

PDWAS 861



The Pathfinder Fund pathways in population planning

APR 25 1986

April 18, 1986

Mr. Edwin T. McKeithen
Grants Management Branch
Family Planning Services Division
Office of Population
USAID
Department of State
Washington, DC 20523

Dear Mr. *W* McKeithen:

For your information, I am enclosing a copy of The Pathfinder Fund's Five Year Strategy Document for Latin America South from 1986 through 1990. This document is the result of a week-long strategy meeting which took place in the Pathfinder Boston office in February.

The document describes Pathfinder's long term objectives and work plan for fiscal year 1987.

Our Regional Representative for Latin America South is Carlos Aramburu, who works out of Lima, Peru. He can be contacted at the following address and phone:

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I hope that you find this document useful.

Sincerely,

D. Pellegrin
Daniel E. Pellegrin,
Executive Director

cc: Deirdre D. Strachan,
Director, Technical Services and Planning

Enclosure

DEP/mep

Cable Address:

Pathfind-Boston
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Latin America (South) Strategy Meeting

DATES OF STRATEGY SESSION: February 18 - 21, 1986
UPDATE LONG-TERM STRATEGY: 1986 - 1990

Pathfinder's Latin America (South) program involves the countries of Peru, Bolivia, Ecuador, and Paraguay, with Peru and Bolivia being the highest priority countries in the region. Pathfinder has not had a Latin America (South) strategy since February, 1984. Dr. Carlos Aramburu, who is representing Pathfinder in the region, joined Pathfinder/Boston staff for a brief session to devise a short-term strategy for the next eighteen months and allocate funds accordingly, and to discuss Pathfinder's long-term role in the region.

Regional Background

Peru, Bolivia, and Ecuador share the same cultural background and ecological setting. Though they are dominated by a population of Spanish descent, these countries also have a considerable native Indian population found in the Andean Amazonian and zones of the region. These countries also share a general lack of experience in the fields of family planning and population. Despite these common characteristics, these countries hold different positions regarding population policy and family planning programs as the following discussion on the individual countries describes. The economic and political situation in the countries that make up the Latin America (South) region is also different; however, there seems to be no relation between the economic stability of a country, or lack thereof, and any awareness of population problems.

BOLIVIA
Five Year Strategy
1986-1990

February 18 - 21, 1986

COUNTRY BACKGROUND

For socio-demographic statistics see Annex II.

There are three main regions in Bolivia: the Altiplano, the Valle and Amazonia. Demographic trends vary widely region to region.

UPDATE INFORMATION

A. Current Policies

Bolivia is still one of the few Latin American countries that opposes family planning as an overt public policy. Three main factors seem responsible for this:

- 1) Until very recently, Bolivia has been in the early stages of its demographic transition which has resulted in slow population growth. This in turn has influenced the official position on population which has sought to achieve a better population distribution and the settlement of the Amazonian region where expansion by Brazil is feared. However, the process of demographic transition is well under way and this means that as mortality is reduced, population growth will gain momentum and will exert an impact on economic and social growth.
- 2) The lack of demographic information and knowledge has prevented a real grasp of Bolivia's population trends. The first demographic survey was conducted in 1975, and the first national census taken in 1976. New information is now being produced by CONAPO which shows major demographic changes, such as a reduction in mortality in the urban areas and in the Llanos region, an increase in fertility in the rural areas, and a decrease in fertility in urban areas.
- 3) There is political and religious opposition to any form of intervention in population issues, especially family planning. A prominent actor in this debate has been the Catholic Church which has an enormous influence both at higher political levels and among peasant's organizations. Paradoxically, the Bolivian Church proclaims its adhesion to the cause of the poor and has a very progressive attitude towards economic and human rights issues, but adopts a very conservative posture towards reproductive rights and family planning issues.

Under the new government elected in July 1985, the attitude towards private programs in family planning seems more open. Explicit support is lacking however and is seen as risky by the administration

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because of the opposition from the Church and the COB, the major leftist workers organization in Bolivia.

Sterilization is banned as a public service, but it is not illegal. The service is provided by a few private clinics. Although more readily available than sterilization, IUDs are not offered by the public health services. The use of IUDs, however, is spreading through private physicians. There is no information available on the status of injectables in Bolivia.

B. Status of Women's Programs

Presently, there are no Pathfinder-specific projects dealing with women's issues in Bolivia. However, several private organizations are in the process of coordinating their activities in this field through an institution, "Coordinadora de la Mujer," whose current president, Ms. Maria Helena Querejazu, works in CONAPO in a Pathfinder funded project. This creates the possibility of exploring future projects in the field of women's development and the promotion of reproductive rights which could be channeled through the "Coordinadora" .

