Loyola-Landivar leadership programs, so-called "sensitivity training" will be included in the curriculum. This will necessitate training additional personnel in this field in Puerto Rico.

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The second main element of strategy, as suggested above, is to attempt to reach the general public, not so much through a frontal propaganda campaign as through political and other leaders who can be expected to bring about changes in attitudes. One of the means proposed is to make available the results of recent demographic research, particularly through articles dealing with Guatemala or especially applicable to Guatemalan conditions. Care must be taken, of course, to avoid direct U.S. identification. The Family Welfare Association and the University of San Carlos are two institutions which can probably be used for dissemination of such informational material.

The health clinics of the Ministry of Health can be used for disseminating family planning information and materials. Another useful means would be the Mobile Rural Health units, making it possible to reach additional rural areas.

Recognizing that it may be easier to influence young Guatemalans than older generations brought up in a more traditional environment, every effort should be made to introduce appropriate educational material in the school curriculum which will point up world-wide and Guatemalan population problems.

Initial experience in family planning outside the capital has made obvious the difficulty in achieving widespread knowledge on the part of the local people that family planning services are available. The community development workers in the Mobile Rural Health Program provide an ideal opportunity to test this approach for the dissemination of information. These ten community development workers presently operating in 54 communities have formed 118 community organizations that include mothers' clubs, community betterment committees, sports clubs, etc., which can easily serve as avenues of providing family planning education and information.

The maternal death rate in Guatemala is the highest in Central America, which is a source of concern to all high level Ministry of Health officials, and it has been shown by experience throughout the world that women are most receptive to accepting family planning practices during the immediate post-partum period.

With this in mind, the USAID proposes to assist the GOG in the construction of 16 maternal child centers over a period of 4 years. These centers will emphasize motivational programs for women receiving pre-natal care and will provide family planning services to post-partum women.

The role that youthful ignorance plays in promiscuity, venereal disease, and illegitimacy is well known, and many of the secondary school students of today will be preparing for marriage within three years or less. Professional personnel will be hired to train secondary school teachers in the teaching of reproductive physiology and parental responsibility as a preliminary step to offering similar courses in all the public secondary schools in the capital. Such courses, naturally, will provide an excellent medium for creating awareness of population problems and offering instruction in techniques of family planning. This plan has been approved by the Minister of Education, who has long been interested in the problem of rapid population growth in Guatemala.

In view of the widespread concern on the part of many owners of large coffee and cotton plantations, the Family Welfare Association will be provided with two mobile units, and personnel for these units will be trained in family planning. These units will be made available to families of these plantations on a fee-for-service basis, with the fees to be paid by the plantation owners.

IV. TARGETS

The targets of this activity are as follows:

1) To help the Ministry of Health establish a Division of Family Planning by the end of FY 1969.

2) To provide sensitivity training, training in the nature of the demographic problem, and experience in the techniques of family planning to 58 nurses and 58 physicians in the health centers and mobile units of the Ministry of Health in 1968.

3) To provide instruction in reproductive physiology, family planning, and communications to 10 community development workers and 50 nurse aids in 1968.

4) To provide the training outlined in paragraph 2) to 40 physicians and 40 nurses in the National Hospitals in 1969.

5) To provide training, beginning in 1968, for biology teachers in all the public secondary schools in the capital city so that they may give courses in sex education.

6) To help support those family planning clinics now in operation, and to provide financial support for 57 additional physicians and nurses who will offer family planning services in 47 health centers and the villages served by the Mobile Rural Health Program.

7) Over the life of the project, beginning in FY 1969, to help the GOG in constructing 16 maternal and child health centers throughout the nation as a means of improving health and reaching mothers with information on family planning.

8) To help expand the operations of the Family Welfare Association of Guatemala.

9) To provide special training in family planning technology to those who occupy key positions in the National School of Public Health, the Family Welfare Association, and other entities engaged in family planning.

10) To sponsor two special mobile teams which will offer family planning assistance on a fee-for-service basis to the workers on large and medium-sized coffee and cotton plantations.

11) To help the Social Security Institute expand its family planning program in order to reach workers and their families outside of the capital city.

12) To create a pilot study of the effectiveness of using nurses as educators in Family Planning, through the Guatemalan Rural Reconstruction Movement (MGRR).

13) To assist the Ministry of Health and the Family Welfare in providing a continuous evaluation of the program.

