

AGENCY FOR INTERNATIONAL DEVELOPMENT

UNITED STATES A.I.D. MISSION TO COSTA RICA

U.S.A.I.D.

 UNITED STATES EMBASSY
 SAN JOSE, COSTA RICA

129

MEMORANDUM

TO: The Files

FROM: Isabel Chacón *Isabel Chacón*
Project Evaluation Coordinator

SUBJECT: Annual Review: Health/Family Planning Project ¹⁰⁵

PURPOSE: ACHIEVE HEALTHFUL REPRODUCTION PATTERNS AMONG ALL CITIZENS AND
ADJUST BIRTH RATES TO A LEVEL CONDUCTIVE TO SUSTAINED DEVELOPMENT

The special AID evaluation review of the subject project was held on May 17, 1973, with the following staff members present: Thomas McMahon, Project Manager; Peter Kreis, AID Affairs Officer; Daniel Greene, Controller and Isabel Chacón, Project Evaluation Coordinator.

I. DISCUSSION

Mr. McMahon described the current status, activity, accomplishments and problems of this project.

Since the health/family planning program in Costa Rica is an integrated effort involving several in-country institutions and foreign donors, an institution by institution appraisal of the project was conducted:

A. Service Institutions:

1. Costa Rican Social Security Institute (C.C.S.S.)

The C.C.S.S. only recently incorporated family planning services into its maternal/child health program in 1971. The Social Security Institute which has the best health facilities and covers a little over 50% of the population has recently begun to give family planning services. Family planning is incorporated into a well-structured maternal and Child Health Service in hospitals and clinics in the San Jose area and other populated areas in the country. New hospitals and clinics are being added as personnel becomes available. This will permit further expansion of these services to cover more than half of the Costa Rican population. This expansion will reduce pressure on already crowded medical facilities of the Ministry of Health. The low AID input (\$22,500 of over \$100,000 worth of services) is already paying rewarding dividends.

2. Ministry of Health

- a. The Ministry of Health offers family planning services in more than one hundred clinics and hospitals throughout the country. Many of these facilities are in small, isolated towns which has made close supervision a problem since the beginning of the program. This has made supervision and introduction of new contraceptives techniques and family planning client education difficult. Supervision is especially important in this program because the majority of the directors who run the clinics have just graduated from Medical School and are serving their one compulsory year of social service. For some time AID suggested that the Ministry of Health increase its supervision of the program. This year AID's agreement is paying a salary bonus to the five Ministry of Health Zone Chiefs to report on the family planning facility in each clinic once a month. For the first time the program also has two full-time doctors responsible for the technical supervision of all clinics.
- b. The pilot project initiated by Dr. Juan Guillermo Ortiz, Medical Director, San Ramón Hospital, using paramedical personnel (especially trained auxiliary nurses) to assist in the implementation of the rural Family Planning program may prove to be effective. Canvassing of rural homes by a trained team of 2 auxiliary nurses, who give out family planning information, fill out a health census form, maintain health surveillance and provide contraceptives has proved most effective. With proper coordination a major problem, the Ministry of Health could expand Dr. Ortiz's experiment on a national scale. The importance of this effort should be noted. Heretofore, no medical personnel contacted rural "campesino" families in their homes to provide community medical services such as immunizations, nutritional advice and basic health sanitary advice. In most cases these families would only seek medical help when a severe crisis aroused in the family. Under the San Ramón project doctors' efforts would be focused on cases requiring their high level skills.

B. Research, Evaluation and Training Institutions

Center for Social and Population Studies (CESPO)

No new AID agreement for financial assistance to CESPO will be negotiated due to the recent UCR Council decision not to accept any financial assistance, direct or indirect, from AID. In the future it is expected that assistance for continued research and evaluation will continue to come from the Ford Foundation and from new agreements with the United Nations Family Planning Assistance. While many studies have been completed and reports distributed to the service institutions, insufficient effort has been made to implement recommendations.

C. Costa Rica Demographic Association (CRDA)

CRDA has served as the official Secretariat for CONAPO, a non-statutory coordinating committee which convenes weekly to discuss all activities and plans of its members: 1. CRDA, 2. Ministry of Health, 3. Social Security Institute, 4. Ministry of Education, 5. CESPO, 6. Center for Family Orientation, and 7. Center for Family Integration. Through the efforts of its Director, CRDA was instrumental in persuading the C.C.S.S.'s Board of Directors to offer family planning services. The C.C.S.S. first acceptor rate has risen to almost 80% of the Ministry of Health's country-wide first acceptor rate within less than 18 months.

