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FROM. La Paz

SUBJECT - Family Care Project 511-11-690-439.5
Non-capital Project Paper

REFERENCED - AIDTO Circular A 121, NO 1025.1

Attached we are transmitting the Non-capital Project Paper (PROP) for the Family Care Project, prepared in accordance with M.O. 1025.1. This PROP is also to be considered as a reply to the ref circular. More complete information, not available at this time, will be submitted in subsequent revisions.

Since this is the first PROP prepared by USAID/Bolivia, we would appreciate early comments from AID/W before proceeding with the preparation of PROPs for the remaining projects.

We expect to complete PROPs for all projects by June 30, 1969.

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ATTACHMENT

Non-Capital Project Paper-
Family Project 511-11-690-439.5

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PAGE 1 OF 1

DRAFTED BY AADP:GMcCloskey PR:Pholar	OFFICE PR	PHONE NO 14	DATE 10/31/68	APPROVED BY Philip M. Faucett, Acting Director
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NONCAPITAL PROJECT PAPER (PROP)

Country: BOLIVIA

Project N° 511-11-090-431.5

Submission Date November 16, Original X
1968

Revision N° _____

Project Title: FAMILY CARE

U.S. Obligation Span: FY 67 through FY 73

Physical Implementation Span: FY 67 through FY 74

Gross life-of project financial requirements:

U.S. Dollars	\$993,000
U.S. owned local currency	210,000
Coop. Country cash contribution	N.A.*
Other Donor	N.A.*
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TOTAL	\$1,203,000

*Contributions in financial terms unknown at this time. Will be provided in subsequent revisions to this paper. GOB contributions to this project will be initially in kind. GOB's cash contributions will be submitted as soon as the Government's CY 69 budget becomes available. USAID is at present attempting to obtain estimates of cash contributions from other donors, including those regionally funded by AID/A.

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I. SUMMARY DESCRIPTION

In recent years, leaders of Bolivian medical, religious, educational and related organizations, as well as officials connected with the U.S. ~~xxx~~ assistance program in Bolivia, have become increasingly concerned about high mortality and morbidity rates among Bolivia's mothers and young children. Although there exists in the country the desire to deal with these problems, factual data on which to base a meaningful program are not available. Consequently, to date no large-scale organized response to the problem has been forthcoming.

The objectives of this project are (1) to integrate programs in population, family care and nutrition into maternal and child health programs, (2) to extend, by 1974, maternal and child health services to 56 per cent of Bolivia's projected population of about 5.5 million, physically accessible to regular medical facilities of the Ministry of Health, as projected in Bolivia's 10-Year Health Plan 1966-1975, and (3) to extend, by 1974, these services to an additional 15 per cent of the projected population through generally self-supported community cooperative clinics, and the introduction of mobile health teams, thus reaching a total of about 70 per cent of Bolivia's projected population by 1974.

U.S. efforts in support of these objectives will be concentrated in (1) the development of the Ministry of Health's institutional capability to achieve the objectives, (2) the education of medical and paramedical personnel needed to implement the project, and (3) the establishment and effective functioning of a national ~~xxx~~ advisory body on population policy and ~~xxxx~~ family health matters.

Initial support to the Ministry will be in the form of technical assistance to its recently established Family Protection Department in the identification of resources-personnel, facilities, management and budget-needed to carry out the objectives of this project, and in the programming and management of these resources.

Initial efforts in education will be concentrated in the medical faculty of the University (San Andrés) in La Paz and will subsequently be expanded to include the nation's two other medical faculties, in Cochabamba and Sucre. Following an analysis of medical education in the university, steps will be taken to establish a Department of Community Medicine, with the introduction of curricula in demography, family planning, preventive medicine and related subjects. Approximately \$100,000 was obligated at the end of FY 68 for commodities and other costs in support of the clinical and laboratory aspects of the Department of Community Medicine following its establishment. At the same time, the approach to the introduction of new ideas regarding health--maternal child health and family planning -- must be divided into three distinct, but related segments:

1. Education of the community leaders
2. General community health education
3. Health education of children in the school curriculum.