V. COURSE OF ACTION

A. FY 1968

1) A Project Agreement is in preparation which will provide:

a) In-country training in demography and family planning techniques for 53 physicians and 58 nurses of the Guatemalan public health service;

b) In-country training for biology teachers in public secondary schools;

c) Budget support to the Family Welfare Association to carry out a program in family planning cooperatively with the Ministry of Health;

d) Incentive payments to 105 physicians and 105 nurses of the Ministry of Health, for family planning services.

e) Salaries of two physicians and two nurses to be used in mobile teams for family planning activities on coffee and cotton plantations;

- f) Training in family planning, for 10 community development workers attached to the Rural Mobile Health units;
 - g) Group dynamics training for personnel engaged in family planning work;
 - h) Commodity assistance to the Family Welfare Association in the form of limited office equipment, gynecologic equipment, basic medications, contraceptive materials, educational materials, vehicles and replacement parts, fuel and maintenance.
 - i) General expenses of the Family Welfare Association including rent, office expenses, fuel, vehicle repairs and maintenance;
 - j) Travel expenses of the two mobile teams described above, and of the community development workers on the regular mobile rural health units;
 - k) Papanicolau tests to be administered in connection with family planning services provided;
 - l) Operating expenses of sex education program for secondary schools;
 - m) A full-time demographic contract technician to advise the Ministry of Health;
 - n) Attitude surveys and evaluation.
- 2) Participant training in demography and family planning will be provided to an estimated 24 physicians and nurses in El Salvador;
- 3) An additional 6 public health workers will be sent to Colombia for a special course in family planning motivation and methodology;
- 4) One participant will be sent to the U.S. for a 6-month course in demographic studies.
- 5) The Guatemalan Social Security agency will be assisted in the organization and implementation of a new program to expand the family planning service which is now offered only in the capital city, to ~~xxxxx~~ ~~xxxxx~~ Guatemalans living in other areas. This assistance will be in the form of a vehicle, additional personnel, and educational materials.

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B. FY 1969

During the budget/ year the above programs will be consolidated. In-country training programs will be continued and will include all nurses and physicians working in national hospitals.

Support to the Family Welfare Association and the two special mobile units will be continued. Two additional special mobile units will be added. The IGSS and sex education will also be continued.

A corps of volunteer collaborators will be recruited throughout the Republic and trained to provide motivation for family planning and education in methodology.

The first four of a group of 16 small maternal-child health centers will be begun. These centers will also provide family planning services, and will be constructed using matching funds from the GOG.

C. FY 1970

This should be a year of re-evaluation. In addition to the action programs continuing from FY 1969, it is proposed to assess the progress of family planning in Guatemala, the degree of acceptance by the government and by the public at large. The survey should include an appraisal of attitudes toward family planning, and draw conclusions as to the directions and magnitude of future programming based on the previous two years of experience.

D. FY 1971

Assuming reasonable success in the cooperative program as a whole, that the benefits from these programs in the form of reduced demand for public services, etc., will be clearly understood, and that the GOG will have taken over an increasing share of responsibility, it should be possible to extend U.S. assistance into new sub-activities during FY 1971. Assistance to the School of Medicine of the University of San Carlos will be provided in the teaching of family planning and for research in reproductive physiology.

E. FY 1972

The project should be terminated in FY 1972 on the assumption that GOG and private sources will be responsible for all future costs.

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VI. FUNDING REQUIREMENTS**FY 1968****A. Personnel Services****1) Direct Hire (\$55,000) ✓**

Development Off., Human Resources, R-2	30,000 ✓
Secretary (local)	5,000 ✓

2) Contract Services (\$61,160)

Demographic Advisor to GOG	11,160 ✓
Attitude surveys and evaluation	50,000 ✓

B. Participant Training (\$9,500)

U.S. demographic study (1 participant for 6 mos.)	3,500
Third-country short-term (24 participants)	6,000 ✓

C. Commodities (\$112,500) ✓

Contraceptive materials	30,000
Gynecologic equipment	15,000
Basic medications	8,000
Educational materials	6,000
Vehicles (jeep wagoneers)	45,000
Replacement parts for vehicles	2,000
Fuel and maintenance for vehicles	5,000
Office furniture, Family Welfare Assoc.	1,500

D. Other Costs (\$277,950)

Local salaries of FWA (Executive Director, Medical Director, bilingual secretary, admin. assistant, accountant, 10 community development workers, 5 physicians' supervisors, 5 nursing supervisors, 2 physicians and 2 nurses for mobile teams, 1 nurse for family planning work with private rural development group.

