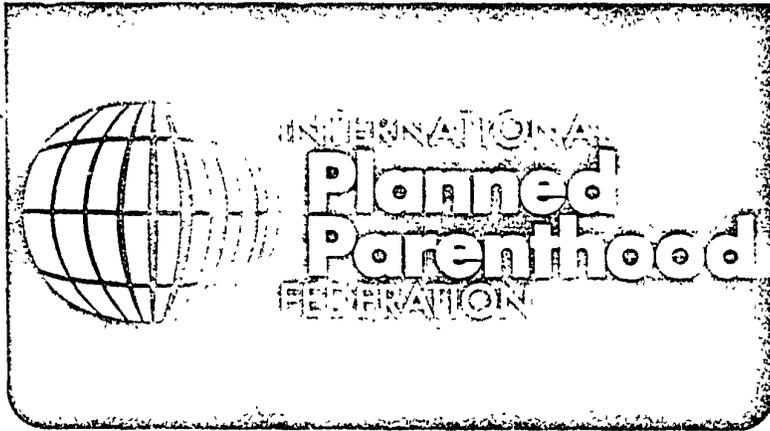


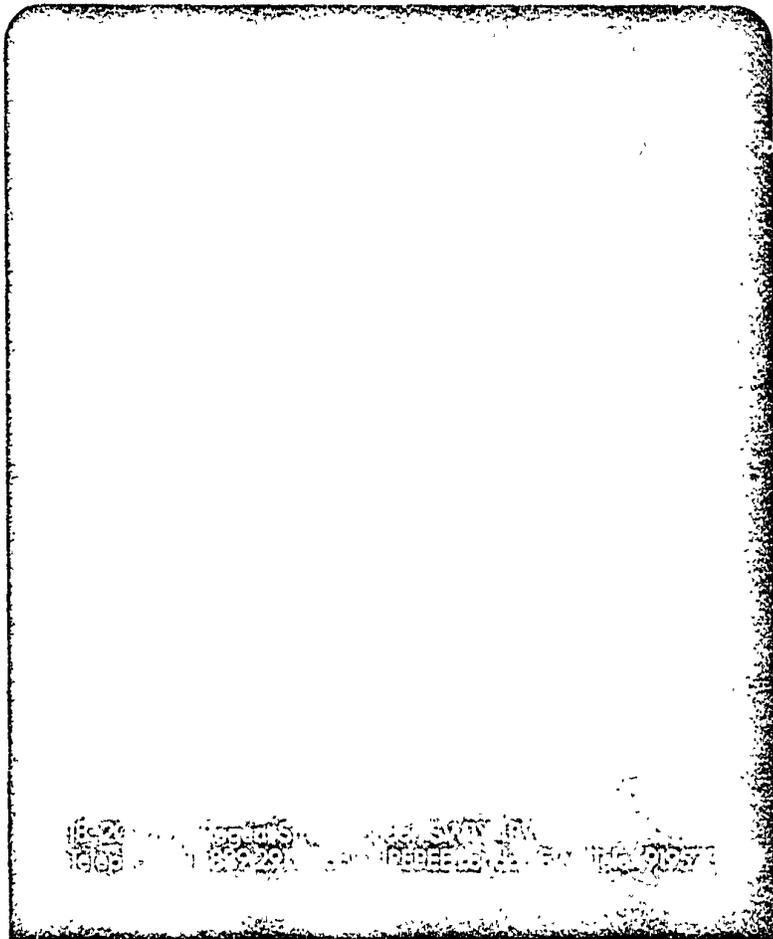
GT
301.32
I61

PN-AAH-620



GUATEMALA PROFILE

Family Planning Policies and Programmes



IPPF
1969

INTERNATIONAL PLANNED PARENTHOOD FEDERATION

GUATEMALA PROFILE

Family Planning Policies and Programmes

Central Office

18-20 LOWER REGENT STREET, LONDON SW1Y 4PW, ENGLAND

Telephone: 01-839 2911 Cables: IPEPEE, London SW1 Telex: 919573

October 1979

Agency for International Development
Room 105 SA-18
Washington, D.C. 20523

Page

- 1 Some Social, Economic and Population Indicators:
 - Census Data
 - Contraceptive Usage
- 2 Socio-Economic Conditions:
 - Nutrition
 - Literacy
- 3
 - Urban Population
 - Labour Force
 - Per Capita GNP
 - Mass Media
 - Housing
- 4
 - Pointers to living conditions
 - Indigenous Population
- 5 Penal Code: Abortion & Sterilisation
- 6 Government Policy and Programme:
 - First Steps towards a National Programme
- 7 New Approach
 - Towards a Population Policy
- 8 First National Seminar on Population
- 9 Asociación Pro-Bienestar de la Familia de Guatemala - APROFAM:
 - Early History
 - First Agreement with Ministry of Health: 1971
 - National Role for APROFAM: 1976
 - Second Agreement with Ministry
- 10 Supply and Reporting Problems
- 11 APROFAM's Other Programmes: (see also page 14)
 - CBD
 - Sterilisation
 - IUDs
 - Information & Education:
 - Mass Campaign
 - Person to Person
 - Opinion Leaders
 - Army
 - KAP Survey
- 12

