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PD-ABB-491  
67572

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT PAPER FACESHEET**  
 TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE (X) APPROPRIATE BOX)  
 ORIGINAL     CHANGE  
 ADD     DELETE

PP  
 DOCUMENT CODE  
 3

2. COUNTRY/REGIONAL ENTITY/GRANTEE  
 PARAGUAY

3. DOCUMENT REVISION NUMBER

4. PROJECT NUMBER  
 526-15-580-085

5. BUREAU  
 A. SYMBOL  
 IA    B. CODE  
 3

6. ESTIMATED FY OF PROJECT COMPLETION  
 FY |7|9|

7. PROJECT TITLE - SHORT (STAY WITHIN BRACKETS)  
 POPULATION   

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION  
 A. INITIAL MO. YR. |6|9| B. FINAL FY |7|8|

9. SECONDARY TECHNICAL CODES (MAXIMUM SIX CODES OF THREE POSITIONS EACH)

10. ESTIMATED TOTAL COST (\$000 OR EQUIVALENT, \$1= \_\_\_\_\_)

A. PROGRAM FINANCING	FIRST YEAR			ALL YEARS		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	25	275	300	663	2,161	2,824
(GRANT)	( 25 )	( 275 )	( 300 )	( 663 )	( 2,161 )	( 2,824 )
(LOAN)	( )	( )	( )	( )	( )	( )
* OTHER AID/W procured	71		71	153		153
U.S. Contraceptives						
HOST GOVERNMENT		115	115		360	360
OTHER DONOR(S)		25	25		45	45
TOTALS	96	415	511	816	2,566	3,382

11. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

A. APPRO- PRIATION (ALPHA CODE)	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE	FY 77		FY 78		FY		ALL YEARS	
			D. GRANT	E. LOAN	F. GRANT	G. LOAN	H. GRANT	I. LOAN	J. GRANT	K. LOAN
PH	330	440	300		250					2,824
TOTALS			300		250					2,824

12. ESTIMATED EXPENDITURES 250 200

13. PROJECT PURPOSE(S) (STAY WITHIN BRACKETS)  CHECK IF DIFFERENT FROM PID/PRP

To provide low cost family planning services to approximately 95,000 continuing users through organized family planning programs by the end of 1978.

14. WERE CHANGES MADE IN THE PID/PRP FACESHEET DATA NOT INCLUDED ABOVE? IF YES, ATTACH CHANGED PID AND/OR PRP FACESHEET.  
 Yes     No

15. ORIGINATING OFFICE CLEARANCE SB

SIGNATURE  
 Oliver L. Sause *Oliver L. Sause*

TITLE  
 Mission Director

DATE SIGNED  
 MO. DAY YR. |0|4|0|2|7|6|

16. DATE RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION  
 MO. DAY YR. | | | |

## PART I. Project Summary and Recommendations

Part II of this paper gives a detailed background of the development of DEPROFA which is the focal point of this PP. It is recommended that a total of \$550,000 of grant funds be authorized for the continuation of DEPROFA activities through FY 1978.

As outlined in Part II DEPROFA began operations in CY 1972 and at the beginning of CY 1976 was operating 28 FP clinics with 27,000 active acceptors. FY 1976 funding has been made available to DEPROFA through the most recent PROP. It is anticipated that by the end of CY 1976 DEPROFA will be operating 30 clinics with 35,000 active users.

During CY 1977 and 1978 the project will assist DEPROFA in the operation of the 30 on-going health centers and in addition expand program coverage in rural areas utilizing personnel from health centers and health posts, personnel from the National Malaria Eradication Service (SENEPA), extension agents, 4H clubs, and community groups, without the construction of any additional facilities. The 30 FP clinics operated by DEPROFA will be maintained as "centers of excellence" which will expand their area of influence in their districts utilizing the above-mentioned groups for the development of a community-based contraceptive distribution system at no additional operational cost to the project. Expansion of coverage beyond the 30 basic FP clinics will be financed by the Ministry of Health (MOH). The 30 existing FP clinics are strategically located and will serve as training centers and distribution points for the implementation and supervision of the outreach program envisioned under this project. DEPROFA will be maintained as the central administrative and supervisory organization for the implementation of these new initiatives. A pilot project of the outreach activities will be started in late 1976 in order to prepare for the replication of this approach through the remaining FP clinics during CY 1977 and 1978. In addition DEPROFA will develop a four-year plan for continuation of their activities beyond CY 1978. An in-depth evaluation will be held during 1977 to analyze the results of DEPROFA's efforts to date, the impact of the pilot outreach project, and the feasibility of the DEPROFA plan for the projection of DEPROFA activities for an additional four years.

This project will finance the activities of the DEPROFA central staff, a cytology laboratory, and the 30 on-going FP clinics. The MOH will assume financial responsibility for all outreach activities to reach the broad coverage desired. This course of action will further integrate DEPROFA into MOH regular activities through the further utilization of MOH personnel and facilities in addition to the collaboration of various community groups and community service organizations thereby achieving the project purpose of establishing a wide-reaching, low-cost FP program. MOH officials concur with the timing and feasibility of this approach; in fact, there have been recent indications

that this process has already begun in the areas of several of the existing FP clinics and it is the expressed desire of the GOP to continue this process.

Project issues are discussed under Part III of this PP and are summarized below:

1. The DEPROFA FP program is largely dependant on U.S. bilateral financial support.
2. Will the CEPEP clinics be integrated into the MOH system?
3. Strategy of collection of timely demographic data for measurement of program impact.
4. Obtaining broad scale public information through newspapers, radio, and TV.

## PART II. Project Background and Description

### Background

The FY 1975 Development Assistance Program provides some detail on Paraguay's history and economic situation and should be referred to for additional information on the role of population control in the country's overall development. The most specific relevant factors which have a bearing on this project relate to the facts that Paraguay is among the least developed countries of Latin America, and per capita GNP is slightly less than half the Latin American average. While Paraguay is comparatively well endowed with agricultural land, numerous indicators suggest the country's relative technological backwardness. Output per worker both in agriculture and industry is substantially below Latin American average. Although the overall economy shows growth, Paraguay has not kept pace with its neighbors. Slow economic growth has limited the tax base available to the government; therefore tax revenues and public expenditures are low compared to other Latin American countries.

Because of historic cultural and socio-economic factors unique to Paraguay, acceptance of the goals of family planning has been slow to develop. The War of the Triple Alliance, 1865-1870, left the country decimated. Throughout the 104 year period since this disastrous war, Paraguay has welcomed immigrants and encouraged population growth. Population density is still lower and arable land per capita higher than in most other parts of Latin America. Because large tracts of land are still available for colonization, the popular belief continues that the country is underpopulated. On the other hand, the economy is not growing rapidly enough to provide sufficient jobs for the present labor

force and each year is marked by out-migration, mainly to Argentina. The government cannot afford the developmental infrastructure needed to match economic growth to population growth; nor can the government provide adequate education, medical care, and other social services to its population.

The PRP provides detailed information concerning the development of population activities in Paraguay beginning with the establishment of CEPEP (Centro Paraguayo de Estudios de Población) in 1966 which later became an IPPF affiliate. A summary of USAID assistance in FP/population follows below.

