

I. PROJECT IDENTIFICATION

1. PROJECT TITLE  
Population/Family Planning

APPENDIX ATTACHED  
 YES  NO 6P.

2. PROJECT NO. (M.O. 1095.2)  
515-11-580-105

3. RECIPIENT (specify)  
 COUNTRY COSTA RICA  
 REGIONAL  INTERREGIONAL

4. LIFE OF PROJECT  
BEGINS FY 68  
ENDS FY 76

5. SUBMISSION  
 ORIGINAL  
 REV. NO. 1 3-13-74  
DATE  
CONTR./PASA NO. --

II. FUNDING AND MAN MONTHS EXPENDITURES

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	(A) JOINT
1. PRIOR THRU ACTUAL FY.	1,995	290	102	107	222	414	1,184	72	30			
2. OPRN FY 74	425	35	12	--	--	106	284					
3. BUDGET FY 75	425	35	12	--	--	106	284					
4. BUDGET +1 FY 76	325	40	12	--	--	91	194					
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	3,170	400	138	107	222	717	1,946	72	30			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. COORDINATING OFFICE CLEARANCE

1. DRAFTER  
PHA/POP/LA, Vernon R. Scott  
TITLE Assistant Chief  
DATE 3/13/74

2. CLEARANCE OFFICER  
PHA/POP, R. T. Ravenholt  
TITLE Director  
DATE

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

This PROP Revision is approved for increasing project funding by an additional \$100,000 for FY 1974 and FY 1975 as explained in following narrative.

This Prop Revision adds a new component to the project described in the PROP Revision approved November 6, 1973, which still remains in effect.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
PHA/POP/LA	Charles Johnson		PHA/POP	E. R. Backlund	22/3/74
LA/DR	Maura Hurley Brackett	3/26/74	PHA/POP	George Gilmore	22/3/74
PHC/DPRE	Mark Ward	3/27/74	LA/CEN	Robert Taylor	3/27/74
PHA/PRS	Raymond Martin	3/29/74			

3. APPROVAL AND OFFICE DIRECTOR

SIGNATURE  
Jared C. Kaffey 4/3/74  
DATE

TITLE  
AA/PHA  
ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

## NONCAPITAL PROJECT PAPER (PROP)

### Narrative

Purpose: The purpose of this PROP revision is to authorize additional funds for the Costa Rica National Institute of Social Security to support its paramedic training program at the New Hospital Mexico and to enable the Ministry of Health, Government of Costa Rica, to introduce family planning into the Rural Health Program.

Background: A major problem facing Costa Rica is how to provide family planning services to the large number of rural, low-income families that do not have practical access to existing health facilities.

Costa Rica with 15 family planning acceptors per 1,000 inhabitants ranks second highest among all Latin American countries. It also ranks second in the region with one family planning clinic for every 20,000 inhabitants. To date the well-coordinated national population program has been responsible, together with private sector initiatives, for significantly reducing the birth rate from 47.8 in 1960 to 33.3 in 1970. However, these accomplishments in lowering birth rates have been based, principally, upon provision of services in the urbanized areas where access to clinics and hospitals is relatively easy. Despite the wide acceptance and utilization of family planning services, the most needy families, those with the highest fertility, remain beyond the outreach of existing family planning delivery for many reasons: a) shortage of doctors and medical personnel in rural areas; b) traditional physician-centered and curative approaches to health and family planning delivery; c) insufficient numbers of well-trained auxiliary personnel; d) unnecessarily restrictive professional regulations reserving even very simple procedures to doctors; and e) budgetary limitations.

Costa Rica has recently initiated a new program, the Rural Health Program, which will bring health and family planning services to virtually 95 percent of Costa Rican rural families by 1977. Possibly the most innovative in Latin America, it is based on the principle of using properly trained, low cost auxiliary personnel in the most efficient manner. The key to this most promising innovation is the recent decision of the National Population Coordinating Committee (CONOPO) to authorize the training and assignment of auxiliary nurses as Women's Health Care Specialists (WHCS) to perform tasks formerly reserved only for physicians. The WHCS will be assigned to work as part of the team in the rural health post.

In addition, the Costa Rica Institute of Social Security has agreed to utilize its new medical training facility to train all WHCS required for the Ministry of Health rural health and family planning program. This training will be

modeled on the program now being offered at Harbor General Hospital, UCLA Medical School, and its Director, Dr. Ostergard has been contracted by AID to train the proposed training center staff and to give advisory and evaluation services.

Course of Action and Expected Outputs: AID already has been instrumental in introducing and gaining acceptance for the WHCS concept in Costa Rica. Under this project, further assistance will be provided to the Ministry of Health Rural Health Program and the National Social Security Institute during FY 1974 and FY 1975 in order to facilitate the introduction of more efficient methods of training and utilization of manpower. The first phase of this project has already been initiated by the Ministry of Health Rural Health Program. While health services have already begun in 15 newly established rural health posts, the MOH anticipates the initiation of health and family planning services in 200 additional posts by end of 1977. So far family planning services have been started at the health posts but only to the extent of provision of information, education and referrals to urban centers having a physician.

