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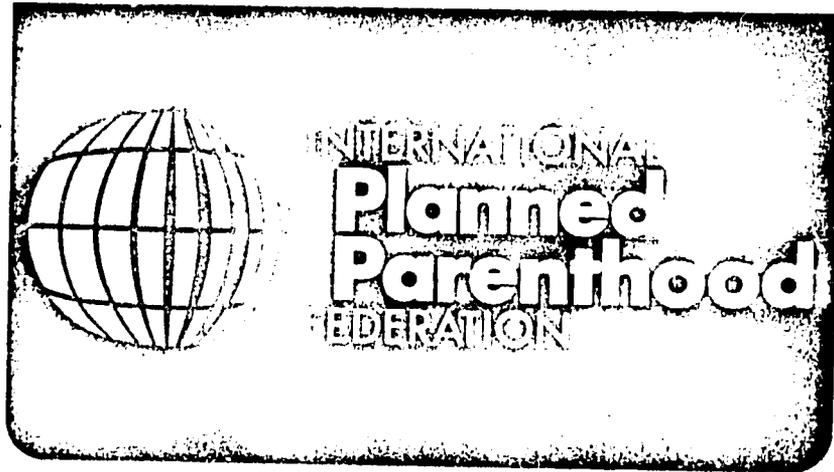
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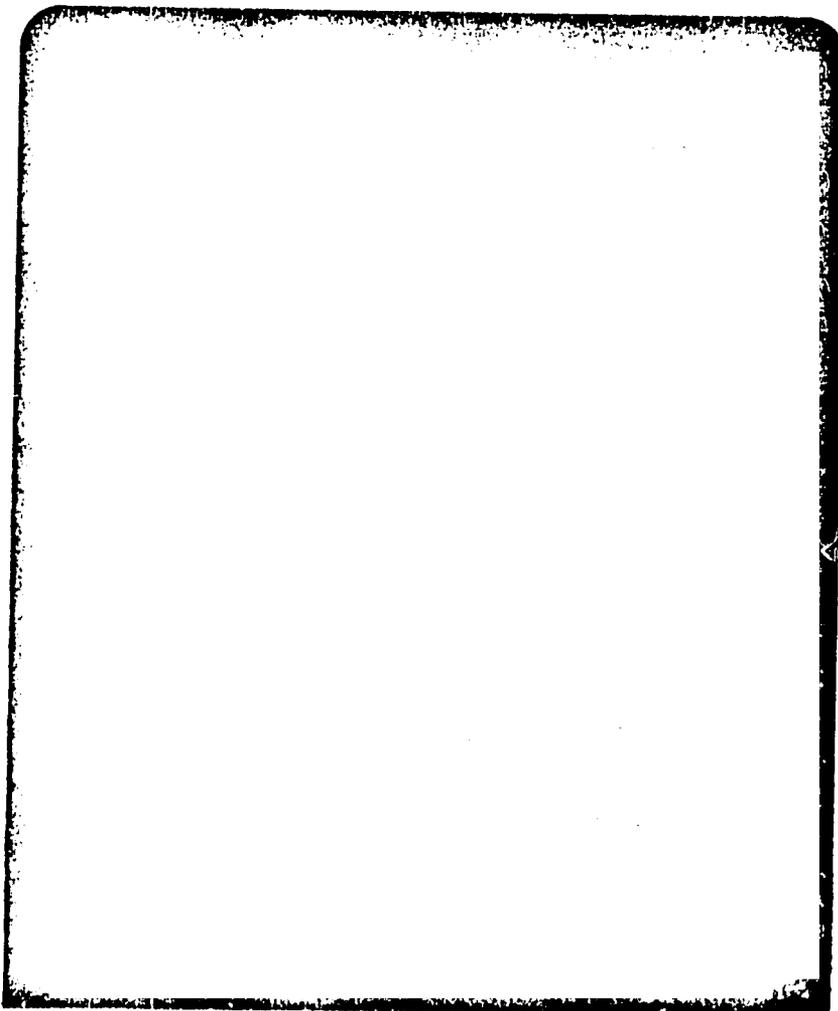
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MEXICO PROFILE

Family Planning Policies and Programmes



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

MEXICO PROFILE

Family Planning Policies and Programmes

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MEXICO

Social, Economic and Population Indicators

Population Growth

Mexico began the 20th century with a population of less than 15 millions. The total in 1978 was estimated by CELADE at 65.4 millions.

Since 1900 censuses have been held in the first year of each decade (except for that of 1921, as the country recovered from 10 years of revolutionary turbulence), with varying degrees of reliability. The 1970 census total of 48.2 millions, for instance, was estimated to correspond to a true figure (at mid-year) of 50.3 millions.

Constraints: Mortality, Revolution, Emigration

High natural mortality and the holocaust of the revolutionary years 1910-20 combined to keep the population below 15 millions until the early 1920s. Continuing high mortality and emigration to the United States, assumed to be far higher than any official figures, held population growth rates at below 2% until the end of the 1950s.

The death rate in 1930 was 25.5 per thousand population; and an estimated 8.5 in 1976. Infant mortality had dropped from 244 in 1930 to around 65 in 1976. Average life expectancy at birth was reckoned at 37 years in 1930 and 66.7 in 1976.

Birth Rates

The average birth rate for several decades until the early 1970s was between 45 and 50 per thousand population. By 1976 it was estimated at 41.

Population Growth Rates

The rate of population increase was estimated at nearly 3.5% in 1970 (roughly 4.2% in urban areas, partly owing to heavy migration from the countryside, and 1.5% in rural areas, with

emigration and deficient health services). It was calculated at 3.2% in 1976. The national family planning programme aims to reduce this rate to 2.5% by the end of 1982, claimed by its authors to be the fastest decline achieved in 6 years by a large developing country. One eminent Mexican demographer, Victor Urquidi, estimated that already by June 1978 the rate had fallen to 2.9%.

Fertile Women

Women aged 15 to 49 were estimated in mid-1971 at over 15 millions: 56% aged from 15 to 24; 25% from 25 to 34; and 19% over 34.

In June 1976 it was estimated that 1.6 million women were using contraceptives.

Legal Marriage Ages

Legal marriage age is 14 for women, 16 for men.

Abortion

A 1931 law, still on the books but rarely enforced, provides up to 8 years imprisonment for abortion except in cases of rape or when two doctors certify that continued pregnancy would endanger a woman's life. In August 1977 the Population Council's Studies in Family Planning (Vol 3 No 8) reported Mexican estimates of abortion running at 500,000 to 300,000 annually.

Prescriptions and Advertising

Constraining legislation has for long been ignored. Orals have been readily available from pharmacies since the 1960s and can now be supplied by para-medicals in the health services, including the 12,000 parteras empiricas (midwives) who attend at least 40% of births.

Colegio de Mexico

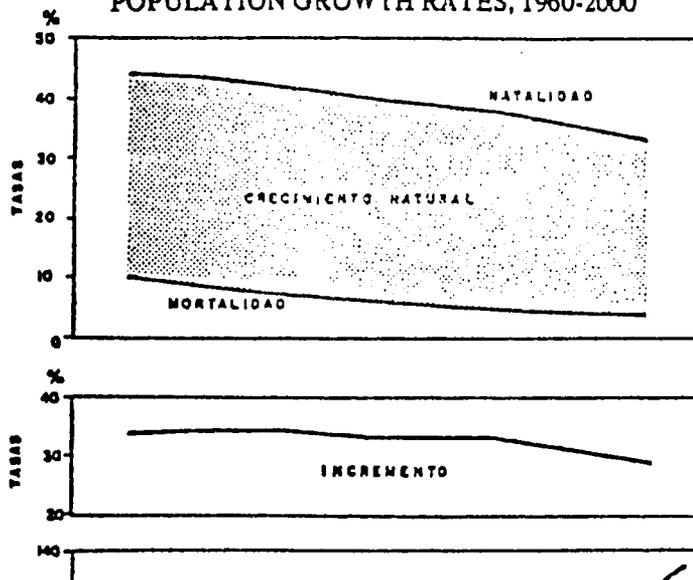
Valuable studies on the composition of the population, its characteristics and trends are carried out particularly by the Centro de Estudios Económicos y Demográficos of the Colegio de Mexico. Excerpts from recent studies are included in the following tables.