USAID assistance for population and family planning activities began in FY 1969 with funds for training and for studies to provide an information base. In FY 1970 a project was begun with the Ministry of Health which provided for the establishment of the first six public family planning clinics in Paraguay; six more clinics were established in FY 1971. Until May, 1972, these clinics were integrated with other services provided by the MOH's Maternal/Child Health Department. However in FY 1972 the Mission determined that this integrated approach was not reaching many acceptors and that the program goals of Title X were not being realized. Supervision and in-service training were not receiving adequate attention; reporting was weak; too little was being done to follow-up on acceptors; delivery of family planning services was given lower priority than that given to other types of health care, and there were few indications that steps were being considered to correct these problems.

For these reasons, the Mission assisted the MOH to establish a separate Department of Family Protection (DEPROFA) to supervise and expand family planning services. Since its creation, DEPROFA has increased its number of active acceptors from 3,000 in May 1972 to 27,000 in January 1976. DEPROFA has made considerable progress in developing and implementing a reporting system, providing training and supervision for its personnel, establishing procedural norms, and managing its expanding program. At the end of CY 1975 DEPROFA was operating 28 FP clinics, nine of which were opened during CY 1975.

The USAID also assisted the National University's Medical Faculty to begin an Institute for the Study of Human Reproduction (IERH). IERH's major roles are education and applied research activities to develop public understanding and acceptance of family planning.

#### Description

PROP approval through FY 1976 for support to DEPROFA and IERH has been received. USAID assistance to IERH will terminate with FY 1976 funding. This PR covers support to DEPROFA only during FY

1977-78 to maintain operations while an in-depth evaluation is performed in CY 1977, and assist DEPROFA to develop a comprehensive four-year plan for continuation after CY 1978 with or without USAID support.

The project logical framework is attached as Annex B. The sector goal is to reduce the national fertility rate which will enhance the possibilities for success of other development programs aimed at lower income groups. The project purpose is to provide low cost family planning services to approximately 95,000 continuing users through organized family planning programs by the end of 1978.

Since the creation of DEPROFA in 1972, USAID's population project has been the sole source of funding for DEPROFA except for a token amount budgeted by the GOP (\$5,000 per annum). The evolution of DEPROFA is illustrated in the following table.

<u>Year</u>	<u>USAID Funds for DEPROFA Operations** (\$000)</u>	<u>Number of FP Clinics or Posts at End of Year</u>	<u>Number of Active Acceptors at End of Year</u>	<u>USAID Cos per Activ Acceptor</u>
CY 1972	270 *	12	5,000	\$54
CY 1973	250 *	13	8,000	\$31
CY 1974	275 *	19	17,000	\$16
CY 1975	300	28	26,000	\$11
CY 1976	350	30 *	35,000 *	\$10

PROJECTION THROUGH CY 1978

CY 1977	300	60	49,000	\$ 6
CY 1978	250	90	64,000	\$ 4

\* Estimated.

\*\* Does not include centrally funded contraceptives.

The USAID project has provided contraceptives, commodities, and operational costs. The MDH contribution has been "in-kind" for the most part but in CY 1976 they are assuming the operational costs for five vehicles at a former cost to the project of \$15,000 per annum.

This trend will continue through FY 1977 and 1978 although the project will continue to pay for salaries and some operational costs of the DEPROFA central office, cytology laboratory, and 30 on-going FP clinics. All FP clinics are located in MDH facilities with six in Asunción and the balance in rural areas. DEPROFA is now recognized as a regular Department of the MDH with the Director of DEPROFA reporting

directly to the Minister of Health. As USAID support to DEPROFA phases down it is the Ministry's intention to maintain DEPROFA activities through MOH funding or other donor support if available. DEPROFA has proven to be a valuable and versatile Department for the Minister in promoting a highly visible and well publicized cancer detection campaign through the taking of PAP smears which has also resulted in increasing the number of FP acceptors at DEPROFA clinics.

With the acceptance of DEPROFA as a recognized Department of the MOH and the diminishing of active controversy over the delivery of FP services the MOH now desires to expand project coverage through the promotional assistance of other governmental organizations and groups and the establishment of additional FP service points. This will be accomplished by the extension of FP services to other health centers and posts in the areas of the 30 established FP clinics. Costs for such extension of services will be borne by the MOH. It is anticipated that an additional 16,000 acceptors will be acquired in addition to the 48,000 active acceptors projected for the 30 basic health centers by the end of CY 1978.

DEPROFA will continue to be the focal point for population planning and service activities in the country and for all promotional strategy for program development and expansion. USAID will continue to support these efforts through FY 1978 and consider the development of a new project based on the results of an in-depth evaluation to be conducted in CY 1977 and the preparation of a four-year program by DEPROFA. See Annex C for draft description of project to be part of project agreement.

### PART III. Project Analysis

The current trend in the MOH is to support vertical organizations such as SENEPA, the national malaria eradication service which has its own administrative organization, and also SENASA, a Department of the MOH which carries out environmental sanitation projects throughout the country with the main function of installing small water supply systems, with community support. In addition to MOH budget funds, SENASA receives additional funds from the GOP through a special allocation of tax revenues. With the interest expressed by the MOH in maintaining DEPROFA, it is plausible that a similar financial arrangement could be made for DEPROFA to insure its continuation, should external financing be reduced significantly or terminated.

On the question of DEPROFA's integration into the MOH it is pointed out by MOH officials that DEPROFA is already an integral part of the MOH, that all services are delivered in MOH facilities utilizing MOH personnel, and that DEPROFA's activities have the official stamp of approval as a regular health service of the MOH. It is the Ministry's

desire that DEPROFA remain a vertical organization to counteract bureaucratic delays and resultant inefficiency which would occur if DEPROFA were further integrated into the MOH central administrative system. Taking into account the administrative difficulties of the MOH, USAID agrees with MOH reasoning in maintaining DEPROFA as a discreet entity. Also, experience to date indicates that DEPROFA has the capability of planning, delivering, and evaluating FP services. Its approach to date, although somewhat cautious, has produced results which have exceeded original projections and have been socially acceptable to the majority of Paraguayans. Indications are that this process can be continued and amplified.

#### Future Financial Support

As projected in the PRP, U.S. bilateral support would terminate in FY 1978 although there are now strong indications that the MOH wants to continue DEPROFA in its present form as a Department of the MOH. It is possible that the MOH could finance the continuation of DEPROFA by absorbing field staff salaries and other program costs and reducing the central office staff. However, there is the danger that program emphasis would shift even more toward cancer detection and promotional activities for the MOH through the organization of activities with political advantages. Since the designation of DEPROFA is "Department of Family Protection", this implies a broad range of activities from community service clubs to youth camps. Therefore, if financing is left entirely to the MOH, DEPROFA could change drastically or disappear. In this event FP services would suffer a serious setback.

Experience indicates that funding from UNFPA and PAHO for DEPROFA is a remote possibility. Pathfinder is financing a pilot project which is a minor part of the program. Therefore, if the momentum generated by DEPROFA over the past four years in establishing a FP service network is to be maintained and amplified, it is apparent that a new USAID project should be developed in FY 1978 based on the results of the CY 1977 evaluation.