GUATEMALA

Page

- 12 External Assistance
- 13 Middle Management Problems
Overall Project Strategy
Dispersal of Effort
- 14 New Building
- 14 Programmes in Detail:
Mass Distribution - DDP:
- 15 - Effects on Fertility: First Signs
- Salesmen as Executants
- 16 - Territorial Coverage
- Supplies to Pharmacies
- Special Programme Features
- 17 CBD:
- 18 - Ligas Campesinas (Peasant Leagues)
19 - Cooperatives
- Algodoneros - Cotton Growers
- Caficultores - Coffee Growers
- Urban CBD
- 20 Person to Person - "Community Medicine"
- 21 Youth
Army
Seminars for Leaders
- 22 Clinic Services:
- 23 - Sterilisation
24 - Post-Partum, Post-Abortion IUD Programme
- 25 Finance
- 26 Map of Guatemala

GUATEMALA

Social, Economic and Population IndicatorsCensus Data

Guatemala has had compulsory vital registration since 1877. This permits some correction of flaws in the national censuses, particularly in the latest of 1950, 1964 and 1973. From these censuses, with adjustments by CELADE (Centro Latinoamericano de Demografía) and the US Census Bureau, total population, with birth and death rates and percentage population growth, were estimated as follows:

<u>Census Year</u>	<u>Population 000s</u>	<u>Births per 1000</u>	<u>Deaths per 1000</u>	<u>Annual growth rate</u>
1950	3,024	48	23	2.5%
1964	4,470	44	16	2.3%
1973	5,743	42	12	2.9%
Projection 1976	6,237	39-41	14 ⁺	2.5-2.6%

⁺ The earthquake of February 1976 caused at least 25,000 deaths.

Total population in 1977 was estimated at around 6.5 millions with a growth rate of little less than 3.0%.

Infant mortality, life expectancy and total fertility rates per woman were estimated at:

	<u>Infant deaths per 1000 live births</u>	<u>Life expectancy at birth</u>	<u>Total fertility rate per woman</u>
1950	163	40	-
1964	111	48	6.38
1973	80	53 (1970-72)	5.74.

Contraceptive usage in the organised programmes of the Ministry of Health and Aprofam (Asociación Pro-Bienestar de la Familia) was estimated to have developed over 11 years as shown in the following table:

	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
	<u>New acceptors 000s</u>											
All methods	1.7	1.5	3.4	7.6	12.4	21.2	17.4	16.8	16.4	21.5	24.6	18.2 ⁺
Orals	0.7	0.2	1.3	3.7	8.8	15.2	13.6	13.2	12.1	14.7		
IUDs	0.9	1.3	2.1	3.8	2.9	3.9	2.4	2.6	3.1	3.7		
Other				0.1	0.7	2.2	1.5	1.0	1.2	3.1		
	<u>Active users 000s</u>											
All methods							21.2	25.3	26.5	31.2	35.6	
Orals							15.6	18.5	18.2	20.1		
IUDs							4.0	5.4	6.7	7.4		
Other							1.6	1.4	1.6	3.7		

+ Year of the earthquake.

Total active users in 1974 in these organised programmes were estimated at 3.2% of women married or in union aged 15 to 49. But an Aprofam survey indicated that in 1974 43,704 women were using orals or injectables bought in the private sector.

Socio-Economic Conditions

Three-fifths of Guatemala's population live in isolated communities of 2,000 or less, mainly in rugged mountainous terrain or the flatlands of the north. About 50.7% are Indians speaking 22 dialects or languages.

Nutrition

An estimated 81.4% of the population below age 5 suffer from malnutrition: amounting to 849,000 malnourished infants in 1975.

Literacy

46.0% of the population over 15 was recorded as literate in 1973 (i.e. capable of reading and writing a simple paragraph) - 53.6% of males and 38.5% of females. Of the population over 15, 23.1% had completed at least 3 years of primary school, 3.3% had completed secondary and 0.2% higher education.

Age level percentages in 1973 of those who had completed 3 years of primary education were:

	<u>Total</u>	<u>Male</u>	<u>Female</u>
15-24 years	30.7%	33.7%	27.9%
25-34	22.9	25.1	20.8
35 and over	16.4	18.1	14.8

Urban population

There were 2 cities of over 100,000 inhabitants in 1973, with 15.8% of the total population and 8 towns of over 20,000 with a further 19.5%.

Labour Force

Of a total labour force recorded by the 1973 census of 1,546,000 (1,329,000 male and 217,000 female) 58.4% were engaged in agriculture (66.7% of the total male labour force and 7.2% of the female). 52.3% of the 217,000 female labour force were engaged in domestic service, 22.2% in manufacture and 17.6% in commerce.

Of the country's total area of 10.9 million hectares, 2.5 million were classed as agricultural land.

Per capita GNP

Calculated in 1973 at US\$450 compared to an average for Latin America in that year of 5770.

Mass media

Radio receivers in 1973 totalled 47 per 1,000 population, TV receivers 19, daily newspaper circulation 39 (in 1972).

