

PD-AAA-693-81

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, PHA

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FROM: PHA/POP, R. T. Ravenholt *WAB*

SUBJECT: Approval of Project Paper for Costa Rica, Family Planning Project, #515-0132

PROBLEM: The cost of this project, which is the final phase out of AID bi-lateral assistance, will be less than \$2 million over a proposed three-year time frame. Therefore, your approval is requested.

DISCUSSION: This PP authorizes three years of funding totalling \$1,160,000 in support of Costa Rica's efforts to reduce the national fertility rate, which will enhance and support the possibilities for success of other development strategies and programs aimed at the lower-income and primarily rural dwellers. An estimated contribution of \$3,412,000 is expected from the Ministry of Health, and the Costa Rica Institute of Social Security during the period of this project. Based on the proposed level of Costa Rican and other donor inputs, the crude birth rate should approach 20 per 1,000 by the end of this project.

AID resources will be provided to continue to build and strengthen the institutional capacity and capability in Cost Rica to alleviate its population problem. Under this project AID financing will be used to assist the GOCR and private family planning organizations to expand family planning services and sex education to the rural areas. A total of 5 governmental and private organizations will receive AID assistance during the three year period, i.e., the Ministry of Health, the Social Security Institute, the Costa Rican Demographic Association, the Center for Family Integration and the Center for Family Orientation.

AID's grant inputs will include contraceptive supplies, training, information and educational materials, clinic equipment and technical assistance.

The major features of the proposed project include:

- (a) Complete availability of contraceptives to 85-90% of the total fertile population by 1979;
- (b) 150,000 women-men in fertile age protected as continued acceptors in the public sector clinical programs of the Ministry of Health and the Social Security Institute. This represents 35% of the total fertile population. An additional 13% will be protected in the private sector, (pharmacies, private physicians etc.) bringing the total to 48% of the total fertile population;
- (c) Reduction in birthrate from 28.3 per thousand to 20 per thousand by 1979-80;

(d) Twelve surgical contraception service centers located in strategic urban centers throughout the country. One major training center and 2 sub-training centers to teach surgical contraception;

(e) Three Women Health Care Specialists training centers established graduating 240 by end 1979;

(f) One hundred fifty auxiliary nurses, 150 "granny midwives" 140 agriculture extension agents, 100 community development and social workers, 500 malaria voluntary collaborators trained in family planning and related subjects to provide family planning information, education and motivation and to distribute orals, condoms and other non-clinical contraceptives;

(g) The initiation of family planning activities in an additional 125 rural clinics, bringing total distribution points through the MOH and SSI to 395. (85-90% of total population) the remaining 10% will be reached through outreach workers i.e. "granny midwives," community development promoters, agricultural extension agents;

(h) Country-wide massive IE&C penetration with emphasis on the rural dwellers; and,

(i) Eighteen thousand rural couples trained in family planning education and responsible parenthood. 30,000 teenagers and pre-marital adults trained in family planning and sex education.

From 1966 through June, 1976, AID has invested \$3,254,000 bi-laterally in assisting the Government of Costa Rica and selected private organizations in the delivery of family planning services and in dramatizing the adverse effects of rapid population growth on social and economic development. Costa Rica has one of the most successful family planning programs in Latin America and throughout the developing world. Its capability and capacity to initiate a well coordinated family planning program in several institutions has contributed greatly to the declining birth rate 47.5/1,000 in 1960 to 28.3/1,000 in 1973.

In addition to the direct bilateral funding provided under this project, other donor support in the amount of approximately \$1,265,000 is expected from the IPPF, UNFPA, FPIA, AVS and JHPEIGO. At the same time, assistance will also be provided to Costa Rica family planning organizations through AID/W centrally funded contracts such as Development Associates, Inc. (DAI) for specialized training.

The beneficiaries of this project are urban and rural poor women who cannot afford family planning services from a private physician. Being able to space pregnancies and to reduce the number of unwanted births will also benefit the health and nutrition of the mother and her off-spring. The program will not only make available family planning services, but will also provide the recipients with the physiological and social information necessary to take the appropriate decisions concerning the number of children desired. In this way, the program also raises the general educational status of the target population.

Since this project will mark the end of bilateral assistance to Costa Rica's family planning effort, it is necessary to discuss whether or not this program, at end of project, will meet the criteria established by PHA and the Office of Population for program phase-out. This is addressed as follows:

1. Policy - A family planning policy was established by presidential decree in 1968. Although this policy does not define established demographic goals, it relates closely to child spacing and reduction in family size which most definitely leads to lower fertility and decreased birth rate. At present, the Government of Costa Rica, through its National Planning Office, is in the preliminary stage of drafting a population policy. It is highly likely that an official population policy will be realized before end of project.

2. Substantial Birth Rate Decrease - It is anticipated that by end of project the birthrate will approach the 20/1,000 level. This is lower than the criteria now established of 25/1,000.

3. Availability - The project proposes availability of contraceptives to 85-90% of the total fertile population by 1979, through both the public and commercial sectors. Partial availability will be attained in the remaining 10% through the use of out-reach workers. Availability is determined by both the distance from the supply and the cost. In this case if a person lives within a 5 kilometer distance from a distribution or service point, availability is a reality. The charge for contraceptives is based on the individual's ability to pay. The maximum charge for orals is \$0.40, this being mainly in the urban areas. The charge for orals in the rural areas will be much lower, most likely gratis.

4. Government Financing - The Government funding level will be approximately \$1,000,000 annually during the life of the project. Upon examination of the budgets of the principal counterparts, it is believed that the local resource allotment to guarantee the projects continuity after AID's financial withdrawal will be sustained. Outside donor assistance will be necessary to assist the private agencies now involved; however, by 1979, the program will be so far advanced that these agencies will be able to reduce spending and funding requirements will be sufficiently lower.

5. Modality - All forms of contraception are available in Costa Rica. These include: Surgical contraception, orals, condoms, IUDs, foams, vaginal jellies, diaphragm, and natural methods (rhythm and Billings).

Costa Rica appears to meet the criteria established for program phase-out. However, although every attempt to phase out should be made, the door for future bilateral assistance should not be completely closed. Although the program is progressing very well at present, one cannot have complete assurance that it will continue to do so. There is always

a chance that some factor, such as political or church resistance could arise that would set the program back curtailing the possibility of attaining the goals established in the attached P.P.

The project conforms to all relevant Agency and Congressional guidelines, especially the Percy and Helms amendments. The chief beneficiaries of this program will be low income couples in rural areas. The preponderance of the personnel providing family planning services, training paramedics and providing direction also will be women.

This project conforms to the proposed funding levels and project description as presented to the Congress on p. 85 of the FY 1977, Latin America P.F.D.

This project paper has been reviewed and cleared by all appropriate AID offices.

Recommendation: That you approve the project for funding from FY 1977 to FY 1979.

APPROVED: Allen R. Furman

DISAPPROVED: _____

DATE: July 29, 1976

Attachment:
Project Paper for Costa Rica

COSTA RICA

1. Summary of Program Proposal - FY '77-79

The Project Paper proposes a three year project costing \$1.160 million. This will be the final bi-lateral funding for the program.