#### Financial Plan

Since DEPROFA is now an established organization, the fixed costs for operating the DEPROFA central office, cytology laboratory, and 30 clinics are well established and, therefore, the Mission can project costs with a fair degree of confidence for FY 1977 and 1978. While it is doubtful that the GOP will increase its direct budget support for FP, there are indications that the MOH is willing to assume additional project costs through their regular MOH budget allocation in order to maintain project assistance for DEPROFA during the proposed expansion program to health posts. In any event, the Mission will continue to impress upon the MOH the necessity for an increased

allocation directly to DEPROFA for CY 1977 FP activities.

In the summary cost estimate and financial plan which appears later in this section, we project that a host government contribution of \$235,000 will be required for CY 1977 and 1978 to carry out the project. In-kind contribution for CY 1976 has been established at \$103,000 plus \$6,000 of support to DEPROFA from the national budget.

Apart from \$20,000 for commodities and \$5,000 for contract services the balance of the budget, \$525,000, is scheduled to be spent in Paraguay for local salaries and support costs of the MOH. It appears that major local cost financing is required to continue the project through FY 1978. The magnitude of local costs beyond FY 1978 would depend on the form of the project to be determined by the CY 1977 in-depth evaluation to be financed with FY 1976 or Transition Quarter funding, and sample surveys to be carried out with FY 1977 funding.

The following financial tables present the project's costs estimates.

SUMMARY COST ESTIMATE AND FINANCIAL PLAN  
(US\$000)

Country: PARAGUAY	PP		<u>x</u> New			
Project # 526-15-580-085	Title: POPULATION					
<u>Source:</u>	<u>AID<sup>1/</sup></u>		<u>Host Country</u>		<u>Others<sup>2/</sup></u>	<u>Total</u>
	FX	LC	FX	LC	FX	LC
<u>Use</u>						
Salaries and support for central office		240		25		265
Salaries and support for cytology lab.		30		10		40
Support for 30 clinics		240	100		45	385
Program expansion	20		100			120
Sample Surveys	5	15				20
TOTAL	25	525	-	235	45	830

1/ Grant funds. Based on \$300,000 for FY 77 and \$250,000 for FY 78.

2/ Pathfinder Fund.

COSTING OF PROJECT OUTPUTS/INPUTS  
(US\$000)

Country: PARAGUAY	PP	<u>x</u> New			
Project # 526-15-580-085	Title: POPULATION				
<u>Project Inputs</u>	<u>Project Outputs</u>				<u>Total</u>
	#1-2	#3	#4	#5	
Salaries and support for DEPROFA	510				510
Contraceptives		*			*
Training				*	*
Commodities for program expansion	20				20
Funds for sample surveys				20	20
* Centrally funded input TOTAL	<u>530</u>	<u>*</u>	<u>*</u>	<u>20</u>	<u>550</u>

INCREMENTALLY FUNDED PROJECTS

PROJECT SUMMARY - AID APPROPRIATED FUNDS  
(US\$000)

Country: PARAGUAY	PP	<u>x</u> New	
Project # 526-15-580-085	Title: POPULATION		
	<u>Budget Year FY 1977</u>		
<u>Cost Components</u>	<u>Direct Aid</u>	<u>Contract</u> <u>Other Agency</u>	<u>Total</u>
US Technicians			
Participants			
Commodities	20		20
Other Costs	<u>280</u>		<u>280</u>
TOTAL	300		300

### Integration of CEPEP Clinics

The DEPROFA counterpart in the private sector for the delivery of FP services in Paraguay is CEPEP (Centro Paraguayo de Estudios de Población) the IPPF affiliate, whose main activity is the operation of 24 FP clinics with 25,000 active users reported at the end of CY 1975. In addition to clinic operation CEPEP also has special IE&C activities through seminars, formation of community groups, and the highlighting of visiting population experts. IPPF budget projections indicate that they will continue to support CEPEP operations at previous funding levels of about \$350,000 per annum through CY 1976 and probably beyond. Indications are that CEPEP will continue to operate 20 to 25 clinics for the next few years with active acceptors increasing between 2,000 to 3,000 per year. It is difficult to project the number of CEPEP acceptors due to the uncertainty of timely customs release of their contraceptives. However, CEPEP has weathered rather severe opposition in maintaining their clinical activities over the years and it is expected that they will continue such activities during the next few years especially in view of a general liberalization of attitudes toward the delivery of FP services.

For some time, discussions have been held with MDH officials concerning the integration of CEPEP clinics into the DEPROFA system. It is not likely that this will occur now or in the future. In addition to a difference in political ideology which exists between DEPROFA and CEPEP, there is little interest on the part of the MDH in assuming the CEPEP clinics which are housed in private facilities and would be an additional burden to the MDH. Instead the MDH would prefer to open additional FP clinics in its own health centers and health posts and absorb patients from the CEPEP clinics which it would like to see closed in those areas in which services are duplicated. In the event that CEPEP clinics are closed in areas where DEPROFA also has FP clinics, it is DEPROFA's plan to increase the hours of service available at its clinics in order to service residual CEPEP clientele. During CY 1975 CEPEP closed one of its clinics in Asunción and the CEPEP patients were easily absorbed by a DEPROFA clinic nearby.

While basic differences do exist between DEPROFA and CEPEP, it is in the program's interest that CEPEP clinics maintain their current level of activity to augment DEPROFA's efforts in the delivery of FP services. It is the Mission's belief that CEPEP has enough influence within the GOP to continue operations for the next few years.

### Contraceptive Requirements

Both the DEPROFA and CEPEP programs offer the pill, IUD, foam, and condom. There is no program for male or female sterilization, which is illegal. In both programs 40% to 50% of acceptors use the pill. During CY 1977 DEPROFA will require about 221,000 cycles of pills and CEPEP 150,000; in CY 1978 DEPROFA 260,000 and CEPEP 160,000. DEPROFA has about a year and a half's supply of pills on hand (300,000 MCs) and CEPEP has supply of 60,000 MCs. Future supplies have been ordered. See Annex D for contraceptive requirements contained in the FY 1977 Annual Budget Submission for Paraguay.

Although there has been little receptivity to the concept of non-clinical distribution of contraceptives to date, there have been indications that this attitude might change within the next two years. For example, the MOH has begun a training program for auxiliary health personnel to man remote area health posts which are potential outlets for FP services through the MOH outreach program; also DEPROFA has expressed an interest in receiving more information concerning the health/FP kit proposed by PHA/POP for community level use and is interested in a pilot test of such kits when available.

A 1972 survey on the sale and distribution of contraceptives in Paraguay and a 1973 study on the market of contraceptives in Paraguay provided base line data on sales and trends through the commercial sector which includes 554 pharmacies throughout the country. The studies estimated that the commercial market would increase by 10% each year. If this assumption proves to be true, there should be 42,000 active users at the end of CY 1978.