Efforts are presently being directed toward the establishment of a national advisory body on population policy, essential to project management and coordination of ministries, universities, and the inputs of international agencies to the project. This body will consider also the problems of family health and well-being at the national level. It will recommend to the Minister of Health and other entities policies and programs needed to solve the problem of high fertility and associated higher maternal and child morbidity and mortality. The GOB's contribution and those of other donors have not yet been estimated. It is assumed that, following the present round of negotiations, inputs of the GOB, including the universities, will be in the form of personnel and facilities in modest amounts, increasing to include new investments and operating budget support, with assumption of complete and continuing financial responsibility by 1973.

NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN \$000)

Project No. _____
 Original No. _____
 Rev. No. _____

Table 1
 Page 1 of 2

COUNTRY: BOLIVIA PROJECT TITLE: FAMILY CARE Project No. 511-11-0000

Fiscal Years	AP	L/G	Total	Cont ^{1/}	Personal Services			Professional		Construction		Other Costs	
					AID	FAMA	CONF	US	CONF	Firm	US AG	US AG	CONF
								Ag		US AG		US AG	
Prior through Act. FY 68	AG AL AB	G G G	73 194 18	70 8			70 6		44		66 18		3 26
Oper. FY 69	AL	G	225	45			45	40			90		50
Budg. FY 70	AL	G	200	50			50	40			70		40
B + 1 FY 71	AL	G	113	60			60	13			25		10
B + 2 FY 72	AL	G	100	50			50	20			25		5
B - 3 FY 73	AL	G	70	40			40	10			15		5
All Subs.	-	-	-	-			-	-			-		-
Total Life	AG AL AB	G G G	73 962 18	70 253			70 253		179		311 18		3 186

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Fiscal Years	AID-Controlled		Other Cash* Contribution Cooperating Country	Other* Donor Fund (\$equiv)	Pool for Foreign Cost Items		
	Local Currency US Owned	Country- Owned			Material Tons (000)	FOB Value & Freight (\$000)	Cost Market Price (\$000)
Prior through Act. FY 63	100	-	N.A.	N.A.	-	-	-
Oper. FY 69	-	-	N.A.	N.A.	-	-	-
Budg. FY 70	-	-	N.A.	N.A.	-	-	-
B : 1 FY 71	90	500	N.A.	N.A.	-	-	-
B : 2 FY 72	10	500	N.A.	N.A.	-	-	-
B : 3 FY 73	10	-	N.A.	N.A.	-	-	-
All Subs.	-	-	N.A.	N.A.	-	-	-
Total Life	210	1,000	N.A.	N.A.	-	-	-

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*Contributions in financial terms unknown at this time.
Will be provided in subsequent revisions to this paper.
GOB contributions to this project will be initially in kind. GOB's cash contributions will be submitted as soon as the Government's CY 69 budget becomes available.

II. SETTING

The best estimates available on Bolivia's national birth rate in 1967 range between 40 and 44 per thousand population, as compared with 43.5 in Colombia and 21.6 in the U.S. Infant mortality (under one year of age) is estimated by the Ministry of Health to be 20 per cent of live births as compared with 8.43 per cent in Colombia and 2.47 per cent in the U.S. In the absence of any reliable vital statistics system, numerous infant deaths are unrecorded, and ~~and~~ no data are available on maternal or childhood deaths or on the cause of death. Although most Bolivians have a keen awareness of infant mortality because of personal involvement, public reaction, by and large, is one of indifference.

A PAHO survey of school-age children in the Bolivian city of Cochabamba, in 1966, revealed that 42 per cent of the children in the sample taken were suffering from advanced malnutrition. Another survey of rural school children in Oruro showed net average negative difference of more than five inches in height and eleven pounds in weight when compared with Central American children cited in an IICAP survey. Such survey findings indicate that nutrition is a major problem.

