

PD-AAA-667-A1

AIRGRAM

DEPARTMENT OF STATE

RS/PS
5150105 (8)

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CLASSIFICATION

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X

Reference Center
Room 1656 NS

DATE REC'D.

515-105

12p.

DATE SENT
October 28, 1971

DISTRIBUTION
ACTION
INFO
Mail Room 35

TO - AID/WASHINGTON TOAID A 118

ATTN: AS/PR, Room B-930, New State

FROM - USAID/Costa Rica

SUBJECT - PAR Submission, Family Planning

REFERENCE - USAID/Costa Rica PAR No. 72-1

The attached referenced PAR is submitted for your review and approval, complete with the requested logical framework matrix and supporting tables. In addition, the USAID would like to qualify this submission with the following comments:

1. The USAID feels that the new Mission-Useful Evaluation Process is an extremely effective instrument for planning, programming, and monitoring projects and it is excellent for setting the stage for subsequent evaluations in future years. The new PAR system, however, appears to us to have little merit when it is utilized for the initial evaluation of a program due to the fact that objectively verifiable indicators are not previously established. In effect, then, the status quo of the program is adopted as the current optimum in terms of progress toward the conditions expected at the end of the project. In this sense, the PAR and the entire exercise simply serve to state the current status of the project and provide little insight regarding success or failure.
2. We are, of course, satisfied with the progress and results of the Costa Rica Family Planning Program up to now, but we do not feel that the attached document objectively demonstrates this position. Evaluations in the future, however, will significantly benefit from the system and we are convinced of its utility in the programming and monitoring area. As you may know, for example, the system is being considered in Costa Rica in a modified form for the periodic evaluation of our Agricultural Sector Loan.

RARENGOLD

PAGE OF PAGES

DRAFTED BY <i>JH</i> JHeard, Chief	OFFICE R.D.D.	PHONE NO. 316	DATE 10/27/71	APPROVED BY: <i>PK</i> AAO: PKreis
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AID AND OTHER CLEARANCES

POP: VScott *V*

UNCLASSIFIED
CLASSIFICATION

PROJECT APPRAISAL REPORT (PAR)

PAGE 1

1. PROJECT NO. 515-11-580-105	2. PAR FOR PERIOD: TO FY 73	3. COUNTRY Costa Rica	4. PAR SERIAL NO. 72-1
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5. PROJECT TITLE
Family Planning

6. PROJECT DURATION: Began FY 68 Ends FY 73	7. DATE LATEST PROP August 17, 1970	8. DATE LATEST PIP NA	9. DATE PRIOR PAR NA
---	---	---------------------------------	--------------------------------

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1,263,000	b. Current FY Estimated Budget: \$ 305,000	c. Estimated Budget to completion After Current FY: \$ 232,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
Columbia University, New York	PI0/T 515-105-3-00055
Columbia University	PI0/T 515-105-3-10063

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
	X		Explore possibilities of CA Regional Family Planning high level training Center for non-English speaking participants	10-71
	X		Permit the USAID Missions to purchase contraceptives and pharmaceuticals direct from suppliers, not only through GSA.	11-71
	X		Insist on a full time CA Regional Advisor for the IPPF	10-71
X	X	X	Encourage the CRDA to initiate a local fund raising campaign.	6-72
		X	CESPO develop a plan to charge for all services in training, evaluation research.	6-72

D. REPLANNING REQUIRES	REVISED OR NEW:	<input type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input checked="" type="checkbox"/> PRO AG	<input checked="" type="checkbox"/> PIC/T	<input checked="" type="checkbox"/> PIO/C	<input checked="" type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW 8/20/71
------------------------	-----------------	-------------------------------	------------------------------	--	---	---	---	---

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Vernon R. Scott	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Peter M. Kreis
---	---

515-11-580-105

AID 1020-25H10-70	PROJECT NO. 515-11-580-105	PAR FOR PERIOD: TO End FY 73	COUNTRY Costa Rica	PAR SERIAL NO. 72-1
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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUT-STANDING		LOW			MEDIUM	
	1	2	3	4	5	6	7	1	2	3	4	5
1. Columbia University, N.Y., N.Y.(E.U.)					X							X
2. Columbia University, N.Y., N.Y.(PSS)					X					X		
3.												

Comment on key factors determining rating

Although contract service for Evaluation Unit has just been initiated, action agency has demonstrated a highly satisfactory performance.