THE POPULATION OF MEXICO

	Censuses	Adjusted to correspond to mid-year	Annual Rate of Growth %
1895	12,632,427		
1900	13,607,259		1.50
1910	15,160,369		1.09
1921	14,834,760		0.51
1930	16,552,722	17,063,300	1.10
1940	19,653,552	20,243,600	1.72
1950	25,791,017	26,463,400	2.72
1960	34,923,129	36,003,000	3.13
1970	48,225,238	50,420,500	3.43
1975		Est. 60,247,000	
1980		71,387,000	
1985		84,445,000	
1990		99,669,000	
2000		135,089,000	

Source: El Colegio de Mexico, Centro de Estudios Económicos y Demográficos, *Dinámica de la Población de México* (Mexico: El Colegio de Mexico, 1970), p. 6, p. 192. The projections are by Raúl Benitez and Gustavo Cabrera.

POPULATION GROWTH RATES, 1960-2000



	Natality (per 1,000)	Mortality (per 1,000)	
1895-1910	47-50	32.6-35.5	1895-1910
		25.1	1921-1924
		25.5	1925-1929
1930	50.8		
		23.3	1935-1939
1940	48.1		
		17.8	1945-1949
1950	46.3		
1960	44.9	12.2	1955-1959
1965	44.4	9.4	1965-1967
1970	44.0		

Source:

El Colegio de Mexico, *Dinámica de la Población de México*, p. 8. The mortality rates are from official figures from 1930 on; Natality rates are recalculated.

Fertility Index
(Births per 1,000 Women Aged 15 to 49)

1930	198
1940	196
1950	192
1960	200
1965	202
1970	199

Source: *Dinámica de la Población de México*, p. 49.

1961	199.1
1962	199.3
1963	198.4
1964	201.9
1965	199.2
1966	199.4
1967	195.4
1968	196.1
1969	192.3
1970	195.7

Source: *Materno-Infantil*, I (February 1974), 12.

Urban and Rural Fertility (1960)
Number of Children Born to Women by Age Groups

Age	Urban	Rural	Urban Rural ^x 100
15-19	0.16	0.27	59
20-24	1.06	1.55	68
25-29	2.29	3.04	75
30-34	3.47	4.29	81
35-39	4.22	5.33	79
40-49	4.44	5.69	78

Source: *Dinámica de la Población de México*, p. 64. From Raúl Bonítez Z.

Infant Mortality (per 1,000)

1930	244
1940	207
1950	155
1960	88
1965	78

Source: Eduardo Cordero, "La subestimación de la Mortalidad Infantil en México," *Demografía y Economía*, II, 1 (1968), 44-62.

Life Expectancy

	Male	Female
1895-1910	Less than 30	31-33
1930	36.08	37.49
1940	40.39	42.50
1950	48.09	51.04
1960	57.61	60.32
1965	60.26	63.00

Source: Raúl Benítez and Gustavo Cabrera, *Tablas Abreviadas de Mortalidad de la Población de México, 1930, 1940, 1950, 1960* (Mexico: Colegio de México, Centro de Estudios Económicos y Demográficos, 1967). In *Dinámica de la Población de México*, p. 14.

	Growth of GNP	Population Growth	GNP Growth per cap.
1930-1934	-0.5	1.6	-2.1
1935-1939	5.6	1.7	3.7
1940-1944	5.4	2.5	2.8
1945-1949	5.1	2.8	2.3
1950-1954	6.1	2.7	3.2
1955-1959	6.6	3.2	3.3
1960-1964	5.6	3.4	2.2
1965-1967	6.7	3.4	3.2

Source: El Colegio de Mexico, *Dinámica de la Población de México*, p. 215.

	Economic Growth by Sectors (%)									
	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Agriculture	8.1	5.4	1.6	3.7	1.6	-2.1	5.5	1.8	-1.8	1.3
Livestock	3.5	3.4	4.0	4.1	6.7	7.6	5.7	3.0	4.0	4.4
Forestry	7.3	0.7	-0.8	2.4	2.3	5.1		-5.6	8.1	6.0
Fishing	0.0	-5.0	8.9	-5.7	-11.0	-6.1	12.4	2.1	5.7	9.3
Mining	0.9	-0.8	2.6	2.8	2.2	6.4	1.5	0.4	0.2	--
Petroleum	9.1	4.2	2	6.2	8.6	4.8	9.6	2.8	4.5	5.4
Petrochemicals	--	--	--	--	33.6	21.4	9.9	8.4	22.3	5.0
Manufacturing	14.2	7.1	11.1	9.0	10.1	7.9	8.7	3.1	8.7	8.0
Construction	16.4	-1.7	15.0	8.9	7.4	9.3	4.6	-2.6	16.0	15.5
Electrical Energy	14.9	9.5	10.3	8.5	19.7	16.5	11.3	8.0	10.6	1.5
Transportation, Communications	6.1	4.9	4.3	6.1	10.8	8.7	7.9	7.0	10.5	--
Commerce, Services	10.8	5.5	6.1	7.3	8.5	9.1	8.5	3.0	8.0	-
GROSS DOMESTIC PRODUCT	10.0	5.4	7.5	6.4	8.1	6.3	6.9	3.7	7.5	1.3

Sources: *Informes Anuales*, Banco de Mexico; *Examen de la Situación Económica de México*, Banco Nacional de México, L (enero, 1974).

Mexican Immigrants to the United States		Mexican Contract Workers Admitted for Temporary Work in United States Agriculture, 1942-1967	
1900-1904	2,259		
1905-1909	21,732	1942	4,203
1910-1914	82,588	1943	52,098
1915-1919	91,075	1944	62,170
1920-1924	249,248	1945	49,454
1925-1929	238,527	1946	32,043
1930-1934	19,200	1947	19,632
1935-1939	8,737	1948	35,345
1940-1944	16,548	1949	107,000
1945-1949	37,742	1950	67,500
1950-1954	78,723	1951	192,000
1955-1959	214,746	1952	197,100
1960-1964	217,327	1953	201,380
		1954	309,033
		1955	398,650
		1956	445,197
		1957	436,049
		1958	432,857
		1959	437,643
		1960	315,546
		1961	291,420
		1962	194,978
		1963	186,865
		1964	177,736
		1965	20,284
		1966	8,647
		1967	6,125
Annual Figures			
1960-1964	43,565 (avg.)		
1965	37,969		
1966	45,163		
1967	42,371		
1968	43,563		
Source: Leo Grebler, Joan W. Moore, and Ralph C. Guzman, <i>The Mexican-American People: The Nation's Second Largest Minority</i> (New York: Free Press, 1970), p. 76.			

Source: *Ibid.*, p. 68.