C. Status of Population Policy Programs

The Pathfinder Fund has been particularly active in supporting policy-related projects in Bolivia. This has been done mainly through the Consejo Nacional de Poblacion (CONAPO), a branch of the Ministry of Planning. CONAPO gathers a highly qualified team of sociologists, demographers and economists that, under the initial support from UNFPA, has been able to introduce population issues in development.

The major activities of this group have been in population research and planning, the final goal being the establishment of a National Population Policy. However, this target will take some time to accomplish due to the factors already stated.

BOLIVIA
Five Year Strategy
1986-1990

FAMILY PLANNING

- 1) **Long Term Goal:** To increase the provision of family planning services by the private sector while there is still no official policy.

- FY 87 Objectives:**
- A) To establish family planning services in private clinics in two main Bolivian cities.
 - B) To promote CBD programs for urban/rural populations.

- Proposed Activities:**
- AID/BOL PIN 003-1: Family Planning Medical Center Cochabamba
 - AID/BOL PIN 004-2: Natural Family Planning and Other Family Planning Services La Paz
 - #53 CBD Program Cochabamba Centro Cruz del Sur

- 2) **Long Term Goal:** To provide training for physicians, midwives and pharmacists in contraceptive methods.

- FY 87 Objectives:**
- A) To train private physicians, midwives and pharmacists in contraceptive methods, especially in IUD insertion.
 - B) To organize the medical professionals to lobby for responsible parenthood.

- Proposed Activities:**
- CAW/BOL PIN 001-4: Training Private Physicians in Family Planning
 - CAW/BOL PIN 010-2: Training in Family Planning for Pharmacists
 - #54: CIS Through 001-4 To Organize Trained Physicians to Act as Pressure Group

3) **Long Term Goal:** To demonstrate from a users perspective the feasibility of natural family planning methods vs. other methods.

FY 87 Objectives: A) To establish clinics that specialize in Natural Family Planning methods and compare their performance with clinics that offer all methods.

Proposed Activities:

- AID/BOL PIN 004-2: Natural Family Planning Services
- Workshop on Natural Family Planning Effectiveness

POLICY DEVELOPMENT

- 1) Long Term Goal: To support official groups involved in the development of a population policy for Bolivia.

- FY 87 Objectives:
- A) To consolidate Consejo Nacional de Poblacion's (CONAPO) role within the Ministry of Planning and their activities leading to the establishment of a population policy in Bolivia.
 - B) To organize seminars and workshops to disseminate results of research and service activities in population and family planning.
 - C) To improve the demographic data base to permit better development plans.

- Proposed Activities:
- AID/BOL PIN 012-1: Fertility and Economic Activity Among Urban Bolivians
 - PF/BOL PIN 009-1: Population Projections and Health Services

- 2) Long Term Goal: To promote awareness among policymakers, politicians and the general public on Bolivian population problems.

- FY 87 Objectives:
- A) To organize seminars and workshops to diffuse results of research and service activities in population and family planning.
 - B) To carry out a mass media campaign to promote family planning.

- Proposed Activities:
- PF/BOL PIN 007-1: Documentary on Socio-Cultural Aspects of Fertility and Mortality in Bolivia
 - #55: Radio Programs

WOMEN'S POLICY

1) Long Term Goal: To work with women's organizations to create a constituency on reproductive rights.

FY 87 Objectives: A) To support the coordination of activities among women's organizations to include sexual and family planning issues.

Proposed Activities: - #56: Coordinadora Workshop

ECUADOR
Five Year Strategy
1986 - 1990

February 18 - 21, 1986

COUNTRY BACKGROUND

For socio-demographic statistics see Annex III.

Despite the fact that Ecuador is one of the most advanced countries in the Andean region, Ecuador does not have a strong tradition of producing good demographic data or of having demonstrated capability in social science research. It is difficult to identify many organizations with which Pathfinder can work.

The present government in Ecuador can be described as right-wing liberal. There is no official policy in family planning and/or population. The Church in Ecuador is also highly conservative. The academic community is viewed as liberal.

Pathfinder is currently funding a large CBD program in Ecuador through APROFE. However, there is still a great need for family planning in Ecuador and it was decided during this strategy meeting that efforts will be made in the next few years to diversify and identify other PVO's and increase the number of organizations through which we work.

ECUADOR

Five Year Strategy

1986 - 1990

FAMILY PLANNING

- 1) Long Term Goal: To increase the availability of family planning services and education in poor urban and rural areas with high fertility.

FY 87 Objectives:

- A. To support a CBD program in selected urban and rural areas of Ecuador.
- B. To support family planning clinics in low income areas.
- C. To provide commodity grants.

Proposed Activities:

- CAW/Ecuador: PIN 003-4: CBD Program in Seven Provinces of Ecuador
- Proposal: Voluntary Sterilization Clinic in Quito (APROFE)

- 2) Long Term Goal: To improve the capability of health professionals to provide safe contraceptive methods.