4. PARTICIPANT TRAINING				X								X	
-------------------------	--	--	--	---	--	--	--	--	--	--	--	---	--

Comment on key factors determining rating

Although performance is satisfactory in most respects, there exists a great need for training facilities for non-English speaking participants where high level family planning training is offered. AID/W should explore the possibilities of establishing a CA regional training center for non-English speaking participants offering high level ~~training in management supervision and human reproduction.~~

5. COMMODITIES			X										X
----------------	--	--	---	--	--	--	--	--	--	--	--	--	---

Comment on key factors determining rating

The purchase of commodities and pharmaceuticals through GSA is in most cases more expensive and takes excessive time for delivery. AID/W should take immediate action to permit USAID Missions to purchase directly from U.S. firms.

6. COOPERATING COUNTRY	a. PERSONNEL				X								X
	b. OTHER			X									X

Comment on key factors determining rating

It is doubtful that the CRDA and CESPO will be viable upon termination of this project end FY 73. It is important to the continual success of the family planning program that both the CRDA and CESPO continue its many activities. The CRDA should seek ways to raise money locally as is the responsibility of private associations. CESPO should greatly increase its capacity to charge for services to become self sufficient.

7. OTHER DONORS				X									X
-----------------	--	--	--	---	--	--	--	--	--	--	--	--	---

(See Next Page for Comments on Other Donors)

AID 1020-23(10-70) PAGE 3 PAR	PROJECT NO. 515-11-580-105	PAR FOR PERIOD: End FY 73	COUNTRY Costa Rica	PAR SERIAL NO. 72-1
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II. 7. Continued: Comment on key factors determining rating of Other Donors

The IPPF does not have sufficient monitoring personnel. The Central American IPPF Regional Advisor is on a part time basis and is employed full time as Executive Secretary of local IPPF affiliate. Not only is IPPF receiving too little advisory services in CA, but the local affiliate is being weakened due to the advisory activities of its Executive Secretary. Washington should insist on a full time advisor for IPPF CA.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY		FY 73	FY 74	END OF PROJECT
			TO OATE	TO END			
Medical facilities offering family planning services	PLANNED	100	100	145	16	--	161
	ACTUAL PERFORMANCE	90	97				
	REPLANNED			---	--	--	---
N° of courses for medical and para-medical personnel	PLANNED	36	--	8	8		52
	ACTUAL PERFORMANCE	36	--				
	REPLANNED						
Sex Education teachers trained	PLANNED	72	--	328	400		800
	ACTUAL PERFORMANCE	72	--				
	REPLANNED						
Public relations and publications	PLANNED	600,000	--	800,000	500,000	250,000	2,000,000
	ACTUAL PERFORMANCE	100%	--				
	REPLANNED			--	--	--	--
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.	Management policy and supervision	Efficient management and supervision are priority efforts and will continue to be in the MOH program.					
2.	Organization of Evaluation & Research Unit.	Through the development of the Evaluation Unit the Advisor to the Unit will be training the staff to conduct eval. on their own.					
3.		COMMENT:					

AID 1020-28 (10-70)	PROJECT NO.	PAR FOR PERIOD:	COUNTRY	PAR SERIAL NO.
PAGE 4 PAR	515-11-580-1G5	FY 68 End FY 73	Costa Rica	72-1

IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

To complete the establishment of a viable, effective national family planning program focusing on high fertility population and utilization motivation.

b. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>1. Viability</p> <p>a. Increased budget sharing</p> <p>b. Trained personnel to meet clinical demands</p> <p>2. Effectivity</p> <p>a. 4 annual evaluation-research projects to measure effectiveness.</p> <p>b. 25% of total female fertile population inscribed and capacity to inscribe 28,000 new acceptors annually.</p> <p>3. Attitudes</p> <p>a. MOH, CRDA reaching 85% urban and 65% rural population with motivation and education prog.</p> <p>b. Increased contraceptive use</p> <p>c. 75% of high schools offering sex education</p>	<p>1. <u>Viability</u>: (a) GOCR (MOH) now budgets approx. 1,400 hrs. (physicians & nurses) family planning clinical services throughout country including 6 employees previously supported by AID. 7 additional employees are requested for 1972 Budget. Viability of CRDA and CESPO not determined as 90% still financed by USAID and multi-lateral agencies. (b) 95% MOH F.P. personnel now trained. CESPO and University courses will soon meet demand in MOH and Social Security Institute.</p> <p>2. <u>Effectivity</u>: (a) Activity initiated July '71. One project in progress and others to begin shortly. (b) Sep 1, 1971, 55,000 patients inscribed or 15.6% female fertile population. Currently 2,200 new patients inscribed monthly, indicating 25% goal will be met by end FY/73.</p> <p>3. <u>Attitudes</u>: (a) MOH and CRDA now approaching percentage goals and should surpass by end FY/73. (b) Contraceptive use has increased yearly. (c) Evidence not conclusive thus far as program just started.</p>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Improve individual well-being by reducing family size.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The project will significantly contribute to individual well-being, since as the birth rate declines and family size is reduced, the individual share of economic benefits will increase.