2. U.S. Bi-lateral Funding

<u>1965</u>	<u>'66</u>	<u>'67</u>	<u>'68</u>	<u>'69</u>	<u>'70</u>	<u>'71</u>	<u>'72</u>	<u>'73</u>	<u>'74</u>	<u>'75</u>	<u>'76</u>	<u>'IQ</u>	<u>Total</u>
50	47	67	320	308	273	403	313	378	411	349	275	60	3.254

3. Demographic Data

Estimated population 1976	2.1 million
Births per thousand	(1975) 28.3
Deaths per thousand	" 5.1
Natural Increase	" 2.3
Total Fertility Rate	" 3.9

4. Major Features of Proposed Program

a) Complete availability of contraceptives to 85-90% of the total fertile population by 1979.

b) 150,000 women-men in fertile age protected as continued acceptors in the public sector clinical programs of the Ministry of Health and the Social Security Institute. This represents 35% of the total fertile population. An additional 13% will be protected in the private sector (pharmacies, private physicians etc.) bringing the total to 48% of the total fertile population.

c) 12 surgical contraception service centers located in strategic urban centers throughout the country. 1 major training center and 2 sub-training centers to teach surgical contraception. 1 located in the capitol city and the sub-centers in Puntarenas and Turrialba.

d) Reduction in birthrate from 28.3 per thousand to 20 per thousand (very possible to as low as 16 per thousand) by 1979-80.

e) 3 Women Health Care Specialists training centers established, 1 now functioning in San Jose, 1 in Turrialba and 1 in Puntarenas. 240 graduates end of 1979.

f) 150 auxiliary nurses, 150 "granny midwives", 140 agriculture extension agents, 100 community development and social workers, 500 malaria voluntary collaborators trained in family planning and related subjects to provide family planning information, education and motivation and to distribute orals, condoms and other non-clinical contraceptives.

g) The initiation of family planning activities in an additional 125 rural clinics, bringing total distribution points through the MOH and SSI to 395. (85-90% of total population.) Remaining 10% will be reached through the malaria voluntary collaborators, "granny midwives", community development promoters,

agricultural extension agents and any other means feasible)

b) Country-wide massive IE&C penetration with emphasis on the rural dweller.

1) 18,000 rural couples trained in family planning education and responsible parenthood. 30,000 teenagers and pre-marital adults trained in family planning and sex education.

5. Budget Breakdown

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>Total</u>
A) Contraceptives AID/W funded-condoms only	\$ 90	100	100	290
B) Commodities including clinical equipment and other contraceptives	25	36	36	97
C) Other Costs	235	264	274	773
a) Training	185	214	224	623
b) IE&C	40	40	40	120
c) Promotion	10	10	10	30
Total	350	400	410	1,160

6. Issues

During the PRP review held in December, 1975, no major issues were discussed, however, three minor issues were raised and a cable to the Mission asked that they be discussed in the Project Paper. They were:

A. Funding levels increase each year. PP should explain why increase in levels rather than gradual decrease. PP responds as follows: As can be seen in the Summary Financial Plan the only implementing agency whose budget will increase during the three year funding period, is the Social Security Institute. The increase is due to the expansion of the WHCS training program through the establishment of two additional training facilities outside San Jose. This responds to the question asked in the PRP revision as to why the budget increases rather than decreases.

B. More information regarding expanded services for male and female sterilization on such as number of hospitals, and dispensaries doing sterilizations; locations; types of procedures. This was not responded to in the PP because sterilization has recently become an extremely sensitive subject. The opposition political party has made sterilization an issue and the press has been literally flooding the newspapers with propaganda against sterilization. Examples are headlines "Foreigners sterilizing Costa Rica Women"; "Costa Rica Women - Guinea Pigs for Foreign Students" etc. Due to this extremely grave turn in events, the US Ambassador to Costa Rica does not feel that any documentation prepared at the Mission should contain reference to sterilization at this time. It is the opinion of responsible family planning leaders that this situation will "blow over", however, sterilization should be considered a sensitive issue at this time and

all precautions taken not to upset that which is already going on. Sterilization is continuing and facilities are expanding. At end of this project, 12 clinical contraceptive service clinics will be functioning, 4 in the San Jose Area, one each in Alajuela, Heredia, Cartago, Puntarenas, Limon, Turrialba, Liberia and Golfito. All modern methods of clinical contraception will be offered including: laparoscope, culdoscope, mini-lap, post-partum, and vasectomy. Training will be done through one major training facility at the Mexico Hospital in San Jose, and sub centers in Puntarenas and Turrialba. Surgical contraception is at present the second most popular form of contraception in Costa Rica as is in two other Latin American countries. (El Salvador and Panama)

C. A statement explaining who will assume the costs of contraceptives funded by AID upon termination of the project. Although not addressed in the PP it should be fully understood that condoms are the only major contraceptive supplied by AID at the present time or during the life of this project. The orals are provided totally by the Costa Rica Demographic Association through direct purchase (60%) and through donation from the IPPF, (40%). It is assumed that orals will be obtained in the same manner after this project. IPPF will undoubtedly continue to supplement the oral demand. The CRDA is now preparing a plan to sell condoms at an extremely reasonable cost, as it does the pill, to generate funds for purchasing. The CRDA expects to realize enough funds to purchase sufficient condoms to meet the AID donation levels in 1979. IPPF will continue to donate condoms and the Japanese Government as well. No problems are foreseen in this regard. Other non-clinical contraceptives will be purchased by the MOH and SSI. The demand for these contraceptives is extremely low and will not put a heavy burden on the MOH and SSI to include them in its budget.

At present there is an adequate supply of oral contraceptives in Costa Rica. As of December 31, over 700,000 cycles were on hand in the central warehouse or in place at distribution points. Orders for 1.2 million cycles have been placed for 1976, half of which are most likely in the country at present. Orders for equal amounts or more will be processed in October for purchasing 1977 requirements. As of December 31, 10,000 gross of condoms were on hand at distribution points. An additional 10,000 gross from IPPF and 20,000 gross through a Pathfinder arrangement are either en route or in country at this time. AID will provide 30,000 gross in 1977, 40,000 gross in 1978 and 40,000 in 1979. This amount could be either higher or lower depending on price fluctuation. IPPF and the Government of Japan will supplement this, however the amounts are not known at this time.

7. Other Issues

A. Since AID support to Costa Rica will terminate at end of 1979, what will be the over-all viability of the Costa Rica program when AID support terminates?

1) Ministry of Health - The MOH program is in an excellent position to be completely viable at end of this project. At present there are no salary support, administrative support, construction or improvement components financing by AID or other donors. All major contraceptives are given by the private association and this will continue after 1979. Commodity requirements are low and can be easily assumed by the GOCHR in 1980. The largest part of the budget in the project is for training, and this is the greatest need of the MOH. At end of this project, this need will have been filled. Naturally, there will be some training needs for specialized training and for refresher training, however, this can be supplied

through AID contracts such as DAI, JHPEIGO, CDC, and other donor groups.

2) SSI- Here also, the SSI program is in an excellent position to reach viability by 1979. The AID contribution goes exclusively for the training of Women Health Care Specialists. The goal of training 240 WHCS's by 1979 will be reached. At that point, the SSI will assume all responsibility for the centers. Although training will continue they will be used mostly for refresher training, training some WHCS's for future expansion and for replacement, and for training physicians and other related personnel in family planning. It is anticipated that the center in San Jose will revert to a Regional Training Center, completely financed by the SSI.