**POPULATION OF THE MEXICAN REPUBLIC BY FEDERAL DIVISIONS
SURFACE IN KM² AND DENSITY
1970 (January)**

Entity	Total	Men	Women	Territory km ²	Density Inhabitants/ km ²
UNITED STATES OF MEXICO	48,225,238	24,065,614	24,159,624	1,967,183	24.51
Aguascalientes	338,142	167,309	170,833	5,589	60.50
Baja California	870,421	434,160	436,261	70,113	12.41
Baja California, T.	128,019	65,653	62,366	73,677	1.74
Campeche	251,556	126,405	125,151	51,833	4.85
Coahuila	1,114,956	563,545	551,411	151,571	7.36
Colima	241,153	121,260	119,893	5,455	44.21
Chiapas	1,569,053	794,031	775,022	73,887	21.24
Chihuahua	1,612,525	812,649	799,876	247,087	6.53
Distrito Federal	6,874,165	3,319,038	3,555,127	1,499	4,585.83
Durango	939,208	478,688	460,520	119,648	7.85
Guanajuato	2,270,370	1,139,123	1,131,247	30,589	74.22
Guerrero	1,597,360	796,947	800,413	63,794	25.04
Hidalgo	1,193,845	598,424	595,421	20,987	56.88
Jalisco	3,296,586	1,631,778	1,664,808	80,137	41.14
México	3,833,185	1,931,257	1,901,928	21,461	178.61
Michoacán	2,324,226	1,166,993	1,157,233	59,864	38.83
Morelos	616,119	306,986	309,133	4,941	124.70
Nayarit	544,031	276,034	267,997	27,621	19.70
Nuevo León	1,694,689	852,469	842,220	64,555	26.25
Oaxaca	2,015,424	998,042	1,017,382	95,364	21.13
Puebla	2,508,226	1,246,545	1,261,681	33,919	73.95
Querétaro	485,523	243,193	242,330	11,769	41.25
Quintana Roo, T.	88,150	45,714	42,436	50,350	1.75
San Luis Potosí	1,281,996	646,655	635,341	62,848	20.40
Sinaloa	1,266,528	646,561	619,967	58,092	21.80
Sonora	1,098,720	551,496	547,224	184,934	5.94
Tabasco	768,327	389,396	378,931	24,661	31.16
Tamaulipas	1,456,858	725,463	731,395	79,829	18.25
Tlaxcala	420,638	213,530	207,108	3,914	107.47
Veracruz	3,815,422	1,921,786	1,893,636	72,815	52.40
Yucatán	758,355	378,664	379,691	39,340	19.28
Zacatecas	951,462	475,820	475,642	75,040	12.68

Map of Mexico



Government Policies and Programme
1972: Pro-Natalist Policy Reversed

Until 1972 Mexico's policies, pro-natalist and pervaded by the idea that population growth was needed to fill and exploit the country's space, permitted organised family planning services only in the private sector and necessarily on a modest scale. Early in 1972 President Luis Echeverría Alvarez, whose recent election campaign had reflected traditional pro-natalist attitudes, announced that his government considered family planning to be a right which ought to be within the reach of all couples who desired it. He acknowledged the need for information and education to enable Mexicans to practise responsible parenthood.

The Bishops

This first policy statement, concerned primarily with family welfare, was followed in December 1972 by a Pastoral Letter from the Bishops of Mexico which four years after the Papal Encyclical *Humanae Vitae* - provided a dramatically permissive interpretation of the Catholic Church's teaching on birth control. The Bishops declared: "It is for the spouses to decide, in God's presence, how many children they will have in their family; not leaving it to chance or acting out of selfish reasons, but guided by objective norms.... The decision on the means they are to take, loyally following the dictates of their conscience, ought to leave them at peace, in as much as they have no reason for feeling cut off from God's friendship. The important thing is for man to seek, sincerely and loyally, what is the will of God for him in his particular situation."

The Pastoral Letter went on to acknowledge "a very real and excruciating emergency for most Mexican families - the population explosion" and listed its deleterious effects, such as inadequate food, housing and health care; unemployment; the immorality of broken homes and abortion; difficulties in education and religious training; and "lack of self-development in women."

The Pastoral Letter pointed out that the rhythm method was the only "legitimate" technique of birth control for Catholics, but opened the way to private decisions based on conscience. Particularly in this regard it aroused much controversy both within and beyond Latin America.

First Steps to a National Programme

Meanwhile plans had been made to give effect to the President's policy statement. In January 1973 the Ministry of Health and Welfare (SSA - Secretaría de Salubridad y Asistencia) initiated a programme intended to provide family planning services, particularly post-partum, in all its hospitals. The SSA theoretically provides health care to that half of the population not covered by social security systems or private practice, a proportion which amounts to 90% in remoter rural areas.

In February 1973 the Mexican Institute of Social Security (IMSS = Instituto Mexicano del Seguro Social), which provides health care to that 30% of the population on regular salaries, embarked on a programme to provide special clinics in all its hospitals as well as general family planning clinics staffed by medical and para-medical personnel. Later in the year the Social Security Institute for State Workers (ISSSTE - Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado) began to provide similar services to its beneficiaries, estimated at about 5% of the population.

New Population Law

In December 1973 Congress passed a General Law on Population, to replace the pro-natalist Law of 1947. In presenting the Law to Congress President Echeverría announced "We reject the idea that a simple demographic policy designed to reduce the birth rate can replace the complex processes of development. But we would commit a grave error if we did not take full account of the seriousness of the population increase and the needs which it engenders". He pointed out that Mexico's population growth rate was one of the highest in the world and certainly the highest for a country with so large a population. "If present trends continue we will arrive at the threshold of the 21st century

with 135 million Mexicans who will need food, homes, education, jobs and all kinds of services. The parents of those millions of Mexicans of the year 2000 are already born or about to be born".

The President added that the new law established the principle that programmes for responsible parenthood should be realised with absolute respect of individual freedom and as part of the government's general development policy.

Creation of CONAPO

The new law set up a National Population Council (CONAPO) to coordinate the programmes of the various public and private services. Under the leadership of a representative of the Secretaría de Gobernación (roughly equivalent to the Ministry of the Interior), CONAPO includes the heads or their deputies of the Ministries of Health and Welfare, Labour and Social Welfare, Agricultural Affairs and Colonisation, Public Education, Housing and Public Credit and Foreign Relations as well as a representative of the Presidency.

Aims of the New Law

The objective of the new law is to "regulate the phenomena that affect population in regard to size, structure, dynamics and distribution in the national territory with the goal of achieving just and equitable participation in the benefits of economic and social development."

It provided inter alia that the government should:

1. "Carry out family planning programmes through the public health and education services run by the public sector and see that these programmes and those realised by private organisations are executed with absolute respect for the fundamental rights of man and that they preserve the dignity of families with the aim of rationally regulating and stabilising the growth of population as well as achieving better utilisation of the human and natural resources of the country."

2. "Influence population dynamics through the systems for education, public health, professional and technical training and child welfare and obtain collective participation in the solution of their problems";
3. "Promote the full integration of marginal groups in national development";
4. Plan urban development - and create new towns in areas at present isolated;
5. "Stimulate the establishment of strong concentrations of national population on frontiers that are sparsely populated";
6. Control immigration and emigration; and
7. Coordinate disaster prevention and relief.

Setbacks

The flurry of planning and programme activities engendered by the new law quickly led to difficulties and discouragement. Lack of necessary management structures and of trained programme personnel at all levels and lack of coordination between the various entities and services intended to carry out the programme led to confusion and some danger of stagnation.

Family Planning in the Constitution

In January 1975 a new Article 4 was inserted into the Constitution of Mexico which provided equality before the law of men and women. It further provided that "Every person has the right to decide in a free, responsible and informed manner as to the number and spacing of his or her children."