Housing

The February 1976 earthquake destroyed 222,261 homes, producing at end 1976 a need for 1,878,453 homes with solid roof, walls and floor, according to the National Association of Home Builders. The total number of households, according to the 1973 census, was 997,768, with an average of 5.4 persons each. 27.2% had more than 7 persons each.

Pointers to Living Conditions

José Luis Aldana, Aprofam's Director of IEC, provided the following impressionistic outline of conditions of life in December 1976:

- 600,000 children between 7 and 14 are without schooling
- of every 100 rural children who enter primary school only one reaches the sixth grade
- the country needs 10,000 new class rooms and 12,000 more teachers simply to cope with increasing numbers of children, without counting for instance more than 500,000 illiterates of over 14 in rural areas
- malnutrition causes the death of 50% of children below the age of six and 95% of the nation's children suffer from malnutrition
- 17% of Guatemalan women receive medical attention during childbirth
- the average mother has 6.5 childbirths, but in the rural areas the average is 11.5
- 70% of children do not have a legally registered father (according to the Bishop of Isabal); only one out of 150 children has a responsible father (according to a conclusion of a recent national paediatric congress)
- there is one doctor for each 4,000 inhabitants and one dentist for each 20,000

Indigenous Population

50.7% of the population was recorded by the 1973 census as being indigenous Indians, speaking 22 dialects or languages. On or beyond the fringe of the nation's economic life, these Indian populations have illiteracy rates as high as 90%, average school life as low as 4 months (over 80% without any schooling), and dwellings consisting of solid walls, roof and floor for as little as 1%. Some of these populations tend to be highly religious with far higher marriage rates (as opposed to consensual unions) than the national average for women of 31.5% (1973 census). Some, like a large part of the Ladino⁺ (Spanish-speaking) population, are mobile or migratory agricultural labourers. The greater part are too remote from developed arable areas.

⁺ Ladinos are described as habitually speaking Spanish and wearing modern dress, as opposed to traditional Indian dress. (Ladino in general usage means crafty, cunning.)

Penal Code: Abortion & Sterilisation

The Penal Code punishes abortion with up to 3 years' imprisonment. The Penal Code provisions which can be taken to relate to sterilisation are confusing.

Government Policy and Programme:First Steps towards a National Programme

Sustained opposition by the Catholic Church, by rightwing nationalists demanding a larger population for defence and international power, and by leftwing opinion largely led by the National University of San Carlos were mainly responsible for foiling various attempts in the early and mid-1970s to establish an integrated population and family planning policy.

The first steps towards a government / ^{family planning} programme, proposed as a means to curb infant and maternal mortality and induced abortion, began in 1969. They were based on / demonstration programmes conducted by Aprofam in its own clinics in Guatemala City in 1965-67 and then also in 20 Ministry of Health centres in other urban areas in 1967-69.

The MoH created a Division of Mother, Child and Family Health in 1969. Within this it set up a Department for Infant and Pre-School Protection and Family Orientation. This Department was charged with setting up a national / ^{family planning} service. AID provided funding.

It was planned to make / ^{family planning} services available in some 400 government facilities (at that time) throughout most of the country. Aprofam was charged to provide these services in Guatemala City, both in the government and its own clinics. An Integrated Information Office was set up to enable the Ministry and Aprofam to conduct a joint nationwide IEC programme. Aprofam was active also in providing training to the Ministry's medical and paramedical staff.

Turnover of Ministry personnel at the top level, widespread hostility to the idea of organised fp programmes and lack of clear commitment by government leaders were some of the factors which slowed the growth of this programme. After 9 years and heavy investment of external aid / ^{family planning} service had been established in only 126 of the then 580 government hospitals, health centres and health posts;

supplies were erratic and record-keeping and reporting were lax. (The February 1976/severely damaged or destroyed 5 hospitals, 38 health centres and 68 health posts.)

New
Approach

In 1975 AID transferred its support to Aprofam. Under an agreement of 20 April 1976, only weeks after the earthquake, the Ministry made Aprofam responsible for providing contraceptive supplies to all the Ministry's health facilities, for furnishing the necessary educational and motivational materials and for training medical and paramedical personnel.

From June 1976 to end 1977 Aprofam had succeeded in establishing supplies of orals, IUDs, Depo Provera, vaginal contraceptives and condoms to 449 of the Ministry's facilities in all 22 Departments (provinces), in providing training to an average of 300 staff in each of 5 Health Areas (corresponding to Departments), and in furnishing manuals, leaflets, posters, etc. (See APROFAM section for details of this operation.)

40% of the proceeds from the sales of contraceptives to acceptors is retained by the health facilities to finance their own improvement. 60% is handed over to Aprofam to help cover the cost of distribution and support services. The contraceptives are provided gratis by AID and in minor measure by IPPF.

Orals are sold at US\$0.15 per cycle and condoms at \$0.025 each. (The Guatemalan Quetzal is equivalent to US\$1).

Reports at end 1977 indicated that the new programme was overcoming widespread indifference or hostility among MoH personnel.

