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AN ASSESSMENT OF POPULATION AND
FAMILY PLANNING IN PERU

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AN ASSESSMENT OF POPULATION AND FAMILY PLANNING IN PERU

I. BACKGROUND

A. MID-SIXTIES

1. The preliminary results of the 1961 census and the preliminary planning document for 1966-1970 indicated an accelerating population growth rate, an uneven geographical distribution of the population, and growing pressures on education, housing and urbanization.

2. In December, 1964 the Center for Population and Development Studies (CEPD) was founded by Supreme Decree to promote research in the population field, to train technical personnel and to conduct conferences and seminars.

3. The principal demographic concern of the Peruvian authorities, however, was that of spatial distribution and the need to stem the migratory flow from rural to urban areas, particularly to metropolitan Lima. Consequently, government efforts were focused on redistribution of the population to the country's sparsely-populated areas, especially the jungle.

4. A number of family planning activities in the public and private sectors were initiated in the mid-sixties. However, they were modest in scale, located mainly in Lima, and provided limited coverage.

B. 1968-1975

1. This period of military rule was marked by increasingly restrictive government attitudes with respect to population and family planning, in which the opposition became particularly critical during the years 1973-1975.

2. At the end of 1968 the government suspended the agreement signed at mid-year with the Pan-American Health Organization (PAHO). The plan called for integrating MCH/family planning services into public health facilities and hospitals.

3. In 1973, the government closed the clinics of the Peruvian Association for Family Protection (APPF) and, two years later, confiscated the Association's property.* Only the modest programs of ADIFAM and PALF supported by the Church authorities and the clinic activities at Hospital A. Loayza and the Instituto Marcelino escaped total closure.

*APPF's rise and fall is briefly described in Appendix A.

4. The 1971-1975 development plan contained only one explicit demographic objective: reduce the disequilibrium in distribution of the population. The plan did include, however, policies which indirectly could impact upon high rates of fertility (such as employment creation, sex education and incorporation of women in the labor force); and which were consistent with the "structural change" philosophy of the period.

5. The Peruvian position at the 1974 World Population Conference (and at the 2nd Latin American Meeting on Population in March, 1975) was very anticontralista. It was the economic practices of the developed countries, rather than high population growth rates, which posed a threat to the world's resources.

C. 1976-1978

1. The current President of Peru, General Francisco Morales Bermudez, took over in August, 1975. The following February, he named a Commission to draw up the "Guidelines for a Population Policy in Peru."* The policy, which was issued in August, 1976, forms part of the 1975-1978 National Development Plan.

2. The policy acknowledges that rapid population growth and its concomitants are serious problems and within the sphere of legitimate government concerns. The objectives of the policy are to achieve:

- a. a rate of population growth . . . consonant with free decisions regarding family size;
- b. a significant reduction in morbidity and mortality, especially among mothers and children; and
- c. an improved spatial distribution of the population.

3. In justifying the necessity for government involvement in the provision of family planning information and services, the guidelines incorporate aims acceptable to both the revolutionary government and the Church--e.g., the dignity of the individual, the strengthening of the family, improvement in the status of women, responsible parenthood, adequate care for children, etc. In addition, the document explicitly prohibits abortion and sterilization for purposes of fertility regulation.

*The Commission included only Ministry of Health functionaries: Napoleon Zagarra (president), Mario Castillo, Rene Cervantes, Hernan Farje, and Alberto Lari. Consultants to the Commission were: Luciana Fuchs, Lucy Jefferson, Richardo Subiria and Juan Wicht. The latter, a Jesuit economist, was reportedly responsible for a major share of the document.

4. The government position with respect to demographic goals is best summarized as follows:

Although the government has not . . . set quantitative targets, it considers that fertility--and population growth--will reach an acceptable level as a result of combined governmental and individual efforts. . . . The Government will provide educational services and contraceptives, but only as a means of facilitating free and responsible parenthood, and not with a view towards decreasing individual or aggregate levels of national fertility.*

5. The norms governing the implementation of the population policy were issued by the Ministry of Health in February, 1977, thereby setting the stage for the guidelines to be put into action.

6. However, two years after the population policy was issued, one would have been hard pressed to discern what changes, if any, had taken place in the public sector. There was little or no evidence of: a) any sense of urgency to implement the policy; b) concrete actions to deliver family planning information and services; c) willingness to introduce innovative approaches; d) an adequate organizational structure to manage a nationwide program; or e) high-level authorities willing to commit official support to family planning efforts. Moreover, there appeared few initiatives in the private sector to extend information and services, giving the impression that the private sector too remained intimidated by the restrictive, and sometimes repressive, government measures of the past decade with respect to family planning. In short, the population policy document was still a paper policy.

*"National Experience in the Formulation and Implementation of Population Policy, 1960-1976," Peru, United Nations (ST/ESA/SER.R/20), p. 46.

N.B. According to the guidelines, it is expected that the birth rate will decline to 24 per 1000 by the year 2000.

II. NOVEMBER, 1978

A. SETTING

1. Peru is in the midst of one of its most critical periods in recent history. The country is in a severe crisis: The experiment of 1968-1978.* External debt. Dry wells. Devaluation. Inflation. Gross inequities. Poverty. Anger. Massive strikes and protests. Antipathy for military government. Uncertain political future.

2. Given the current crisis, and the depressing track record in population and family planning during the past decade, I anticipated my three-week assignment with a strange mix of apprehension, curiosity and joy.** Thus, I was very much surprised and somewhat incredulous to learn about or observe, day after day, the positive developments with respect to family planning which are currently unfolding in Peru. It was an exciting and propitious moment. Most importantly, it appeared that the forward momentum is irreversible.

B. OBSERVATIONS

1. Government attitude

- a. The Government of Peru now shows a willingness to request/accept foreign involvement--i.e., technical assistance, funds, and commodities, in support of population and family planning programs.
- b. An increasing number of public sector institutions are initiating programs in family planning and in family life and sex education. They include the Ministries of Health and Education, the Social Security system, and the military's training program in the health services.

*Although the Peruvian experiment has "undoubtedly speeded up some needed structural reforms . . . (it) has shown that without an increase of production and productivity such changes may create a dream world of desirabilities which, when not realized, bring into existence social repression and the elimination of basic human rights. . . . Too much confidence has been given to the capabilities for economic development through all kinds of projects and far little attention has been given to the creation of a social context conducive to social and economic development." Walter Mertens, "Report on Population Activities in Peru, A Preliminary Appraisal," The Ford Foundation, Lima (internal document), pp. 105-106.

**It was while working in Peru in 1964-1965 in community development activities that I became committed to the family planning movement. The needs, hopes and warmth of the Peruvian people made an everlasting impression on me.

- c. The recently-appointed Minister of Health and the new Vice-Minister (Director Superior) have demonstrated genuine concern for integrating family planning into the Ministry's health program. This is particularly manifest in their support of a project proposed by the Sur Medio Health Region, which is designed to extend basic health, nutritional and family planning services beyond the existing health infrastructure through resident community agents.
- d. The Sur Medio project is also an indication of the growing willingness to develop innovative approaches to family planning.
- e. The Ministry of Health, the UNFPA and PAHO held a tripartite meeting the week of November 20. The purpose of the meeting was to discuss the final version of a document entitled "Programa Nacional de Salud y Poblacion" (National Program for Health and Population), a four-year plan of action totalling some \$4.0 million.*
- f. In view of the above and the observations which follow, it is difficult to imagine any government reverting to a reactionary position prohibiting organized family planning activities.

2. Constitutional Assembly**

- a. The Constitutional Assembly is serving as a public forum for a number of issues. There has been much support for the rights of women and the family, including the right to fertility regulation and determination of family size.
- b. In August, fourteen women's groups petitioned the Constitutional Assembly to form a special "Comision de la Condicion de la Mujer" (Commission on the Status of Women). The signatories cited 44 "buenas razones"

*On Friday, November 17, the headline news of the English-speaking weekly, "The Lima Times," read: "Birth control campaign to be launched in Peru in health care program." The article made reference to the Ministry of Health program supported by the United Nations and to the Ministry of Education's pilot sex education program to begin in 1979. See Appendix B.

**The government allowed free elections for a Constitutional Assembly whose members run through the political spectrum from Maoist left to oldtime oligarchic right. The assembly, chaired by 83-year-old Victor Raul Haya de la Torre, a one-time radical whose ruling Popular American Revolutionary Alliance (APRA) now firmly sits in the political center, plans elections after it draws up a new constitution, probably in 1980. "The Miami Herald," October 5, 1978, p. 3-AW.

(good reasons) for forming the Commission, including the need for campaigns to prevent widespread abortion and the provision of contraceptive information and services. The Commission has since been formed.

- c. One of the more militant women's groups (appropriately named, Militant Feminist Movement--MIFE) has stirred public debate by calling for legalized abortion.* Although the latter is highly improbable, the discussion has highlighted the need for making contraceptive methods widely available. Moreover, public discussion of such issues is contributing to a legitimization of traditionally taboo-laden topics.**

3. General

- a. There appears to be a clearer understanding on both sides of the ideological fence of the role of population factors in development.
- b. The IX Latin American Congress of Obstetrics and Gynecology was held in Lima in October this year with 1600 participants from 16 countries. The Congress was preceded by eight post-graduate courses, including instruction in sex education and family planning, for more than 800 participants, mostly from Peru. In addition, the Dean of Peru's Medical College, in a brief address to the Congress, articulated the great need for family planning programs in Peru.
- c. The current crisis has created severe economic problems for low and middle income families, greatly reducing their standard of living and highlighting the costs related to children. Consequently, there is increasing pressure from urban populations to have easy access to cheap contraceptives.
- d. The population policies and family planning developments in other Latin American countries have become better known in Peru. It appears that the Mexican policy and programs in particular have had a profound influence on the Peruvians.