In addition to nutritional problems, tuberculosis, intestinal parasites, acute respiratory infections, venereal, diarrheal and other transmissible diseases are known to contribute to the high levels of mother and child morbidity and mortality. In addition, illiteracy and poverty, physical and ethnic communications barriers, and the inadequate level of medical facilities available to less than 30 per cent of the rural and urban working classes, contribute to the complex of problems.

Bolivia is relatively underpopulated, with an average of only four persons per square kilometer. Nevertheless, in the cities, parts of the ~~the~~ rural altiplano and in the mining areas, problems attendant upon overpopulation are evident. Under-employment, lack of educational facilities, shortage of water supply and sewage ~~disposal~~ disposal, juvenile delinquency, child abandonment and abortion are all present although the statistical dimensions are not fully known. However, as evidence of the problem of abortion, it is reliably reported that in 1967 two hospitals in La Paz treated an estimated 800 post-abortion cases and other hospitals indicate that up to 60 percent of their female cases are related to abortion.

In FY 1967, the Mission contracted with the Bolivian Center of Population Studies (CEP) under the guidance of CILADE (Chile) for a 1 1/2 year survey to determine factors influencing family formation and fertility. Pending results of the survey, expected to be completed in December 1968, a technical committee on family care was formed by a Ministry of Health resolution of November 1967, to consider current problems and to propose a course of action

to be pursued. The Committee is comprised of representatives of the Ministry of Public Health (subsecretary), Universidad Mayor de San Andrés (OB, GYN Chiefs), Instituto Boliviano de Estudio y Acción Social (Sociologist), CEP (Demographer) and USAID (Public Health Advisor).

Since its inception, the technical committee has met regularly with the ultimate objective of developing a national program in family planning. Although the committee's proposals to date warrant commendation, they are not considered sufficiently comprehensive and inclusive to form the basis for a national program. Unfortunately, they do not attack directly the causes of the high rates of maternal and childhood morbidity and death, stress the training of adequate numbers of medical and related professionals, or point out the structural changes required within the Ministry of Public Health to support a sound family care program.

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At the end of FY 1968 a Project Agreement was signed by the then Minister of Health, the Rector of the Universidad Mayor de San Andrés (La Paz) and the USAID, establishing a project in Family Care. The Project Agreement provides for (1) the establishment by Presidential Decree, of a national advisory body on population/family care and family health matters, (2) the establishment within the Ministry of Health of a Family Protection Department, (3) the establishment of a Department of Community Medicine within the University, including the design and installation of curricula in demography and family planning and related preventive medicine subjects, and (4) a joint Ministry of Health-Peace Corps project combining TB control and the collection of population data in the Tarija area. Major inputs funded in FY 1968 include the training of some 40 participants in population-related subjects, commodities and other costs involved in the University's community medicine program, and commodity costs essential to the University-Peace Corps venture.

III. STRATEGY

Meaningful health statistics are virtually non-existent in Bolivia, as is education in the disciplines of preventive medicine. Impressions regarding health matters by physicians, as well as by the general public, tend to lack objectivity and to be personal and colored by emotions. Medical education, planning and administration are grossly inadequate. General health education is so rudimentary and fragmented as to be non-existent.

Inspection of estimated data on births and maternal and child illness and deaths, and inquiry into the numbers of abortions and related problems, indicate the need for the establishment of an effective maternal and child health service with a strong focus on family planning. The Ministry of Health has the responsibility for maintaining such a service and for coordinating the related activities of the private medical sector, but is unable to do so because of the lack of trained manpower and budgetary support.

Were this project focussed exclusively on family planning the Mission feels it would be doomed to failure because of public antipathy, which has an emotional-religious basis, and a GOB unwillingness to support it. Instead, the Mission is seeking the family planning objective within the context of a maternal-child, or family, health context and the broader framework of preventive medicine.