3) The Costa Rica Demographic Association - It will be extremely difficult for the CRDA to approach viability by 1979. The only revenue generated locally at present is through the sale of orals and this money is used almost exclusively for purchasing contraceptives and costs related to their distribution. It is difficult to generate local funds through donations because there is no tax advantage in making charitable contributions. The rapid growth in inflation has not made things easier. However, during the past three years the AID contribution to the CRDA has been on a sliding scale and this will continue to 0 by year 1979. It will be necessary to obtain outside help and should most likely come from the IPPF. The CRDA should and will be compelled to decrease its staff and administrative costs.

4) The Center for Family Orientation - After 1979 this private agency will need outside assistance, but not at the level required at present or through the years of this project. There are several ways that COF can generate funds if forced to, such as: Charging a small fee for the courses it offers, selling the correspondence courses, selling rights to the very excellent radio program "Dialogue" of which there is a backlog of three years of programming, which could be utilized throughout Latin America. The GOCR has also indicated a keen desire to more fully utilize CIF's capabilities in sex education and is now discussing budget levels that could be given in the future.

5) The Center of Family Integration - CIF will need outside assistance to continue its valuable work. It will have to look to the Church World Services, The local Catholic Church and the GOCR for assistance. Other donor assistance is not assured since FPIA has supported the project for a number of years and this assistance will terminate most likely before 1979.

B. Is it realistic to think that 48% of total fertile population will be continued acceptors by end 1979?

For the public sector to reach 35% of the total fertile population by 1979 will require a minimum of approximately 100,000 new acceptors and 20,000 re-entries into the program. The present new acceptor rate is approximately 30,000 a year, and should raise substantially with the rural penetration at the magnitude proposed. The private sector is expected to expand from 10% to 13% of the women in fertile age. This may not be realistic because the SSI will be responsible for close to 80% of the total population by 1979. This could cause a drop in the private sector since the SSI gives contraceptives free of charge and those now purchasing through the pharmacies and paying exorbitant prices may turn to the SSI for their source when they are insured under SSI.

C. Is the 20/1000 birth rate by 1979 realistic?

The birth rate could very well drop to 16 if the 48% continued acceptor rate is reached.

D. Are the existing acceptor rates reliable?

Yes, the rapid feedback system in Costa Rica is accurate and the most reliable is Central America or South America today. Print-outs are done on a monthly, quarterly, semi-annual and annually basis. An evaluation unit is attached to the statistical section which does constant evaluation of the data and program.

E. Are the current demographic statistics accurate?

Costa Rica has a highly reliable statistics and census bureau which has a complete reporting system and high accuracy rating. Recent studies in Costa Rica support downward trend in birth and growth rates. Examples are: 25,000 less children enrolled in primary schools, downward trend in population under 15 years of age: 45-55% of fertile population living in 5 major cities are continuing acceptors.

B. Recommendations

Grant	<u>\$ 1,160,000</u>
(Terms: 3 years funded bilaterally)	
Commodities	
USAID	97,000
AID/W	290,000
Other Costs	<u>773,000</u>
TOTAL	\$ 1,160,000

C. Description of the Project

(1) This project will continue to build and strengthen the institutional capacity and capability in Costa Rica to alleviate its population problem. Under this project USAID financing will be used to assist the GOCR and private family planning organizations to expand family planning services and sex education to the rural areas. A total of 5 governmental and private organizations will receive AID assistance during the three year period, i.e. the Ministry of Health, the Social Security Institute, the Costa Rican Demographic Association, the Center for Family Integration and the Center for Family Orientation.

a. Training

Over half of AID's inputs will be used for training. With financial assistance to the Ministry of Health (MOH), young women will be trained to become auxiliary nurses who will be assigned to work in the rural health posts (RHP). Training will also be provided for Agricultural Extension Workers, empirical midwives, social workers and community development leaders. The purpose of this training is to prepare such personnel to be able to motivate towards family planning and to distribute non-prescriptive contraceptives in remote rural areas through the RHP's, the extension service and midwives.

With financial assistance provided by this project to the Social Security Institute (SSI), the training of auxiliary nurses to become Women's Health Care Specialists will be continued and expanded. Besides the training center which is already functioning at Hospital Mexico, two additional training centers will be established. One of these regional centers will function in Turrialba and the other in Puntarenas. Each one of the three centers will be able to train 36 auxiliary nurses annually to become Women Health Care Specialists (WHCS). The purpose of this training is to

have an auxiliary nurse trained as WHCS working in each one of the 240 RHP expected to be functioning by the end of the project.

The Center of Family Integration (CIF) and the Center of Family Orientation (COF) will be assisted with Title X Funds to extend their training and education programs to the rural areas.

b. Contraceptives

Oral Contraceptives and condoms will be supplied by the Costa Rican Demographic Association (CRDA), IPPF and AID. IUD's, foams, jellies and other contraceptives will be furnished to the Ministry of Health (MOH) and other organizations.

c. IE&C Materials

The CRDA will be given funds to expand its IE&C program. Pamphlets, posters, audiovisual aids and other educational materials will be designed for the rural populace and a mass distribution program will be conducted throughout the country. Funds will also be provided for mass communication including radio and T.V. programs, spot announcements, correspondence courses and sex education materials developed by CIF and COF.

d. Technical Assistance

This assistance will be implemented through a full-time US direct-hire employee and specialists as required during the life of the project.

(2) The MOH and the SSI through its health services network will continue to be the backbone of the delivery system backed up by the sex education programs of CIF and COF together with the IE&C and promotional activities of the CRDA will be essential and very important to the attainment of national coverage. The National Family Planning Committee (CONAPO) established in 1968 will continue to serve as the coordinating mechanism in the country for the various family planning organizations and will maintain the flow of communications among the agencies which work in the National Family Planning and Sex Education Program.

(3) In December 1979, at the end of the project, approximately 150,000 women or 35% of the women in the fertile age group will be protected with effective contraceptive methods in the public sector programs. These, coupled with the fertile women now utilizing the private sector (pharmacies, private physicians, etc.) will bring the total to 48% of the total fertile population being continued protected contraceptors and the birth rate will drop noticeably possibly to 20/1000 or below.¹ The 150,000

¹ It is estimated that presently 10% (45,000) of the fertile women are utilizing the private sector to obtain contraceptives. This figure is not expected to rise significantly during the next three years due primarily to the fact that over 60% of the total population are insured by the SSI and this coverage is anticipated to be 80% by 67-68. The majority of the populace will utilize the SSI where contraceptives are obtained free of charge or at the government clinics where a minimal fee is charged.

women will be reached with family planning services through mobilization of national resources supplemented by AID and other donors (UNFPA, IPPF, AVS, JHPIEGO, etc.) Each Costa Rican organization (listed later) will have a clearly defined area of concentration in the implementation of the National Family Planning program. Additionally, more than 85% of the urban and rural population will have easy access to family planning services and information on the advantages of limiting fertility.

(4) It is the purpose of this project to establish and consolidate the institutional capacity and capability to protect 150,000 fertile age women with effective methods of contraception emphasizing the provision of family planning services to women in the rural areas. Conditions that will indicate that the purpose has been achieved will be: (1) 150,000 continued acceptors enrolled in the national family planning program and (2) an increase in the GOCR financial and budgetary resources provided for population/family planning activities.

D. Summary Findings

Costa Rica has one of the most successful family planning programs in Latin America and perhaps in the developing countries of the world.