New Plan: Structure and Aims
Creation of CPF

President José Lopez Portillo, who succeeded President Echeverría in December 1976, gave top priority to an attack on the organisational problems that had arisen. A new coordinating body, Coordinación de la Planificación Familiar (CPF), began operations in April 1977 under the leadership of Dr. Jorge Martínez Manautou, who was named Executive Coordinator of the National Family Planning Programme. By July 1977 a five-year plan, to 1982, had been sketched out, the most comprehensive and ambitious in Latin America. The overall aim of the plan is to reduce the rate of population growth from an estimated 3.2% in 1977 to 2.5% at the end of 1982.

Reasons for New Approach

A statement of the base-line for the new plan made the following points:

"Although the family planning programmes have evolved with a certain speed since they were begun in 1972, clear and definite information about their present reach does not exist.

"Coverage of the programmes is greatest in urban areas. Among young women in rural areas relatively little has been accomplished.

"The unbalanced way in which the programmes have grown shows lack of coordination. Systematic investigations have not been carried out.

"Measurement of results by the institutions operating the programmes has been deficient; inefficient methods in gathering information are still to be observed.

"Finally, the first stage from 1972 to 1976 of the family planning project has been valuable for the experience obtained from it, but it lacked concrete goals and it was in danger of stagnation."

Main Aims

The plan's main aims are to:

- Use all existing public health resources to extend family planning coverage;
- Improve significantly the nation's public health arrangements, along with the physical and mental health of the people, with emphasis on prevention;
- Promote active community involvement in family planning programmes;
- Promote the use of effective contraceptive methods, making them handy to, and easily obtainable by, the general public.

The plan's most ambitious thrust is to be in the rural areas where for instance an estimated 90,000 villages of less than 1,000 inhabitants each are virtually without health service.

It is intended to knit family planning whenever possible into existing development programmes and to use community systems and resources not only to inculcate and sustain responsible parenthood throughout the population but also to provide far more extensive preventive and general health services.

Commercial Distribution by Government

It is proposed that the government itself should undertake massive commercial distribution of contraceptives, to ensure their availability everywhere in the country at the lowest possible prices. "A sales force using panel trucks will be employed in the distribution of contraceptives to retail outlets, such as self-service stores, grocery stores, drugstores, country general stores and the stores of CONASUPO (government-operated retail outlets).... A massive publicity campaign in the media will stimulate sales without mentioning any specific product but merely advertising their availability and low prices." Display cases with basic products and instructions as to their use will be provided to retailers. Condom vending machines will be sited in busy thoroughfares.

Before distribution begins, comprehensive market surveys are to be carried out - to discover, among other things, what Mexicans of various strata know of family planning.

PROFAM, a non-profit-making marketing organisation, was set up to carry out the programme. Population Services International, supported by AID, were contracted to provide advisory and some managerial services. It was hoped to be supplying contraceptive protection to more than 500,000 couples by the end of 1980. UNFPA provided a start-up grant of \$200,000 to purchase contraceptives.

Sterilisation and Abortion

Sterilisation, hitherto a sensitive subject, will be promoted as an integral part of the family planning programme. In the first one-year phase it is planned to provide 32 hospitals with personnel and equipment for sterilisations; and to extend this capability to 120 further hospitals in the next year. It is calculated that in the first four years some 186,000 male and female sterilisations can be carried out and 568,000 consultations held about surgical contraception. The pattern of techniques used is expected to be: laparoscopy 20%; minilaparotomy 70%; vasectomy 10%.

In its initial draft the overall plan makes no mention of abortion which, as of mid-1968, is permissible in Mexico only after rape or for impelling therapeutic reasons on the advice of two doctors.

Training Programme

Huge training and orientation programmes are to be undertaken for doctors, nurses, midwives and all other paramedicals; for social, extension and other community development workers; for teachers, researchers in the social and bio-medical sciences, government officials, etc. The majority of nearly 50,000 doctors in private practice will be invited to take family planning courses. A start will be made with 7,000 classified as general practitioners, gynaecologists and obstetricians and surgeons, who will also be trained in sterilisation techniques.

/...

The Education Ministry will collaborate with the other agencies involved in preparing materials for these training and orientation programmes and will develop its own programmes for young people in the educational system. An English-language draft of the overall plan, dated July 1977, did not make provision for sex education.

Acceptors - Current and Target Figures

The plan estimated that at mid-1976 some 22% of Mexico's 8.5 million women, cohabiting and of fertile age, were actively practising family planning. Details of this estimate were given in the following table.

Programs	Users	% of National Protection (of 3.5 million women, cohabiting and of fertile age)
Private Programs	90,672	1%
Government Programs	898,335 to 1,048,335	11% to 12%
SSA	270,540	
IMSS	600,000 to 750,000	
ISSSTE	27,795	
Commercial Sector	800,000	9%
Total	from 1,789,007 to 1,929,000	21% to 23%

The plan noted that acceptor figures were not reliable, particularly as regards continuance. It estimated that as of 1976 no more than 40 per cent of acceptors of oral contraceptives continued after 12 months.

Nevertheless detailed target figures for new and continuing acceptors were set for the three major government agencies for the years 1977 to 1982. The target acceptor figures for the first and final years were:

	<u>Urban Areas</u>		<u>Rural Areas</u>		<u>TOTALS</u>	
	<u>New</u>	<u>Active</u>	<u>New</u>	<u>Active</u>	<u>New</u>	<u>Active</u>
<u>SSA</u>						
1977	145,400	223,800	147,000	183,100	292,400	406,900
1982	206,200	390,500	311,100	505,100	517,300	895,600
<u>IMSS</u>						
1977	475,500	783,400	132,700	107,500	608,200	890,900
1982	742,200	1,560,800	370,400	595,800	1,112,600	2,156,600
<u>ISSSTE</u>						
1977	40,000	26,000			40,000	26,000
1982	260,900	400,000			260,900	400,000

For the three institutions the targets of new acceptors accumulated over the 6 years were set at 5,566,100 in urban areas and 3,078,400 in rural areas, giving an overall total of new acceptors 1977-82 of 8,644,500.

Continuing acceptors in the three programmes in 1982 were set at 2,351,300 in urban areas and 1,100,900 in rural areas, giving an overall total of continuing users in 1982 of 3,452,200.

The detailed tables of the two are annexed.

Costs

Broadly sketched budgets were set out for the three government services. Total expenditure was reckoned to increase more than eleven-fold from Pesos 521 millions

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in 1977 to Pesos 5,792 millions in 1982. The broad areas of concentration of resources were shown in the following budget totals for the 6 years:

<u>SSA</u>	<u>Millions of Pesos *</u>
Urban and suburban family planning	1,899.3
Extensions of family planning services and maternal-infant care to marginal suburbs	14.0
Information and documentation in M-I care and family planning	1.5
Research on injectable and intrauterine contraception in post-natal and abortion	1.2
Family planning information to the labour sector	4.6
Training of MDs in private practice	16.1
Training in surgical procedures	99.3
Premarital guidance	8.4
Urban sub-total	<u>2,044.2</u>
Rural community services (1)	587.8
Training of midwives	163.4
Information and documentation in M-I care and family planning	1.5
New systems of FP services in marginal and rural areas	31.6
Rural sub-total	<u>784.4</u>
SSA overall total	<u>2,828.6</u>
<u>IMSS</u>	
Urban programme	2,029.2
Rural programme	478.0
IMSS overall total	<u>2,507.2</u>
<u>ISSTE</u>	
Urban programme	456.1
Total expenditure in the three programmes 1977-82	<u>5,791.9</u>

The cost of urban programmes totalled Pesos 4,529.9 millions against Pesos 1,262.4 millions for rural.

(1) To be funded by UNFPA - until 1979

*Ps 22.855 = \$1.00

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UNFPA had already allocated \$8.8 millions to support of SSA's maternal and child health and family planning programme, particularly in rural areas, from 1975 to 1979.