The Mission conceives this project structurally as a vertical segment of the health sector, extending from public opinion and a non-ministerial advisory body through the echelons of the Ministry of Health and both Ministry and non-Ministry community facilities to the recipients of the services, and including the training of the necessary personnel to provide the services.

After thoroughly examining the approaches towards implementing this project in Bolivia, USAID is convinced that a key element in the success of the family care efforts in Bolivia will be the quality of medical manpower available in the Ministry of Health, schools of medicine and the private sector.

The existing system of medical education does not produce physicians oriented in preventive medicine and in the concept of dealing with the family as a unit whose health is affected by social and economic factors. Present curriculum content at Bolivia's three medical faculties is devoid of subjects such as sociology, demography, and family care. In view of this, USAID proposes to assist initially the medical faculty at the Universidad Mayor de San Andrés, La Paz, to design and implement a curriculum including the mentioned elements, and to establish pilot teaching and family care clinics. It is envisioned that these clinics will also serve as family care in-service training centers for medical and paramedical personnel of the Ministry of Health. It is expected that this program at the Universidad Mayor de San Andrés will have been established by the end of FY 1969. It is hoped that by CY 1971 similar programs will be operating at the medical faculties of the Universidad de San Francisco Xavier in Sucre and the Universidad de San Simón in Cochabamba.

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USAID realizes that the Ministry of Health will be the focus through which family care services will eventually be made available to the Bolivian population. Officials of the Ministry of Health feel that they need to determine the extent of the demand for family care services, reasons for this demand, population reached by the maternal and child health services, capabilities of the existing staff to integrate family care services into maternal and child health programs, locations where family care services might be implemented on a pilot basis, and the ways and means for incorporating non-Ministry agencies, facilities and personnel in the program.

The Ministry of Health intends to undertake a survey which will gather data to answer the above questions in the near future. This survey will supplement the findings of the C.P family formation study described in Section II above, by the Ministry of Health to be a logical initial step and proposes to assist the Ministry in its efforts.

Finally, USAID will support the establishment of a coordinating and advisory body representing public and private sectors. This body will serve as a clearing house for information on community health, demographic problems and population activities. Furthermore, it will make recommendations to the Minister of Health and others on the development and implementation of a national population policy as well as on related operational, educational and research programs, and will coordinate the activities of international donors in matters relating to population and family care.

IV. PLANNED TARGETS

Three types of final targets are envisioned for this project when, in FY 1974, USAID concludes its physical support. These targets are divided into the following groups:

1. Service-Type Targets

a. A well-functioning, professionally staffed Family Protection Department within the Ministry of Health. This Department was formally established in April 1966. The Family Protection Department of the Ministry of Health has at the moment one employee. It is estimated that it will take ~~until~~ until CY 1974 for this Department to become professional and effective, ~~staffed~~ staffed by efficient administrators as well as medical and paramedical personnel, cognizant of what they are doing. ~~It~~

The Family Protection Department, with USAID advice, is expected to be in a position in CY 1969 to plan, establish, and administer maternal and child health and family care services on a limited pilot basis. These services will be provided through the regular facilities of the Ministry of Health, the Department of Community Medicine at the Universidad Mayor de San Andrés and such private organizations and individuals as may cooperate in the program subject to approval by the Family Protection Department. By CY 1974, when U.S. and presumably other assistance ceases, the Family Protection Department should have gathered sufficient theoretical and practical experience to carry on an effective program completely on its own.

b. Extension by 1974 of maternal and child health services to the 56 per cent of the projected population of 5.5 million which is physically accessible to those facilities of the Ministry of Health as projected in Bolivia's 10-Year Health Plan, 1966-1975.

c. Further extension, by 1974, of these services to an additional 15 per cent of the population through generally self-supported community cooperative clinics and the introduction within the Ministry of Health, of mobile health teams, composed of doctors, nurses, nutritionists and social workers, to serve these clinics on a regularly scheduled basis.