### Training

No funding for training is contemplated through the project during FY 1977/78. Since the beginning of 1973, DAI has trained approximately 120 people working in FP and related health programs. In addition previous USAID projects have provided funds for short-term and observation tours. The result is that an in-country capability for training requirements has been developed; currently the MOH is providing six to nine-month courses with some FP content for nurse auxiliaries, obstetrical nurse auxiliaries, and health post attendants. During the past two years DEPROFA has held eight to ten day training and retraining courses for approximately 40 persons per year in the orientation of DEPROFA's administrative procedures and FP clinic techniques. It is expected that during the course of this project DAI will continue to provide short-term training for about 20 key persons per year from the health sector in Paraguay and in addition assist in the expansion of in-country training for rural health workers, health and FP promoters, and auxiliary medical personnel in the armed forces.

Recently one candidate from Paraguay attended a PIEGO course in the U.S., with two other candidates expected to participate in such training in the near future. Pathfinder has recently initiated a training project for the introduction of FP/population course content in the National Medical School through the Department of Obstetrics and Gynecology. Therefore, unless special circumstances develop, no training is anticipated under this project.

#### Demographic Data

For political reasons GFC counterparts for the population project play down the demographic impact of FP. The stated objectives of the family protection activities of the MOH (DEPROFA) include improved health with specific emphasis on reduction of illegal abortion and maternal mortality, but without demographic goals. However, it is recognized that a demographic effect may be a by-product of the program although not a specific objective; therefore, the number of women in need of services has been estimated by the program to be a proportion of the population independent of any reference to demographic goals or wanted fertility desires of the population. However, the right of couples to determine and have a desired number of children when they want them is recognized as an individual right.

According to the 1972 Census, Paraguay had a population of 2,357,955. By current estimates, Paraguay contains some 2.6 million inhabitants. The population is concentrated in the city of Asuncion and eastern one-third of the country. Population density is low. There are only 6 inhabitants per square kilometer. Asuncion contains approximately 12% of the population. 62% of the population is classified as rural. Approximately 550,000 women are of fertile age (15-44 years). DEPROFA has 27,000 active users of contraceptives, CEPEP has 25,000 active users, and an estimated 35,000 people purchase contraceptives through commercial channels. By totaling contraceptive use from all sources, it is possible to infer that contraceptive prevalence is approximately 15% of women of fertile age. The organized programs of CEPEP and DEPROFA have an active case load of 9% of women of fertile age. If there are 137,000 active users of contraceptives from all sources by the end of 1978 as projected by this P, contraceptive prevalence will increase to approximately 23%. We estimate that the Crude Birth Rate should decline from approximately 41 per 1000 in 1972 to approximately 36 per 1000 in 1978. Although the targets set in this PP are extremely ambitious, they are not beyond possibility if project assumptions prove to be true.

The final results from the 1972 census have now been processed and were published in July of 1975. This census will provide base-line data for both population projections and fertility estimations. The 1972 census is especially important since vital statistics are traditionally under-reported and suffer from delayed reporting in Paraguay. For example, for the year 1973 only 25% of the births registered during that year occurred in 1973. The remaining number of registered births had all occurred in the year 1972 or in previous years, therefore, reported birth data for Paraguay is virtually unusable and will probably be so for some time to come. There are three different agencies of the government that have worked with vital registration and the lines of responsibility are not entirely clear as to who supervises vital registration of births and deaths.

Fortunately questions were included in the 1972 census to enable estimation of age specific fertility and mortality rates. A staff member of the Paraguayan Bureau of Census trained in CELADE is currently working with the census data to estimate fertility levels in Paraguay and a draft report is now being finalized. Unofficially, it appears that the crude birth rate in Paraguay in the year 1972 was between 41 and 42 per thousand population.

The Mission had expected that measures of change in vital rates would be provided by the GOP household survey to be conducted annually beginning in CY 1975 in order to provide accurate demographic and health statistics. These surveys are 2% samples of the total population, including approximately 10,000 households with a survey design prepared with TDY assistance of the U.S. Bureau of Census. The questionnaire for the first survey to be undertaken in 1975 was approved by the GOP and pilot testing began in late CY 1975. This first survey is principally a national labor force survey with household information questions to assist in the updating of population estimates. It was decided by the Paraguayan Department of Statistics and Census that fertility information would be excluded from this first national household survey, since a wealth of information from the 1972 census is still available for analysis to determine fertility levels and age-specific fertility for both rural and urban areas. In the coming months the Mission will explore potential sources of technical assistance in order to measure contraceptive prevalence and changes in fertility. Funds may be provided in order to enable the Paraguayan Department of Statistics and Census to include demographic and family planning questions in the 1976 and 1977 household surveys. Three sources of technical assistance are being considered. The first is the Family Planning Evaluation Division of the Center for Disease Control which has recently concluded a contraceptive prevalence survey in El Salvador. The second is the University of North Carolina which has gained extensive relevant experience its AID-funded POPLAB program. Both CDC and UNC have centrally funded agreements with PHA/POP. The major expense to the Mission would be the local costs of conducting the surveys. The third potential source of technical assistance would be the Latin American Demographic Center (CELADE). The Mission may also request technical assistance to assist in the detailed analysis of the 1972 Census. Results of the surveys and Census analysis will be used to confirm service statistics and to evaluate the impact of family planning activities.

### Cost Effectiveness

Based upon the APHA cost effectiveness exercise during 1974 and subsequent consultation by AID/W and PHS/CDC consultants in September 1975, DEPROFA is considering cost analysis with the assistance of the USAID population staff. This will include a cost-benefit analysis of the overall program as well as comparison of individual clinic operations. Cost effectiveness would be included as part of the DEPROFA annual internal evaluation. The results of these efforts by DEPROFA will be considered during the in-depth evaluation scheduled for CY 1977.

### IEC Strategy

Although discussion of FP and population issues have gradually become more open during the past few years, there is no indication that wide-spread publicity for the direct motivation of FP acceptors through the news media will be achieved during FY 1977-78, especially in absence of an official policy to reduce the population growth rate; nor is it likely that such a policy will be announced. Therefore, public information through the news media will continue to emphasize cancer detection aspects of the program and improved family health. On the other hand, FP clinic personnel will intensify efforts in the motivation and education of potential acceptors through personal contact in the planned outreach program and through scheduled group orientation at the 30 on-going FP clinics. CEPEP will continue its program of seminars for influential groups and opinion leaders. UNFPA has had preliminary discussions with the Technical Planning Secretariat, attached to the Office of the President, concerning a proposal for the development of a national population policy.

### Helms Amendment

None of the funds requested under this project will be used to pay for performance of abortions as a method of family planning, or motivate or coerce any persons to practice abortion. This project will help to reduce the large number of illegal abortions which constitute a serious health problem to Paraguayan women.

### Advancement of Paraguayan Women

During the past year the Mission has taken an increasingly active role in promoting increased participation by Paraguayan women in national development, and assisted in the planning and implementation of the First National Congress of Paraguayan Women in June 1975. As a corollary to this meeting, CEPEP sponsored a national forum of female leaders in which 80 urban and rural women participated in December 1975. Press coverage was good and the topics of family size, spacing, and contraception were addressed. CEPEP will follow-up with an evaluation of efficiency and influence of the forum.