*See newspaper articles in Appendix C.

**The family planning and abortion themes have also reached the TV media. There is a daily afternoon program on Channel 5 called "Women in the World" (La Mujer en el Mundo), which features family planning on Tuesdays. Recent programs have included the showing of Airlie-produced films and interviews with knowledgeable people in the family planning field. In mid-October, on another more provocative TV program called "Contacto Directo," the discussion focused on the problem of abortion and the need for prevention campaigns.

- e. Although sterilization is prohibited as a birth control method, an increasing number of medically-prescribed sterilizations are being performed because of health risks to the mother. In this respect, the high-risk studies carried out by INPROMI (Institute for Neonatology and Maternal-Child Health Care) could prove especially important in helping to classify women in terms of obstetrical and reproductive risk.
- f. The National Fertility Survey (part of the World Fertility Survey), carried out in 1977-78 among 8,300 households, indicates that four in ten (41.4%) of the "women at risk" interviewed claimed to be actually using a contraceptive method.* Even though most of the women were not using an "effective" method (only 10% were using the Pill, IUD, injectables or condom and 3.6% were sterilized), the figures suggest that a large percentage of women would use effective methods if they were available at a reasonable cost.
- g. There is a growing on-the-ground expertise among the international technical assistance and donor agencies to assist the Peruvian government and private sector in the development of population and family planning programs. Currently, there is a regional program advisor in population with the Ford Foundation, a family health advisor at USAID, a medical advisor from the Pan-American Health Organization, a project officer of the UNDP and an economic-demographer from the Population Council. It is expected that in 1979 there will also be a resident advisor of the University of Columbia's Center for Population and Family Health, a regional coordinator from the UNFPA and, possibly, a regional representative of the Pathfinder Fund. The "population group" recently initiated monthly informal luncheon meetings to encourage greater communication and coordination among them.

4. Some problems

- a. While the momentum for moving ahead in family planning appears irreversible, there remain many obstacles to the implementation of a successful nationwide program. The obstacles range from the probable opposition (the Far Left, the conservative element within the Church, some

*In addition 82 percent knew of a contraceptive method and almost half (48.5%) had ever used a contraceptive method. Data from paper presented at IX Latin American Congress on Obstetrics and Gynecology by Violeta Gonzalez Diaz, "La Fecundidad Actual: La Anticoncepcion y El Aborto En El Peru," October 19, 1978.

members of the medical and paramedical professions) to an indifferent bureaucracy and inadequate logistical procedures.

- b. Moreover, unless there is greater stability among top-level officials,* and competent, risk-taking leaders are appointed to key public sector positions, the program will continue to be hampered by uncertainty and timid, wind-testing bureaucrats.
- c. Concomitantly, the program's managers cannot really be effective until the Ministry of Health gives "salud y poblacion" (health and population) the necessary priority organizational status "to direct, coordinate and control population policy activities on a national level.** Instead of being "lost" within the division of "epidemiology and programming," there should be a "direccion de salud y poblacion" which is responsible directly to the Vice-Minister of Health.***
- d. The crisis has drastically reduced the government's financial resources available for ongoing programs and for initiating new ones.**** It has also affected employee morale by forcing the government to cut back in employment and by diminishing real income.
- e. The lack of widespread family planning activities in the private sector due to the restrictive government position makes it difficult to extend coverage to those segments of the population which will not be served by the public health sector. It also removes an important target to help absorb the flak which will periodically service among the program's opponents.*****

*In the last two years the Ministry of Health has had four ministers and three vice-ministers.

**"General Norms to Implement the Population Policy in the Health Sector," RM 0018-77-SA/DS, February 17, 1977.

***During my visit it was rumored that the Ministry would announce a number of organizational and personnel changes before the end of 1978. There was even some speculation that the organizational change cited here might occur.

****For example, the government is unable to finance the census due in 1981.

*****It might also be argued that the absence of any large-scale organization in the private sector provides an excellent opportunity to develop an effective network of integrated, low-cost, community-supported programs.

- f. A potential problem area for private sector entities concerns one of the general norms: "The operation of public or private health institutions dedicated exclusively to the provision of fertility regulation methods remains forbidden." However, this should not be a serious obstacle since most family planning clinics include treatment of infertility and cancer detection.
- g. Both public and private institutions are experiencing a series of problems in the process of securing duty-free entry for donated equipment and supplies. The problem of multiple shipments, storage charges, tramites for obtaining ministerial resolutions, etc. seriously affects basic program support and thereby the credibility of organizations.

III. CURRENT ACTIVITIES

A. SERVICES*

1. ADIFAM

The Association for the Integrated Development of the Family (ADIFAM) is a private, non-profit organization founded in 1973 with the support of the Bishop's Commission for Social Action. Its "Programa de Promocion Conjugal y Familiar en Los Pueblos Jovenes" began in 1967 as part of the Christian Family Movement, promoting responsible parenthood through education and family planning services.

- a. ADIFAM operates some 20 clinics, most of which are in the poorest areas of the pueblos jovenes in metropolitan Lima.
- b. Six of the clinics are located in government health centers where at the request of the Ministry of Health ADIFAM has collaborated with INPROMI in the training of health personnel.
- c. To date, family planning services have been limited to oral contraceptives and instruction in the rhythm method. The pill is authorized by the Church for up to two years after the birth of a child.

*This section also includes some education and training activities, as well as projects which are scheduled to begin shortly.

- d. Due to a reduction in support from Family Planning International Assistance (FPIA)--from approximately \$125,000 in 1977 to an estimated \$50,000 in 1979, ADIFAM must now generate more income locally while reducing its operating costs.
- e. Unfortunately, the options for generating local income are few. The current economic crisis and a government policy which discourages corporate contributions to other than "COFIDE" make fund-raising difficult. Therefore, ADIFAM has two basic options:
 - i. Charge users for oral contraceptives: ADIFAM now charges 50 soles (25¢) per cycle, but estimates that about 30 percent of the users cannot afford it. Moreover, ADIFAM is instituting the charge just as the government program is beginning and offering the pills for free (although the Ministry apparently charges an initial consulta fee of 50 soles).
 - ii. Diversify the contraceptives: ADIFAM plans to add condoms, foam and diaphragms to its program in 1979. While it should provide further income, it may create difficulties with the Church, which has been ADIFAM's primary source of support.

2. ALAFARPE

The members of the National Association of Pharmaceutical Laboratories (ALAFARPE) include 95 percent of the laboratories in the country. As part of its social commitment, ALAFARPE has joined together the community, government and private enterprise to establish a social service program in four pueblos jovenes of Lima.

- a. Each project is based on an agreement signed by ALAFARPE and the community and involves the active participation of community organizations to assist in health campaigns and to help with secretarial and administrative chores.
- b. To provide medical care to mothers and children, the Association has constructed four MCH centers with space for meetings and conferences.
- c. ALAFARPE has recently received support for one year of some \$50,000 from the Pathfinder Fund to integrate family planning services into the program. Further funding from Pathfinder will be contingent upon the project's progress, a larger contribution from ALAFARPE, and the extent of the Ministry of Health's contribution to the family planning services.
- d. Although the project's professional staffing pattern appears excessive, the delivery costs per acceptor are expected to be lowered by conducting an active community outreach program. The methods available include IUD's, pills and condoms.

3. ASPEFAM

The Peruvian Association of Medical Schools (ASPEFAM), a private non-profit organization, was founded in January, 1964. The Association's membership includes the six medical schools and the School of Public Health, for which ASPEFAM serves as a channel for funds and resources to support teaching, service and research programs.

- a. Support from the Pan American Federation of Associations of Medical Schools (FEPAFEM) and the Population Council enabled ASPEFAM to develop population and family planning curricula in the medical schools through the integration of courses in demography, maternal and child care, and family planning into the academic programs.* ASPEFAM has also expanded the libraries, created nursing and midwife training programs and produced audio-visual teaching aids.
- b. ASPEFAM has prepared a special three-year program for the Formation of Health Professionals in Maternal Care, Responsible Parenthood and Family Planning funded by the Population Council. The program is designed to train health professionals and medical students while providing family planning services to some 25,000 acceptors annually. The directors of the ob/gyn departments of the universities are responsible for its execution. The budget for the first year is \$109,000.
- c. The program was originally to begin in July, 1977. Unfortunately, however, the project was greatly delayed and is only now getting under way. Although final approval was granted in March this year, the equipment and supplies have been arriving since February. And since the duty-free entry of each shipment involves a tediously long process requiring a ministerial resolution, ASPEFAM has decided to submit only one request to cover all shipments. In the meantime, the university ob/gyn departments have become skeptical that assistance via ASPEFAM will ever arrive, creating an unfortunate credibility gap between the two. (To complicate matters further, contraceptive supplies are not part of the Council's support. ASPEFAM, therefore, expects to obtain them from INPROMI, but INPROMI is reportedly out of IUD's.)

*The 1978 syllabus of the Universidad Nacional "Federico Villarreal" indicates that the ob/gyn medical students receive extensive training, practical as well as theoretical, in population, family planning and sex education. Knowledge of these areas represent an integral part of the 10-week training course carried out in three hospitals in Lima, with the largest group of students working at Social Security's Hospital Central #2. The topics cover abortion, sexuality, infertility, and contraception, including rhythm and irreversible methods.

- d. In May, 1978 ASPEFAM carried out a three-day meeting for the deans and chiefs of the ob/gyn departments of its member schools and the head of the School of Public Health to discuss the inclusion of population, family planning and responsible parenthood material in the curricula of their schools. The participants also included directors of family planning/demography instruction programs in other Latin American countries. The meeting was funded by the Pathfinder Fund.