PROJECT LOGICAL FRAMEWORK

Project Title: FAMILY PLANNING

PROJECT LOGICAL FRAMEWORK

Evaluation
for Period: 1968 to 1971
Date Prepared: August 20, 1971

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS																																				
<p>Program or Sector Goal: Improve individual well-being by reducing family size.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> Adjusted birth rate will significantly decrease the demand for services needed by the population such as medical facilities, schools, job opportunities and recreational facilities, thus improving the well-being of the individual. Reduced birth rate (See Annex I) 																																				
<p>Project Purpose: To complete the establishment of a viable, effective, National F.P. Program focusing on high fertility population and utilization motivation.</p>	<p>Conditions Expected at End of Project:</p> <ol style="list-style-type: none"> Availability - (a) Increased burden-sharing of total population costs (See Annex II) (b) No. of patients prescribed - (See Annex III) (c) No. of trained people in your prepared to provide clinical needs (See Annex IV) Effectivity - (a) Complete on average of 4 yearly evaluation and research studies to provide better basis for measuring program effectiveness. (See Annex V) (b) A combined program of CN has prescribed 25% of the total female fertility input, requiring a total of 400,000 consultations and one that can continue to prescribe 20,000 new acceptors annually. (See Annex VIII) Utilization - (a) MDH + CPDA reaching 80% urban + 60% rural pop. with educational and motivational information through radio, TV, newspapers, and other media (See Annex VI) (b) Increased contraceptive use (See Annex VII) (c) Percent of high schools offering sex education (Annex VIII) 																																				
<p>Outputs:</p> <p>Training</p> <ol style="list-style-type: none"> Organization of the Evaluation and Research Unit with training personnel Courses for Aid & Para-aid personnel Sex Education Teachers trained <p>Institutional Capability</p> <ol style="list-style-type: none"> Medical Facilities offering F.P. Management policy and supervision of program Public Relations and Publications 	<p>Magnitude of Outputs:</p> <table border="1"> <thead> <tr> <th></th> <th>1972</th> <th>1974</th> </tr> </thead> <tbody> <tr> <td>No. Facilities</td> <td>4</td> <td>1</td> </tr> <tr> <td>Facilities trained</td> <td>2</td> <td>5</td> </tr> <tr> <td>No. Med. & Para-aid courses</td> <td>8</td> <td>8</td> </tr> <tr> <td>No. Sex Education Teachers</td> <td>320</td> <td>400</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>1972</th> <th>1974</th> </tr> </thead> <tbody> <tr> <td>MDH</td> <td>120</td> <td>121 - See Annex IX</td> </tr> <tr> <td>ISS</td> <td>24</td> <td>37</td> </tr> <tr> <td>CRDA</td> <td>1</td> <td>1 - for detail</td> </tr> <tr> <td>TOTAL</td> <td>145</td> <td>161</td> </tr> </tbody> </table> <p>MDH - QUANTITATIVE</p> <table border="1"> <thead> <tr> <th></th> <th>1972</th> <th>1974</th> </tr> </thead> <tbody> <tr> <td>No. of Publications</td> <td>200,000</td> <td>500,000</td> </tr> </tbody> </table> <p style="text-align: right;">See Annex X</p>		1972	1974	No. Facilities	4	1	Facilities trained	2	5	No. Med. & Para-aid courses	8	8	No. Sex Education Teachers	320	400		1972	1974	MDH	120	121 - See Annex IX	ISS	24	37	CRDA	1	1 - for detail	TOTAL	145	161		1972	1974	No. of Publications	200,000	500,000