Towards a Population Policy

Various attempts at the top government level to formulate a population policy have been checked by factors such as outbursts of political and other opposition. In March 1975 the Minister of Health formed an 11-man inter-ministerial working committee to prepare a

a comprehensive policy document. A first draft was completed in July 1975. But work then came to an end. At the end of 1975 the President unexpectedly established a National Coordinating Commission, led by the Ministry of Education and including representatives of most other ministries. The work of this Commission was first halted by the February 1976 earthquake. Any substantial public activity thereafter was held in abeyance pending elections and assumption of office by the new government.

First National Seminar on Population

On June 26 and 27, with the new government preparing to take over, the National Coordinating Commission held the first national seminar on "Population, Development and the Environment". Studies already carried out by various ministries, or at their request by foreign specialists, provided basic discussion papers. The key recommendation emerging from the seminar, the first such coordinated approach at government level, was that a commission be created to formulate a national policy, within the framework of a national development strategy and that the policy should be "integral, seeking a rational balance of resources and a human approach to development efforts; trying to make more equal the wellbeing of all of the people; accelerating attempts to improve income distribution; promoting equality for women; improving health, educational and employment levels; attaining harmony between the environment and the population, and seeking the means to bring about those changes necessary to achieve a better quality of life."

An achievement of the seminar was considered to be its success in locating the existing commitment to a / family planning programme within a broad developmental perspective, thus providing defences to a hitherto exposed position. The seminar did not recommend on how to provide the proposed policy with a driving force and a central point of responsibility.

Asociación Pro-Bienestar de la Familia de Guatemala - APROFAM

Founded in 1965. IPPF member 1969.

Early History

Aprofam began its family planning programme in its own clinic in Guatemala City in 1965. In 1967 it was able to establish clinics in Government hospitals in the capital and in 1968/69 in 20 Government health facilities in three of the 22 departments (provinces).

- First Agreement with MoH -

In 1971, under an agreement with the Ministry of Health, Aprofam concentrated its clinic services in the capital while the Ministry undertook to provide services in the Departments. Aprofam was however free to conduct I & E Programmes throughout the country. It devoted a great deal of its attention to spreading the family planning message, particularly among opinion leaders and policy makers, and to encouraging what was first called "Sex Education", then "Psycho-Sexual Education" and finally "Family Life Education".

By the early 1970s the Association was consulted or participated in virtually all discussions or activities concerned with population policies, family planning and sex education. It was also the target of vigorous left-wing and religious attacks. The authorities of the National University of San Carlos, claiming that the family planning programme was an imperialist device to block fundamental reforms, forbade all relations with the Association - a ban still in existence in 1978. But students and faculty members of the Medical School of the University have been willing to work in Aprofam programmes and undergo family planning training.

National Role for AprofamSecond Agreement with MoH

In 1975, when the failure of the government programme in the Departments had become apparent, AID transferred its support to Aprofam. The ambitious plan traced for the Association was checked by the earthquake of February 1976 which concentrated all government /

and private efforts on rebuilding from the ruins. But by 1977 Aprofam's current programme had taken shape. This was largely based on an agreement of 20 April 1976 between the MoH and Aprofam under which the Association, with AID support, was charged with supplying "those contraceptive materials which the population desires" to some 500 government hospitals, health centres, health posts and pharmacies, as well as to the private sector. The agreement laid down that Aprofam should provide training to the Ministry's medical and para-medical personnel at the fp outlets as well as educational and motivational materials for counselling and for fp acceptors.

Shortly before, in December 1975, when AID's decision was already known, Aprofam was invited to nominate two representatives to a Junta Directiva del Programa Nacional (board of directors of the national programme), set up to advise the Minister of Health on formulation of a population policy. The Ministry is equally represented by two officials on this body and the Secretariat of Economic Planning by one.

- Supply and Reporting Problems -

The agreement with the Ministry confronted Aprofam with the problems of organising regular supplies to over 500 health installations throughout the country, many of them difficult of reach by road; of training and motivating doctors, nurses and other personnel who often were ill disposed to family planning despite the government's formal commitment; and of imposing and maintaining an adequate record-keeping and ^{reporting} system.

Although not formally included in the agreement, it was understood that Aprofam would mount a national campaign of information and education designed to encourage acceptance of fp and use of the facilities being offered.

APROFAM's Other Programmes:- CBD -

While still building up the programme for the government, Aprofam embarked on four experimental rural CBD projects in 9 departments, mostly in the Sierra Madre highlands along the country's Pacific seaboard but also in the east. These ^{pilot} projects were being conducted respectively with the Federation of Regional Agricultural Cooperatives; the Ligas Campesinas (peasant leagues) and the Trade Union Federation; the Cotton Growers' Association; and the Association of Eastern Coffee Growers. A fifth was Aprofam's own urban CBD project in Guatemala City.

- Sterilisation -

In addition, the Association was conducting a sterilisation programme in its own central clinic in the capital and, through its programme of training, had by the end of 1977 introduced sterilisation into 11 of the government's departmental hospitals.

- IUDs -

By the same system of demonstration and training it had by the end of 1977 secured the start-up of post-partum and post-abortion IUD programmes in 6 departmental hospitals and was itself running a similar programme in the capital's Roosevelt Hospital, the major maternity hospital. The above programmes are described in detail from page 14.