4. INPARES

The Peruvian Institute for Responsible Parenthood (INPARES) was founded in April, 1978 and has been recognized by IPPF as its member affiliate in Peru.

- a. The Institute plans to carry out a modest educational and service program, with two poli-clinics, one in Callao and the other in Lima. Its main efforts, however, will be directed at promoting, and assisting in, the development of projects for presentation to the international donor community, either directly or via INPARES.
- b. To secure the capability for "beating the bushes" to develop worthwhile projects, INPARES will hire one or two full-time people and contract for technical assistance from among qualified professionals in Peru, as the need arises.
- c. Two projects now under discussion indicate the potentially important role which INPARES can play at this stage in the development of family planning information and services in Peru, which is so greatly needed in the private sector. One concerns a sugar cooperative in northern Peru, training the cooperative's medical and paramedical personnel and providing medical equipment and contraceptive supplies. The other would involve support to private physicians, combining research and services.

5. Instituto Marcelino

The Instituto Marcelino, which was established in 1966, is a non-profit organization located in one of Lima's most populated districts. The Instituto evolved from a private rural clinic on a large orange plantation in Huando, north of Lima, which began in 1964 with support from a pharmaceutical company. The gynecological services offered by the Instituto include contraceptive methods, treatment of infertility and cancer detection.

- a. The Instituto provides services to some 150-200 poor and lower-middle class women per day, of whom about 85 percent seek family planning services.

- b. The monthly activity of the Instituto includes approximately 800 IUD insertions, 500 injectables, 2,000 pill users, and 800-1,000 Pap smears.*
- c. Although the Instituto received initial support from AID/Lima and some modest support subsequently from other international sources, it has been totally self-sufficient since 1973. The Instituto charges as follows: IUD's (including consulta, Pap smear, and insertion): \$1.50 plus \$1.00 per check-up; Injectables: \$2.50 (approximately every three months); and Pills: \$1.50 every two months.** The Instituto reports increasing preference for the IUD and believes it is due to the comparatively lower cost at a time of extreme economic hardship.
- d. The Instituto provides training for graduating ob/gyn medical students prior to spending their year of required field service as secigristas. INPROMI also uses the Instituto to train health personnel in the practical aspects of family planning.

6. Ministry of Health

The resources of the health sector in Peru are distributed among multiple institutions, representing a total of nine sub-systems, including those of the Ministry of Health, Social Security and the Armed Forces. Although the Ministry of Health is apparently characteristic of many such institutions (unwieldy bureaucracy, poor coverage, traditional approach to medicine, lack of resources, etc.), it does represent the principal sub-system for reaching the poorest sectors of the population. The Ministry has 10 health regions with 57 area hospitals, 103 hospitals, 344 health centers and 994 health posts.

- a. Less than 3.0 percent of the GNP (down from 4.1 percent in 1964) is allocated to the Ministry of Health.*** Of that amount some 85 to 90 percent is used to cover personnel, leaving less than 15 percent for program operations. As a result, funds from donor agencies for specific projects and programs are greatly coveted.

*Due to the difficulty of obtaining Lippes Loops, the Instituto manufactures five or six models of its own IUD's, including some with copper. Dr. Larranaga, founder and director of the Instituto, has noticed that the women are becoming more sophisticated about family planning: "They now differentiate between the espiral (Lippes Loop) and the anillo (home-made ring), with preference for the former."

**Based on an exchange rate of approximately 200 soles to US \$1.00.

***About 60 percent of the budget is reportedly financed through patient fees.

- b. The saga of family planning developments within the Ministry of Health, since the official population policy guidelines were published in August, 1976, illustrates the difficulties in mounting a national program when a sense of urgency, commitment and leadership are absent:

August 31, 1976: Population Policy Guidelines (Decree #00625-76-SA)

December, 1976: National seminar on population policy

February 17, 1977: Ministerial resolution citing norms for implementing the population policy in the health sector (N.B. The technical norms--i.e. the specific guidelines for health personnel, which were to be prepared within 60 days of the resolution have yet to be distributed by INPROMI.)

October 31, 1977: Director of "health and population division" appointed.

Jan.-June, 1978: Ministry expenditures total only 10 percent of UNFPA's 1978 grant.*

June, 1978: Equipment and supplies arrive.

July, 1978: One-month strike of health sector personnel.

August (?), 1978: Due to cutback and consolidation of government offices, "health and population" is absorbed by a new division of "epidemiology and programming."

September, 1978: Distribution of equipment and drugs.

October, 1978: Initiation of family planning services in metropolitan Lima, Ica and Huancayo. (The goal for 1978 is 100 clinics in all 10 health regions.)

- c. The goal for 1979 is to integrate family planning into 350 clinics. There will no doubt be many problems relating to training, supplies, logistics, and management, etc. But the important thing is that the Ministry has finally begun to offer family planning services. And with about \$0.9 million from the UNFPA for 1979, the Ministry should have sufficient funds to contract additional personnel, purchase equipment and commodities, and train the necessary health professionals.

*Final expenditures of UNFPA funds for 1978 are expected to exceed \$600,000, or 90 percent of the 1978 budget.

- d. The success of the Ministry's family planning program will depend on a number of factors, including the willingness and ability of regional health directors to initiate innovative approaches in the delivery of family planning services. It is most encouraging, therefore, to note the proposed project of the Sur Medio Health Region.
- e. The Sur Medio Health Region has prepared a three-year project designed to improve the health and well being of lower income families through the provision of basic health, nutritional and family planning services. The key to the project is the selection and training of approximately 1700 resident community agents to provide services and to make referrals to the fixed health facilities of the Ministry.
- f. The project, which is to begin in 1979, will receive technical assistance from Columbia University's Center for Population and Family Health. The cost of the first year of the project is about \$1.0 million, which will be funded in equal amounts by the Peruvian Government and USAID. It is hoped, of course, that similar projects which reach beyond the existing health infrastructure, and which rely heavily on active community participation, will develop in other health regions.

7. PALF

The Lay Family Apostolate Program (PALF) is the family education and medical program of the Lay Family Work Association (ATLF), a private non-profit organization founded in May, 1970. PALF carries out responsible parenthood programs principally outside metropolitan Lima with the aid of local priests and community health workers.

- a. PALF has 22 clinics, including 10 in local parishes, plus three in collaboration with INPROMEF, which is headed by the President's wife.
- b. The program educates couples in responsible parenthood and provides family planning services, which are limited to the rhythm method and oral contraceptives.
- c. PALF is also faced with a financial problem similar to ADIFAM in that FPIA's support peaked at about \$125,000 in 1977 and is expected to be approximately \$50,000 in 1979.
- d. As in the case of ADIFAM, the alternatives for generating local income are very limited. PALF charges 50 soles per month for "membership," but reports that 30 to 40 percent of the members cannot pay, at least not the full amount. PALF has no immediate plans to charge for contraceptives or to offer other contraceptives.

8. PRO-DO-CI-SA

The Military's Teaching Program in the Health Services (PRO-DO-CI-SA) is based at the Military Hospital in Lima. The program is directed by Col. Rufino Vilogron, M.D., with Dr. Samuel Soihet, current President of the Peruvian Ob/Gyn Society and full professor at San Marcos University, serving as advisor.

- a. PRO-DO-CI-SA plans to begin a training program in 1979 for cadets and soldiers in Lima and the regions. The instruction will include venereal disease, sex education and responsible parenthood.
- b. The project will be presented to the Pathfinder Fund for support, which would include educational materials and funds for in-country travel.

9. SEPAS

The Peruvian Evangelical Service for Social Action (SEPAS) was founded in January, 1978. It involves a number of evangelical groups in Peru interested in community development and social action programs.

- a. SEPAS joins together some of the educational and service activities in responsible parenthood and family planning which were initiated in the mid-sixties with assistance from Church World Service and the Pathfinder Fund.*
- b. SEPAS has presented a project proposal to FPIA for an education and service program involving 10 clinics, six in Lima and four in the regions. The director of the project has worked in family planning activities since the mid-sixties, particularly in the pueblos juvenes in metropolitan Lima.

10. Social Security/Hospital Central #2

The two major Social Security Hospitals in Lima are Hospital Central #1 and Hospital Central #2, formerly known as Hospital de Obrero and Hospital de Empleado respectively. Although Social Security (which falls under the Ministry of Labor) has consolidated the top-level administration of the two hospitals, the provision of services essentially remains divided between blue collar workers (#1) and middle class employees (#2).

*In 1964-65 the Pathfinder Fund, as part of its international research provided IUD's to almost 50 Peruvian doctors who were contacted by myself, then serving as CWS representative in Peru. In addition, World Neighbors financed the production of a series of audio-visual materials which were distributed in Peru and other countries in the region.

- a. Hospital Central #2 plans to initiate family planning services in mid-December this year, at the termination of a seminar for the Hospital's employees to be carried out the week of December 11. The Hospital has named Dr. Horacio Tregear to coordinate its family planning program.
- b. The Hospital has some 20,000 admissions per year of which slightly more than half (56%) are obstetrical cases. There are 1,300 beds with 336 in maternity. There is also an abortion unit with 20 beds.
- c. Thirteen percent of the deliveries are by Caesarian, and, with the couple's consent, sterilization is medically indicated after the third Caesarian. Abortions, as a percent of all obstetrical cases, have almost tripled in the past ten years, and four out of five women treated for abortion want to use contraception. In terms of family size, the preference of most women is for two to three children.
- d. With a middle class clientele desirous of a small family size and concerned primarily with "spacing," the coordinator is anxious that the program generate valid data for purposes of evaluation and research. Therefore, only two doctors will work in family planning initially, with the others to become involved over time. The services will include IUD's, pills and condoms. The ob/gyn department is also going to establish an endoscopic center with the laparoscope from PIEGO.
- e. The Hospital Central #2 has received equipment and commodity support from the Pathfinder Fund to initiate the program. It is also exploring possible future assistance with the UNFPA.
- f. Although the events of Hospital Central #2 represent a significant breakthrough, it is obviously essential that Social Security get all hospitals in Lima and the regions to provide family planning services. The potential coverage of the Social Security system is 500,000 women.
- g. There are certain legal (regulatory?) constraints to the delivery of family planning services within Social Security. Coverage is limited to the worker, usually a male. The wife is only covered during the last trimester of pregnancy and the first month after birth. Consequently, a male worker cannot take his spouse to the hospital for an IUD or pills, etc. because she does not qualify.