This project constitutes the third phase of a three phase program that was initiated with AID assistance. The first phase was the creation of public awareness of the serious population problem in Costa Rica. USAID provided assistance to the CRDA for research studies and IE&C programs aimed at opinion leaders. The experience with the CRDA was highly satisfactory and the end results were excellent. This phase ended in 1967 when the GOCR by presidential decree organized the Office of Population in the MOH, integrated family planning services with the health structure and made it a service with status equal to that of immunization, maternal and child health care, environmental health, sanitation, etc. The MOH requested USAID assistance so that family planning services could be provided to all of its major health centers and hospitals in urban areas of the country. In 1970 the SSI also requested USAID assistance so that it could provide family planning services in its urban hospitals and clinics.

The present phase consists of a concerted and coordinated effort to use all appropriate means to achieve, as soon as possible, low-cost integrated country-wide rural coverage of family planning services. The impetus created by the two initial phases indicates that adequate conditions now exist to mount a concerted effort on the general demographic problem. Agreement has been reached that the rural population must be the primary target of future family planning programs.

The GOCR has been one of the leaders in promoting the use of auxiliary personnel to deliver family planning services. The training

center for Women's Health Care Specialists is the first of its kind in Latin America and training of auxiliary nurses (to begin in July 1976) will provide the GOCR with the capacity to deliver family planning and health services principally to rural families.

The GOCR and other Costa Rican organizations have taken appropriate steps to alleviate the demographic situation, striving at the same time to improve health and nutrition delivery services for the general population at reduced cost. Although family planning is basically institutionalized within the public and private sectors, the rural strategy will require intensive effort and support of USAID through CY'1979.

The project meets all applicable statutory criteria.

E. Project Issues

The project will utilize the most advanced methods in family planning technology. Approximately 22% of women in the fertile age group are participating in the national program, and another 6% are being reached through the private sector. To ensure that the rural population and poorer groups in marginal urban zones have maximum access to family planning services, a number of innovative delivery systems are included in the project. Major emphasis will be placed on using the Women's Health Care Specialists and auxiliary nurses as the primary providers of family planning services in the 240 health posts constructed or to be constructed in remote rural areas of Costa Rica. The SSI is committed to begin the first training course for auxiliaries in July, 1976. Because they will be playing a new role in the health/family planning system, it is foreseen that these auxiliary nurses may have initial difficulties in providing family planning services until they establish their bona fides in the communities and among physicians, and graduate nurses.

No recent signs of opposition have surfaced, and the USAID has obtained a written commitment from the deputy director of the Social Security Institute (SSI) to begin training of auxiliary nurses as WHCS by July 1976. Any future issues relative to this point will have to be resolved by Costa Rican medical professional groups.

No other major issues are foreseen.

PART II. PROJECT BACKGROUND AND DETAILED DESCRIPTION

A. Background

Concern over rapid population growth and its effects on the economy, health, housing and education began to arise in Costa Rica in the early '60s. The first organized family planning activities began in 1962 when Clinica Biblica, a private institution, started distributing contraceptives at its hospital in San Jose and Goodwill Caravans, a private non-profit agency sponsored by the Protestant Church, provided medical care and community education in remote rural areas.

In the early '60s the Interamerican Institute for Agricultural Sciences (IICA) at Turrialba organized a family planning program that offered contraceptives to the wives of IICA farm workers. Physicians with private practices were also distributing pills and inserting IUDs.

During the past ten years the GOCR and other official and private organizations became aware of the problems associated with accelerated population growth. In 1966 the Costa Rican Demographic Association (CRDA) was established to develop an awareness of population problems and to encourage public support of family planning programs. In 1967 a family planning policy was established by presidential decree and an Office of Population created within the Ministry of Health (MOH). Family planning services were initiated in nine health clinics in 1968 and USAID provided contraceptives, commodities, and funding to the MOH to develop and integrate family planning services in its clinics throughout the country. Also in 1968, the National Family Planning Committee (CONAPO) composed of several interested government and private organizations was organized to provide a forum for the exchange of population/family planning information among the member institutions.

The MOH integrated family planning services with basic health services in its larger centers located in urban and semi-urban areas, and the SSI started providing family planning services in its larger hospitals and dispensaries in 1970. In 1970 the Ministry of Education, also created the General Supervisory Office for Sex Education and initiated plans for a sex education program designed for secondary schools. The CRDA assumed the role of secretariat of CONAPO and over half of the information, education, and communication activities of the national program. The University of Costa Rica had the primary role of training physicians, graduate nurses and others. The Center of Family Orientation (COF) and the Center of Family Integration (CIF) played major roles in providing courses to pre-marital couples, married couples and teachers in sex education and responsible parenthood.

The capability and capacity to initiate a coordinated family planning program became established in several institutions that contributed

greatly to be declining population and birth rates (47.5/1000 in 1960 to 28.3/1000 in 1973.)

B. Detailed Description

1. These past successes in population/family planning in Costa Rica are however, not sufficient. Even though family planning is accepted and services provided throughout the Meseta Central and other urban areas, the rural population still seriously lacks services. It is in the rural areas that fertility rates are highest. Therefore this project will stimulate intensive efforts to provide more services principally to rural people.

(See Logical Framework, Annex B)

Sector Goal - To reduce the national fertility rate, and then enhance and support the possibilities for success of other development strategies and programs, oriented toward lower income strata.

Project Purpose - To establish the institutional capacity and capability to protect 150,000 fertile age women with effective methods of contraception by end of CY'1979.

2. Assuming that rural women will fully utilize rural health posts offering family planning services and that the Costa Rican rural population values education and accepts innovations, it will be possible through this project to protect approximately 150,000 fertile age women by December 1979. It is also assumed that such opposition to family planning from organized groups as may arise will be more than offset by continued official support and increasing public demand for services:

To reach 35% of fertile age women by the end of 1979 as continued acceptors USAID will assist the MOH, CRDA, CIF, COF and SSI to implement training programs, increase distribution of contraceptives, and extend coverage of rural areas by means of IE&C programs and technical expertise. The above mentioned assistance will include the following programs:

- Establishing two (2) new WHCS training centers for a total of three (3) capable of training 180 women as WHCS between 1977 and 1979.

- Training of 150 "granny midwives" at the rate of 50 per year beginning in 1977 through 1979.

- Training 150 women as auxiliary nurses to staff RHP.

- Training 140 Ag. Extension Agents 1977-1979.
- Training 100 community development and social workers between 1977-1979.
- Initiation of FP services in 125 rural communities - 50 in 1977, 50 in 1978, and 25 in 1979.
- Teaching 300 courses in family planning and responsible parenthood reaching 18,000 couples.
- Producing 2400 radio broadcasts reaching 75% of the population.
- Teaching 150 courses reaching 30,000 secondary school students in sex education.
- Broadcasting 18,120 spot radio & TV announcements on FP services offered throughout the country.
- Preparing the following educational aids:
 - 1,800 flip charts for primary and secondary schools.
 - 12,000 posters to motivate the public to use FP services.
 - 2,750,000 pamphlets published on FP and sex education for use with marginal urban and rural families.

In order to accomplish programs that will ultimately lead to the purpose of the project, AID will provide funds to carry out training programs, increase the provision of contraceptives for mass distribution, and procure additional equipment, provide funds for expansion of IE&C programs to rural areas, and give technical assistance as the need arises.