In addition to approximately 23,000 active female users in the DEPROFA program who are deciding their family size, the project itself employs 52 women including social workers, nurses, doctors, and administrative personnel. Three technical divisions of counterpart

agencies are headed by women, and eight of the 28 DEPROFA FP clinics are directed by women. As the project expands, additional responsibilities will be placed upon the female employees of DEPROFA in carrying out a successful expansion through the planned outreach program. This applies especially to the social workers and nurses who are the prime motivators in maintaining a high number of active users.

#### PART IV. Implementation Planning

The course of action proposed for this project is largely determined by the experience and accomplishments that have been attained during project activity under the PROP covering the period CY 1972-76. During the past two years, significant achievements have been obtained in expanding the number of MOH FP clinics, the development and operation of a cytology laboratory, improvement in the quality of service, and public acceptance of the program. Associated with the assistance provided by this project to establish the delivery of FP services, DEPROFA has developed the capacity to train its own personnel as well as to orient opinion leaders and visiting experts.

During the term covered by this PP (FY 1977-78) USAID will continue to provide technical assistance through a full-time Population Officer who will be the USAID Project Coordinator. He will also work in close collaboration with the MOH in the implementation and management of this project, with other Departments of the Ministry, and other Government and non-Governmental institutions in the coordination of FP and population activities. Short term technical assistance may also be provided on an as-needed basis. The project will also provide funds for a limited amount of commodities and supplies, IE&C, salaries and various operational costs.

With the exception of salaries, the MOH will provide the necessary trained personnel and staff to manage and operate all aspects of the project. In addition the MOH will provide the necessary space, facilities, and funding for the physical operation and maintenance of the 30 existing clinics and 60 additional clinics to be established through the outreach community based program. Separate and distinct records of account will be maintained by the Ministry in accordance with standard accounting procedures to record all fiscal transactions related to this project and will be available for review upon request by the USAID. Commodities will be imported for the project only at the request of the Ministry, with the Ministry as consignee. The Ministry will arrange duty free customs clearance and handle all details related to clearance. In addition to the operational costs assumed during CY 1976, the Ministry is expected to assume a greater proportion of DEPROFA's costs in CY 1977 and 1978 and continue its efforts to obtain additional direct funding for DEPROFA from the GOP.

#### Evaluation

The Mission routinely prepares annual Project Appraisal Reports (PARs) on this project. The 1975 PAR indicated that the project was achieving its basic objectives as defined by approved PROP indicators.

According to the PROP, DEPROFA was to have 17,000 active acceptors by the end of FY 1975. The actual number of active acceptors was 18,417 before the end of FY 1975. The PROP predicted that there would be 100,000 active users of contraceptives from all sources by the end of FY 1978. Actual performance as of February, 1975 was 72,800. The PROP predicted that 20% of Paraguayan women of fertile age would be practicing family planning by the end of FY 1978. At the time of the PAR, over 14% were thought to be practicing family planning. The Mission feels that excellent progress is being made in attaining both objectives. In fact, actual progress in recruiting and maintaining acceptors of contraceptives seems to be better than was anticipated when preparing the last PROP. As a result, the Mission has adjusted the targets upward for 1977 and 1978 to reflect our confidence that family planning services will be utilized by even greater numbers of women as information and services become more readily available.

Three external evaluations have been performed in recent years. A program evaluation was performed by the American Technical Assistance Corporation (ATAC) in 1972. The evaluation led to recommendations for re-design of the project. During 1974 and 1975 consultants from the American Public Health Association were requested to conduct "A Review of Population Program Activities in Paraguay". Dr. Jose Nine Curt, Dean of the School of Public Health, University of Puerto Rico, served as Chairman of the APHA team and made three visits to Paraguay to carry out his responsibilities. The result was a comprehensive report made numerous recommendations which have subsequently altered U.S. assistance. Some excerpts follow. "DEPROFA is a young, active, effective organization staffed with professionals and paraprofessionals who appear to be highly motivated and devoted to their commitments at all levels of administration; central, regional and local." "The DEPROFA's costs rank among the lowest in the world." "It is recommended that DEPROFA: a) continue to receive financial support, especially at this critical point of program expansion." The evaluation was highly favorable to DEPROFA. However, the report expressed serious reservations about the activities of the Institute for the Study of Human Reproduction. "The Institute for the Study of Human Reproduction (IERH) has produced several studies. These studies, although interesting, do not appear to have made a significant contribution to the family planning efforts of Paraguay." Dr. Nine Curt prepared a supplemental report which concluded, "Based on the stated objectives of the IERH, one cannot recommend continued support from AID to the IERH." The Mission has not programmed any new support to IERH after FY 1976. The third evaluation was provided by the Family Planning Evaluation Division of the Center for Disease Control in September, 1975. The purpose was to review the completeness and quality of the service statistics data system and demographic data available in the country. The consultant, Leo Morris, made recommendations about the data system, household surveys, and analysis of the 1972 Census that influenced the design of the PP.

In June and November of each year the project will be reviewed by DEPROFA and USAID to determine progress in meeting targets, problems, other donor plans, and project guidelines for the following year. In October of CY 1976 and of CY 1977, the MOH will prepare a proposed program for the following year which will include a budget and workplan, and a detailed budget for the GOP contribution for review by the USAID Project Manager in November. In December of CY 1976 and of CY 1977, a new project agreement for the following year will be negotiated.

DEPROFA has been performing an internal annual evaluation on performance of the individual clinics based on targets set in relation to possible acceptors. The results are utilized by DEPROFA management in project guidance and supervision. In addition an overall evaluation of DEPROFA activities was conducted by a select committee of eminent Paraguayan physicians in early CY 1975 and it was determined that DEPROFA activities were beneficial in meeting the health needs of the country. A comprehensive evaluation of population/family planning activities is scheduled for mid-1977. This should be a joint evaluation involving both Paraguayan and foreign experts. Over the next year the Mission and GOP will develop the scope of work for the evaluation team. It is anticipated that survey results will be available which provide current fertility and contraceptive prevalence data. Analysis of the 1972 Census data will provide baseline data for the team. The team's recommendations will help the GOP to finalize the four-year plan of action to be developed by DEPROFA.

In order to provide for the periodic collection of data necessary to demonstrate progress toward the project goal, the Mission has requested assistance in developing systems for the collection of demographic data as outlined in AIDTO CIRC A-79 of 2/13/76.

**AIRGRAM**

**DEPARTMENT OF STATE**

**OFFICIAL FILE COPY**  
ANNEX A

**UNCLASSIFIED**

CLASSIFICATION

For each address check one ACTION INFO

46

DISTRIBUTION ACTION

POP

INFO.

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TO -ASUNCION AIDTO A 1

TO: POP
DATE: 2-11-76
TAKER: [Signature]
Must be returned to C. F. [Signature]
with notation of action taken
OFFICIAL: [Signature]



FROM - WASHINGTON

E.O. 11652: N/A

SUBJECT - Population, Project 526-0301 Project Review Paper

REFERENCE -

1. The Project Review Paper (PRP) has been reviewed by AID/W and is approved. The Mission is authorized to develop a Project Paper (PP) for submission by July, 1976.