It had also provided:

- \$815,000 to CONAPO from 1974 to 1978 for research and training in population communication, thus assisting the massive campaign carried out by the government through radio, television and press;
- \$510,000 to the Directorate General of Statistics from 1974 to 1979 for improvement of social and population statistics.

UNFPA also funded a National Fertility Survey whose report was due in early 1979.

In addition SIDA, in a funds-in-trust arrangement with UNFPA was funding a national sex education programme budgeted at \$2.3 millions for 1976-79 due to continue to 1981.

Research

The plan puts emphasis on the need to assemble a great deal of reliable information about the state of family planning within the country, as a baseline for detailed planning and programming and as a basis for evaluation. It envisages the setting of standards, particularly in the service area, to be followed by all government agencies as well as by private organisations. It also envisages the close collaboration of universities, other research institutions and all agencies in the private sector directly or indirectly concerned with family planning and population problems in general.

The overall plan document did not spell out how this ambitious programme is to be financed; but it was indicated that the component of the programme allocated to SSA, amounting to Pesos 2,829 millions (equivalent to US\$124 millions at the rate of Ps 22.855 to \$1) for the period ending in 1982 was being financed by UNFPA at least up to the end of 1979.

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Early Achievements

A favourable assessment of initial results achieved by the new and revitalised programme was made in the Population Reference Bureau's Population Bulletin of December 1978 (Vol 33 No 5) entitled "Mexico's Population Policy Turnaround" and written by John S. Nagel. The bulletin contains a detailed description of the development of population and family planning policies and programmes in Mexico and of current operations up to late 1978, both official and private.

Nagel reported CPF figures to show that in the first six months of 1978 the three government services (SSA, IMSS and ISSSTE) were exceeding the ambitious new acceptor targets set in the CPF plan. SSA had also exceeded its target for 1977; but ISSSTE and particularly IMSS fell short.

Altogether, in the public and private programmes, new acceptors in the 18 months to 30 June 1978 totalled 1.5 millions. This figure did not include an estimated 1.1 million "persons protected" during 1977 through commercial sales of contraceptives.

By mid-1978 Victor Urquidí of El Colegio de Mexico estimated the population growth rate at 2.9%.

Funding

The urgent needs for finance and for expertise of the new programme caused some abatement of Mexico's sensitivity to foreign funding of family planning initiatives. Nagel estimated that in 1978 some \$10 millions of external support was provided, mainly by UNFPA, IPPF, FPIA, Population Council, Columbia University, Development Associates, PACT International (Program for the Introduction and Adaptation of Contraceptive Technology), and the Pathfinder Fund.

Plans for a major World Bank loan in support of the programme had to be set aside

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when prematurely reported in the US press; but the government was reported to intend to carry on with the activities due to be financed by the loan.

FEPAC - Fundación para Estudios de la Población A.C.

Founded on 6 November 1965. Member of IPPF from 1967

Private Initiatives

As the neutrality of its name indicates, FEPAC was created at a time unfavourable to family planning and to restraining Mexico's rapid population growth. By its association with an encouragement of serious studies in the population, health and family welfare fields, often in collaboration with the prestigious Colegio de Mexico graduate school, and by its humanitarian and health-based approach to the problems of fertility, the Association was successful in gaining official acquiescence in its gradual development of a network of family planning clinics. It was successful also in demonstrating to and convincing highly sensitive official opinion that while depending partly on financial support from abroad - from IPPF central funds and from other institutions - it did not retreat from its independence and its national pre-eminence in its own field as a humanitarian, voluntary institution serving basic Mexican interests.

APROSAM

Earlier private family planning initiatives, beginning with a short-lived clinic opened by Margaret Sanger in Yucatan in the 1920s, had had a stormy life. Dr. Edris Rice-Wray launched the Family Welfare Association in 1959, with eventually 5 clinics in Mexico City and 5 elsewhere. In 1963, the name was changed to Asociación Pro-Salud Maternal - APROSAM. This association was particularly active in training doctors and paramedics from many Latin American countries. By 1978 it was running one clinic, with 45 staff, and is active in promoting innovation and in training.

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FEPAC

From 1966 to 1972 FEPAC built up a network of family planning clinics, often in collaboration with local or state institutions, and produced a body of materials for information and motivation of acceptors and of public opinion. Its volunteers and senior executives were associated in all crucial policy and planning discussions at the national level.

No calculation has been made of the contribution of FEPAC's work to the sudden top level acceptance, in 1972, of the human right to individual fertility control, and, within the next year or two, of the necessity to abate one of the world's highest population growth rates. But an indication of the penetration achieved by FEPAC was perhaps provided by President Luis Echeverria Alvarez when, presenting the new General Law on Population to Congress in September 1973, he declared: "It is time to consider seriously a problem which, for quite some time, many nations of diverse political and economic structure have confronted. Vast sectors of our population are aware of the problem of the growth of the family. In their thousands Mexican women through the health centres, official and private clinics, in search of information on the possibility of controlling their fertility."

In attempting to frame an approach to a national family planning service, from 1972. the government assigned an important role to FEPAC both as a provider of service from its clinics and as a source of expertise and information for the official agencies entering the field on a major scale. FEPAC officials were called in to advise the National Population Council (CONAPO), set up in 1974, and to work with the Inter-Institutional Commission set up shortly afterwards to set standards for the activities of all agencies providing family planning service.

UNFPA Support

The Government promoted FEPAC's application to UNFPA for funding of a rapid expansion of its clinic network, as from late 1972. It was arranged that IPPF should act as the executing agency for this funding. It enabled FEPAC, in agreement with the government, to increase the number of its clinics to over 100 by 1974, mostly free-standing, some open for eight hours a day, others for four, staffed by medical and paramedical personnel and social workers, and providing orals, IUDs and injectables as well as medical examinations and lab tests. UNFPA funding for the clinic programme reached \$600,000 in 1974.

The difficulties inherent in the government's original approach to a national programme produced a crisis for FEPAC in 1975. The UNFPA grant, originally envisaging four years' support, ended after the initial commitment of 18 months. (The Government of Mexico came to FEPAC's assistance in the budget year 1975 with a grant of nearly \$200,000 and IPPF covered the remaining deficit). International funding was now seeking to support the emergent but problem-ridden government programme and IPPF funds available to FEPAC were declared to have reached a virtual ceiling. The Association was thus obliged to agree to cut its clinic programme - eventually by some 40% - while still arguing that, pending development of the government programme, the need for its services was as great as ever. It argued also that, only by looming large in the service field, could it ensure that it would carry weight with the government.

Organisational Problems

During the fast expansion of its clinic services in the early 70s FEPAC had maintained its other programmes of information and education and biomedical and social research and was rapidly developing its capacity for statistical analysis and evaluation. The proliferation of personnel

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and activities imposed a critical strain on the Association's managerial and organisational structure. Pending a full review by management consultants, the Association's Board of Directors in 1977 did away with the joint management of FEPAC by two officials of equal authority - the Executive Director and the Medical Director. The Board appointed Sr. Gerardo Cornejo, formerly Executive Director, to be Director General. Dr. Sergio Correu, formerly Medical Director, had been appointed Director of the family planning programme of the Ministry of Health - SSA.

Consultants' Recommendations

The Management Consultants in 1977 drew up recommendations for a more rational organisation structure. They suggested that three main divisions should report to the Director General:- 1) CBD and Clinic Services, under a Medical Director; 2) Information and Education, when a Director of I&E had been recruited and inducted; 3) Administration, Evaluation and Personnel, under a Director of Operations.