11. University Cayetano Heredia

The Department of Ob/Gyn at Cayetano Heredia University in Lima has continued to provide training to medical, nursing, and midwifery students and to health professionals in population, responsible parenthood, and family planning since 1967 through its program of "Studies in Human Fertility." The practical training includes the provision of family planning services at the Hospital de Rimac (20%) and Hospital Arzobispo Loayza (80%).

- a. The program provides training for health professionals (doctors, midwives, nurses), fourth-year medical students; third-year midwifery students; and third-year student nurses. It also includes post-graduate courses for doctors, nurses, social workers and school teachers and prepares graduate students for their field work as secgristas.
- b. During the past three years the program has offered three three-day training courses to health personnel in the regions. This program will be expanded in 1979 to include the provision of contraceptive materials, especially IUD's, and medical kits, including mini-lap equipment.
- c. The family planning services, which will be expanded by adding services at Hospital Loayza in the afternoon, include IUD's and oral contraceptives. The program expects to service 2,500 new acceptors in 1979, including some 700 immediate post-partum and post-abortion IUD insertions.
- d. The costs of the services are minimal: \$1.00 for a Pap smear (paid by the hospital) and less than 5 U.S. cents for the consulta.
- e. The program is giving increased attention to community education and service programs, particularly in factories in and around Lima. The current efforts include the training of factory-employed doctors and midwives, the provision of contraceptive and medical supplies and back-up services at Hospital Loayza.
- f. The program received some initial support (1966) through the Population and Development Studies Center (CEPD), from the Pathfinder Fund (1967-69) and AID/Lima (1970-72). Its principal support since 1973, however, has come from the FPIA, reaching about \$40,000 annually in the years 1978 and 1979.
- g. The Ob/Gyn Department is also receiving support from the Pathfinder Fund for two training activities directed by Dr. Roger Guerra Garcia: a) four three-day courses on family planning in regional cities for a total of 100 ob/gyn physicians; and b) two six-month post-graduate courses on the physiology of reproduction and family planning for a total of four medical school professors.

- h. In addition to the above activities the director of the Ob/Gyn Departments of Cayetano Heredia University and the Hospital Loayza, Dr. Carlos Munoz, serves as the principal contact in Peru for the endoscopic training program (PIEGO) at Johns Hopkins University. With approval from the Ministry of Health, the Hospital Loayza is going to serve as the maintenance center for laparoscopy equipment in Peru.* (As noted above, while voluntary sterilization is prohibited as a method of family planning, the health authorities do recognize the need for diagnostic and therapeutic endoscopy in cases of women characterized by obstetrical and reproductive high risk.)

12. University Trujillo

The Obstetrics/Gynecology Department of the University of Trujillo has submitted a three-year project to FPIA for funding. The objectives of the project are apparently similar to the university/hospital training and service activities of University Cayetano Heredia, albeit more modest. First-year funding would total some U.S. \$15,000.

B. TRAINING/ORIENTATION**

1. CCPF

The Center for Training and Promotion of Family Life (Centro de Capacitacion y de Promocion Familiar), a private, non-profit organization, was founded in September, 1971 by members of the Christian Family Movement (MCF) as an educational institution in family life and sex education. The Center is a relatively modest operation whose two main activities are training and the publication and distribution of educational materials.

- a. The Center has recently published a manual on sex education. Future plans include a special book on sexuality, pregnancy and family planning for adolescents and another on preparation for marriage.
- b. The Center has a one-year (four hours per week) training program for women leading to a Ministry-approved diploma of

*There are reportedly 18 laparoscopes and a comparable number of Johns Hopkins-trained physicians in Peru. However, the actual level of activity is at present unknown. The situation should be clarified during 1979 if the cooperating physicians submit reports at six-month intervals as is currently planned. A list of the institutions and professionals is found in Appendix D.

**This section also includes activities which otherwise might be classified as "information and education."

Family Consultant. The course material covers many aspects and problems of family life, and the graduates normally work in health and welfare centers and local parish social service centers. Two groups of about 60 women take the course annually.

2. INE

The National Institute for Statistics (INE) is the directive organ and supreme authority of the National Statistical System (SEN), which has sectorial units in various ministries. The Institute has four General Divisions (Censuses and Demographic Surveys, Social and Economic Indices, National Accounts and Data Processing), an Office for Technical Cooperation and Training and ten regional offices.

- a. The Office for Technical Cooperation and Training channels special projects developed within INE to potential donors and organizes training programs. One of the training programs, "Ciclo de Seminarios Sobre Economia y Poblacion," involves a series of seminars on population and economics.
- b. To date, three four-week seminars, have been carried out in Lima, Cuzco and Iquitos. The seminars are organized for some 30-40 high-level government officials, in collaboration with regional development and planning entities. Significantly, the director of the National Planning Institute has participated in all the seminars.
- c. The contents of the seminar include: planning for social and economic development; national accounts; population analysis as a planning instrument; demographic factors in social and economic planning; and specific problems re: the national situation. Future seminars will also include information on Peru's population policy and programs.
- d. The first three seminars were supported by G.E. Tempo, and Battelle has approved funding for the seminars in the second year. (Delay in submission of the narrative and financial reports by INE and in the transition of funding from G.E. Tempo to Battelle has caused postponement of the seminars planned for September, October and November until 1979.)

3. INPROMI

The Institute for Neonatology and Maternal Child-Health Care (INPROMI) was founded in 1971 as a decentralized institute within the Ministry of Health. Its functions include training of health professionals, research, norm-setting, and community education.*

*Despite its mandate, approximately 80 percent of INPROMI's budget supports the delivery of medical services at the Hospital del Niño (Children's Hospital) and an MCH center in Chorillos, both of which are in Lima. Further description of INPROMI's activities is found in Appendix E.

- a. Since its founding INPROMI has trained some 600 to 700 doctors, nurses and midwives in the techniques of maternal and child health (MCH), and more recently, family planning.
- b. With funding from AID/Lima, INPROMI carries out: seven-week courses on MCH and family planning for nurses and midwives; one-week courses on perinatology, human reproduction, and sex education for health professionals in the regions; and one-week seminars on sex education and responsible parenthood for health professionals and educators, followed by courses in the evenings for the general public.
- c. The Institute normally uses its own personnel as instructors in the various training programs. However, for the practical aspects of the training INPROMI must rely on the use of clinic facilities, such as those at ADIFAM, Hospital A. Loayza, Instituto Marcelino, and Area Hospitals in Lima. The practical training is made more difficult in the regions where the services have been more limited.
- d. INPROMI carried out a three-week workshop from August 21 to September 11 on the use of mass communications in promoting maternal-child and family health for 16 participants consisting of nurses, health educators, and social workers, etc. Some of the materials produced at the workshop are being used in the Institute's community education program, which includes five-minute programs on radio and TV. The weekly broadcasts cover themes, such as high-risk pregnancy, sexuality, responsible parenthood and fertility regulation.*

4. MDM

The Women's Rights Movement (MDM) was founded in December, 1966.** The Movement focuses on the legal rights of Peruvian women and directs its actions principally toward authorities and leaders in health, education and labor. MDM has been especially active since the Year of the Woman in 1975. However, its activities have been focused in Lima, due to a lack of resources.

- a. MDM apparently serves as an effective catalyst and coordinator among the various women's organizations because of its ability and agility to avoid political or religious patrones. For example, MDM was a primary force in obtaining the support of the 14 organizations which signed the petition requesting the formation of a Commission on the Status of Women, previously mentioned.

*These examples are taken from a list of weekly programs scheduled for October-December, 1978.

**Women have been legally recognized as citizens in Peru only since 1956.

- b. The Movement strongly supports the rights of women to have access to family planning information and services. It does not, however, view itself as a service organization.
- c. MDM held the First National Seminar on Women's Rights in Lima in 1977, with technical assistance from Isabel Carrasco de Gomez of FUNOF in Bogotá, Colombia and with funds from the Pathfinder Fund. The participants included representatives from eight states, plus experts in the fields of law, medicine, sociology and anthropology, education and communications. One by-product of the seminar was the establishment of a regular radio and television program on issues related to the status of women.
- d. The Movement now plans to conduct a series of regional seminars. The first will be held in Arequipa in late 1978 or early 1979, again with the support of the Pathfinder Fund. The four-day seminar will focus on women's rights, the population policy, and the development process and include leaders from institutions in the public and private sectors.*

5. Ministry of Education

The Ministry of Education has presented a three-year project to AID/Lima for funding.** The project involves the integration of sex education and responsible parenthood into the curriculum of a select number of schools and into teacher training programs. The project also calls for pilot radio and TV programs.

C. RESEARCH AND EVALUATION***

1. AMIDEP

The Multidisciplinary Association for Research and Training in Population (AMIDEP) is a private, non-profit organization, which was founded in May, 1977 by a group of university professors in Lima

*MDM is not simply interested in replicating the National Seminar. They know what the needs are. The objective, therefore, is to conduct a seminario operacional--i.e., to focus on specific problems and identify a list of priority actions.