FY 87 Objective:

- A. To provide training in family planning methods, including IUD insertion and minilaps

Proposed Activities:

- CAW/Ecuador: PIN 004-1: Quito training in IUD Insertion for Medical Students
- PF/Ecuador: PIN 003-1: Quito Course on Minilap
- Proposal: To send Dr. Leon Aguayo to SOMEFA.

ADOLESCENT FERTILITY

- 1) Long Term Goal: To decrease the number of early and unwanted pregnancies among young couples.

FY 87 Objective:

- A. To establish a counseling and service unit in the major maternity of Guayaquil.

Proposed Activity:

- Proposal: Fertility Services for Young Couples in Guayaquil.

PARAGUAY
Five Year Strategy
1986 - 1990

February 18 - 21, 1986

COUNTRY BACKGROUND

For socio-demographic statistics see Annex III.

Paraguay is a relatively rich country by Latin American standards, although income distribution is not equitable. Paraguay is mostly rural, with 58% of the population inhabiting rural areas and living in poor conditions.

The government of Paraguay has not been active in the family planning/ population field since 1976. Pathfinder, however, has supported the private sector with three main types of activities:

1) service delivery carried out by CEPEP 2) training which has been conducted in the University of Asuncion by Dr. Ruoti, and 3) training of drugstore employees.

Pathfinder was faced with a difficult decision during this strategy meeting regarding Paraguay. This country is unfortunately low priority on USAID Resource Allocation Plan. Hence, the question about whether to continue our support in Paraguay was raised. Carlos Aramburu pointed out that even though Paraguay seems relatively wealthy, there is still a great need for services. Additionally, Dr. Aramburu felt that an organization such as CEPEP was worthy of our support because of their dedication to family planning issues and their well-organized management. It was also noted that Paraguay receives very little, if any, international assistance. A decision regarding our involvement in Paraguay was postponed until the Latin America staff meeting in May.

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PERU
Five Year Strategy
1986 - 1990

February 18 - 21, 1986

For socio-demographic statistics see Annex I.

The Peruvian population has tripled since the 1940's due to a decline in the mortality rate. Contraceptive prevalence has increased as well. However, this trend is attributed more to private sector activities, namely private doctors and pharmacies, than to government programs. The Catholic Church in Peru is split on the issue of family planning. Consequently, Peruvian politicians are divided as well on the issue.

UPDATE INFORMATION

A. Government Policies toward Family Planning

Since July 1985, Peru has had a National Law on Population which states that family planning services should be made available voluntarily to couples in the country and delivered free of charge by the Ministry of Health. However, the total budget allocation for the health sector has been decreasing over the past years. As a result, almost all funds for family planning activities come from foreign donors. For example, during 1985, 90% of the activities of the Consejo Nacional de Poblacion were financed by AID and UNFPA funds during 1985. Paradoxically, only approximately 30% of the total aid available from bilateral funds for family planning in 1985 were actually spent by the Ministry of Health.

In 1981, the government began to provide family planning services. The four year goal of the government program was to provide services to 10% of women of fertile age in the country. Nevertheless, by mid 1985, only 4% of the women had been reached. The new regime seems to be pressing for wider coverage. However, the government's clinic based approach is still very traditional and has limited outreach.

B. Status of Women's Programs

Debate on women's rights, including reproductive issues, has gained considerable force over the past five years in Peru. Numerous women's organizations exist and the public debate on women's issues has led to a creation of a Women's Right Commission in the Ministry of Justice and a section on women's rights in the National Population Policy.

In spite of increasing awareness of women's issues, women's status and working conditions are still lower than those of males. Over two thirds of the illiterate population is made up women and underemployment is twice as high among females as males. Legal discrimination has been corrected by a major revision of the Civil Rights Code, but in practice these measures have not improved women's situation much.

C. Status of Population Policy Programs

A National Population Council (CNP) was established in 1980 and was given the responsibility of producing and implementing a national population policy. In mid 1985, the Population Law was passed. Under the new regime, there was a complete change in the staff of the CNP and most of the technical staff was fired.

It is not yet clear what the role of the CNP will be under the present administration. Pathfinder should wait and see how their activities develop before committing any support.

PERU
Five Year Strategy
1986 - 1990
and FY 87 Workplan

FAMILY PLANNING

- 1) Long Term Goal: To increase coverage and improve family planning services in high fertility areas where public services are lacking.