2. Training Oriented Goals:

Establishment of Departments of Community Medicine within Bolivia's three medical faculties by 1974. Initially, as pointed out in Section III, a Department of Community Medicine will be established during FY 1969 at the medical faculty of the Universidad Mayor de San Andrés in La Paz. This will be followed by the establishment of similar departments, in FY 1970 at the medical faculty of the Universidad de San Francisco Xavier in Sucre, and in FY 1971 at the Universidad de San Simón in Cochabamba. The tasks of the Community Medicine Departments will be to:

a. Identify those technical disciplines and courses (demography, family planning, nutrition, etc) which must be added to the medical curriculum to adequately prepare graduates to work in the field of preventive medicine and, more specifically, to implement the project.

b. Prepare, and adhere to, a schedule for the design and installation of the necessary additional courses which have been identified. This will include training of professors, some facilities improvement, and equipment of libraries and laboratories.

c. Establish, as an adjunct to the Department of Community Medicine a laboratory community for practical field studies.

d. Design and carry out, through formal relationships with the Family Protection Department of the Ministry of Health, in-service training and retraining programs for Ministry medical and paramedical personnel in the field of preventive medicine, specifically in population and family planning matters. In addition to formal courses, this phase of the project will include conferences, lectures, seminars and workshops.

USAID's direct contribution towards the establishment of the Department of Community Medicine at the three medical faculties will include the training, during FY's 67-73, of approximately 60 participants, primarily in other Latin American countries, and the provision of laboratory and clinical equipment in the amount of approximately \$300,000, as well as limited budgetary support during the establishment period.

3. National and Popular Support of the Programs

a. Creation of a national advisory body designed to involve the nation's leaders in problems of maternal and child health and to obtain their active support of a national program in maternal and child health. Specifically, over the period FY 67-73, increasing financial contributions by the Government of Bolivia are expected, with full financial responsibility to be assumed by the Government in FY 1973. This body will advise the highest levels of government and coordinate the activities of international donors on population and family

planning and health matters; and will assure that an effective press and popular ~~and~~ education program is carried out.

2. The Medical Faculty of the Universidad Mayor de San Andrés, in collaboration with the Ministry of Health and the USAID Public Health Advisor, will undertake an analysis of an augmented curriculum involving the Departments of OB/GYN and Pediatrics, and prepare a program not later than December 1, 1968, for the establishment of the Department of Community Medicine within the University. Following this, the University will proceed to choose a community whose resources, transportation facilities and accessibility either to the University teaching clinics or to an existing Ministry of Health Health Center will permit the offering of Preventive Medicine Care and Family Services that will contribute to better living conditions within the community and, at the same time, become a center for training, wherein the students would participate in obtaining critical information regarding the Community being served - ~~from~~ demographic, social, cultural, epidemiologic, etc. This service will be called an "Integrated Family Health Unit" (IFHU). It is expected that by August 1970 similar departments will have been established at the medical faculty of the Universidad de San Francisco Xavier in Sucre, and in August 1971 at the medical faculty of the Universidad de San Simón in Cochabamba.

3. The Minister of Health established in the Spring of 1968 a Family Protection Department, responsible for the development, implementation, and technical supervision of an integrated family planning/maternal-child health program. It is assumed that it will take until 1974 for this Department to obtain the professional expertise to carry out its work effectively and independently.

4. As already pointed out in Section IV, USAID plans to finance about 60 participants during its involvement in this project and to provide clinical and laboratory equipment in the amount of \$300,000 as well as other costs in the amount of \$105,000. In addition, each year, until FY 1974, consultant services will be provided to the national advisory body, the universities and the Ministry of Health.

5. During FY 1969, a comprehensive family care/tuberculosis center 1 project will be initiated by the Ministry of Health, using TB as a vehicle for the collection of demographic data and the introduction of health education. Peace Corps/Bolivia will assist the Ministry by making volunteers available to work jointly with Ministry of Health personnel. This project will be implemented in accordance with a mutually agreed-on work plan which was prepared in September 1968 by the Minister of Health, the Peace Corps Director, and the Chief of USAID's Human Resources Division.