A motivational program carried out in rural communities in Guanacaste Province by CRDA has increased awareness of family planning among community leaders and the people, basically through talks to various groups, e.g., teachers, professors, social organizations and local leaders. This effort is being supplemented by radio spot announcements. Motivation is difficult to measure, but it lays the groundwork for wider acceptance of family planning. AID plans to give partial assistance to CRDA's motivational program.

CRDA will require no further AID assistance for purchase of oral contraceptives.

Acting on a recommendation report of 1971, the CRDA has established a firm inventory control system in its warehouse which is up to date and functioning smoothly.

D. The Church

Bilateral AID assistance in the foreseeable future to the Center for Family Orientation (COF) of the Episcopal Church has been terminated. However, the Center for Family Integration (CIF), an organization of the Christian Family Movement of the Catholic Church, will continue to receive bilateral assistance. This fast growing organization with long-range goals has significant potential to reach Church related organizations with the responsible parenthood philosophy. At present it is seeking local support. It also receives financial assistance from the German Government and Church.

Within the next twelve months an evaluation of CIF's outputs should be conducted to determine which of its various activities best fulfills the objectives of AID's Title X programs. AID's assistance to the 7 members of CONAPO is substantial through its bilateral agreements with five of these institutions. Through formal and informal linkages, the Costa Rica program has developed into a mature leader in the international community of population organizations determined to solve the demographic explosion.

Recent studies show a direct causal connection between the activities of the Costa Rican program and a significant reduction of population birth rates in Costa Rica over the last seven years. If this trend continues, it will contribute significantly to the general development of the country.

II. SUMMARY AND RECOMMENDATIONS

1. Costa Rica Social Security Institute

Future AID assistance to the C.C.S.S. should include:

- A. Strengthening of its information system (presently confined to giving information on contraceptives).
 - B. Coordination with MOH/PAHO Centro de Datos to develop adequate and effective informational and educational materials and systems of use.
 - C. Supplying additional sterilization equipment to meet increasing demand.
2. The Ministry of Health, with CONAPO approval, should send a health team to observe the Guatemala Rural Paramedic Training Program under the supervision of Dr. Craft Long.
 3. Since the UCR Faculty of Medicine has started a new social service program for medical students, with practices conducted at the C.C.S.S. hospitals and at the Ministry of Health's metropolitan clinics, it is recommended that, based on future evaluations, this methodology may serve as a viable model project for Latin America.
 4. The cost of the cytology program has been estimated at US\$180,000. Since only 34 positive cervical cancer cases were identified in 1972 out of a total of 32,000 tests, the cost per person helped seems exceedingly high. It is recommended that Washington carry out a study on the cost effectiveness of this program as part of Title X expenditures.
 5. A health assistant should be recruited as soon as possible to assist the Chief of the USAID Health, Population and Education Division.
 6. A major revision of the current PROP should be undertaken to update it and justify the continuation of the program since it is one of the best managed and publicly accepted programs of its kind in Latin America.

ICH/frs

cc: Ambassador Viron B. Vaky

Mr. Peter Kreis
Mr. Thomas McMahon
Mr. Daniel Greene
Mr. Thomas McKee
Miss Ana Sayagués

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: _____
From FY _____ to FY indefinite
Total U. S. Funding FY/73 \$335,000
Date Prepared: May 15, 1973