They strongly urged that proper personnel management be introduced, to halt the high level of staff turnover and to raise the quality of staff. They recommended creation of a completely staffed Personnel Department, compilation of management and staff manuals and clear job descriptions.

The Consultants were critical of the wide variances in the "productivity" of FEPAC clinics. They suggested means by which the mass of acceptor statistics, carefully and accurately compiled by FEPAC, could be so processed as to enable management to view clinic performance more critically.

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They argued that FEPAC should accept that its future role is to innovate and demonstrate - leaving the main task of service to the government - and also to set standards of concern for and understanding of the people being served.

The management and organisational review, in 1977, coincided with intensive involvement for FEPAC's leadership in the government's efforts to reorganise and revitalise its own programme. The Association's activities in 1977 and its programme planning for 1978 and beyond were therefore carried out in a highly transitional atmosphere.

Clinical Programme

By mid-1978 the Association was still finding it difficult, despite funding limitations, to run down its clinic network (which had nevertheless been reduced from over 100 in 1974 to 63 at end June 1978). But it was channelling much of its effort into:

- two different approaches to CBD, including a merging of CBD and clinic programmes;
- careful introduction of a sterilisation programme;
- a revitalised I&E programme, with inclusion of sex education and with hopes of making a contribution of acquired knowledge and experience to the Government's motivational and educational efforts;
- training, initially of its own depleted or inadequate staff and eventually perhaps of part of the cohorts required by the Government programme;
- social and bio-medical research, benefiting from its well-developed system of data collection and improving capacity in computer processing.

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Experiments Around Clinics

Of the 63 clinics at mid-1978, 33 were being used experimentally as a base for localised CBD. In each, a social worker is charged with delivery of contraceptives to acceptors' homes or work places, through a network of local distributors, as well as with a motivational campaign of home visits and visits to factories, meeting places, etc. These localised, clinic-centred CBD programmes enlisted 11,278 new acceptors in 1978. The clinic serves as a point of referral or reassurance. Some of these clinics already serve needy localities on the fringe of towns or cities and beyond the easy reach of public health services. FEPAC's plan is to concentrate nearly all its clinics in such deprived areas.

Seventeen of these 33 clinics were in the metropolitan area of Mexico City; 16 were in various states.

A further 28 clinics (19 of them in hospitals) are sited in public health premises and, concentrating largely on post-partum and post-abortion acceptors, serve also as suitable centres for education and training of government hospital and clinic personnel.

Another experiment in combining clinic and CBD services was being carried out in three rural localities; Emiliano Zapata in Morelos State where a nurse-midwife runs a clinic and also a network of 10 distributors in nearby localities; Mecapalapa, in Puebla State, and Ajoya, in Sinaloa State where both clinics and distribution are run entirely by volunteers. These three small isolated initiatives produced 527 new acceptors in 1978, entirely without supervision. FEPAC management intends to study the lessons to be drawn from these experiments as soon as it can find the time.

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Clinic Data

Clear and coherent statistical data attached to FEPAC's annual and half-yearly reports, providing detailed figures for new acceptors, subsequent visits, total visits, continuing acceptors, medical and paramedical hours worked and direct and indirect costs, demonstrate a gradually declining rate of acceptance of clinic service, counterbalanced by increasing entrants to the CBD programme.

In 1977 FEPAC reported 79,561 continuing acceptors and 42,224 new acceptors, of whom 47.7% chose orals, 19.8% IUDs, 17.9% injectables and 14.6% other methods. This represented a decline in new acceptors of 6% over 1976. New acceptors in 1976 were 21% less than in 1975. FEPAC attributed the decline mainly to closure of its own clinics and increasing facilities offered by government and social security clinics. But it reported that contributory factors were the high turnover in its own clinic directors (partly owing to absence of organised personnel management) and to the run-down in I&E programmes (mainly because of the absence of a Director of I&E).

1978 figures: 67,778 continuing and 35,795 new acceptors (orals 52.1%, IUDs 21.1%, Injectables 16.4%).

Clinic Costs

Including both direct and general allocatable charges, the costs per new acceptor and per clinic session hour were estimated at the end of 1976 as follows:

New acceptor	Ps.292	Clinic hour	Ps.292
less average fee paid	117	LESS fees paid	231
Net cost	<u>Ps.443</u>		<u>Ps. 61</u>
" "	<u>US\$20.1</u>		<u>US\$2.77</u>

Sterilisation

In the 17 clinics in and around Mexico City, accounting for about 44% of FEPAC's clinic acceptors, sterilisation began to be made available in 1977. 250 procedures were carried out during the year. 1,099 female sterilisations (mostly mini-lap) and 21 vasectomies were performed.

This cautious entry into a still highly sensitive area appeared to be dwarfed by the government's plan to establish sterilisation procedures in more than 150 hospitals in two years and to achieve a total of 186,000 male and female sterilisations in four years. Opposition to the government plan, and to the family planning movement generally, tended in 1978 to focus on sterilisation and it was not clear whether it would influence implementation of the government's programme.

CBD Programme:

Mexico's first major experience in CBD was in FEPAC's programme in the State of Vera Cruz. This began (3-1/2 months late owing to various setbacks) in the northern section of the State in mid-April 1977. The next phase began, also late, in May 1978 in the southern section. Coverage of the entire state was to be completed with the start of the programme in the central section in 1979.

Consultants' Criticisms

Progress made in the first few months of 1977 was examined by both Peat Marwick and Mitchell and by FEPAC's team of Management Consultants. (As mentioned, these reviews were carried out when the FEPAC leadership was heavily involved in the upheavals in the government programme). Both in varying degrees were critical of the preparations made for the launch in the northern section in 1977, of the calibre of people chosen to execute the programme and of the degree of training and incentive provided.

But they recognised the difficulties in this new activity, in which FEPAC and the State Government were seeking to work together.

Target Population

The population of the State of Vera Cruz, at 4.9 millions, is the largest after those of the Federal District (Mexico City) and the State of Mexico. Women of fertile age (15-49) are estimated at 1.1 million. The population is largely rural, FEPAC, in agreement with the local government, has run clinics in the State since late 1972, as have other agencies. It was calculated that no more than 4-5% of women were practising family planning.

A KAP study effected in the northern region immediately before the launch of the programme provided a picture of rural women of fertile age which is expected to be accurate for the rest of the State and perhaps for other areas of Mexico. The sample surveyed was of 862 women in 87 localities with less than 2,500 inhabitants.

44.1% of the sample did not favour the idea of family planning;
15.1% admitted abortions; 58.5% had no clear idea of contraception;
47.5% had had between 5 and 17 pregnancies; the women averaged 3.9 living children and:

- 23.5% wanted 4 or more children
- 51.7% wanted 3 to 4
- 24.5% wanted 2
- 3.0% wanted 1

The findings indicated that actual or desired numbers of children and pregnancies corresponded more closely with degrees of lack of education than with lack of income. The women averaged 3 years of schooling; 71.6% could read and write; 3.2% could read but not write.

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CBD Objective

The three-year pilot project (due to be handed over to the government if successful) was intended to achieve 42,000 new acceptors in the three regions which, with an estimated drop-out rate of 50% within 12 months, added up to 21,000 continuing acceptors at the end of the three years, at a total cost of US\$636,000 (i.e. \$30 each).

Structure

In the original plan (subject to adjustment as the programme develops) each of the three regions of the state has a general co-ordinator, with one or two field co-ordinators. Each field co-ordinator has 10 promoters and each of these looks after about 10 distributors.

Promoters

In the northern region, according to PMM, male promoters, most with cars, are employed part-time and tend to recruit male distributors. Female promoters, dependent on inadequate public transport, must work full time for the same pay in order to cover the same amount of ground; and they tend to appoint female distributors. Young promoters tend to appoint young distributors, creating a credibility problem.