Information & Education- Mass Campaign -

These service activities were backed by:

- a radio campaign which in 1977 used 25 national or wide-range stations and 11 local stations, broadcasting different types of messages in Spanish, Quiché, Kekchí and Mam;
- 20-second spots broadcast 140 times in 1977 by the country's three TV channels during top-rated programmes;
- 9 advertisements carried at intervals during 1977 by the three

national newspapers, as well as 44 articles on / population and family planning and 30 news items concerning Aprofam;

- 5 posters and 2 leaflets pre-tested and issued in 1977 for use in health posts by CBD distributors, in meetings, etc;
- Person to Person -
- an experimental person-to-person programme, initiated with 3 "promotoras educativas" in Mazatenango Department in 1977 and being developed in 1978 in 4 other backward departments particularly prone to tabus on / family planning as part of an attempt to establish a self-supporting "Community Medicine" programme;
- Opinion Leaders -
- Seminars held in 1977 with backing from the health and interior ministries for the heads of Health Areas in all 22 Department, Departmental Governors and Secretaries, /for municipal mayors and secretaries, /and for trade union leaders and journalists.
- Army -
- an educational programme for army officers and recruits, with distribution of condoms.

KAP Survey

I&E

For rural areas this /campaign was structured in accord with the findings of a 1976 KAP study carried out with the help of the Chicago University's Center for Community and Family Studies in three rural areas touching 8 of the 22 Departments.

The study showed important differences in attitudes to family planning, /and therefore in indicated IEC approaches, as between Ladinos (see footnote on page 4) in the west and those in the east and between these and two Indian populations - Quiché and Kekchí - which also differed from each other.

External Assistance

In planning and carrying out these activities the Association has since 1976 received technical and/or financial assistance

from AID, AVS, Pathfinder, the Universities of Columbia and Chicago, the Atlanta Center for Disease Control, Development Associates, World Neighbours, Oxfam, Union of Evangelical Churches and FPIA as well as from INC'E management consultants and of course IPPF.

Middle Management Problems

Aprofam reported early in 1978 that its most critical problems lay in the areas of administration and supervision. These were particularly acute in maintaining an even flow of supplies to all the government's health facilities and in securing an acceptable level of record keeping and reporting. They were also evident in the CBD programmes in which large numbers of promotoras and distributors have had to be rapidly trained, put to work and adequately supplied with contraceptives, information and motivational materials and medical back-up.

Much of Aprofam's top executive time must of necessity be taken up by maintaining relations with government agencies and in working with and reporting to numerous external assistance agencies.

Despite the stresses of launching major new programmes, particularly in an atmosphere of political uncertainty, and of building up a fulltime staff of over 200 by late 1978, the Association was judged to have the best FPA management in Central America.

Overall Project Strategy

Apart from its own limited clinic programme in Guatemala City, intended to provide the Association with an experiential and research base and to serve as a "display case", Aprofam's projects have all been so designed as to be turned over, once successful, to the communities they serve or to the agencies on whose behalf they have been set up.

Dispersal of Effort

As a laboratory for external agencies, Aprofam has demonstrated

its readiness to turn its efforts to innovative and imaginative projects for which funding is proffered. But it is not clear what lessons are learned, either locally or by the international community, from initiatives which are completed or abandoned - such for example as the Tac Tic integrated education project (World Neighbours), the "Human Settlements" project for slum dwellers (Union of Evangelical Churches), the San Miguel Chicaj project, etc.

New Building

IPPF provided a loan of \$190,000 to enable Aprofam to construct a building to replace the accommodation damaged in the earthquake. Since February 1976 the Association's staff had been split up between a number of makeshift premises, greatly complicating their work during a period of intense activity. The new building, planned to be occupied in December 1978, was to provide the setting for APROFAM's model clinic programme, designed largely as a demonstration, and for its headquarters staff. Planning and construction of the building were a major preoccupation for some two years for the Association's management.

Programme Details:

Mass Distribution - DDP

The supply of contraceptives to government facilities is known as the Direct Distribution Programme, DDP. The Atlanta Center for Disease Control inspects the programme every four months. Two reports in 1977 warmly commended Aprofam for the rapid progress made, but warned of the need to tighten up the systems of record keeping and reporting. One report stated "The growth of the program is even more remarkable due to the problems that have confronted it. These problems have included the lack of cooperation the DDP employees have received from MoH personnel at all levels, the absence of MoH personnel at the time of a DDP employee's visit, and the inaccessibility of some MoH facilities."

The second report, four months later, commented "Aprofam is conducting meetings with MoH officials and political and civic leaders

in the health areas where the program is being implemented. The MoH is cooperating by participating in a nationwide training course designed to train MoH clinic personnel and their supervisors in family planning / service delivery and reporting. Both quantitative and qualitative improvements in reporting indicate that Aprofam has been successful in increasing the acceptance of administrative requirements among MoH personnel. In addition, the quantities of supplies consigned to the MoH, money collected from the clinics from the sale of contraceptives, and the number of reported admissions to and active users in the program have increased steadily."