PART III. PROJECT ANALYSIS

A. Technical Analysis Including Environmental Assessment

The intended beneficiaries of this project are the urban and rural poor who cannot afford family planning services from a private physician. The project will not only make available family planning services, but also provide the recipients with the information to make a choice as to the number of children desired. A series of surveys and KAP studies by the Center for Social and Population Studies and the CRDA show that middle and upper class Costa Rican families are regulating their fertility by adopting methods of contraception. These studies also show that fertility is highest among the rural poor and since Costa Rica is 57% rural, this is the primary target beneficiary.

To ensure that the rural population and poorer groups living in marginal urban zones have maximum access to family planning services, a number of innovative delivery systems have been incorporated into the project. Emphasis will be placed on utilizing Women's Health Care Specialists and auxiliary nurses as the primary providers of family planning services in 240 health posts presently under construction in rural areas of Costa Rica. These women will also be working out of the mobile rural health program that now serves over 100 villages in more remote areas. Volunteer malaria workers, agricultural extension agents, rural promoters, auxiliary nurses, and "granny midwives" will also be employed to deliver family planning counselling and services.

The MOH and the SSI will continue to be the backbone of the delivery of health services with strong backup from paramedical and non-medical workers and strong support of family planning and sex education provided by COF, CIF, and the CRDA. The entire project will provide at least part time employment for approximately 1200 persons: 230 physicians, 620 graduate and auxiliary nurses, 300 granny midwives and 50 administrative staff.

Costa Rica has demonstrated from previous family planning project activities that it is capable of maintaining and operating all equipment to be purchased for the project.

No part of this project will lead to further degradation of the environment and it is hoped that this project will reduce further pressure on the environment due to population density and scarcity of utilizable land.

Upon examination of the budgets of the principal counterparts, (MOH and SSI) the Mission firmly believes that the local resource allotment to guarantee the project's continuity after AID's financial withdrawal, will be sustained. The Legislature of Costa Rica must approve budgets annually and the estimates shown as GOCR contributions must not be considered

final and binding.

These budgets are projected through 1979 and have been jointly analyzed by AID and the counterparts with general agreement that they constitute the best estimates at this time. As detailed in the financial plan the MOH fiscal commitment will progressively increase to encompass the program's expansion from \$200,000 in 1976 to \$635,000 in 1979. This budgetary level to the project will be maintained or increased after 1979.

The SSI projections of support total \$300,000 in 1977, \$500,000 in 1978 and \$800,000 in 1979. We may assume that SSI like the MOH will maintain and increase budgetary levels after 1979. Contributions of other counterpart agencies are estimated to be \$790,000 in 1977 to total \$1,265,000 by 1979.

Analysis and conclusions reached in this document are based on AID guidelines and are in compliance with Section 611 of the Foreign Assistance Act.

B. Financial Analysis and Plan

This project will provide funds to the National Family Planning and Sex Education Program of Costa Rica which is carried out by the National Population Committee (CONAPO). CONAPO is a coordinating mechanism which measures and insures the effectiveness and progress of all agencies developing family planning programs.

During the past years AID has been contributing funds to 5 members of CONAPO. Each one of these agencies has its own institutional mechanism.

1. Ministry of Health

AID's inputs to the MOH will be channeled through the Office of Population which is responsible for the coordination of all the activities related to family planning of the MOH. The management of funds will be monitored by a special office (OCIS) created specifically to monitor special programs and thus to avoid the cumbersome financial mechanism of the Ministry. AID's support to the MOH has gone in the past mostly for the purchase of commodities and medical supplies. The current project puts more emphasis on the training of nurses to staff the rural health posts and on the rendering of family planning services to the rural needy and marginal urban population.

2. Social Security Institute

Prior to 1976 the PRO/Ags for the Social Security Institute were signed with the CRDA. The training center (Centro de

Docencia) at Hospital Mexico has its own accounting department which reports to the general Controller of the SSI. In 1976 we began to negotiate directly with the SSI without going through the CRDA and this has led to a more simple and prompt mechanism. It is anticipated that within the next three years the SSI will be able to extend the training program to two regional centers. The obligation of funds for the SSI increases each year to allow for more auxiliary nurses trained each year until the target of 180 is reached.

3. The Costa Rican Demographic Association (CRDA) has made great efforts in the recent past to improve its administrative structure. The CRDA is responsible for the administration of the funds provided by the UNFPA to the national family planning program. It also plays a major role in the purchase, sale and distribution of contraceptives. For this reason, the CRDA has received in the past larger proportions of AID's funds than other governmental and private agencies. Much of this funding has gone to pay for administrative costs. In the present project, more emphasis is given to extending services in the rural areas.

4. The Center for Family Orientation (COF)

As an independent private organization, COF has gained experience in the administration of funds. The credibility of COF's educational and motivational programs has been building up both in the country and in other countries of LA. The present project tends to offer more support to COF's educational efforts by increasing slightly the amount obligated during each of the three years of the project.

5. Family Integration Center (CIF)

The CIF is the only agency authorized by the Roman Catholic Church to deliver sex education and family planning messages in Costa Rica. The present project provides funds for the continuation of the educational programs; but it is expected that since CIF receives official support from the Church, AID's funding can phase out gradually.

As can be seen in the Summary Financial Plan the only implementing agency whose budget will increase during the three year funding period, is the Social Security Institute. The increase is due to the expansion of the WHCS training program through the establishment of two additional training facilities outside San Jose. This responds to the question asked in the PRP revision as to why the budget increases rather than decrease.

SUMMARY FINANCIAL PLAN

(In U.S. \$ 000)

A. Total Cost of the Project*

Implementing Agency	Mission		AID/W FX	H Country in Kind	Other Donors FX	Total
	FX	LC				
MOH	30	170	150	1,612	---	1,962
SSI	42	268	---	1,800	340	2,450
COF	--	105	---	---	120	225
CIF	--	75	---	---	105	180
CRDA	25	155	140	---	700	1,020
TOTAL	97	773	290	3,412	1,265	5,837

* Host Country and Other Donor Contributions are estimates.

B. AID Appropriated by years*

Implementing Agency	FY 77		FY 78		FY 79		All Years		TOTAL
	FX	LC	FX	LC	FX	LC	FX	LC	
MOH	60	60	60	55	60	55	180	170	350
SSI	10	50	16	104	16	114	42	268	310
COF	--	35	--	35	--	35	--	105	105
CIF	--	25	--	25	--	25	--	75	75
CRDA	55	55	55	50	55	50	165	155	320
TOTAL COST	125	225	131	269	131	279	387	773	1,160

* Includes Mission Allotment and AID/W funds for contraceptives

C. Social Analysis

This project will use all appropriate means to reach total family planning method coverage throughout marginal and rural areas. Past gains indicate that adequate conditions exist in Costa Rica to improve the demographic situation through concerted efforts.

The beneficiaries of this project are urban and rural poor women who cannot afford family planning services from a private physician. The program will make available family planning services and provide information on spacing of children and responsible parenthood. This will permit women of lower socio-economic status to enjoy a degree of freedom from unwanted pregnancy which traditionally has been the exclusive privilege of women in higher socio-economic strata.

Being able to space pregnancies and to reduce the number of unwanted births will also benefit the health and nutrition of the mother and her off-spring. The program will not only make available family planning services, but will also provide the recipients with the physiological and social information necessary to take the appropriate decisions concerning the number of children desired. In this way, the program also raises the general educational status of the target population.