**Unfortunately, I did not get a chance to read the proposal since it was still in draft form; nor did time permit any interviews with Ministry of Education officials. Nevertheless, for the record, it is important to include reference to the project in this report.

***Like the other two sections, this section does not pretend to be exhaustive. For example, there is no direct reference to academic research activities. Moreover, in some cases the information was obtained through third parties, since time did not permit contacts with all institutions.

and the regions. True to its name, the objective of the Association is to promote research and training in the population field in Peru and the Andean Region. AMIDEP is governed by a general assembly, a board of directors and executive committee.

- a. Since mid-1977 AMIDEP has concentrated its efforts on
i) consolidating and promoting the Association; ii) training through seminars and conferences; and iii) promoting research activities.
- b. By November, 1978 AMIDEP had increased its membership from nine founding members to 30, all from universities in Lima (about 20), Arequipa, Ayacucho, Cajamarca, Cuzco, and Trujillo. As for financial support, AMIDEP obtained \$30,000 from G.E. Tempo for the first 10 months (ending May, 1978), with one-year funding of \$42,000 and \$8,400 through May, 1979 from Battelle and the Ford Foundation respectively. The Association is also exploring support from other donors, such as the Rockefeller Foundation, IDRC and, for the longer term, the UNFPA.
- c. AMIDEP has organized nine five-day seminars (five in Lima and four in the regions) for university professors and government officials.* The objective is to review research findings on the seminar topic and promote new research on same. Seminar topics have included: fertility studies in Peru; social research on women; employment and population; social research methodology applied to population problems; and internal migration in Peru. In addition to the seminars, AMIDEP has sponsored seven conferences (evening lectures cum discussion) in Lima.
- d. AMIDEP serves as a broker between the international donor community and Peruvian researchers. As of November, 1978, the Association had received almost 20 research proposals, of which seven had been presented to donor agencies, five to ICARPAL and one each to the Ford and Rockefeller Foundations.
- e. In addition to these activities, the Association is planning a national seminar on population and development, the first since December, 1965. The seminar will be held in June next year with 60-70 participants, including researchers, government officials, and political party leaders, at a cost of about \$30,000.** AMIDEP will also begin publishing a

*Participation in the seminars is granted only to those with an expressed interest in population. In Cuzco, for example, only 25 participants were selected from among 200 candidates.

**The Population Council has already approved \$10,000 for the seminar, and AMIDEP hopes to receive the balance from Battelle and the Ford Foundation.

quarterly bulletin in January, 1979, which will cover Association news, population activities, and information on neighboring countries.

2. CEPD

The Population and Development Studies Center (CEPD) was founded in December, 1964 as an adjunct to the Ministry of Health governed by a board with representatives from various government offices. Its functions have included research on population, training, and sponsorship of conferences and seminars.

- a. The Center has apparently lost much of its influence in recent years. The CEPD took no part, for example, in the formulation of the population policy guidelines, and it has been moving away from population studies toward more social development research.
- b. The Center faces both organizational and financial problems. Since CEPD is neither a private nor fully-governmental institution, its situation has become particularly precarious during the government's recent campaign to reduce employees and consolidate government organizations. In addition, its budget has remained at the 1970 level.
- c. The CEPD is carrying out a law and population project in collaboration with Tufts University with funds from the UNFPA. The objectives of the study are to conduct an inventory of existing population-related laws in Peru, prepare a summary analysis of their effects, and make recommendations for change in light of the findings.

3. INE

Three activities of the General Division for Censuses and Demographic Surveys of the National Institute of Statistics (INE) are of particular interest: a pilot project on vital statistics, the national demographic survey (EDEN), and the national fertility study (ENAF).

- a. A three-year pilot project to improve the vital statistics system in Peru* began in mid-1978 with financial and technical assistance from the U.S. National Center for Health Statistics. The project will use government offices and volunteer workers to carry out the project in two coastal and two sierra provinces and one jungle province. The cost of the project is approximately \$500,000.

*The system is terribly deficient at present. Annual reports on births, with 19% underreporting, are four years behind, while the figures for deaths are 40% and six years respectively.

- b. The national demographic survey (EDEN) was carried out in 10,000 households during 1974-1976 with funds from the UNFPA and technical assistance from CELADE.
- c. The national fertility study (ENAF), with assistance from the International Statistical Institute/World Fertility Survey, was conducted in 1977-1978 among 8,300 households, including interviews with 5,640 women of fertile age. A preliminary analysis of the survey, which was funded by the UNFPA, is expected in December, 1978.

4. INPROMI

INPROMI is conducting special studies on high risk women and abortion and carrying out operational research with funds from AID/Lima and technical assistance from Columbia University's Center for Population and Family Health (CPFH).

- a. The high risk study has involved the collection of data from some 40,000 cases in collaboration with a number of hospitals throughout Peru. A preliminary analysis of the data, which essentially confirmed findings elsewhere, was presented at the IX Latin American Congress on Obstetrics and Gynecology. INPROMI now has the task of simplifying the classification system so it can be applied by medical and paramedical personnel. Its greatest applicability and value is likely to be in the identification of women of high risk for whom another pregnancy would be medically inadvisable.
- b. The abortion survey involves two stages: i) the collection of data from a sample of 108 health centers; and ii) interviews with health professionals and patients from a select number of centers.
- c. INPROMI has begun pilot projects in rural and marginal urban areas to develop low cost-high coverage models for delivering MCH and fertility regulation services. The underlying strategy is based upon active community participation and the effective use of community-supported promotoras.
- d. To date, INPROMI has had to contract expertise from among the Peruvian academic community and rely on technical assistance from Columbia University's CPFH, because the Institute has virtually no in-house research capability. Therefore, subject to how the Ministry of Health and INPROMI are reorganized, INPROMI should develop a nucleus of qualified professionals to work in the areas outlined above.

5. Ministry of Health/Informatica

The Sectorial Office for Statistics and Information within the Ministry of Health is responsible, among other tasks, for developing and maintaining a service statistics system for the Ministry's MCH and fertility regulation program.

- a. The project began some six months ago with a grant and technical assistance from the Population Council. Since preparation of the system has been delayed, actually reporting is not expected to begin before January, 1979.
- b. Reporting at the national level will be quarterly and indicate the number of new acceptors by method, continuing users and dropouts. At the clinic level, there is a daily register and a fertility regulation clinic record. Monthly statistics will be forwarded by the area hospitals to Informatica.

6. Ministry of Labor/OTEMO

The Technical Office of Manpower Studies (OTEMO) has an internationally-recognized social survey and data gathering capability. It maintains a quality national sample frame, which is frequently used by other Peruvian agencies, such as INE (for this national fertility study).

- a. OTEMO is conducting the first national survey on Migration and Employment with funds from the UNPFA. The survey is based on a national sample of 13,000 households.
- b. OTEMO receives technical assistance from the Population Council in the form of a resident economic demographer.* The latter has assisted OTEMO in the analysis of female labor force participation, employment in rural areas, labor force demand, regional migration, and the development of an employment survey in Lima.

IV. SOME NEEDS AND POSSIBILITIES

The following represents some of the more obvious needs and possibilities apparent in Peru at this stage in the evolution of the country's population and family planning programs. The list does not represent any particular priority order.

A. MULTI-SECTORIAL COORDINATION

- 1. Although the current efforts and initiatives in family planning are most encouraging, they are confined almost exclusively to the health and, to a much lesser degree, education sectors. There is a tremendous need, therefore, to create a body (office or unit), which would be responsible for the promotion and coordination of a multi-sectorial

*The Council advisor has also provided technical advisory services to INE and INP and taught at Catholic University with, theoretically, 10 percent of his time shared with Informatica.

approach to population and family planning; and which would build on the programs and institutions in the public and private sectors with established track records, particularly in rural areas.*

2. There has apparently been some discussion of such an office or unit of population at the National Planning Institute. Whatever the location, it is essential that the coordinating body have sufficient stature and visibility to contact and influence the key ministries and regional bodies.

3. For any such supra-coordinating body to become effective and productive, it must have a competent staff and demonstrate considerable flexibility on the one hand, and avoid becoming operational and substituting control for coordination on the other. If these criterion cannot be met, then it is preferable to create a laissez-faire environment and let the flowers bloom.

B. PROGRAM STRATEGY

1. To cite the need for developing a comprehensive program strategy, one which encompasses the public, private and commercial sectors, bespeaks perhaps the need as well for the multi-sectorial coordinating body just mentioned. In any case, there is a need to analyze existing data and to carry out relevant research in order to design an effective nationwide program. What are the unmet needs?

2. The national fertility survey contains valuable data on contraceptive knowledge and use, with rural-urban differentials, etc. In addition, there is need to unravel the experience of the past decade. Which families obtained family planning services? From what sources, services, physicians? Also, which populations were served by the few private sector organizations, and what was the geographical extent of their coverage? Are there not already some lessons learned?

3. Unless the data indicate otherwise, the commercial sector, and the private medical community, have presumably been the major providers of family planning services during the past decade.** And yet too little is known of either delivery system. Pills, injectables and condoms have been sold commercially with few restrictions; even the "traffic" in IUD's has been substantial despite the regulations against

*In fact, such a move would be most consistent with the population policy guidelines, which call for a multi-sectorial approach.

**Unfortunately, I had no opportunity to gain other than a superficial impression of the commercial sector.

importing them.* Thus, there is a need to know more about these two sources of services. Most importantly, there is a need to identify the most viable vehicles for developing multiple delivery strategies in collaboration with the commercial manufacturers and retailers.