- Effects on Fertility: First Signs -

Owing to inadequacies in reporting it was impossible by end 1977 to produce reliable acceptor figures. But the CDC evaluators estimated that between the first three months of the programme, June-August 1976, and the three months July-September 1977 the total of couple-months of protection provided by the programme had doubled - from 12,497 to 24,551. Methods chosen were reported in 1977 as: orals 76.5%; IUDs 6.2%; condoms 6.1%; Depo-Provera, vaginal contraceptives, etc 11.3%.

- Salesmen as Executants -

Aprofam employed experienced drug company salesmen to act as distributors (promotores) - 3 in the initial phase - and to visit each health centre or post at least every two months, to check on progress and reporting, to provide administrative training and general motivation, and to collect the cash derived from sales of contraceptives. To those able to pay, orals are sold at US\$0.15 per cycle and condoms at \$0.025 per piece.

The promotores receive commission of 3% of total sales revenue. The CDC evaluators reckoned that the promotores' figures for revenue, to which they are naturally attentive, provided by end 1977 a more reliable guide to contraceptive usage than the official reports.

- Territorial Coverage -

With the provision by AID of 3 four-wheel drive vehicles in 1978, after some procurement delay, the promoters hoped to be able to reach a number of health posts previously inaccessible to their conventional cars. Aprofam expected by end 1979 to have established fp service at 95% of the Ministry of Health facilities, totalling:

	as at <u>November 1976</u>	<u>end 1978</u>	<u>end 1980</u>
hospitals	39	42	44
health centres	108	159	161
health posts	444	470	614
	<u>591</u>	<u>671</u>	<u>819</u>

The new facilities were being set up with the aid of a US\$32.6 millions loan from the IDB.

- Supplies to Pharmacies -

In addition to the MoH facilities, Aprofam has undertaken to provide both supplies and training to 500 state, municipal and private pharmacies. In collaboration with the Training School in Municipal Administration the Association was in 1978 conducting 26 one-day (10-hour) fp courses for some 450 pharmacy personnel, to equip them to advise and motivate clients.

The personnel of the DDP were also charged with maintaining supplies to Aprofam's 5 clinics in Guatemala City and to its CBD programmes in the capital and in rural areas of 9 Departments, as well as to small fp programmes run by other agencies.

- Special Programme Features -

Significant features of this programme, in its early stages, appeared to be:

- a close working relationship all over the country between Aprofam and the front-line units of the national health programme;
- the possibility of promoting CBD around these units, on a municipal

- or community level;
- official acceptance for the time being of a high degree of non-official collaboration at all levels from policy-making to field practice;
- a campaign of information and motivation run by non-official specialists and volunteers to promote usage of official facilities.

CBD

The existence of the DDP simplifies the task of the CBD programmes by relieving most of the promotoras of ensuring supplies for distributors. Apart from its own urban CBD programme which began in Guatemala City in 1975, Aprofam's strategy in the rural areas is to work through existing structures, on the model of the Colombian Profamilia/Cafeteros initiative.

The mass media campaigns run by Aprofam provide direct support to the CBD programmes, as well as to the government's health units, and particularly lend authority to the work of the promotoras. This permits a high degree of flexibility at the field level, enabling Aprofam to experiment with various person-to-person and other approaches.

By end 1977 Aprofam had a total of 74 urban and 152 rural distribution posts. It was supplying contraceptives to a further 449 MoH posts. To all these outlets in 1977 it provided 352,727 cycles of orals, 224,364 condoms and 21,416 vaginal contraceptives.

Details were not available in mid-1978 of the incentives offered to distributors or to promotoras outside of the cadre of nearly 150 employed fulltime by Aprofam.

- Programme Details:

Ligas Campesinas

Started in May 1977 in collaboration with the Federated Trade Union Front (Frente Federativo Sindical) this programme is aimed at rural or semi-urban communities, including a large proportion of migrant workers. Meetings are organised by the FFS for the

three promotoras who are also assisted in selecting distributors. 75 distribution posts were due to be operating in 13 municipalities of Escuintla Department by end 1978. If successful, the programme was to be extended in 1979 to another mountainous and largely agricultural area, in the 20 municipalities of the Department of Suchitépquez (also spelt Sacatépquez), with a further 3 promotoras and 60 distributors. Where possible distribution posts are established on agricultural estates with an invitation to the owners to bear the costs. The programme was supported in 1977-78 by AID and it was hoped that it would eventually be taken over by the FFS.

In this, as in the other rural CBD programmes, government health posts are depended on for medical back-up. Aprofam's direct relationships with these through the DDP programme allow a degree of coordination.

Cooperatives

This began in August 1977 in collaboration with the Federación de Cooperativas Agrícolas Regionales, FECOAR, in 5 western departments (Quetzaltenango, San Marcos, Quiché, Sololá and Chimaltenango) and Jutiapa in the east. 80% of the target population is Indian. Strong religious feeling amongst the people and hostility amongst some of the clergy posed initial problems. But Aprofam reported that by end 1977 a project chief had been appointed and promotoras and distributors selected and trained in all the target areas. It was hoped to have 3,000 acceptors by the end of 1978. The programme was being supported and evaluated by Columbia University. On the basis of the experience it provides, Aprofam intended to propose similar collaboration to other cooperative systems.