In addition to indirect benefits which accrue over time as fertility declines, direct improvements in the health and well-being of Costa Rican rural families will be realized from reductions in child-bearing. Family planning is one of the most important steps which can be taken to reduce neonatal, infant, child and maternal mortality. Presuming a relationship between smaller families and improved nutrition (through higher per capita caloric consumption), the relationship between smaller family size and improved family health can be seen to be critical, especially in the rural areas where over 53% of the children under 5 years of age are suffering from some degree of malnutrition.

The GOCR recently initiated a National Nutrition Program with resources provided by the Social Development and Family Assistance Law. This represents the first serious attempt to combat the causes of malnutrition throughout the country. In addition to well balanced feeding of vulnerable groups, the program will concentrate considerable investments in rural water systems, letrines, and preventive health care. This project will relate and be of great value to the overall nutrition activity since given the positive correlation between the increased number of pregnancies and increased mortality during the first year of life, the incidence of disease in mother and child is continued during the second year of the child's life when the weakened condition of both opens the door to infection and morbidity. In many countries a positive association between shorter inter-pregnancy intervals and infant child malnutrition has

been found. Parity birth spacing and maternal age are inter related variables but each exerts a separate effect on child mortality.

D. Economic Analysis

The economic justification for family planning programs and their importance in the development process have become an accepted part of development theory. Therefore, rather than dwell on these issues, we will instead summarize some of the major points relating population and development in Costa Rica.

First, while economic growth has been relatively rapid during recent years in Costa Rica, approximately 50% of the population has per capita income of \$256 or less per annum. If population growth had been slower, per capita income and the standard of living would have increased more rapidly. This is particularly true when one looks at the differences between rural and urban Costa Rica. The percentage of population having per capita income of less than \$256 is 59% and 41% for the rural and urban sectors, respectively. The relatively worse position of the rural sector doubtless is related in part to higher birth rates in rural areas and the present lack of adequate family planning services.

During the 1950's and early 1960's population increased rapidly. This created an age structure with a high rate of dependency: i.e., between 1960 and 1963, the proportion of the population under 15 years of age increased from 45% to 50%. By 1973, because of the decline in fertility, this figure had dropped to 44%, although there is considerable variation according to geographic area. The proportions range from a high of 49% in the Pacific (Seco) Region to 41% in the Central Region. Even though the dependency ratio has dropped in recent years, it still has a significant impact on education and other social expenditures and as stated in the most recent IBRD Report, is "...a major cause of fiscal difficulties."

Recent changes in fertility rates have also had a significant impact on the size of the labor force. As stated in a study by Miguel Gómez and Vera Bermúdez, "Between 1950 and 1963 the total population grew more rapidly than the economically active population (38 percent and 28 percent, respectively.) Between 1963 and 1973, because of the decline in fertility, the economically active population increased faster." During the period 1963-67, the annual rate of growth of the economically active population accelerated to 3.6%. Between 1963 and 1973, there was a further acceleration to 4.3%. This increase has been occurring at the same time as a reduction in the rate of growth of employment opportunities.

Assuming a population growth rate of 2.4% and a labor force growing at 2.8% per annum, the most recent IBRD Report on Costa Rica projects a growing problem with unemployment.

INDICATE AGGREGATE PROJECTION OF POSSIBLE
LEVEL OF OPEN UNEMPLOYMENT, 1970-90

	1970	1980	1990	<u>Annual Growth Rates</u>	
				1970-80	1980-90
I. Population (ooo's)	1,729	2,225	2,822	2.5%	2.4%
II. Labor Force (000's)	535	750	991	3.4%	2.8%
III. GDP (millions 1967-69 dollars)	850	1,438	2,457	5.4%	5.5%
IV. Average Output/Man	1,673	2,183	2,850	2.7%	2.7%
V. Employment (III-IV)	508	658	862	2.6%	2.7%
VI. Unemployed (II-V)	27	92	129	13.0%	3.4%
VII. Unemployment Rate	5.1%	12.3%	13.0%	---	----

These projections are based on a fairly constant population growth rate of 2.4/2.5% and consequently may show an overly pessimistic picture, especially if Costa Rica is successful in reducing its CBR to 20 per 1,000 by the early 1980's. While perhaps unduly pessimistic, the above does illustrate the increasingly serious employment problems facing Costa Rica as its labor force increases and employment opportunities decrease due to structural changes in the economy (i.e., the decreasing role of agriculture) and inadequate attention to labor intensive technologies. This problem becomes greater for people in rural areas, because of movements toward increased cattle and forestry industries, both of which require extensive land but relatively little labor. This has, in turn, caused increased migration of people from rural to urban areas, thereby creating excesses of unqualified laborers in the urban areas and the consequent social problems connected with marginality.

As previously alluded to, one of the most serious effects of rapid population growth in Costa Rica may be on the level of government expenditures and on the level of savings in the public sector. As the government approaches an upper limit on its capacity to tax or generate revenue through other mechanisms (due to political considerations, technical factors, or simply existing income levels), the rate of growth of public sector income will decline. In contrast, public expenditures for basic education, health, and other social services will continue to accelerate if population growth rates remain high. As an illustration of the potential problem, the GOCR's 1976 Central Budget shows \$866 million or \$75 million for the education sector (\$829 million for current expenditures and \$37 million for capital expenditures.) Because this already comprises 29% of the Central Budget, it

is doubtful that the Government can continue to increase its expenditures for education in relation to population growth without sacrificing other services or investment or without facing even more serious budgetary deficits.

The project is seen as having positive economic effects on the country in the following manners: 1) by changing the age structures and then reducing the levels of dependency through an increase of the economically active population; 2) by reaching the rural poor and making available the family planning education and services which will help to lower their fertility rates and enable them to give their children proper education and housing so that they will not feel the need to migrate to the urban areas where they usually end up in worse conditions than they were before they left their rural dwellings.

PART IV. IMPLEMENTATION ARRANGEMENTS

This project will be implemented by 5 governmental and private organizations: Ministry of Health, Social Security Institute, Center for Family Orientation, Center for Family Integration and Costa Rican Demographic Association.

(1) Ministry of Health (MOH)

The MOH currently has 90 hospital health centers and 150 rural health posts providing family planning services. In 1977 the MOH will initiate family planning services in 50 additional health posts, in 1978 another 50 posts, and an additional 25 in 1979 giving a total of 365 facilities offering family planning services throughout the country. An estimated 85% of the population will have relatively easy access to family planning services by December 1979.

The MOH will train an additional 150 auxiliary nurses to staff the additional health posts and will train 150 "granny midwives" as outreach workers to make referrals of patients to the health posts, referrals of fertile age women seeking FP services and to distribute non-prescriptive contraceptives.

To improve supervision and to provide incentives for rural personnel, the MOH will conduct three day in-service training seminars in the five programmatic health regions of the country annually for the life of the project.

(2) Social Security Institute (SSI)

The SSI is presently providing family planning services in 12 hospitals and 28 dispensaries located in major urban and semi-urban centers throughout Costa Rica. The SSI is beginning to assume the responsibility for all clinical health services of the MOH in urban areas and by 1979 the SSI will be responsible for all family planning services in the urban areas with the MOH having major responsibility for the rural areas. An IDB loan for \$20 million will enable the SSI to construct six new hospitals outside San Jose and 12 dispensaries in key rural areas. A vital component of the services offered at the hospitals and dispensaries will be family planning. Most of these facilities will be functioning by 1980. By the end of this project the SSI will be providing family planning services to approximately 60% of the acceptors utilizing the public sector services.

