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**PROJECT ASSISTANCE COMPLETION REPORT
Reproductive Health Consolidation**

**Grant 515-0261 with the Caja Costarricense de Seguro Social
June 25, 1992- September 30, 1995**

\$720,000 plus \$30,000 in-kind contraceptives

I. BACKGROUND:

USAID/Costa Rica signed a follow-on grant agreement with the GOCR as represented by the Ministry of Health, and the autonomous Caja Costarricense de Seguro Social for the purpose of managing the financial and in-kind resources for the family planning program. The previous agreement, (1988-1993) had shifted programmatic responsibility for public sector programs to the public health institutions, and this agreement followed suit. The renewed emphasis on preventive health care as espoused by the incoming government in 1994 served to give the reproductive health area increased importance. The restructuring of the health sector and the decentralization of service delivery complicated operational and supervisory aspects, but services continued uninterrupted. The Cairo and Beijing conferences reinforced voluntary family planning services as a human right.

II. Project Status v. Planned Outputs

-Planned EOPS

1. CCSS program management for reproductive health services will be fully integrated into the Preventive Medicine Department at the central level and regularly supervising field units at the regional level.

1a) The change in government and the health sector restructuring firmly placed reproductive health within the department that deals with women's health and adolescent health. Field supervision is still not a regular feature of the CCSS in any of its outpatient services, which is an institutional weakness.

2. CCSS and MOH will be providing improved reproductive health services at 100% of public health units.

2a) A survey of medical and administrative barriers to quality service delivery was carried out in late 1994, and the feedback from the field was incorporated into improving administrative mechanisms, logistics, supplies and training courses in counselling and gender issues.

3. CCSS will be budgeting and purchasing with domestic resources 100% of public sector basic contraceptive needs.

3a) CCSS has procured oral contraceptives since 1992, condoms and IUD's since 1994, and also provides Depo-Provera, injectable contraceptive. The technical committees have recommended expansion of the contraceptive menu.

4. CCSS will be assisting in the provision of reproductive health services in more work place and other non-traditional sites.

4a) Workplace services continue, although the new CCSS management has focussed more on the community level multi-disciplinary teams.

5. The Health Sector will be regularly including reproductive health and AIDS prevention within its public information services.

5a) Despite epidemics which have required increased resources from the public health budget, reproductive health messages continue to be broadcast and the press maintains an interest in presenting feature articles.

6. Reproductive health service training will be provided on a regular basis to all providers of such services.

6a) the field survey pointed out that the majority of family planning services in rural areas was being provided by doctors in their social services practice, so there is a renewed interest in fortifying the training in medical schools. Technical teaching guides, that were vetted for curricular importance and technical content were given high marks by the AID/W projects that focus on clinical training.

III. Project Status at PACD

A. Procurement. All project funded procurements were completed. The CCSS is now procuring all of the contraceptive requirements for oral contraceptives, condoms and IUDs, and the injectable contraceptive, Depo-Provera. Over ninety percent of the voluntary sterilizations take place in the CCSS facilities. Sterilizations are still tightly controlled, and must be justified before a medical board for the health of the woman.

B. Training. Training focussed on medical schools, improving cervical cancer detection, counselling and gender considerations.

C. Research. Nationwide contraceptive prevalence surveys were carried out under the last project for the 15 -24 year old population, and the 15-49 year old population. Continued analysis was financed under this project. Operations research helped program management.

D. Information, Education and Communications. Media and print materials from the last project were reproduced and retransmitted to increase the visibility. Videos were produced for technical training purposes. Teaching materials were designed and published.

IV. Progress Towards Purpose

The EOPS section above indicates that the project surpassed its targets in most cases.

V. Monitoring Responsibilities

None

VI. Data collection and Evaluation

Population is one of the themes of the study of 50 years of US government assistance to Costa Rica.

VII. Lessons Learned

Costa Rica may be unique in its strong public health programs, with wide ranging nationwide coverage. It may not be easily replicable, due to its special circumstances. The National Prevalence Survey statistics indicate a growth of public sector family planning services, indicating that the demand is greater in the public, pre-paid social security institution and Ministry of Health, rather than in the significantly higher cost private sector market. There is minimal private subsidized services, essentially limited to a private non-profit hospital that cross-subsidizes services. No major NGO is involved in clinical services, which is a different scenario from most Latin American countries. This environment of state-supported services was strengthened through the project, yet also during the project period, different administrative models were successfully implemented by the Social Security Institute for outpatient services, including family planning, that can improve access to and quality of services.

Female education levels, rural residence and socioeconomic status are still major indicators of differences in fertility, with educational levels leading the variables in importance. In a country with a strong health services network, and a mature family planning program, transition to full domestic financing is highly desirable. Over the period of the project there has been an "institutionalization" of the program, as part of the preventive health scheme, and provision of regular outpatient services. The stigma of implied imposition of external entities setting policies has been overcome. Analyses of opinions of leaders from all walks of life indicate an acceptance of the philosophy and activities of the reproductive health program, including sex education at early ages.