FY 87 Objectives:

- A. To establish 2 CBD programs in urban marginal zones of 9 cities
- B. To establish family planning and health clinics with the support of local organizations, municipalities, rural co-ops, mother's clubs
- C. To increase public sector capacity to provide family planning services by training MOH midwives
- D. To provide commodity grants to selected organizations

Proposed Activities:

- CAW/Peru: PIN 002-3: CBD Program in Eight Provinces
- CAW/Peru: PIN 007-4: CBD Program in Cuzco
- CAW/Peru: PIN 004-2: Family Planning and Health Chillon Valley
- CAW/Peru: PIN 008-1: Ilo: Training, Education and Family Planning Services
- Proposal: 10 Family Planning Clinics and Outreach Program in 10 Municipalities, with INPPARES
- Proposal: Training in Family Planning to Midwives
- Supply contraceptives to ADIM
- Proposal: FP Referral and Services to APRA Mother's Clubs

- 2) Long Term Goal: To promote increasing awareness about the need for responsible parenthood and about Peru's population program.

FY 87 Objectives:

- A. To produce and diffuse information about family planning through mass media using popular culture, forms such as the Soap Opera, songs, and reports on population problems.

Proposed Activity:

- TV Series on Responsible Parenthood

ADOLESCENT FERTILITY

- 1) **Long Term Goal:** To study the problems of adolescent fertility and to provide family planning services to young couples to diminish risks of early pregnancy.

FY 87 Objectives:

- A. To support research on adolescent sexuality and disseminate it to policymakers and educators.
- B. To support production of educational material on reproductive risks of early pregnancy and use it in high school curricula.
- C. To establish counseling and family planning services for young couples in selected locations.

Proposed Activities:

- Publication of Dr. Loli's KAP Survey on Adolescence as "Cuadernos Pathfinder"
- CEDER Proposal: Survey and Services for Young Couples in Arequipa
- CAW/Peru: PIN 006-1: Ica, Education Program on Reproductive Health for Young males and Females

WOMEN'S POLICY

- 1) Long Term Goal: To involve women's organizations as pressure groups in promoting reproductive rights and family planning.

FY 87 Objectives:

- A. To organize seminars and workshops involving women's organizations with policy makers and politicians.
- B. To promote diffusion of information on women's status and rights.

Proposed Activities:

- AID/Peru: PIN 011-1: FORUMUJER (Follow-up activities)

- 2) Long Term Goal: To strengthen key women's organizations

FY 87 Objectives:

- A. To develop one project with domestic workers to improve their income and disseminate information on their rights, including family planning.
- B. To organize one workshop to establish links between PVOs and women's grassroots organizations

Proposed Activities:

- PF/Peru: PIN 006-1: Domestic Workers Union

- 3) Long Term Goal: To improve links and coordinate programs between organizations and policymakers

FY 87 Objective:

- A. To organize workshops and establish coordinating links between PVO's and women's grassroots organizations.

Proposed Activity:

- CAW/Peru: PIN 010-1 ADIM Workshops with PVO's and women's grassroots organizations

POPULATION POLICY

- 1) Long Term Goal: To support the implementation of the National Population Policy and strengthen the participation of the public sector in this process.

FY 87 Objectives:

- A. To enhance the capability of civil servants in the use of demographic data for development plans and policies.
- B. To coordinate efforts among politician to supervise and lobby for the effective implementation of Peru's Population Law.

Proposed Activity:

1. Follow up activities by Carlos Aramburu on AID/Peru:
PIN 011-1: FORUMUJER

BACKGROUND INFORMATIONPERUI. BASIC DEMOGRAPHIC DATA

A. Total Population: 19,697,500 (1985)

B. CDR: 12/1,000 (1981) e⁰ = 58 yrs. (1981)

C. CBR: 38.2/1,000 (1975)

D. Growth Rate: 2.6% (1972-81)

E. IMR: 105/1000 Live Birth - Urban 80/1000

Rural 135/1000

Lima 55/1000

F. TFR: 5.6 children/women 49 yrs. (1975) - Coast 5.0

Sierra 7.3

Selva 7.0

5.2 children/women 49 yrs. (1981)

G. GNP p.c. - 27'678,000 Soles (82)

H. % Urban = 65% (1981); 1940 32% Urban; Lima - 5 millions

I. Contraceptive Prevalence: 40.9% (Women at risk); only 17.1% use modern methods specially oral contraceptives (4.7%); Sterilization (4.5%) and IUD's (3.9%)

ANNEX III

BASIC DEMOGRAPHIC DATA ON ECUADOR

- A. Total Population
8,900,000
- B. Crude Death Rate
8 per 1,000 population
- C. Crude Birth Rate
35 per 1,000 population
- D. Annual Growth Rate
2.7
- E. Infant Mortality Rate
70
- F. Total Fertility Rate
5.0
- G. Per Capita G.N.P. (1985)
1,430

ANNEX IV

BASIC DEMOGRAPHIC DATA ON PARAGUAY

- A. Total Population
3,600,000
- B. Crude Death Rate
7 per 1,000 population
- C. Crude Birth Rate
35 per 1,000 population
- D. Annual Growth Rate
2.8
- E. Infant Mortality
45
- F. Total Fertility
5.2
- G. Per Capita G.N.P. (1985)
1,410