The SSI will have the primary responsibility of training nurses as Women's Health Care Specialists, who will deliver primary family planning services to areas not served by a physician. The SSI has been the leader in Latin America to influence medical schools and societies and professional nursing groups to give more professional responsibility to graduate and auxiliary nurses trained as WHCS. By December 1976 a total of 60 graduate nurses and 18 auxiliary nurses will have been trained as WHCS. Approximately 180 auxiliary nurses will be trained as WHCS and assigned to rural MOH posts and semi-rural dispensaries of the SSI during the life of the project. Graduate nurses previously trained as WHCS will be utilized as trainers of future auxiliaries WHCS and in supervision.

(3) Center for Family Orientation (COF)

COF is an independent private organization with technical expertise in transmitting family planning and sex education messages to the poor and people of lower educational levels. In the next three years COF plans to coordinate its program with MOH in 218 rural areas reaching approximately 540,000 people and integrating sex education programs with services offered by the MOH. COF will implement the following programs during the life of the project:

- a. 120 family planning courses for 10,000 couples.
- b. 2,400 radio broadcasts reaching 75% of the rural population served by rural health posts.
- c. Expansion of family planning and sex education programs to workers in large factories and especially food production industries located in rural areas that employ a large number of migrant and seasonal workers; also large landowners who employ rural dwellers for planting and harvesting of bananas, coffee and rice.

- d. COF will eventually be responsible for the Limon Information Center originally established to serve the black population in Limon with family information, education, and services. Since family planning services have been transferred to the SSI hospital in Limon, it is important that a professional family planning education organization assume responsibility for sex education. The center under COF will also be a valuable distribution point for condoms. COF is making concentrated efforts to raise funds locally to help support its projects and is stimulating private industry to make contributions. COF is also selling family planning publications produced by its technicians.

(4) Center for Family Integration (CIF)

CIF is a Catholic organization sponsored by the Christian Family Movement that is active throughout the country. Catholic couples trained at CIF serve as trainers for pre-marital couples in responsible parenthood and family planning. CIF will implement the following programs during the life of this project:

- Extend pre-marital training programs to 10 additional rural centers offering courses to 8,000 couples in sex education and responsible parenthood.
- Provide through CIF educators, courses in sex education and family planning to a total of 30,000 junior high and high school students over the three years.
- Offer in its rural centers medical and social services in addition to its family planning methods emphasizing natural methods of contraception. Persons desiring other methods of contraception will be referred to the services offered by the MOH and SSI.

(5) Costa Rican Demographic Association (CRDA)

During the first phases of population and family planning development in Costa Rica, the CRDA was prominently responsible for the successful program that functions today. Initially the CRDA emphasized the importance of population phenomena, created an awareness of the problem and coordinated the other institutions active in the program. Currently its major roles are the distribution of contraceptives and the development and dissemination of communications materials in support of the national program. However, since COF, CIF and other agencies are assuming much of the communication functions in family planning the CRDA will begin to have primary responsibility for continuous program evaluation including accurate statistical

feedback, promotion and motivation in rural areas and establishment of non-clinical means of contraceptive distribution with particular emphasis on the condom. The CRDA will serve as the coordinating agency to bring other governmental organizations into the program. The CRDA will continue to provide contraceptives (orals and condoms) to the MOH and the SSI.

This project will provide funds to the CRDA for the following purposes:

1. Maintain the Office of IE&C, which will help the CRDA to accomplish the following:

a. 18,120 radio and TV spot announcement on family planning services offered throughout the country.

b. 1,800 flip charts on reproduction and pregnancy designed for primary and secondary schools.

c. 12,000 posters to motivate and attract the public to utilize family planning services.

d. Reprint and production of 2,750,000 pamphlets on subjects related to family planning and sex education.

2. Provide teams of promoters to motivate people living in rural communities where new health posts will be established. The promoters will work in the areas before services are started and help to do the groundwork in preparing the communities to assure acceptance of the services to be provided.

3. Provide training and logistical support to agricultural extension agents, community development advisors, malaria volunteer workers and social workers. These key people will motivate and distribute contraceptives, especially condoms, throughout the rural communities.

All of the above mentioned organizations supported by this project are members of the National Population Coordinating Committee (CONAPO) which is responsible for coordinating the National Program for Family Planning and Sex Education.

EVALUATION PLAN

In order to be able to perform periodic evaluations of the project a PERT and PPT have been designed and are included as Annexes to this PP. More detailed evaluations are scheduled at the end of each year of the project.

The achievement of the sector goal will be measured by the rate of reduction of the crude birth rate. The CBR is expected to drop from 29/1000 in 1976 to approximately 20/1000 in 1980. This figure can be verified through census information, vital statistic registers, national and international surveys and active contraceptors use data.

By the end of the project, the MOH is expected to be providing protection to 60,000 women in the fertile age group, and the SSI to 90,000 women. The program coverage should have increased from approximately 22% in 1976 to 35% at the end of 1979. The rural coverage of the program is expected to rise from 20% in 1976 to 50% in 1979. The main source of information in this regard is the computerized data system (SIDESCO) which functions at the CRDA and which puts out monthly, quarterly and annual reports.

Another indicator that the project purpose has been achieved will be the increase in financial and logistic support devoted by the Host Country to family planning activities. This information will be gathered through an analysis of the programs and budgets of the agencies involved.

In order to verify outputs there will be frequent on site field visits by the US AID Office of Population together with counterpart supervisory personnel. Administrative and statistical reports will be required of each participating agency. These reports will be closely reviewed and analyzed. Training plans will be reviewed and a periodic observation of the courses will be conducted. The financial management will be evaluated through periodic reviews of commodity receiving reports and reimbursement vouchers.

POLICY DETERMINATIONS

Policy determinations of the Agency Administrator, cited below, are hereby adopted and made a part of this project document as conditions for AID approval and funding:

1. Policy determination 56 relative to abortion and related activities signed by the Administrator June 10, 1974.

Section 114 of the Foreign Assistance Act of 1961, ~~as amended~~ adds legislative restrictions on the use of funds relative to abortions. The new provision reads as follows:

"Section 114. Limiting use of funds for abortion -- None of the funds made available to carry out this part (Part I of the Act) shall be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."

The indicated policy positions represent the best legal and policy judgment in A.I.D. on a desirable stance the Agency should have at this time relative to this subject. The A.I.D. policies relative to abortion dealt with here involve the following programmatic aspects-- Procurement and Distribution of Equipment; Institutional and Program Development, Promotion, and Training; Research; Fees for Abortion Services; and Coercion.

None of the funds requested under this project will be used to pay for the performance of abortions as a method of family planning, or to motivate or coerce any person to practice abortion.

2. Policy Determination #60 for Integration of Women into National Economics, signed by the Administrator September 16, 1974:

Section 113 of the Foreign Assistance Act of 1973, known as the "Percy Amendment", require that the U.S. bilateral development assistance programs authorized in Section 103 to 107 of the Act, be administered so as to give particular attention to those programs, projects, and activities which tend to integrate women into the national economies of foreign countries, thus improving the status and assisting the total development effort.