C. RESEARCH

1. The needs in this area are extensive (and I prefer to cop out and leave the identification of specific research needs to those who are experts in the field**). I would, however, stress the need for a) more research (in addition to INPROMI) on abortion--its extent, incidence and impact; and b) a study of Peru's fertility dynamics during the past decade compared to other Latin American countries which have had family planning programs.

2. It would also be important, as well as interesting, to conduct KAP-type studies among rural extension workers in several areas of the Sur Medio Health Region. The findings would possibly contribute to the development of a strategy to train, or even enlist, the workers in the region's community-level health and family planning program.

3. Any research efforts in population and family planning are subject to the same problems and constraints as other fields--i.e., lack of manpower, financial resources, communication of research data, and organized structure for social scientists. Hopefully, AMIDEP can respond to at least some of these needs.

D. AWARENESS

1. There is a need to continue to create awareness among key elements of Peruvian society concerning problems arising from rapid population growth. There is also a need to reiterate the country's population policy and its family planning needs and programs.

2. The collective actions of both public and private sector organizations have an important contribution to make in this regard. The training, research and seminar activities, for example, of INE, AMIDEP and MDM serve different needs with different target populations on different levels. But much more is needed.

E. PIONEERS, PILLS AND POLICIES

1. The educational and service programs of ADIFAM and PALF have continued to function, since 1967 and 1970 respectively, despite the restrictive actions and pressures of the government, presumably because

*Propagandistas sell Lippes Loops to private physicians for \$15 per bag of ten.

**Walter Mertens of the Ford Foundation in Lima has a seemingly endless list of excellent ideas regarding research needs on fertility, mortality, migration and ecology.

they have had the backing of the Church. Their programs represented virtually "the only game in town" during a very difficult period, and the underlying "ideology" and relative high costs of the programs were accepted by the donor community. Now, however, the events unfolding in Peru and the internal policy of FPIA are creating serious problems for both ADIFAM and PALF.

2. On the one hand, there is the likelihood that, in addition to the activities of the Ministry of Health, a number of private organizations will soon be engaged in responsible parenthood and family planning programs. Those with the most effective and efficient activities will attract the attention of the donor community. Thus, ADIFAM and PALF must necessarily "compete" with others for the relatively limited resources available. On the other hand, ADIFAM and PALF are affected by FPIA's policy of limiting support to any one institution to only five years and of encouraging grantees to become self-sufficient. FPIA support for ADIFAM and PALF is now entering its seventh year and there is understandably great pressure, particularly in the absence of any new project initiatives, to make 1979 the final year of support.

3. ADIFAM, PALF and the donor community should use 1979 to evaluate the respective roles of these two programs as they relate to the government program and to other private sector activities being carried out and planned. The evaluation should include: program content; populations and communities served; cost effectiveness, especially in the delivery of services; merits of emphasizing education/information activities and limiting service role, etc. In addition, ADIFAM and PALF leaders should have the opportunity to visit community and self-financing programs in other countries, such as Costa Rica and Colombia.

4. Theoretically, the five-year funding policy of FPIA should also affect its continued support to the program at University Cayetano Heredia. However, in view of the innovative approaches, the extended outreach, and the important role which the University plays in Peru, it is probable that alternative sources of funding could be found. In any case, it is important that those organizations which pioneered and persisted during extremely adverse times be given an opportunity to prove their skills and effectiveness in a more supportive ambient.

F. TRAINING

1. In addition to the training activities in population and family planning to be carried out by the Ministry of Health and INPROMI, particularly in the Sur Medio Region, and in the universities through ASPEFAM, there is need to focus special attention on at least three groups: the authorities at state and municipal levels; the leaders of factory workers and cooperatives; and the secigristas in the health sector.

2. The authorities at state and municipal levels govern geopolitical areas which cut across the "regional boundaries" of the health and planning sectors, etc. It is important, therefore, to sensibilizar

the governors, mayors, and juntas, etc. to population and family planning in general and to specific projects or activities in particular. While this strategy overlaps somewhat with the "awareness" need mentioned above, its orientation is more target specific both with respect to geographical area and program content.

3. Given the generally successful history of cooperativismo in Peru and the absence of any monolithic-like governmental infrastructure which permeates all corners of the country, the factories and cooperatives (of all types) in Peru represent potentially important vehicles for developing education and/or service programs. The cooperative project briefly described under INPARES and the extension of activities to factories by Hospital Loayza are two modest examples. To achieve success in this area, however, requires a great deal of labor intensive work.

4. SECIGRA-SALUD (civil service for graduating students in the health sector) involves some 2,000-2,500 secigristas* who must carry out one year of field service before receiving their title. Although most of the ob/gyn medical students and some nurses and midwives receive instruction during their course of study in "population" (including family planning), this is not the case for the vast majority. Moreover, few of the secigristas receive any orientation regarding the assessment of community needs, etc. The idea, therefore, is to develop a short-term training program for secigristas (the particular types and numbers to be determined) which would include rudimentary instruction in community development concepts, identification of community needs and resources, and population and family planning, with the extent of practical training in the latter varying according to health profession. The project could be coordinated by the Ministry of Health's Division of Technical Norms in collaboration with the "colegios profesionales" and universities.**

G. FROM McDONALD TO MARCELINO

1. Given the overwhelming need for training and services in family planning in general and the lack of any nationwide system of organized family planning activities in the private sector in particular, the success of the Instituto Marcelino stands out starkly.

*This figure includes all professions in the health sector and would obviously be less (by how much I don't know), if only doctors, nurses and midwives were involved.

**A three-day seminar on SECIGRA-SALUD was to be held December 11-13 in Lima, at which time training needs would be discussed. In addition, the University Cayetano Heredia plans to carry out special training for 20 secigristas in March, 1979 with funding from the Population Council/ASPEFAM project, which could perhaps serve as a "model" for the program.

2. The heavy clinic load, the low cost of services, the population served, and the self-sufficiency are just what is needed in Arequipa, Chiclayo, and Cuzco, etc.--hence, the idea to "franchise" the Marcelino concept throughout the country.* For, despite the increased activity anticipated in family planning in the public health sector, the need for quality, low-cost services in the private sector will likely remain. In addition, the Marcelino centers would provide excellent training facilities and serve as clinical backup for community-level activities.

3. Beyond the initial startup costs, support from the donor community for such centers would involve principally the provision of contraceptive commodities, the funding of management coordinators, travel and perhaps part of the rent.

4. Obviously, even if this idea or some modification of it merits attention, the decision to move ahead clearly rests with the Instituto Marcelino and its directors. Moreover, the decision to replicate the Institute elsewhere, like any expanding enterprise, would necessarily involve a number of organizational and management challenges and problems and require careful planning and implementation.

H. COMMUNICATIONS

1. This vital area of importance is certainly among the weakest at the moment. However, before charging blindly ahead, it is necessary to get some assessment of a) what is currently going on, and b) what are the needs--from mass communications to one-on-one dialogues; content; product; target populations; most effective channels; resources, etc.

2. There is a pent-up demand for information and references on a wide range of subjects, including sexuality, divorce, abortion, women's rights, etc. The great volumes of "trash" sold in the kiosks attest to it. But how best to respond to the demand requires the full attention of Peru's best communications experts and social scientists!

I. MANAGEMENT

1. The universal assumption is that public sector entities, and especially ministries of health, generally lack management skills and resources. And Peru is probably no exception. Moreover, the management needs will increase if Peru decides to launch a multi-sectorial program.

2. Consequently, the current management needs should be identified and dealt with, bearing in mind the future organizational structures

*Dr. Alfredo Larranaga, in response to the idea, pointed out that the entrance sign to the Institute reads: "Instituto Marcelino No. 1" (all of which suggests that there are probably already Peruvian "pisco sours" being served on Mars).

which might be required at the national and regional levels for implementing a truly national program. In the meantime, more needs to be known about the current decision-making process within the Ministry of Health.

J. DOWN THE ROAD

1. Population and family planning programs should be an integral part of the development process. As the background section in this report indicates, however, this has not been the case in Peru. In fact, the government in recent years has taken sometimes extreme measures to interfere with family planning activities, and thereby the rights of its people, especially the women.

2. That, however, is the past, for it would now appear a) that the leaders of Peru, both today's and tomorrow's, view rapid population growth and its concomitants as an area of legitimate government concern; b) that the government, at a most difficult time, is taking steps to respond to the macro needs of the country and the micro needs of the families by initiating family planning information and service programs; and c) that the government is now willing to request assistance to resolve a problem, which unfortunately has only a long-term solution.

3. And it is for the long term, that the Peruvian government should seek support from the Inter-American Development Bank and the World Bank.

APPF: Its Rise and Fall

1. The Peruvian Association for Family Protection (APPF), a private, non-profit organization, was founded in 1967 by a group of doctors. In March, 1969, after two years of promoting family planning through conferences and seminars, the Association expanded its board, hired a full-time director, and sponsored a number of family planning clinics. By 1970, with support from the International Planned Parenthood Federation, the APPF program had 11 clinics, eight in Lima-Callao plus locations in Chimbote, Ica and Huancayo.

2. The official pressures against family planning, which began in 1968 when the military assumed control of the government, became particularly severe in December, 1973. The President ordered the Minister of Health to halt the activities of the APPF. Thus, in January, 1974, the Association was forced to close the 11 clinics and lay off some 70 people.

3. In late 1974, the Association entered into an agreement with INPROMI, a decentralized institute of the Ministry of Health responsible for training, research and norm-setting with respect to maternal and child health (MCH), to include family planning instruction in MCH courses, beginning in the northern part of Peru. However, that program too was soon thwarted by the government.