Distributors

The distributors sell three different packs of contraceptives at a standard price of Ps.5 (about 25 US cents) each: a 21-pill cycle; 3 condoms; spermicide foam. The distributors - small shopkeepers, housewives, etc - keep 3 pesos and pass 2 pesos to FEPAC. For the first six months they receive an additional Ps.100 (about \$4.50) per month provided they recruit at least five new acceptors per month. (PMM considered the earnings of both promoters and distributors to be too low to assure necessary continuity or long-term application).

The price of PS.5 appeared to be no bar to acceptance. It compared with retail prices in pharmacies ranging from PS.18 for one cycle of pills to Ps.110 for a 3-cycle pack.

Between 70 and 80% of the distributors are more or less illiterate, according to PMM. They claimed that the promoters are thus distracted from their motivational and education task by the necessity to compile or reconstruct the distributors' records - with evident areas of error.

Recruitment

Despite these difficulties, and once the programme got under way, promoters and distributors were recruited on schedule, despite the setback caused by the necessity to eliminate one field co-ordinator and the state co-ordinator. It was decided, on experience, to carry forward the programme with only one field co-ordinator in each region and no state co-ordinator.

By mid-1978 450 distributors were active, with 40 motivators and 2 field co-ordinators.

Star Promoter

The promoter at Panuco in the northern region, a middle-aged male school teacher, who by mid-1978 had already acquired three times his target number of acceptors, has so enthused his distributors that they go out hunting acceptors rather than wait for them to be shepherded in during the promoter's occasional appearance. FEPAC's Management Consultants proposed that his methods, which are strongly backed by the local mayor, who gives him time off from school and provides a vehicle, should be studied as a model.

The Management Consultants, pointing to big variations in the performance of individual distributors, urged that experience acquired in this early stage of programme should be scrupulously recorded, to serve as a basis for future

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programme design. They particularly urged compilation of profiles of promoters and distributors, to be used in future recruitment.

Mid-Term Evaluation

A later mid-term evaluation of the three-year project, carried out in August 1978 by Katherine Darabi and Ricardo Munoz, detected a large number of deficiencies and made detailed recommendations to remedy them. Chief among them were:

Distributors

Most of the distributors had no idea of the different characteristics of the two types of pills provided, and distributed them indiscriminately.

The condoms they were distributing in August 1978 were marked for use before February 1978 and were obviously defective. Each pack carried the annotation "Recommended solely for prevention of venereal disease" - thus apparently disqualifying them for family planning use. An unsuitable size of condom was being used.

The evaluators suggested that FEPAC obtain permission to import condoms of excellent quality costing US\$5 or 6 per gross rather than buy them locally at \$10.70.

The data collected by distributors gave no reasons for drop-outs and practically no idea of continuation rates, nor of the age and parity of acceptors. There was no way of recording acceptors who transferred to the government programme, which got under way in the area early in 1978.

Because of illiteracy, most of the distributors had to rely on the promoters to fill in the record cards. This could be obviated by replacing words on the cards by symbols.

Some of the distributors did not know whether they were working for the government programme or the CBD project.

The evaluators considered that a key deficiency was at the level of the promoters. The original project design intended them to be the agents of integration of the CBD programme into community life. This was not happening.

The promoters spent most of their time on administrative tasks (delivery of supplies, collecting money, completing records, assisting co-ordinators to tabulate them, etc.); there was little or no promotion within the community.

Promoters received only one or two days' training - from the field co-ordinators who, in their turn, complained of their own lack of training; most of them worked only 4 or 5 days per month; and their earnings were insufficient to ensure their commitment to the programme.

A major difficulty for the promoters was lack of I&E materials and particularly of materials specifically designed for the communities involved, taking account of the different dialects and, because of widespread illiteracy, using symbols to convey essential information.

The evaluators concluded that the promoters needed to be trained afresh and that FEPAC's I&E department should concentrate on supplying them with the materials they needed.

The evaluators' recommendations with regard to the field co-ordinators stemmed from the wholesale revision which they suggested in the performance of the Chief of the CBD unit. They proposed that this official, working in FEPAC's central office, should have greater delegated authority and should undergo a comprehensive training programme, starting with the fundamentals of family planning.

They suggested extensive revisions in the record-keeping system, to permit the Chief and his field co-ordinators to have a clear idea of progress and to enable them to maintain purposeful and informed contact not only with promoters but also with distributors.

The evaluators noted that there had been a steady decline (initially a steep one) in the average "output" of distribution posts. They showed this as follows (with no explanation of the inconsistency of the 1978 figures which would appear to produce averages of 8.4 and 7.2):

<u>Period</u>	<u>New Acceptors</u>	<u>Distribution Posts</u>	<u>Average new acceptors per post</u>
<u>1977</u>			
Apr-Sept	3,368	197	19.0
Oct-Dec	2,103	233	9.0
<u>1978</u>			
Jan-Mar	2,090	248	7.7
Apr-Jun	1,947	269	7.5

The initial decline in the average from 19 to 9 occurred before the government programme got under way. This and other factors inclined the evaluators to the belief that the continuing decline was due to an "internal problem" and not to external circumstances. They noted that at mid-term and on the basis of central office figures the project had attained only 51% of its original target for that date.

I&E Programmes:

In outlining a future strategy for FEPAC, the Management Consultants in 1977 emphasised that routine clinic service should be left to the government and that the Association should concentrate on pioneering. To maintain a position of leadership, it would need a strong intellectual base, provided by social and demographic research, discovery and experience in new methods

of service, accurate and acute evaluation, and, particularly, the capacity to transmit the result of these endeavours in programmes of information and education.

They recommended the careful recruitment of a highly qualified professional to be Director of I&E, reporting directly to the Director General. Pending his recruitment and induction, the I&E Department should be supervised by the Director of Operations, who also controls the Departments of Administration and Evaluation and the proposed Personnel Department.

Main IEC Programme Thrusts

The Consultants envisaged that the future I&E Department would absorb a significant percentage of FEPAC's budget. Their specific recommendations tended more towards raising quality, impact and outreach of FEPAC's recent and current I&E programmes rather than towards entirely new fields. They suggested however that attention be paid to enlisting male acceptors and to raising the status of women.

In 1978 the FEPAC programme consisted of five main thrusts:

- Informing and educating organised groups, particularly of opinion leaders;
- Providing taped and viva voce information and motivation for clinic users;
- Family planning and sex education for young people;
- Production of family planning materials;
- Running a documentation centre, considered to be of particular value as the government mobilises personnel for its programme.

The cost of this IEC Programme in 1978 represented 6% of FEPAC's total costs.

Sex Education

The main achievement in early 1978 was to secure the full co-operation of the Department of Education of the State of Mexico for a programme of population, family planning and sex education for secondary school students and for teachers

and parents. In the first six months 4 seminars were keenly followed by 750 students aged 16 to 18. Each seminar consisted of lectures, discussions, round tables, etc. for four hours on each of five consecutive evenings. Similar seminars were held in the second half of the year for teachers and parents, totalling in all 210 persons. Film shows and an intensive series of talks for young people completed the programme, reaching a total for the year of 80,000 girls and boys.

Talks and Films

In its other programmes for organised groups, FEPAC reported that 20,504 adolescents, 15,865 parents and 6,440 professionals had attended its lectures and film shows in 1978. A total of 7,770 talks were given during the year in clinics by doctors, paramedics and social workers to 74,951 persons.