GUATEMALA

Algodoneros - Cotton Growers

This programme of enlistment of landowners began in 1978 with a series of agreements with owners of cotton plantations to provide fp service and motivation, at the owners' expense, to their stable and migrant workers. It was hoped to cover 15 plantations (fincas) in the Escuintla Department in 1978, producing 3,000 acceptors, and to extend to a further 15 fincas in 1979, with a further 3,000 acceptors. This programme is also supported by Columbia University.

Caficultores - Coffee Growers

Begun in 1976 in the eastern region of Guatemala at the request of the Ladies' Committee of the Asociación de Caficultores de Oriente, ACOGUA, this programme was operating in 11 fincas (plantations) by /end 1977, with a distribution post in each and two clinics for medical back-up of the programme as a whole. Finca owners, as well as promotoras and distributors, receive / family planning training. It was hoped to cover 30 fincas by end 1978 and a further 30 in 1979, with a target population of 8,000 stable and migrant workers of widely varying characteristics, both Ladino and Indian.

The programme is financed by ACOGUA.

Urban CBD

Started in Guatemala City in October 1975, with funding from AID and technical assistance from Columbia University, this programme comprised 74 distribution posts by end 1977 and had enlisted 10,500 acceptors. From 8 promotoras in 1977 it was planned to expand to 12 in 1978 and 20 in 1979, each supervising and supporting 10 distributors and with a target of 25,000 active users by end 1979. Medical back-up is provided by Aprofam's own clinics and acceptors are urged by promotoras and distributors to have a medical check at least once a year.

Aprofam reported at end 1977 that the programme was well received by the poorer sections of the population, who welcome the

GUATEMALA

ease in obtaining contraceptives and the simple and relevant information and advice tendered by distributors and also by the promotoras during home visits and community meetings.

The programme was initially regarded with suspicion by the medical profession in the capital, including doctors working with Aprofam, but appeared by 1978 to have been accepted as reasonably safe.

Person to Person - Community Medicine

This programme began in June 1977 in a predominantly Indian area of the western sierra where it seemed that person to person contact by promotoras educativas, in addition to the mass media campaigns, was needed to motivate acceptors to use the facilities offered by the government health posts.

With the full support of the heads of the Health Areas, first in the Department of Suchitépquez and then in Huehuetenango and Quetzaltenango, Aprofam was concentrating in 1978 on trying to develop this into a programme of "Community Medicine".

In addition to appointing and supporting CBD distributors, the promotoras educativas, in collaboration with government health personnel and municipal authorities, were trying to form a network of persons to act as first-line community physicians. Health promoters of the MoH or religious agencies, traditional (empirical) midwives, rural health graduates from the INDAPS institute, social workers, teachers, etc (described by Aprofam as 'personas de honorabilidad') were being provided by MoH or other available medical personnel with any necessary basic medical training and by Aprofam with family planning training. They were also being provided with basic health kits, 'octiquines', containing non-prescriptive medicines for prevalent ailments, particularly of children, and also contraceptives. It was hoped that the modest costs of the programme would be largely borne by the municipalities in which it functions as well as by small fees charged to patients able to pay.

GUATEMALA

Youth

Since 1969 Aprofam has been conducting a Family Life Education programme addressed primarily to teachers, secondary school children and university students, parents and out of school youth of 15 and upwards. The Association reported that much of this activity is coordinated with the Ministry of Education and that large numbers of teachers (not specified) have attended /sex education courses organised for them by Aprofam.

In a new approach in 1978, with the help of youth leaders, the Association was trying to organise groups of young people to design their own sex education programmes, calling on specialists to help them as needed.

Army

A programme which hopefully became self-perpetuating in 1978 was that of family planning / training for army educationists and medics and of family life / education for army officers, enlisted men and recruits. The programme, which began in July 1976 with AID support, has been fully backed by the Ministry of Defence. 22 army education officers attended a final family planning / course from 21 November to 2 December 1977 and a total of 6,091 regimental and staff officers and men attended short courses during the year. 153 talks were given to other personnel. 44,688 condoms and 31,000 fp leaflets were distributed.

With the end of the training and motivation programme, Aprofam was continuing to supply contraceptives at \$0.15 per oral cycle and \$0.025 per condom. The army policy is to supply orals to any army wife requesting them and 8 condoms monthly to 17,000 career soldiers and 4 monthly to 3,000 annual recruits. Aprofam also supplies contraceptives for the 48 army clinics.

Seminars for Leaders

The Ministry of Health agreed in 1977 that the heads of the

22 Health Areas should attend an Aprofam seminar at which the details of the DDP were studied and population and / ^{family planning} problems were discussed. The Home Ministry (de Gobernación) similarly agreed to separate seminars for Departmental Governors and Secretaries and for Mayors and Municipal Secretaries. Aprofam regarded these as crucial to their being allowed to launch their rural programmes.

The seminar for journalists in 1977 was described as bringing about a considerable change of attitude in the mass media.

A seminar for trade union leaders was regarded as the first step in Aprofam's campaign to enlist workers' organisations in CBD programmes and as having considerable political significance.

With the change of government in mid-1978 it was planned to renew this educational campaign in order particularly to reach the new departmental and municipal authorities appointed by the incoming government.