4. Finally, in December, 1975, the Supreme Court advised APPF that in April that year (somehow the papers had been misplaced!) the Ministry of Health had requested the dissolution of the Association. The government then took possession of APPF's property, equipment and vehicles. Although the Association wrote a letter of protest to the President in April, 1976, there has been no answer to date.

The Andean
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for
news & comment
on Peru's economy

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Birth control campaign to be launched in Peru in health care program

THE government is launching an official birth control program in what may become the first-ever major attempt to control Peru's explosive population growth. At the same time women's libbers are pushing in the constituent assembly for a nation-wide birth control program to avoid wide-spread abortion.

The government campaign is starting on a small scale as part of a US\$4 million United

Nations mother and child care program. Distribution of pills and other birth control methods started quietly in Lima hospitals and health centres in October.

"We are not forcing people to use birth control," a ministry of health official says. "We are letting them know that it is available, free, and that they have a choice."

Starting next year, the ministry of health is to spread the program to all of Peru and will start a family health campaign on radio and television. This will stress "responsible parenthood" and the possibility of planning the size of a fa-

mily in line with family income.

According to the ministry of health, about 15% of all pregnancies in Peru end in abortion.

The government published its first population policy document two years ago. This was followed by a top level seminar attended by representatives of the ministries of housing, education, labour and health as well as the head of the National Planning Institute and Church authorities.

Peru's explosive population growth is officially calculated at 2.9% a year, probably the highest in South America, at a time when it has become obvious that neither the State nor the private sec-

tor can provide adequate food and basic services for the present population.

In 1972 Peru's population of 14 million had doubled from the 1940 figure of 7 million. Population experts say the present population, estimated to be 16 million, will double again in 20 years if the birth rate is not reduced.

The Peruvian program is to include a pilot sex education program to be started next year in 200 primary and secondary schools throughout the country. This is to be evaluated at the end of four years when it will be decided whether to introduce it in all Peruvian schools.

LIMA, LUNES 13 DE NOVIEMBRE DE 1978

La implementación de servicios anticoncepcionales plantearon ante Subcomisión de la Asamblea

La implementación de servicios anticoncepcionales en todos los centros de salud y centros especializados, a fin de prevenir el aborto, plantearon miembros del Movimiento Militancia Feminista, ante la Subcomisión de la Condición de la Mujer de la Asamblea Constituyente.

"Si históricamente el infanticidio ha sido reemplazado por el aborto, de aquí en adelante debemos luchar científicamente para que los anticonceptivos reemplacen al aborto, si es que realmente nos preocupa la vida", especificaron.

Indicaron que es necesario iniciar campañas específicas de prevención de aborto, mostrando los métodos al alcance y los lugares donde pueden obtenerse; así como liberar de la prohibición de propaganda a productos anticonceptivos.

Manifestaron que a esto se debe añadir programas y campañas de educación sexual, que abarcarían educación y cultura sexual para niños, adolescentes y adultos de todos los sectores de la población, con una clara y explícita ideología antipatriarcal y de respeto a la persona humana.

TRES ABORTOS POR HORA

Matilde Baralía, Cristina Portocarrero y otros miembros del Movimiento Militancia Feminista informaron que, en nuestro país, como cifra mínima, tienen lugar 27 mil abortos anuales, lo que equivale a 74 abortos por día, tres cada hora y uno cada veinte minutos.

Indicaron que la mujer llega a esa práctica, como recurso desesperado, cuando no está en condiciones psicológicas y socioeconómicas, para tener un embarazo indeseado y, cuando el producto de la concepción debe correr como responsabilidad solo de ella.

USUFRUCTO DE ILEGALIDAD

Manifestaron que, si bien hay profesionales que, arriesgando su situación profesional, hacen el aborto, hay otros que vienen usufructuando la ilegalidad y tal vez son ellos los más interesados en la permanencia de la clandestinidad.

Consideraron que es una violación de los principios del servicio médico la existencia de agentes policiales dentro de los hospitales, para perseguir a mujeres pobres, que, moribundas, llegan a ellos después de someterse a abortos clandestinos y anti-higiénicos, a los cuales acuden por no tener recursos.

"Rechazamos que se acuse y culpe en forma individual a la mujer, al médico, a la obstetra o a la comadrona, por prácticas abortivas. Consideramos responsable de esta situación a esta sociedad injusta y, en ella, a la no prevención y a la represión hipocrita, que permite que se castigue y se prive del ejercicio profesional a algunos, mientras otros usufructúan mercantilistamente la situación", puntualizaron.

HIPOCRESÍA NO EVITARA EL ABORTO

De otro lado, manifestaron que los que creen que el control del aborto significará el desenfreno sexual y moral no perciben que ni la hipocresía ni el ocultamiento sistemático de la verdad han evitado e evitarán jamás el aborto.

"Lo que sí debe preocupar es la vida de miles de mujeres, víctimas de las malas condiciones a las que se ven obligadas a someterse para abortar en manos de empíricos. Y debe preocuparnos la vigencia de una ley que castiga un aborto y deja impune 99. Es justamente esta ley punitiva vigente la que resulta altamente inmoral y destructora del buen sentido jurídico", precisaron.

REFORMA DE LEY DE ABORTO

Asimismo, mostraron la necesidad de establecer una Comisión de reforma de la actual Ley sobre el Aborto, la que levantaría inmediatamente la punibilidad, los cargos y antecedentes penales de quienes estén privadas de la libertad y derechos ciudadanos por motivo del aborto.

Agregaron que la legalización del aborto — que deberá quedar establecida en esa nueva ley — servirá para reglamentar y controlar su empleo con un respaldo idóneo de servicios multidisciplinarios, con el fin de prevenirlo con criterios científicos y humanos.

Todos estos conceptos, expuestos por miembros del "Movimiento Militancia Feminista", están contenidos en el documento sobre "Los derechos constitucionales de la mujer y el nuevo derecho de Familia", que ha sido entregado ante la Sub-Comisión de la Condición de la Mujer de la Asamblea Constituyente.

LIMA, MARTES 14 DE NOVIEMBRE DE 1978

Piden a la Asamblea Constituyente evitar la legalización del aborto

Damas vinculadas al Movimiento Familiar Cristiano y al Consejo Nacional de Justicia, se han dirigido a la Asamblea Constituyente pidiendo que se evite la legalización del aborto, en defensa del derecho a la vida y la salud.

En un documento enviado al Presidente de la Asamblea, señalan que el aborto es "uno de los métodos más execrables", ya que —puntualizan— el nuevo ser tiene vida animal superior desde el mismo instante de la concepción.

Fundamentan su posición con argumentos de tipo médico, legal y moral, indicando que legalizar el aborto significaría ir contra la opinión de las citadas entidades y de otras instituciones de bienestar social. Entre las firmantes figuran la doctora Elsa Rospato y las señoras de Salomón y las señoras Victoria Prieto de no ha ofendido en nada a Manrique y Alicia Bustarriente de Salazar Larraín.

También abogan por la paternidad responsable, al tiempo que recomiendan medidas punitivas para aquellos profesionales o no que se convierten en asépticos al realizar un aborto. El documento representa la opinión de las citadas entidades y de otras instituciones de bienestar social. Entre las firmantes figuran la doctora Elsa Rospato y las señoras de Salomón y las señoras Victoria Prieto de no ha ofendido en nada a Manrique y Alicia Bustarriente de Salazar Larraín.

LIST OF INSTITUTIONS, PROFESSIONALS, AND
LAPAROSCOPES IN PERU

<u>Institutions</u>	<u>Laparoscopes</u>	<u>Professionals</u>	
Hospital del Rimac	2 - J.H.	Dr. Eduardo Maradiegue Dr. Manuel Gonzáles del Riego	J.H.
Hospital A. Loayza	2 - J.H.	Dr. Víctor Díaz H. Dr. José Exebio	J.H. J.H.
Hospital del Empleado	1 - J.H.	Dr. Eduardo Valdivia	J.H.
Hospital San Bartolomé	2-1 J.H. 1 A.V.S.	Dr. Alejandro Barreda Dr. Abraham Ludmir	J.H.
Hospital Daniel Carrión	1 - J.H.	Dr. John Nagahata	J.H.
I.N.P.R.O.M.I.	1 - J.H.	Dr. Carlos Roman	J.H.
Maternidad de Lima	1 - J.H.	Dr. Luis Tang	J.H.
Hospital Central Militar	1 - J.H.	Dr. Jorge Pérez	J.H.
Hospital Universidad San Agustín - Arequipa	1 - J.H.	Dr. Julio César Belaunde	J.H.
Hospital General Arequipa	1 - J.H.	Dr. Benjamin Lozada Stambury Dr. Víctor Hugo Pinto	J.H. J.H.
Hospital General Trujillo	1 - J.H.	Dr. Felix Guillen Dr. Mario Llonto	J.H.
Hospital Regional de Ica	1 - J.H.	Dr. Rafael Caparó	J.H.
Hospital Regional del Cuzco	*1 - J.H.	Dr. José Ponce Tejada	J.H.
Ladislao Prozak**	1 -		
Clinica Anglo Americana**	1 - A.V.S.	Dr. Alvaro Muñiz	J.H.

*Request being processed.

**Private clinics.

Source: Dr. Carlos Muñoz, Hospital A. Loayza.

INPROMI

1. Uncertain role: Given the imminent changes expected within the Ministry of Health, it was difficult to "get a fix" on INPROMI. There was much speculation that it would be absorbed by the Ministry with its role limited to research and training, meaning that INPROMI's major services component would be taken on by the Ministry; and that the setting of norms would fall to the General Division of Technical Norms, with INPROMI only contributing data/information to the latter. In short, INPROMI would play a support and advisory role and not an operational one.