2. The following issues were raised at the review and should be addressed in the PP. For planning purposes the Mission should use the budget numbers in the PRP, modified as necessary by the responses to the issues detailed below:

(a) The family planning program of DEPROFA is largely dependent on U.S. bilateral financial support. There was considerable discussion over the implied phase-out of U.S. bilateral support after FY 1978. The PP should discuss in greater detail what are the realistic alternatives to continued U.S. bilateral support. There appears to be no advantage in asking another donor to assume the costs that AID has been financing. ~~If the USAID analysis reveals that further foreign assistance in population family planning is justified, the PP should indicate that USAID is planning to initiate a new project in FY 1979.~~ In ~~any~~ case, it would be advisable to plan an in-depth evaluation during FY 1977. The PP should contain a strategy for greater integration and assumption of family planning costs by the MOH.

(b) The PRP concentrates largely on the activities to be financed under the Population Project. The PP should include a more detailed analysis of the CEPEP activities as well as a frank assessment of its long-term prospects. Will the CEPEP clinics be integrated into the MOH system at the same time the DEPROFA activities are absorbed? The PP should attempt to project the CEPEP acceptors as well as the DEPROFA acceptors.

DISTRIBUTION	
OFFICE	ACTION
DIR	<input checked="" type="checkbox"/>
PO	<input checked="" type="checkbox"/>
TRNG	<input type="checkbox"/>
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CLINT G	<input type="checkbox"/>
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GSO	<input type="checkbox"/>
EM3/C&I	<input type="checkbox"/>
C&R	<input type="checkbox"/>

PAGE 1 OF 2

DRAFTED BY PHA/POP/LA:SSilberstein:pdh	OFFICE	PHONE NO. 59677	DATE 12/23/75	APPROVED BY: AA/PHA:HCrowley
A. I. D. AND OTHER CLEARANCES PHA/POP/LA:CNJohnson LA/APU:PMatheson PHA/POP:HPedersen		PHA/POP:GWinfield PHA/POP:RTRavenholt/RBacklund UNCLASSIFIED CLASSIFICATION		PHA/POP:Chambers PHA/PRS:DMcMakin LA/DR:MBrackett PPC:JWelty LA/DR:JBrackett

(c) The PRP does not estimate Paraguay's contraceptive requirements. The PP should discuss quantities required by both DEPROFA and CEPEP. The possibility of non-clinical distribution of contraceptives should be addressed. Mention should be made of studies of ~~the~~ commercial sector usage either previously undertaken or currently contemplated.

(d) The PP ~~XXXX~~ should specify a strategy for the collection of timely, accurate demographic data for measurement of program impact. Several paragraphs of the PP should be devoted to a discussion of the service statistics infrastructure, reporting system, feedback to planners, etc. The PP should also provide more background on the reasons for delay in initiating household surveys. More detail should be provided on the CELADE vital statistics activity which is proposed as an alternative.

(e) The PP should assess Paraguay's needs for training and discuss what training is to be made available through DAI or other non-bilateral U.S. sources of assistance.

(f) The PRP indicates that USAID requires assistance from contract consultants to analyze the cost effectiveness of delivering FP services as provided in this project on a national scale. The PRP did not contain much detail on the previous APHA cost effectiveness study. In its request for consultant services, the Mission should demonstrate why another study is required so soon. The Mission request for consultant services should outline the scope, duration, and timing of services.

(g) The PRP budgets \$80,000 annually for salaries and support for central office and cancer lab. Please identify in the PP how much of the \$80,000 is devoted to the cancer lab and PAP smear testing.

(h) The PRP states that DEPROFA has succeeded in obtaining broad scale public information through newspapers, radio~~xxx~~, and T.V. The PP should contain an IEC strategy for developing more support for population/FP within the leadership of the GOP, for motivating and educating potential contraceptors, and training of family planning personnel.

(h) The PP should assess the feasibility of utilizing other resources~~xx~~ such as extension workers, home economists, midwives, pharmacists, school teachers, church groups, unions, etc. in addition to DEPROFA personnel.

(i) The PP should contain an evaluation plan. A major evaluation should be scheduled before designing any new project to begin in FY 1979.

(j) The PP should assess how U.S. assistance is stimulating the advancement of Paraguayan women into decision-making roles.

INGERSOLL

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORK

NOTE: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.

Life of Project  
From FY 1969 to FY 1978  
Total U.S. Funding \$2,824  
Date Prepared May 1976

Project Title & Number Population 526-15-580-085.1

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p><u>GOAL</u></p> <p>To reduce the national fertility rate which will enhance the possibilities for success of other development programs aimed at lower income groups.</p>	<p>Measures of Goal Achievement:</p> <p>Crude Birth Rate reduction from approximately 41 per 1000 in 1972 to approximately 36 per 1000 by end of CY 1978.</p>	<p>a. 1972 GOP Population Census.</p> <p>b. Recurrent household surveys to measure changes in vital rates of representative national sample.</p> <p>c. Extrapolation from contraceptive use data provided by family planning service statistics and mini contraceptive prevalence survey.</p>	<p>Assumptions for achieving goal targets:</p> <p>a. GOP policies endorse family planning and encourage its expansion.</p> <p>b. Organized opposition to family planning does not develop.</p> <p>c. Increased participation in family planning programs will result in decreased maternal morbidity/mortality, decreased infant morbidity/mortality, and decreased induced abortion.</p> <p>d. Expansion of organized family planning services will be accompanied by increased use of contraceptives from the commercial sector. Active users to be at least 36,000 in 1976, 39,000 in 1977, and 42,000 in 1978.</p>

PROJECT DESIGN SUMMARY  
LOGICAL FRAMEWORKLife of Project  
From FY 1969 to FY 1978  
Total U.S. Funding \$2,824  
Date Prepared: May, 1976

Project Title &amp; Number Population 526-15-590-085.1

PAGE 2

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																								
<p><b>Project Purpose:</b></p> <p>To provide low cost family planning services to approximately 95,000 continuing users through organized family planning programs by the end of 1978. *</p> <p>* This project assists DEPROFA which will provide 64,000 of the 95,000 continuing users.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>1. Total number of active users (000) in organized family planning programs at year's end:</p> <table border="1" data-bbox="607 330 1081 462"> <thead> <tr> <th></th> <th>76</th> <th>77</th> <th>78</th> </tr> </thead> <tbody> <tr> <td>DEPROFA</td> <td>35</td> <td>49</td> <td>64</td> </tr> <tr> <td>CEPEP</td> <td>27</td> <td>29</td> <td>31</td> </tr> <tr> <td>TOTAL</td> <td>62</td> <td>78</td> <td>95</td> </tr> </tbody> </table> <p>2. USAID bilateral cost per continuing family planning user in DEPROFA program (excluding centrally funded contraceptives) will be \$10 in CY 1976, \$6 in CY 1977, and \$4 in CY 1978.</p> <p>3. Trained DEPROFA staff in place in existing MOH Health clinics/posts by end of CY 1978:</p> <table border="1" data-bbox="607 726 1081 834"> <tbody> <tr> <td>MDs</td> <td>30</td> </tr> <tr> <td>Nurses</td> <td>30</td> </tr> <tr> <td>Aux. Nurses</td> <td>90</td> </tr> <tr> <td>Social Workers</td> <td>30</td> </tr> </tbody> </table> <p>4. DEPROFA Operations Plan for 1979-82 finalized for GOP and Donor consideration.</p>		76	77	78	DEPROFA	35	49	64	CEPEP	27	29	31	TOTAL	62	78	95	MDs	30	Nurses	30	Aux. Nurses	90	Social Workers	30	<p>1. a) Service statistics from clinic records maintained by DEPROFA and CEPEP.</p> <p>b) Contraceptive prevalence national sample survey.</p> <p>c) Contraceptive supply records maintained by DEPROFA and CEPEP.</p> <p>2. DEPROFA and USAID records.</p> <p>3. DEPROFA personnel records.</p> <p>4. DEPROFA and GOP records.</p>	<p>Assumptions for achieving purpose:</p> <p>1-2. 80% of the population lives within 30 KM of FP clinics by end of project.</p> <p>1. At least 23 CEPEP clinics will continue to operate through 1978.</p> <p>2. The GOP will increase expenditures of own resources for family planning activities.</p> <p>3. DEPROFA/MOH staff who have received training in population/family planning will be available to fill positions in DEPROFA clinics/posts.</p> <p>4. The GOP intends to continue DEPROFA as the focal point for population planning and service activities.</p>
	76	77	78																								
DEPROFA	35	49	64																								
CEPEP	27	29	31																								
TOTAL	62	78	95																								
MDs	30																										
Nurses	30																										
Aux. Nurses	90																										
Social Workers	30																										