Project Title & Number: Costa Rica Population Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p> <p>That population family planning programs contribute to general socio-economic development</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>1. Development Indicators:</p> <p>a. Increased GNP</p> <p>b. Better income distribution</p> <p>c. Better educational opportunity (Cont. page 2, A-2)</p>	<p>(A-3)</p> <p>1. Official Government economic data and indicators.</p> <p>2. Census and health statistics.</p>	<p>Assumptions for achieving goal targets: (A-4)</p> <p>1. That Government include demographic projections in its economic planning.</p> <p>2. That Government enact laws that favor and encourage slower population growth.</p>
<p>Project Purpose: (B-1)</p> <p>To achieve healthful reproductive patterns among all citizens and adjust birth rates to a level conducive to sustained development.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>1. Birth rate decline over time.</p> <p><u>Costa Rica Birth Rates:</u></p> <p>1952 - 48.1</p> <p>56 - 48.2</p> <p>60 - 47.8 (Cont. page 2, B-2)</p>	<p>(B-3)</p> <p>1. Statistics</p> <p>a. Census Department</p> <p>b. CESPO</p> <p>c. CELADE</p> <p>2. Demographic studies:</p> <p>a. CESPO</p> <p>b. CELADE (cont. page 2, B-3)</p>	<p>Assumptions for achieving purpose: (B-4)</p> <p>1. That GOCR increase support of population/family planning program.</p> <p>2. That GOCR not enact legislation and support public programs that will be dysfunctional to birth rate (Cont. page 2, B-4)</p>
<p>Project Outputs: (C-1)</p> <p>Integrated Pop/FP Program consisting of:</p> <p>a. FP Services</p> <p>b. Education, information and Communication program (EIC)</p> <p>c. Research and evaluation</p> <p>d. Sex education program in schools.</p>	<p>Magnitude of Outputs: (C-2)</p> <p>a. FP Services:</p> <p>(1) Ministry of Health:</p> <p>80 clinics</p> <p>4 mobile units</p> <p>8 hospitals</p> <p>(2) Social Security Institute (Cont. page 2, C-2)</p>	<p>(C-3)</p> <p>Institution reports.</p> <p>Evaluation statistics.</p>	<p>Assumptions for achieving outputs: (C-4)</p> <p>1. That FP services and EIC programs be extended to rural areas.</p> <p>2. That GOCR and SSI budget support continue to increase to meet demand.</p> <p>3. That emphasis be concentrated on improved administration</p>
<p>Project Inputs: (D-1)</p> <p>Financial Inputs FY/73 AID/Bilateral</p> <p>CRDA - \$ 65,000</p> <p>CESPO - 50,000</p> <p>MOH - 92,000</p> <p>SSS - 22,500</p> <p>IF - 40,000</p> <p>\$269,500 (Cont. page 2, D-1)</p>	<p>Implementation Target (Type and Quantity) (D-2)</p> <p><u>CRDA</u></p> <p>Salaries (29) \$50,000</p> <p>Other costs 15,000</p> <p>Total \$65,000</p> <p><u>CESPO</u></p> <p>Salaries (12) \$23,000 (Cont. page 2, D-2)</p>	<p>(D-3)</p>	<p>Assumptions for providing inputs: (D-4)</p> <p>That CR institutions continue to accept assistance from international sources.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

(INSTRUCTION: THIS IS AN OPTIONAL FORM WHICH CAN BE USED AS AN AID TO ORGANIZING DATA FOR THE PAR REPORT. IT NEED NOT BE RETAINED OR SUBMITTED.)

Life of Project: _____
From FY _____ to FY indefinite
Total U.S. Funding: FY/73 \$335
Date Prepared: MEV 15, 1972

Project Title & Number: Costa Rica Population Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes: (A-1)</p>	<p>Measures of Goal Achievement: (A-2)</p> <p>d. Reduced morbidity e. Less malnutrition f. Increased life expectancy.</p> <p><u>Death Rates:</u></p> <p>1950 - 12.3 1963 - 9.4 1972 - 5.9</p> <p><u>Infant Mortality Rates:</u></p> <p>1950 - 89.3 1963 - 69.8 1972 - 56.5</p> <p>2. Increase number of women in work force.</p>	<p>(A-3)</p>	<p>Assumptions for achieving goal targets: (A-4)</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY _____ to FY _____
Total U.S. Funding: FY/73
Date Prepared: May 15

Project Title & Number: Costa Rica Population Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose: (B-1)</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status. (B-2)</p> <p>62 - 45.1 64 - 42.9 66 - 40.5 68 - 35.9 70 - 33.3</p> <p>2. General awareness among all socio-economic groups that reduced fertility is desirable for individual and general welfare.</p> <p>3. The numbers of women and men in the reproductive age group practicing family planning.</p> <p>Cumulative percentage of women in fertile age group registered in Ministry of Health FP program:</p> <p>1968 - 3.2% 69 - 6.9% 70 - 12.4% 71 - 19.7% 72 - 26.9%</p>	<p>(B-3)</p> <p>3. Health statistics</p> <p>a. Ministry of Health -- b. Social Security Institute</p>	<p>Assumptions for achieving purpose: (B-4)</p> <p>decline.</p> <p>3. That Church continue to support general program goals.</p>

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: _____
From FY _____ to FY Indef.
Total U.S. Funding: FY/73 \$: 36
Date Prepared: May 15, 1973
PA