2. Budget: INPROMI's 1978 budget totals 94.4 million soles, or approximately U.S. \$500,000, not counting the amount received from AID/Lima. About 90 percent of the budget covers personnel, most of whom are involved in services. For example, about 35 of the 282 staff members of INPROMI work in some administrative or programmatic capacity in the Lima office. The rest are engaged in the delivery of MCH services at the Children's Hospital or the MCH center in Chorillos.

3. Training: The Institute's capability, especially for training nurses, is reportedly good. The instructors are normally health professionals from among its doctors, nurses, and midwives in the service area. Unless the new Ministry of Health/UNFPA plan provides for training in family planning for the type of health personnel heretofore trained by INPROMI, then the Institute's training role must definitely continue. INPROMI coordinates the practical training with other institutions, such as Hospital Loayza, Instituto Marcelino, ADIFAM, Hospitals of Areas #3 and #4 in Lima, etc. Difficulties arise, however, in providing practical training in the regions where services are limited. (Despite the difficulties, I was advised that 40 IUD's were inserted at a recent course in Huaraz.) As for family planning content, the inclusion of family life, sex education and contraception, plus information on the government's policy and program, in the MCH/family planning courses appears substantial, with the practical training dependent upon the availability of existing services and adequate logistical support.

4. Research: INPROMI has virtually no in-house capability. The Institute has had to rely on others (CPFH, Catholic University, etc.) to carry out the high risk, abortion, and pilot project studies. Depending on the outcome of the Ministry of Health's reorganization, the head of research would hope to develop a nucleus of qualified professionals to focus on research and pilot projects.

5. Norm-setting: INPROMI was given the task of preparing the norms (technical guidelines) for implementing the population policy in the health sector. The first effort resulted in a bulky, impractical volume, and INPROMI has since prepared a series of practical guidelines for each level of service delivery. Although they were not ready for distribution when the Ministry of Health began initiating

family planning services in October, INPROMI expects to publish them before the end of 1978

6. Management: The limited time and unusual circumstances made it difficult to assess this important area. Nevertheless, it was clear that internal coordination and program planning/management are made difficult by the lack of a detailed budget available to key personnel (of which there are only a handful). The result: the coordinators do not know how much money is available for program activities, and the controller is forced to "guess" which budget category under which convenio (1 or 2) expenditures might fall. The lack of internal controls and coordination has led occasionally to errors in the financial reports. INPROMI's management problems have not, however, created the difficulties it has had with customs clearance. In such cases, INPROMI too is a victim of "the system."

7. Communication between INPROMI and AID/Lima: The archivo at AID is filled with seemingly endless memos on relatively minor matters, mostly INPROMI requests to use AID funds for items which fall outside the budget categories of the convenios, and for which INPROMI has no money in its regular Ministry of Health budget. The result is a waste of time and paper on both sides.

8. Summary of recommendations to AID/Lima

- a. AID/Lima should review its support to INPROMI, based on organizational and personnel changes at the Ministry of Health.
- b. Continued support should be determined within the context of all MCH/FP programs in Peru, particularly the Ministry of Health program funded by UNFPA.
- c. Once its role, organizational status, and key personnel are known, INPROMI should specify its objectives for 1979 within the general framework of convenios #1 and #2, including a cronograma and detailed budget.
- d. If possible, AID/Lima should enter into a new convenio which consolidates the first two, plus any additional ideas/plans. (To avoid the previous budget/administration problems, a small sum for "miscellaneous" should be included.)
- e. Further AID/Lima support for INPROMI should be essentially limited to:

Training: Courses similar to those carried out to date, bearing in mind the needs and programs of the Ministry of Health's "health and population" and the regional health directors.

Research: Continuation of a) special areas, such as "high risk" and abortion studies; and b) pilot projects, such as those in Chivay and Chimbote. (It would be preferable if INPROMI could add two or three qualified professionals to its research staff.)

Services: Only those necessary to support INPROMI's research and training activities.

List of Contacts in PeruA. National Organizations

ADIFAM	Ricardo Subiría, director Irma Subiría, head of educational services Juan Idoña, administrator
ALAFARPE	Alfredo Brazzoduro, director
ALIMUPER	Ana María Portugal, coordinator Esther Andrade, coordinator
AMIDEP	Roger Guerra-García, executive director Violeta Sara Lafosse, associate director
ASPEFAM	Rodolfo González Enders, coordinator of population programs
Hospital A. Loayza	Carlos Muñoz, head of ob/gyn department Victor Díaz Lucy Jefferson
Hospital Militar	Rufino Vilogrón, director of PRO-DO-CI-SA Samoel Soihet, medical advisor
INE	Teresa Pareja Liñán, director Raúl García, technical director Wilfredo Caballero, director of census, surveys and demography Eduardo Mcstajo, head of technical cooperation and training Alicia Unger, head of VISTIM project
INPARES	Miguel Ramos, executive director
INPROMI	Rene Cervantes, director Jorge Montoya, academic director Rodolfo González Enders, director of maternal program Alejandro Piedra, assistant director Blanca Maller, assistant director
Instituto Marcelino	Alfredo Larrañaga, director Hilario Hurtado, general coordinator
Johnson & Johnson	Hernán Ortiz, managing director
MDM	Adela Angosto de Muñoz, president Alicia Martínez de Boluarte Rene Lossio de Sosa Amanda Marticorena de Gallado

Ministry of Health

**Sectorial office
for statistics and
information**

Efrain Lazo, director
Edgar Montoya, head of analysis and statistical
development
Ronald Lacunza, systems analyst

**Division of epidemi-
ology & programming**

Mario Castillo, director
Luciana Fuchs, social communicator

PALF

Carlos Flores Guerra, director

Schering

Roberto Redhead, medical advisor

SEPAS

Rodrigo Maurtua, medical coordinator

**Social Security/
Hospital Central #2**

José Barsallo Burga, chief of medical services
Victor Vargas Vicuña, head of ob/gyn department
Horacio Tregear, head of family planning
Carlos Paulet, medical assistant
Gilberto Cabello, head of abortion unit

**University Cayetano
Heredia**

Carlos Muñoz, head of ob/gyn department
Roger Guerra-García, director of teaching personnel
Rodolfo González Enders, director of social promotion

**University Nacional
"Federico Villarreal"**

José Barsallo Burga

**University Nacional
Mayor de San Marcos**

Abraham Ludmir, head of ob/gyn
Samoel Soihet, professor of ob/gyn
Alfredo Larrañaga, associate professor

Others

Pablo de Madalengoitia, coordinator of Channel 4
TV programs
Americo Mendoza, regional director of Sur Medio
Health Region
Carlos Zuzunaga Flores, lawyer

Note: Some names are listed under more than one organization because they wear more than one "hat."

B. International Organizations

Church World Service

David Valenzuela

Ford Foundation

Walter Mertens
Antonio Muñoz-Nájar

FPIA

Neil Munche, N.Y.
Jairo Rios, Bogotá

PAHO

Norberto Martínez

Population Council

Shea Rutstein

UNDP

Claudio Saavedra

UNFPA

Hugo Corvalán, Bogotá
Luis Olivos, N.Y.

USAID

Leonard Yaeger
Helene Kaufman
Gary Merritt, AID/POP/W
John Massey, AID/W

List of Contacts in the U.S.

Battelle Memorial Institute	Ramon Daubon
CPFH/Columbia University	Alan Rosenfield Steve Isaacs Walter Torres
Development Associates	Ed Dennison Anne Terborgh Melody Trott
FPIA	Dan Weintraub
IPAVS	Ira Lubell
IPPF/WHR	Hernán Sanhueza Robert McLaughlin Frank Di Blasi
PAHO	Carlos Alfaro
Pathfinder Fund	Richard Gamble David Wood
PIEGO	Hugh Davis
Population Council	George Brown
UNDP	Joseph van den Boomen
UNFPA	José Donayre Edison Wibmer Luis Olivos Kirsten Trone
USAID	William Bair Sam Taylor Gerry Bowers David Denman
World Bank	K. Kanaqaratnam

Demographic Data on Peru

<u>Estimates</u>	<u>1977</u>		<u>2000^a</u>		<u>2000^b</u>	
Population (in 1,000)	16,584		29,795		26,853	
Births (in 1,000)	654		874		604	
Deaths (in 1,000)	193		210		224 ^c	
Net population growth (in 1,000)	461		664		380	
Crude birth rate (per 1,000)	39.5		29.3		22.5	
Crude death rate (per 1,000)	11.6		7.0		8.4	
Rate of growth (percent)	2.8		2.2		1.4	
<u>Age Distribution</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Less than 15	7,184	43	11,350	38	8,852	33
15-64	8,829	53	17,288	58	16,883	63
65+	571	4	1,157	4	1,119	4
Dependency ratio	0.88		0.72		0.59	
Women ages 15-49 (in 1,000)	3,805		7,478		7,386	
<u>Mortality</u>						
Life expectancy, total (years)	57.2		66.5		63.00 ^c	
Rate of infant mortality (per 1,000)	108.8		49.9		72.2	
Infant deaths (in 1,000)	71		44		44	
Percent of total deaths	37		21		20	
Deaths of children -5 years (in 1,000)	92		56		59	
Percent of total deaths	48		27		26	

<u>Fertility</u>			
Total fertility rate (per 1,000)	5,710	4,000	2,555
<u>Migration</u>			
Rural-urban migrants (in 1,000)	147	164	n.a.

Source: 1977 and 2000-a: Calculations based on the sixth option of population projection, National Institute of Statistics, Lima 1978 (unedited).

2000-b: Projection assumes a rapid decline in fertility (0.75/1000 net rate of births per year), calculated by Shea Rutstein. This projection also includes a smaller decline in mortality, as indicated by the mortality data (c).

N.B. Data obtained from Shea Rutstein, Population Council advisor in Lima, Peru.