Project Title & Number Population 526-15-580-085

NARRATIVE SUMMARY

Outputs:

1. Continued operation of present DEPROFA and CEPEP clinics and phased expansion of FP services to additional outlets. \*

2. Recruitment of new acceptors to CEPEP/DEPROFA organized FP Programs. \*

3. Utilization of contraceptive supplies made available to DEPROFA.

4. DEPROFA personnel selected, trained in U.S. or 3rd. country, and deployed in positions of responsibility in DEPROFA network.

5. Sample surveys which update existing information on impact of family planning program.

\* This project assists DEPROFA. CEPEP receives assistance from IPPF.

Magnitude of Outputs:

1. Numbers of FP clinics/posts operating at the end of year:

	76	77	78
--	----	----	----

DEPROFA	30	60	90
CEPEP	23	23	23
TOTAL	53	83	113

2. Numbers of New Acceptors(000) during CY:

	76	77	78
DEPROFA	16	22	26
CEPEP	6	6	8
TOTAL	22	28	34

3. Utilization of Contraceptives (000) during CY by DEPROFA:

	76	77	78
Orals	275	309	366
IUD	4	6	8
Condoms	165	485	1,400

4. U.S. or 3rd. Country Training during CY:

	77	78
MDS	6	6
Nurses	6	6
Aux. Nurses	4	4
Social Workers	4	4
TOTAL	20	20

5. a. Contraceptive prevalence survey to be carried out in FY 1977.  
b. Population change survey to be carried out in FY 1977.

VERIFICATION

1. DEPROFA and CEPEP records. USAID reports.
2. DEPROFA and CEPEP records. USAID reports.
3. DEPROFA records. USAID reports.
4. DEPROFA and USAID records.
5. Published survey results.

IMPORTANT ASSUMPTIONS

- Assumptions for achieving outputs:
- 1-3. MOH budget is adequate to allow for expansion of program.
  - 1.3. IPPF continues to fund CEPEP clinic programs at current levels.
  4. DAI or other AID/W - funded training auspices available.
  5. Contractors are available to assist in the design, implementation, and evaluation of sample surveys.

21

Project Title & Number Population 526-15-580-085

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
I. <u>U.S. Inputs To DEPROFA</u>	Implementation Target (Type and Quantity) I. (\$000) 77 78	I. USAID and AID/W records. Contractor/Grantee records.	Assumptions for providing inputs:
A) <u>Bilateral USAID</u>	A) <u>Bilateral</u>	II. IPPF and CEPEP records.	I. Participant training will be AID/W funded through Development Associates or a similar contract. Consultants funded by AID/W will be available to assist in design of surveys and to participate in the program evaluation in 1977.
1. Commodities	1. Equipment/supplies 10 10	III. GOP/MOH/DEPROFA records.	II. IPPF will continue to support CEPEP at current levels through FY 1978.
2. Other Costs	2a. DEPROFA		III. The GOP will increase its level of support to DEPROFA in both 1977 and 1978.
a. Salaries and Support Costs	Central Office 120 120		
b. Studies/Sample Surveys to provide demographic data and contraceptive prevalence	Cytology Lab 15 15		
	30 DEPROFA Clinics 135 105		
	2b. Studies 20 -		
	<u>Sub-total 300 250</u>		
B) <u>AID/W Contraceptives</u>	B) Orals 63 72		
C) <u>Intermediaries</u>	Condoms 8 10		
1. Development Associates	<u>Sub-total 71 82</u>		
a. Short term U.S. and 3rd. country training.	C) 1. Training 50 50		
b. In-country Training for rural FP workers.	2. Pilot Project 25 20		
2. Pathfinder Fund Pilot projects for contraceptive distribution.	<u>Sub-total 75 70</u>		
II. <u>Other Donors</u>	II. IPPF Grant 350 350		
A) IPPF annual grant to local affiliate CEPEP, for operation of 23 FP clinics and IE&C activities.	<u>Sub-total 350 350</u>		
III. <u>GOP Inputs DEPROFA Support Costs</u>	76 77 78		
	III. Central Office 12 12 13		
	Cytology Lab 5 5 5		
	Ongoing Clinics 50 60 90		
	Program Expansion 15 30 30		
	<u>Sub-total 82 107 138</u>		

ANNEX C

DRAFT DESCRIPTION OF PROJECT TO BE PART OF PROJECT AGREEMENT (FY 1977)

OBJECTIVES AND PROJECT DESCRIPTION

In 1972 the Ministry established a Department of Family Protection (hereinafter referred to as DEPROFA) to direct, organize, plan, coordinate, supervise, evaluate, and develop norms for the Ministry's program of family protection, and establish a wide-range low-cost family protection program. At the end of 1976 DEPROFA had a total of 30 FP clinics under its direction plus outlets in four health posts, and at the end of December 1976 was providing services to 35,000 acceptors. The objectives of this agreement are 1) to extend and improve FP services especially in rural areas utilizing personnel from health centers, health posts, malaria eradication services, extension agents, and community organizations; 2) operate the 30 on-going FP clinics and organize their activities so that they can train, supervise, and expand FP activities to at least 30 additional health posts or other outlets during the CY; 3) maintain DEPROFA to plan, organize, train, and execute the coordination and evaluation of the 30 on-going clinics and the outreach program in their area; 4) in the execution of this program the Ministry will absorb an increasing amount of project costs and maintain the 30 on-going FP clinics as centers of excellence, and continue their integration at the national level as a general service of the Ministry throughout the country.

By the end of December 1977 it is expected that DEPROFA's clinics and outlets will have 49,000 active acceptors in FP.

(Similar text to be used in FY 1978 ProAg.)

221

TABLE VIII. B.