Project Title & Number: Costa Rica Population Family Planning

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Outputs: (C-1)</p>	<p>Magnitude of Outputs: (C-2)</p> <ul style="list-style-type: none"> 8 clinics 3 hospitals b. Information, communication and education program: <ul style="list-style-type: none"> (1) Demographic Association: <ul style="list-style-type: none"> 30,000 radio programs broadcast. 250,000 booklets published 11 series of slides produced 250 flip charts produced 1840 inches of new-stories 1 Experimental Information Center (Limón) c. Research and Evaluation (1972) <ul style="list-style-type: none"> (1) CESPO Evaluation Unit: <ul style="list-style-type: none"> 13-evaluation studies d. Sex Education Program: <ul style="list-style-type: none"> (1) CESPO <ul style="list-style-type: none"> 482 teachers trained 16 courses completed 	<p>(C-3)</p>	<p>Assumptions for achieving outputs: (C-4)</p>

AID 1914-20 (1-73)
SUPPLEMENT 1

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: _____ to FY Indefinite
From FY _____
Total U.S. Funding: FY/73 \$336,000
Date Prepared: May 15, 1973

Project Title & Number: Costa Rica Population Family Planning

PAC

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Inputs: (D-1)</p> <p>OCR: \$187,000</p> <p>SSI: \$¹⁰⁰75,000 (est.)</p> <p>IPPF: \$350,000</p> <p>Other financial inputs from a variety of foreign national and international institutions:</p> <p>Ford Foundation Pathfinder Fund World Education PAHO SIDA UNFPA PPFA</p>	<p>Implementation Target (Type and Quantity) (D-2)</p> <p>Other Costs 25,000 Commodities 2,000 <u>Total \$ 50,000</u></p> <p><u>MOH</u></p> <p>Salaries Supplements \$ 13,750 Other Costs 42,250 Commodities 36,000 <u>Total \$ 92,000</u></p> <p><u>CCSS</u></p> <p>Salaries supplements <u>22,500</u> <u>Total \$ 22,500</u></p> <p><u>CIF</u></p> <p>Salaries (II) \$ 28,500 Other Costs 9,250 Commodities 2,250 <u>Total \$ 40,000</u></p>	<p>(D-3)</p>	<p>Assumptions for providing inputs: (D-4)</p>

NARRATIVE

BACKGROUND

The focal point of Costa Rica's population/family planning (P/FP) program is CONAPO, a non-statutory coordinating committee which convenes weekly to discuss all activities and plans of its members. Each of the seven operating organizations are represented by their executive directors or delegates.

The program incorporates all essential elements necessary for continued stimulation of the demographic transition from high to low general fertility.

The service institutions -- the Office of Population of the Ministry of Health (MOH) and the newly organized FP services of the Costa Rica Social Security Institute (CCSS) each are responsible for delivering health service to approximately half the population. The FP services of both these institutions is integrated with maternal-child health measures.

Two Church affiliated information, education and information (IEI) institutions use media and group techniques to reach youth with information about responsible parenthood and the advantages of smaller family size. The Center for Family Integration (CIF), an organization of the Christian Family Movement of the Catholic Church, will give a 12-hour course to one out of every four Costa Rican who will marry in 1973. The Center for Family Orientation (COF) of the Episcopal Church produces and broadcasts regular radio programs on FP and sex education. It also runs youth courses and a family counseling service.

Demographic research, program evaluation, professional training for medical personnel and sex education courses for teachers make up the program

of the Center for Population and Social Studies (CESPO), University of Costa Rica.

Because of a need for greater depth of understanding of new FP clinical methods, the Faculty of Medicine, UCR will assume all training of medical personnel this year.

The Costa Rica Demographic Association (CRDA) continues to be deeply involved in promoting innovative FP techniques such as new female sterilization techniques -- ie tubal ligation by culdoscopy and laparoscopy. CRDA also manages an oral contraceptive distribution system throughout the country which operates in collaboration with the MOH clinic and hospital facilities and SSI. CRDA also publishes the printed material used throughout the country on P/FP.

The Ministry of Education (MOE) has a long-range plan to incorporate sex education into the curriculum of the public and private school system on all levels from first year primary school to last year secondary school.

PROBLEMS:

1. Unless fertility regulation services and responsible parenthood information programs are brought to the rural population of Costa Rica the continued decline in overall birth rates will soon level off at a seriously high rate of about 32/1000.

2. Current legislation pending in the Assembly to provide cash supplements to low income families may stimulate birth rates and be dysfunctional to current population/FP program goals.

3. The cytology program of MOH identified only thirty positive cervical cancer cases in 1972 out of a total of 32,000 tests at an extremely high cost per cancer patient identified. No data is available on the cure rate

of these cases.

RECOMMENDATION :

1. That AID/W study the cost/effectiveness of funding cytology laboratories and attendant services with Title X funds.
2. That AID assist MOH in designing and funding a viable rural health delivery system over the next five year period which would grant paramedics new authority to provide rural families with effective fertility regulation methods without the need for the services of medical doctors.