The first group of four trainers for the WHCS Training Center will start at Harbor General Hospital in May, 1974. They will return to Costa Rica in August, 1974, at which time the first in-country course will be initiated. An additional group of trainers will begin their course at Harbor General Hospital in September, returning to Costa Rica in time to initiate the second course in January, 1975. Thereafter it is anticipated that course outputs will be 36 graduate WHCS by June 30, 1975; and furthermore that they will be assigned to 36 health posts of the MOH Rural Health Program where they will give direct family planning services. Thus, the target population of 36 rural communities will have easy access to family planning services. It is further anticipated, that as this program continues, and by end 1977, the target population of 200 rural communities will have easy access to family planning services.

Funding: AID Title X grant funds will be used to provide resources for training of WHCS at the Social Security Institute and to provide the MOH with commodities necessary for the introduction of family planning services in the existing rural health posts using the trained WHCS. These commodities will include clinical equipment, transportation equipment for supervisory teams and contraceptives. Funding will be as follows:

FY 1974

WHCS Training Center - Institute of Social Security	
Commodities (Furn. and equip.)	8,000
Other Costs - Salaries - teaching and support staff, per diem	60,000
Total	\$68,000

MOH Rural Health Program

Commodities (not including contraceptives)	\$32,000
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Budget Summary

WHCS Training	\$68,000
MOH Rural Health	<u>32,000</u>
Total	\$100,000

FY 1975WHCS Training Center - Institute of Social Security

Commodities	\$ 6,000
Other Costs (teaching & support staff)	<u>70,000</u>
	\$ 76,000

MOH Rural Health Program

Commodities	\$ 24,000
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Budget Summary

WHCS Training	\$ 76,000
MOH Rural Health	<u>24,000</u>
	\$100,000

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, PHA

THRU: PHA/PRS, MARY FOWLER *Memo - 4/1/74*

FROM: PHA/POP, DR. R. T. RAVENHOLT *RTR/RB*

Problem: Approval is requested for a PROP revision authorizing additional funding in FY 1974 and FY 1975 for Costa Rica Project #515-11-580-105 to support the Costa Rica National Institute of Social Security (ISS) in its Women's Health Care Specialist training program and to assist the Ministry of Health in providing family planning in its newly initiated rural health service.

Discussion: The major health problem facing Costa Rica with a rural population of 64.5 percent is how to provide maternal child health/family planning (MCH/FP) services to the large number of families that live beyond practical access to traditional health facilities.

Costa Rica, with 15 family planning acceptors per 1,000 inhabitants, ranks as the second highest of all Latin American countries behind Trinidad. It also ranks a second after Jamaica with one family planning clinic for every 20,000 inhabitants. Its well coordinated population/sex education program has been responsible, together with private sector initiatives, for significantly reducing the birth rate from 47.8 in 1960 to 30.5 in 1973. But most of these accomplishments in lowering birth rates and providing much-improved health services have come about in the urbanized areas where access to clinics and hospitals is relatively easy.

Within the context described above, the last hurdle to be surmounted is the incorporation of the isolated rural family into the MCH/FP program. This effort cannot be carried out apart from other rural health services, since scarce human and budgetary resources dictate against the development of a separate delivery system for family planning.

A strategy that will integrate family planning with general health services for rural families is the answer that has been developed by the Ministry of Health (MOH) and the Social Security Institute (ISS). This strategy and plan, to bring health and family services to virtually 95 percent of Costa Rica families by 1977, may be the most innovative in Latin America because it is based on the principle of using properly trained low-cost auxiliary personnel in the most efficient manner. The key to this most promising innovation is the recent National Population Coordinating Committee decision to authorize

the training and assignment of auxiliary nurses as Women's Health Care Specialists (WHCS) to perform tasks formerly reserved only for physicians. The WHCS will be assigned to work as part of the team in the rural health post.

AID has been instrumental in introducing and gaining acceptance for the WHCS concept in Costa Rica. Assistance to the Ministry of Health and the ISS will concentrate on the introduction of more efficient methods and improved manpower utilization as it relates to the penetration of the rural areas with family planning services.

This project meets totally the criteria established in the priorities review, since the highest priority for Central America is complete penetration of the rural areas with family planning services, and the use of auxiliary personnel to give direct services.

Therefore, the USAID believes that this revision to increase funding for the Costa Rica family planning program to train large numbers of WHCS and to enable the MOH to initiate family planning services in the rural areas is crucial. The new innovation of the MOH and ISS to use auxiliary personnel presents a golden opportunity to strengthen the actual provision of services and disperse them throughout the country.

Recommendation: That you approve the revised PROP Authorization increasing the funding level by \$100,000 for FY 1974 and FY 1975.