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<p>Inputs:</p> <ol style="list-style-type: none"> Technical Advisory Services (direct hire tech and other support) Contract Services (full time advisor) Participant Training (primarily management in FP) Commodities (Medical, Cyto-lab & Supplies) Other Costs 	<p>Implementation Schedule (Target Dates):</p> <table border="1"> <thead> <tr> <th></th> <th>1972</th> <th>1974</th> </tr> </thead> <tbody> <tr> <td>Technical Advisory Services</td> <td>\$ 25,000</td> <td>\$ 37,000</td> </tr> <tr> <td>Contract Services</td> <td>30,000</td> <td>---</td> </tr> <tr> <td>Participant Training</td> <td>30,000</td> <td>30,000</td> </tr> <tr> <td>Commodities</td> <td>65,000</td> <td>30,000</td> </tr> <tr> <td>Other Costs</td> <td>115,000</td> <td>136,000</td> </tr> <tr> <td>TOTAL</td> <td>\$305,000</td> <td>\$234,000</td> </tr> </tbody> </table>		1972	1974	Technical Advisory Services	\$ 25,000	\$ 37,000	Contract Services	30,000	---	Participant Training	30,000	30,000	Commodities	65,000	30,000	Other Costs	115,000	136,000	TOTAL	\$305,000	\$234,000															
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MEANS OF VERIFICATION	IMPACT PERSONAL JUDG																																	
<ol style="list-style-type: none"> Vital statistics records and projections 	<p>Increased Family Planning services will result in lower birth rate</p>																																	
<ol style="list-style-type: none"> <ol style="list-style-type: none"> Review of MDH, CRDA, CESPD, ISS budgets, and other donor agency budgets. Review of MDH, CRDA, ISS statistical records. Review of CESPD statistical records. <ol style="list-style-type: none"> Review of CESPD/Final, Division Programs Review of MDH, CRDA, ISS statistical records. <ol style="list-style-type: none"> CRDA, MDH reports rendered to USAID and monitoring. Date on Importation of Contraceptives; Private Sector Study. Review of MDH reports on training progress. 	<ol style="list-style-type: none"> CCCR positive policy does not change. CPDA & CESPD continue to receive FY73 level support from other donor agencies, i.e. IPPF, FORD Foundation, PAID, Government of Sweden, etc. MDH, not ISS, continues to administer all CCCR health units and hospitals. 																																	
<p>MDH Reports, AID observation</p> <p>Training Division Reports, AID observation</p> <p>MDH, ISS, CRDA reports, AID observation</p> <p>Policy directives, clinic visits, audits, observation, reports</p> <p>MDH, CRDA reports, AID observation</p>	<p>Coordination which has been accomplished between Family Planning Agencies will continue to exist.</p> <p>USAID support will continue thru 1973.</p> <table border="1"> <thead> <tr> <th>Other Donor Agencies</th> <th>1972</th> <th>1973</th> </tr> </thead> <tbody> <tr> <td>IPPF</td> <td>\$ 330,000</td> <td>\$ 395,000</td> </tr> <tr> <td>PAID</td> <td>80,000</td> <td>90,000</td> </tr> <tr> <td>FORD</td> <td>75,000</td> <td>150,000</td> </tr> <tr> <td>OTHER</td> <td>50,000</td> <td>60,000</td> </tr> <tr> <td>TOTAL</td> <td>\$ 635,000</td> <td>\$ 695,000</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th>1972</th> <th>1973</th> </tr> </thead> <tbody> <tr> <td>USAID TOTAL</td> <td>305,000</td> <td>234,000</td> </tr> <tr> <td>National Agencies Total (MDH, CRDA, CESPD)</td> <td>215,000</td> <td>282,000</td> </tr> <tr> <td>Other Donor Total</td> <td>535,000</td> <td>695,000</td> </tr> <tr> <td>GRAND TOTAL</td> <td>\$1,045,000</td> <td>\$1,201,000</td> </tr> </tbody> </table> <p>(For detail see Annex II)</p>	Other Donor Agencies	1972	1973	IPPF	\$ 330,000	\$ 395,000	PAID	80,000	90,000	FORD	75,000	150,000	OTHER	50,000	60,000	TOTAL	\$ 635,000	\$ 695,000		1972	1973	USAID TOTAL	305,000	234,000	National Agencies Total (MDH, CRDA, CESPD)	215,000	282,000	Other Donor Total	535,000	695,000	GRAND TOTAL	\$1,045,000	\$1,201,000
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BIRTH RATES PER 1000 INHABITANTS

Costa Rica, 1960 - 1968

<u>Years</u>	<u>Birth Rate</u>
1960	47.5
1961	46.9
1962	45.4
1963	45.3
1964	43.0
1965	42.3
1966	40.9
1967	39.5
1968*	38.2
1969*	35.0
1970*	32.9

* Estimate

Sources: Vital Statistics by the Dirección General de Estadística y Censos, Estimates by Ricardo Jiménez J.