69,900 ✓

Incentive payments to 105 physicians for family planning services

75,600

Incentive payments to 105 nurses for family planning services

29,350

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In-country training subsistence costs for 10 physicians	200	✓
In-country training subsistence costs for 80 nurses	7,040	✓
In-country training costs for 10 community development workers	200	✓
Group dynamics training costs	2,000	
Travel of mobile teams (4 x Q8 x 20 days/month x 12)	7,680	
Travel of community development workers (10 x Q1.50 x 20 days/month x 12)	3,600	
Papanicolau tests	14,000	
General expenses of Family Welfare Association including rent, office expense, fuel, vehicle repairs, maintenance	9,200	✓
Sex education, secondary schools	18,000	✓
Assistance to Social Security Institute (IGSS)	25,000	✓
TOTAL	\$496,110	

FY 1969*A. Personnel Services

1) <u>Direct Hire</u>	(\$55,000)
Development Officer, R-2	30,000
Demographer, R-5	20,000
Secretary (local)	5,000
2) <u>Contract Services</u>	(\$12,000)
Demographic Advisor to GOG	

* Previously submitted reports, including the draft material for the FY 1969 Congressional Presentation, have used, a much lower funding level for planning purposes, on the assumption of limited funding availabilities. The table which follows is based on estimated total requirements for U.S. assistance to carry out the program described in this PROP.

B. <u>Participant Training</u>	(\$115,000)
U.S. academic training for 1 participant in family planning administration (12 mos.)	6,000
Third country short-term (30 participants)	9,000
C. <u>Commodities</u>	(\$154,500)
Building materials for 4 maternal-child centers	100,000
Contraceptive materials	10,000
Basic medication	6,000
Educational materials	10,000
Five jeeps	22,500
Replacement parts	1,000
D. <u>Other Costs</u>	(\$272,500)
Local salaries of FWA	70,000
Travel costs of mobile teams and community development workers	11,300
Incentive payments to physicians and nurses	104,000
Papanicolau tests	20,000
FWA general expenses	9,200
Secondary school family planning education program	18,000
IGSS program	<u>40,000</u>
TOTAL	<u>\$499,000</u>

FY 1970

A. <u>Personnel Services</u>	
1) <u>Direct Hire</u>	(\$56,000)
Development Officer, R-2	30,000
Demographer, R-5	21,000
Secretary (local)	5,000
2. <u>Contract Services</u>	(\$62,000)
Demographic Advisor	12,000
Attitude Studies and Evaluation	50,000
B. <u>Participant Training</u>	(\$15,000)
C. <u>Commodities</u>	(\$126,000)
Building materials for 4 maternal-child centers	100,000
Contraceptives, educational materials, etc.	26,000
D. <u>Other Costs</u>	(\$283,700)
Local salaries of FWA	70,000
Travel costs	11,500
Incentive payments to physicians and nurses	100,000
Papnicolau tests	30,000
FWA general expenses	9,200
Secondary school education program	18,000
IGSS program	50,000
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	TOTAL
	\$547,700

FY 1971

A. <u>Personnel Services</u>	
1) <u>Direct Hire</u>	(\$60,000)
Development Officer, R-2	32,000
Demographer, R-4	23,000
Secretary (local)	5,000

2) <u>Contract Services</u>	(325,000)
Visiting professor for San Carlos U. Medical School	
B. <u>Participant Training</u>	(\$15,000)
C. <u>Commodities</u>	(\$136,900)
Building materials, for 4 maternal-child centers	100,000
Contraceptives, educational materials etc.	26,000
Lab. equipment for U. of San Carlos Medical School	10,000
D. <u>Other Costs</u>	(\$210,700)
FWA Local costs	70,000
Travel costs	11,500
Incentive costs	50,000
FWA General Expenses	9,200
IGSS program	25,000
Papanicolaou tests	30,000
Scholarships and research costs, U. of San Carlos	15,000
 <u>FY 1972</u>	
A. <u>Personnel Services</u>	(\$60,000)
1) <u>Direct Hire</u>	
Development Officer, R-2	32,000
Demographer, R-4	23,000
Secretary (local)	5,000
2) <u>Contract Services</u>	(\$25,000)
Visiting professor for U. of San Carlos	

B. <u>Participant Training</u>	(\$15,000)
C. <u>Commodities</u>	(\$120,500)
Building materials for 4 final maternal-child centers	100,000
Contraceptives, educational materials, etc.	26,000
Lab. equipment for San Carlos University	2,500
D. <u>Other Costs</u>	(\$135,700)
FWA Local costs	70,000
Travel costs	11,500
FWA General expenses	9,200
Papnicolau tests	30,000
Scholarships and research costs, U. of San Carlos	<u>15,000</u>
TOTAL	\$364,200

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