Publications

50,000 copies were produced of a new pamphlet "Main Methods Available in FEPAC Clinics"; 20,000 of a leaflet "Welcome to Your Family Planning Centre"; 2,000 of a leaflet "Why Not Plan Our Family?"; 2,000 of "A Wanted Child is a Happy Child"; 2,000 of "We have a Right to Know" (sex education); 2,000 of a poster "We Want..."; 2,000 of "Services of the FEPAC Documentation Centre"; 2,000 of a booklet "Nos Vamos a Casar"; and 10,000 of another, "Como Soy". The Documentation Centre lent out 354 films and distributed 115,489 copies of various publications.

Lack of I&E in CBD

PMM noted that distributors in CBD programmes were poorly provided with motivational and educational materials and no effort had apparently been made to pre-test what was provided.

Research

Emphasising FEPAC's need to take a leading role in the immediate future in social research, the Management Consultants suggested that this should be undertaken in conjunction with universities and other institutions. They proposed that a high-level professional - a volunteer or part-timer - should work directly with the Director General in organising and supervising the programme.

FEPAC's most significant research tended to be in the bio-medical field and in providing detailed statistics on clinic attendance and recently on CBD acceptors. It also organised the KAP study in the Vera Cruz CBD area (see above).

Training

Because of high turnover in its own staff, in its central office and clinics, the FEPAC training programme has latterly concentrated on the Association's personnel and on introducing sterilisation in some of its clinics. No indication had been given by mid-1978 of the role the Association might play in the vast training programme required to put government family planning plans into successful operation.

Resource Development

FEPAC's Resource Development Department, consisting of one officer, concentrates on raising funds from industry and commerce and has succeeded in enlisting a group of volunteers to help.

In fund-raising much time has been spent by the single staff member in seeking tax exemption from a string of necessary authorities for contributions promised subject to exemption. By mid-1978 this obstacle had been overcome, and a decree renewed the Association's licence to receive donations free of tax. Despite a two-month staff vacancy during the year US\$65,000 was raised in cash and the equivalent of US\$137,000 in Kind (mainly contraceptives).

Expenditure

Since 1972, when the first intimation was given of the Government's intention to embark on a national family planning programme, the level of FEPAC's expenditures has developed as follows (thousands of US\$):¹

	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>
Actual	1,104.4	1,653.0	2,196.2	1,926.0	1,526.6	1,555.8		
Estimated							1,653.3	
Budgeted								1,791.3
IPPF grant	580.0	452.4	603.7	985.0	673.0	804.8	1,113.9	1,211.3

GOALS OF THE SSA . .
 BY AREA AND TYPE OF USER
 1977 - 1982

NATIONAL PROGRAM	URBAN AREAS		RURAL AREAS		TOTALS	
	NEW	ACTIVE	NEW	ACTIVE	NEW	ACTIVE
1977	145,400	223,800	147,000	183,100	292,400	406,900
1978	175,400	272,200	233,500	290,000	408,900	562,200
1979	197,500	316,700	296,500	407,500	494,000	724,200
1980	206,200	315,600	311,100	482,800	517,300	798,400
1981	200,000	372,200	311,100	510,100	517,300	882,300
1982	206,200	390,500	311,100	505,100	517,300	895,600
TOTALS	1,136,900	390,500	1,610,300	505,100	2,747,200	895,600

Source: Office of Maternal-Infant Medical Care and Family Planning

GOALS OF THE IMSS.
BY AREA AND TYPE OF USER
1977 - 1982

NATIONAL PROGRAM	URBAN AREAS		RURAL AREAS		TOTALS	
	NEW	ACTIVE	NEW	ACTIVE	NEW	ACTIVE
1977	475,500	783,400	132,700	107,500	608,200	890,900
1978	447,400	902,000	140,000	186,500	587,400	1,088,500
1979	523,000	1,037,800	227,400	291,800	750,400	1,329,600
1980	596,100	1,197,600	275,000	402,500	871,100	1,600,100
1981	669,000	1,370,600	322,600	501,000	991,600	1,871,600
1982	742,200	1,560,800	370,400	595,800	1,112,600	2,156,600
TOTALS	3,453,200	1,560,800	1,468,100	595,800	4,921,300	2,156,600

Source: Family-Planning Department of IMSS.

GOALS OF THE ISSSTE
BY AREA AND TYPE OF USER
1977 - 1982

NATIONAL PROGRAM	URBAN AREAS		TOTALS	
	NEW	ACTIVE	NEW	ACTIVE
1977	40,000	26,000	40,000	26,000
1978	125,000	101,800	125,000	101,800
1979	151,500	178,400	151,500	178,400
1980	181,200	249,600	181,200	249,600
1981	217,400	324,700	217,400	324,700
1982	260,900	400,000	260,900	400,000
TOTALS	976,000		976,000	400,000

Source: Family-Planning Program of the ISSSTE.

BUDGET OF THE SUBPROGRAM OF THE SSA

1977-1982
(Thousands of Pesos)

URBAN COMPONENTS	1977	1978	1979	1980	1981	1982	1977-82
Urban & Suburban Family Planning	137,742	183,196	244,600	325,326	432,686	575,744	1,899,302
Extension of Family-Planning Services & Maternal-Infant Care to Marginal Suburbs		1,460	1,941	2,591	3,432	4,564	13,978
Information & Documentation in M-I Care & Family Planning (1)		153	203	269	359	477	1,461
Research on Injectable & Intrauterine Contraception in Postnatal & Abortion		123	163	217	288	383	1,174
F-P Information to Labor Sector (CMI)		478	636	846	1,125	1,496	4,581
Training of MD's in Private Practice		1,679	2,233	2,970	3,950	5,253	16,085
Training in Surgical Procedures		10,364	13,784	18,532	24,381	32,426	99,287
Premarital Guidance		874	1,162	1,545	2,054	2,732	8,367
URBAN SUB-TOTALS	137,742	198,327	264,730	352,086	468,275	623,075	2,044,235

(1) Source: Office of Maternal-Infant Medical Care and Family Planning

NATIONAL FAMILY-PLANNING PROJECT

BUDGET OF THE SUBPROGRAM OF THE SSA

1977-1982
(Thousands of Pesos)

RURAL COMPONENTS	1977	1978	1979	1980	1981	1982	1977-82
Rural-Community Services (2)	42,778	56,894	75,669	100,639	133,849	170,019	587,848
Training of Midwives		8,019	19,007	33,245	47,507	55,665	163,443
Information & Documentation in Maternal-Infant Care and Family Planning (1)		152	202	268	358	476	1,456
New Systems of Family- Planning Services in Mar- ginal and Rural Areas	7,619	9,232	9,858	4,929			31,638
RURAL SUBTOTALS	50,397	74,297	104,736	139,081	181,714	234,160	704,385
URBAN SUBTOTALS (from p.66)	137,742	198,327	264,730	352,086	468,275	623,075	2,044,235
ANNUAL TOTALS-SSA	188,139	272,624	369,466	491,169	649,989	857,235	2,828,620

Source: Office of Maternal-Infant Medical Care
and Family Planning

(1) To be applied 50% urban, 50% rural.

(2) This subprogram is financed by the UNFPA-
OPS/OFCS, until 1979.

NATIONAL FAMILY-PLANNING PROJECT
BUDGET OF THE SUBPROGRAM OF THE IMSS
1977-1982
(Thousands of Pesos)

COMPONENT	1977	1978	1979	1980	1981	1982	1977-82
URBAN	232,013	267,111	307,345	354,656	405,888	462,219	2,029,232
RURAL	24,641	42,761	66,882	92,270	114,859	136,583	477,996
TOTALS	256,654	309,872	374,227	446,926	520,747	598,802	2,507,228

Source: Department of Family Planning of the IMSS