CENTRALLY FUNDED TITLE X CONTRACEPTIVES  
FOR BILATERAL PROGRAMS

	Condoms		
	Quantity (gross)	Costs \$ thousands	Number of condom users
1. <u>Total usage through FY 1978</u>	3,524	16.7	4,687
a. FY 1976 usage (7/1/75- (6/30/76)	781	3.9	1,125
b. IQ usage (7/1/76-9/30/76)	217	1.1	1,248
c. FY 1977 usage (10/1/76- 9/30/77)	1,041	5.4	1,500
d. FY 1978 usage (10/1/77 - 9/30/78)	1,215	6.3 <u>1/</u>	1,750
2. <u>Total 6/30/75 unused</u>	1,465	6.1	XXX
a. Central warehouse	315 <u>2/</u>	1.3	XXX
b. Public sector distribution system	150 <u>2/</u>	0.6	XXX
c. On order & confirmed by AID/W	1,000 <u>3/</u>	4.2	XXX
3. <u>FY 1976 obligations</u> (line 1 less line 2) x .80	1,647	8.2	XXX
4. <u>IQ obligations</u> (line 1 less line 2) x .20	412	2.0	XXX
5. <u>FY 1979 usage</u>	1,424	7.4	2,050
6. <u>FY 1977 obligations</u> (line 5)	1,424	7.4	XXX

- 1/ FY 1977 Prices.  
2/ DEPROFA's records.  
3/ At Aduana.

Country: PARAGUAY

TABLE VIII. C.

CONTRACEPTIVES PROVIDED BY OTHER DONORS, ORGANIZATIONS, AND HOST COUNTRY GOVERNMENT

	FY 1975		FY 1976		Interim Quarter		FY 1977	
	Obligations		Obligations		Obligations		Obligations	
	Quantity (MC/GRS)	Costs (\$000)	Quantity (MC/GRS)	Costs (\$000)	Quantity (MC/GRS)	Costs (\$000)	Quantity (MC/GRS)	Costs (\$000)
I. Orals - Total	530,000	340.8	480,000	297.2	137,500	86.7	592,500	407.6
a. <u>Other bilateral donors</u>								
b. <u>Private organizations</u>								
IPPF	130,000	20.8	140,000	25.2	37,500	6.7	112,500	23.6
Pathfinder Fund								
PPFA/FPIA								
Other								
c. <u>UN</u>								
d. <u>Host country government</u>								
e. <u>Commercial sector (both im- ported &amp; locally produced)</u>	400,000	320.0	340,000	272.0	100,000	80.0	480,000	384.0
II. Condoms - Total	7,400	30.7	6,700	33.2	2,750	13.6	9,250	48.0
a. <u>Other bilateral donors</u>								
b. <u>Private organizations</u>								
IPPF	2,400	10.0	2,700	13.4	750	3.7	2,250	11.7
Pathfinder Fund								
PPFA/FPIA								
Other								
c. <u>UN</u>								
d. <u>Host country government</u>								
e. <u>Commercial sector (both im- ported &amp; locally produced)</u>	5,000	20.7	4,000	19.8	2,000	9.9	7,000	36.3

All quantities are estimates based on the best information available to the Mission Population Office.

CENTRALLY FUNDED TITLE X CONTRACEPTIVES  
FOR BILATERAL PROGRAMS

	Number of pill users	Orals	
		Quantity monthly cycles	Costs \$ thousands
1. <u>Total Usage through CY 1978</u>	62,000	806,000	156.7
a. CY 1975 usage	11,000	143,000	22.9
b. CY 1976 usage	14,000	182,000	32.8
c. CY 1977 usage	17,000	221,000	46.4
d. CY 1978 usage	20,000	260,000	54.6 <u>1/</u>
2. <u>Total 12/31/75 unused</u>	XXX	417,788	66.9
a. Central warehouse	XXX	111,045 <u>2/</u>	17.8 <u>4/</u>
b. Public sector distribution system	XXX	24,743 <u>2/</u>	4.0 <u>4/</u>
c. On order & confirmed by AID/W	XXX	282,000 <u>3/</u>	45.1 <u>4/</u>
3. <u>FY 1976 Obligation Requirement</u> (line 1 less line 2)	XXX	388,212	69.9
4. <u>Usage for period 1/79 through 3/79</u>	21,000	63,000	13.2 <u>1/</u>
5. <u>I.Q. Obligation Requirement</u> (line 4)	XXX	63,000	13.2 <u>1/</u>
6. <u>Usage for period 4/79 through 3/80</u>	23,000	299,000	62.8 <u>1/</u>
7. <u>FY 1977 obligation requirement</u> (line 6)	XXX	299,000	62.8

- 1/ At FY 77 Prices.  
2/ DEPROFA's Records.  
3/ Customs warehouse.  
4/ FY 74 Prices.

TABLE 1  
ESTIMATE OF WOMEN IN NEED<sup>1</sup>  
Paraguay - 1975

<u>Need and Component Factor</u>	<u>Number</u>	<u>% of Total</u>	<u>% of Previous Subtotal</u>
Women 15-44	544,200	100.0	-
-Sterile/subfecund <sup>2</sup>	<u>27,200</u>	<u>5.0</u>	-
-Presumed Fecund	517,000	95.0	-
-Not Sexually Active <sup>3</sup>	<u>227,000</u>	<u>41.7</u>	43.9
-Fecund and Sexually Active	290,000	53.3	<u>56.1</u>
-Pregnant or Trying to Conceive <sup>4</sup>	<u>82,600</u>	<u>15.2</u>	28.5
-Fecund, Sexually Active Not Pregnant/Trying	207,400	38.1	<u>71.5</u>
-Private Sources <sup>5</sup>	<u>42,400</u>	<u>7.8</u>	20.5
<u>-Women in Need</u>	<u>165,000</u>	<u>30.3</u>	<u>79.5</u>

Urban: 25.0

Rural: 35.0

- 1 Assuming desired family size of 4 children;
- 2 Ministry of Health estimate;
- 3 Local estimate which assumes 85% of women single, widowed or divorced are not sexually active;
- 4 See attached table;
- 5 Torres Herrera, B.: Encuesta sobre venta y distribución de anticonceptivos en el Paraguay. Instituto para el Estudio de la Reproducción Humana, Asunción, Paraguay, 1973.

Prepared by Leo Morris, CDC Consultant, September 1975.

ANNEX F

PPT NETWORK

1977

- Jan - Sign FY 1977 ProAg
- Feb -
- Mar - Up-date studies carried out (\$10,000)
- Apr -
- May -
- June - USAID/MOH review of project
- July - DEPROFA begins work on a 4 year plan
- Aug -
- Sep -
- Oct -
- Nov - In-depth evaluation of program and DEPROFA 4-year  
plan beyond FY 78.  
- Develop new project documentation (beyond FY 78)  
if indicated.
- Dec -

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1978

- Jan - Sign FY 1978 ProAg
- Feb -
- Mar -
- Apr -
- May -
- June - USAID/MOH review of project \*
- July - Develop FY 79 documentation if indicated
- Aug -
- Sep -
- Oct -
- Nov - USAID/MOH review of project \*
- Dec -

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\* A major activity during the review will be examination of project progress toward quantifiable targets i.e. number of acceptors, new clinics, staff trained, etc.