ANNEX II

COMBINED BUDGET (MOH, CRDA, CESPO)

<u>1972</u>	<u>In Kind</u>	<u>Direct</u>	<u>TOTAL</u>
MOH	90,000	64,960	154,960
CRDA		45,300	45,300
CESPO	15,000	20,000	35,000
<u>1973</u>			
MOH	96,000	75,000	171,000
CRDA		55,000	55,000
CESPO	18,000	25,000	43,000

USAID BUDGET SUPPORT

	<u>1972</u>	<u>1973</u>
MOH	65,000	30,000
CRDA	85,000	55,000
CESPO	92,000	55,000

ANNEX III

PATIENTS INSCRIBED AND TOTAL CONSULTATIONS

	<u>New Acceptors</u>	<u>Control Visits</u>	<u>Total Consultations</u>
<u>1972</u>			
MOH	32,000	128,000	160,000
ISS	10,000	40,000	50,000
CRDA	<u>16,000</u>	<u>64,000</u>	<u>80,000</u>
	58,000	232,000	290,000
<u>1973</u>			
MOH	53,000	212,000	265,000
ISS	16,000	64,000	80,000
CRDA	<u>17,000</u>	<u>68,000</u>	<u>85,000</u>
	86,000	344,000	430,000
TOTAL- 1972, 1973	144,000	576,000	720,000

ANNEX IV

MEDICAL, REFRESHER AND IN-SERVICE TRAINING

A. Training (In-country)

		<u>Technical</u>	<u>Refresher</u>	<u>TOTAL</u>
1972	Medical Personnel	65	100	165
	Para-Medical Personnel	60	---	60
1973	Medical Personnel	50	100	150
	Para-Medical Personnel	50	---	50

B. (In-service)

1972	Regional Seminars	12
1973	Regional Seminars	12

ANNEX V

CESPO AND CRDA RESEARCH AND EVALUATION PROJECTS

	<u>1972</u>	<u>1973</u>
Abortion Study	X	
Statistical Feedback and Analysis	X	X
Contraceptive Distribution	X	
Dropout rate and Cause		X
Training Effectiveness	X	
Motivational Impact		X
Private Sector Study	X	

ANNEX VI

PENETRATION OF MOTIVATIONAL AND EDUCATIONAL MATERIAL (%)

	<u>Radio</u>	<u>TVI</u>	<u>Newspapers</u>	<u>Meetings and Personal Contracts in Clinics</u>
<u>1972</u>				
CRDA				
Urban	75	40	60	---
Rural	50	10	20	---
MOH				
Urban				8
Rural				5
<u>1973</u>				
CRDA				
Urban	85	50	65	
Rural	65	15	25	
MOH				
Urban				15
Rural				10

ANNEX VII

CONTRACEPTIVE IMPORTATION IN COSTA RICA

(1961 to 1968 by thousands)

1961	2.5
1962	2.5
1963	14.5
1964	20.5
1965	82.5
1966	122.6
1967	161.9
1968	288.9

ANNEX VIII

HIGH SCHOOLS INCLUDING SEX EDUCATION IN THE CURRICULUM

(1971 - 1975)

% -	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>
	0	0	25%	50%	75%

ANNEX IX

HOSPITALS, HEALTH UNITS & MOBILE
UNITS OFFERING FAMILY PLANNING SERVICES

	<u>1972</u>	<u>1973</u>
MOH		
Hospitals	10	13
Health Centers	95	95
Mobile Units	<u>15</u>	<u>15</u>
	120	123
ISS.		
Hospitals	4	7
Health Centers	20	30
Mobile Units	<u>--</u>	<u>--</u>
	24	37
CRDA		
Hospitals	--	--
Health Centers	1	1
Mobile Units	<u>--</u>	<u>--</u>
	1	1

ANNEX X

NUMBER OF PUBLICATIONS DISTRIBUTED BY THE
POPULATION/FAMILY PLANNING PROGRAM

	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>
No. of publications (in 1,000s)	600	800	500	250	2,000