Clinic Services

From a single demonstration clinic in its own Guatemala City premises in 1965, Aprofam expanded to eight clinics by 1975 (a Moñ facilities) plus 3 in departmental hospitals from 1967 to 1971 under the then agreement with the Ministry. In 1976 the Association switched its priority to CBD and closed two of its Guatemala City clinics. Apart from its own Central Clinic, the largest in the country, which also serves as a training centre, the Association runs clinics in the Roosevelt Hospital, the largest ^{four} maternity hospital, and in ~~several~~ municipal health centres.

In 1977, within this programme, a total of 15,114/^{new} and 20,425 continuing acceptors chose the following methods:

	<u>New Acceptors</u>	<u>Continuing Acceptors</u>
Orals	45.2%	70.7%
IUDs	11.8	19.1
Injectables	4.6	7.3
Condoms	5.7	1.6
Other	8.9	1.3
Female Sterilisation	19.9	
Male Sterilisation	3.9	

Sterilisation

Particularly ambitious for Aprofam has been the programme, started in 1977, to introduce male and female sterilisation into the regular procedures of the Health Ministry's 22 Departmental Hospitals by the end of 1979. With supplies and funding from AVS, the Association was training the required medical and paramedical staff, was furnishing all necessary equipment as well as a maintenance and repair service, and was providing in each Department a promotora of its own to introduce the service to the local population.

The start of the programme provoked vigorous attacks from leftwing opinion and the clergy, with allegations of mass sterilisations and of genocidal attitudes to the Indian populations. Difficulty was also encountered with some hospital directors and doctors who viewed the programme with varying degrees of distaste. Nevertheless by early 1978 sterilisation procedures had been introduced into 12 hospitals in so many departments and it was hoped to add 6 by the yearend. By end 1977 2,724 female and 567 male sterilisations had been carried ^{out} in the departmental hospitals. The targets for the following two years were:

	<u>1978</u>	<u>1979</u>
Female	3,300	6,000
Male	1,225	1,225.

The future of this programme was largely dependent on the

GUATEMALA

attitude to be adopted by the new government. This was expected to become apparent towards the end of 1978.

Post-Partum, Post-Abortion IUD Programme

A parallel activity is the programme initiated in October 1977 on IPPF funding to introduce post-partum or post-abortion IUD insertion into Departmental Hospitals. Two immediate difficulties arose: 1) there is a turn-over every 6 or 12 months of medical interns and externs in maternity sections, necessitating constant training of new arrivals; and 2) to accept IUDs, patients require more preliminary counselling than currently available from maternity and pre-natal staff or empirical midwives. To resolve these problems Aprofam arranged firstly that every hospital should be visited once every two months / to train new medical staff, to collect records of patients treated and generally to maintain the motivation of hospital chiefs and staff. Secondly, it planned to train empirical mid-wives and nurses in pre-natal clinics in counselling of potential IUD acceptors.

By early 1978 the IUD programme was functioning in 6 departmental hospitals (Amatitlan, Escuintla, Zacapa, San Marcos, Huehuetenango and Quetzaltenango). Financial constraint may limit its expansion in 1979.

Aprofam introduced its own IUD programme into the Roosevelt Hospital in the capital in January 1978. The aim was to provide IUDs to 30% of the 5,000 maternity cases per year. The programme was being conducted by an Aprofam doctor who in addition was training the hospital's medical and paramedical staff. He was assisted by a nurse and two auxiliary nurses and by a social worker whose counselling of patients was found to be crucial. Other Aprofam social workers were assigned for counselling to pre-natal clinics in the capital.

Finance

The great part of the rapidly increasing quantities of contraceptives required by Aprofam have been supplied by AID through FPIA. IPPF has provided additional requirements.

The growth of Aprofam's programme since the conclusion of the 1976 family planning agreement with the MoH (and the transfer of AID's support for / from the Ministry to Aprofam), as well as sources of revenue, are shown in the following table:

<u>Expenditure</u> US\$	<u>1976</u> <u>Actual</u>	<u>1977</u> <u>Actual</u>	<u>1978</u> <u>Approved</u> <u>Budget</u>	<u>1979</u> <u>Proposed</u> <u>Budget</u>
IEC		200,819	300,187	336,700
Medical & Clinical		455,836	768,733	646,100
CBD		68,948	155,830	169,000
Evaluation		32,666	88,460	64,500
Resource Development		-	11,700	19,000
Admin & General Services		92,922	128,430	178,800
Total expenditure	729,200	851,191	1,453,340	1,414,100
<u>Income</u>				
Contraceptive sales	66,044	92,328	75,000	115,000
Clinic charges	21,802	28,242	25,000	35,000
AID	234,847	271,049	375,000	396,745
Pathfinder	10,111	6,907	23,488	33,034
World Neighbours	22,011	17,926	10,715	
AVS	22,449	164,311	455,057	388,625
Columbia University		5,000	59,685	56,929
Development Associates		14,236	19,373	23,147
Chicago University	8,000			
Oxfam		3,150		
Coffee Growers' Association ACOGUA			50,040	27,865
IPPF grant	290,400	270,328	308,400	298,100
" cash commodities	97,300	80,000	28,000	83,600