The amendment gives Congressional endorsement to the increasing concern of the development assistance community and developing countries that women participate fully in the tasks and benefits of economic growth. Sections 103 to 107 of the Act, to which the Amendment refers calls for concentrating A.I.D. resources on critical development problems, including food and nutrition; population planning and health; education and human resource development, selected economic and social development problems; and support of the general economy of selected recipient countries and international organizations.

This project will make three major contributions to the role of women:

a. Health status is improved through spacing pregnancies/lactation and physical examinations offered;

b. economic status is improved by allowing women greater participation in the labor force;

c. the project itself educates and employs women at all levels, including administrators, doctors, supervisors, nurses, social workers, etc., and through the use of Women Health Care Specialists, professionalization of women is occurring.

3. Section 110, subsection (a) to the FAA, as amended, has been added prohibiting the furnishing of assistance under sections 103 through 107 until a recipient country provides assurances satisfactory to the President that it will provide 25 percent of the costs of the entire program project or activity with respect to which such assistance is furnished. The provision applies to bilateral assistance furnished directly by the Government of the United States to the governments of less developed countries under sections 103-107, after January 3, 1974. It is not applicable to assistance to private organizations in furtherance of their programs in the less developed countries; authentically multilateral, regional or inter-regional programs; housing investment guaranties; and amendments to existing projects which do not substantially affect the scope of the project.

The Mission estimates the host country's contribution to be approximately 58 percent of the cost of the total project during the period of A.I.D. involvement. GOCR cash and inkind contribution for FY 77 is estimated at \$1,126,000, in FY 78 \$1,126,000 and in FY 79 \$1,160,000, including such items as salaries for central and clinic staff, operating support costs, clinic and health facilities space and services, and a variety of supplies.

LIST OF ANNEXES

- A. AID/W PRP Approval Message AIDTO A-2 of 1-16-76
- B. Logical Framework
- C. . Project Performance Network
- D. PERT and Narrative
- E. Draft Project Descriptions for Project Agreements with the Five (5) Implementing Agencies
- F. Table I. - Crude Birth and Death Rates, Rates of Natural Increase, Costa Rica, 1960 - 1973
- G. Table II. - Age-Specific Fertility Rates, Total Fertility Rates, Costa Rica, 1960 - 1973

Project Title & Number
 Family Planning Services
 515-0132

ANNEX B
 PROJECT DESIGN SUMMARY
 LOGICAL FRAMEWORK

Life of the Project:
 From FY'77 to FY'79
 Total U.S. Funding: \$1,160,000
 Date Prepared: 4/76

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>1. Sector Goal</p> <p>To reduce the national fertility rate, which will enhance and support the possibilities for success of other development strategies and programs aimed at the lower-income earners</p>	<p>Measures of Goal Achievement:</p> <p>Crude Birth Rate reduction from approximately 29/1000 in 1976 to approximately 20/1000 in 1980</p>	<p>a) Census information; vital statistics registers b) National and international surveys; studies i.e. mini-KAP c) Active contraceptors use data</p>	<p>a) GOCR will continue its positive position regarding the national FP policy with demographic as well as health and other rationale and will continue to develop a government and national population policy. b) The public sector and private sector usage continues to increase at the present rate for next three years</p>
<p>2. Project Purpose</p> <p>To consolidate the institutional capacity and capability to protect 150,000 women in fertile age with effective methods of contraception by end of CY'79</p>	<p>Conditions that will indicate purpose has been achieved: End of project status</p> <p>a) MOH providing protection to 60,000 women in the fertile age group and the SSI to 90,000 women. Program coverage to increase from approximately 22% in 1976 to 35% at the end of CY'79, and rural coverage will rise from 20% in 1976 to 50% in 1980.</p> <p>b) Increase in financial and logistic support devoted to FP activities by Host Country and agencies involved.</p>	<p>To verify purpose achievement:</p> <p>a) Analysis of clinic records. Statistics - quarterly, annual and other reports provided by SIDESCO; estimates of acceptors within non-clinical distribution programs; evaluation and surveys (mini-KAP) b) Analysis of programs and budgets of all agencies involved.</p>	<p>Assumptions for Achieving Purpose:</p> <p>a) Rural women will fully utilize rural health posts for FP services b) The Costa Rican rural population values education and will accept innovations c) Opposition to FP from the Catholic Church, press and political groups will remain minimal.</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>3. Project Outputs:</p> <ul style="list-style-type: none"> - Two new WHCS training centers established by the SSI - Established FP information and distribution system by non-medical referral agents in rural areas - Expanded program in rural areas by MOH - Expanded information systems in FP and Sex Education focussed in rural areas - Established promotional mechanism to encourage the use of FP services in rural areas 	<p>Magnitude of outputs:</p> <p>Capacity to train 180 nurses as WHCS from 1977 to 1979 in three training centers</p> <p>The following personnel trained to do FP motivation, referrals, and condom distribution:</p> <ul style="list-style-type: none"> - 150 "granny midwives" - 140 Ag. extension agents - 50 C.D. advisors - 50 rural social workers <p>Initiation of FP services in 125 RHPs</p> <p>150 women trained as auxiliary nurses to staff RHPs</p> <ul style="list-style-type: none"> - 300 courses for 18,000 couples - 2,400 radio broadcasts reaching 75% of the total population - 150 courses for 30,000 students - 18,120 spot radio and TV announcements on FP services offered - 1,800 flip charts for primary and secondary schools - 12,000 posters and 2,750,000 pamphlets published <ul style="list-style-type: none"> - 4 promotional teams trained and working ahead of service implementation in rural health posts. 	<p>To verify outputs:</p> <p>Frequent on site field visits by the AID Office of Population together with counterpart supervisory personnel</p> <p>Close review of all administrative and statistical reports</p> <p>Review of training plans and observation of courses</p> <p>Review of commodity receiving reports and reimbursement vouchers</p> <p>To verify inputs:</p> <p>Fiscal data of participating agencies</p>	<p>Assumptions for achieving outputs:</p> <p>Public health infrastructure to expand as expected</p> <p>Demand for male and female sterilization will continue</p> <p>Conservative physicians and graduate nurses will not be able to hold back the greater utilization of para-medical personnel</p> <p>Assumptions for providing inputs:</p> <p>Other donor assistance will continue through the second and birth years of the project.</p> <p>Centrally-funded contraceptives will be available.</p> <p>The host country contribution will be provided at the level expected.</p>

4. Implementation Targets (In 000)

Logical Frame.....3

Project Inputs	TOTAL	FY' 77	FY' 78	FY' 79
1. AID appropriated	1.160	350	400	410
a. USAID Bilateral	870	250	300	320
Commodities: Contraceptives, clinical supplies, office equipment, audiovisual aids	97	25	36	36
Other Costs: Training, IE&C, mass communication, materials production, promotor teams, sex and FP education courses	773	225	264	284
b. AID/W				
Contraceptives, Condoms	290	100	100	90
2. HOST COUNTRY (Estimated)	3.412	1.126	1.126	1.160
Other Costs: Salaries, facilities, transport	2.732	901	901	930
Commodities	680	225	225	230
3. OTHER DONORS (Estimated)	1.265	790	240	235
IPPF	600	200	200	200
UNFPA	500	500	---	---
FPIA	125	75	25	25
AVS	25	10	10	5
JHPIEGO	15	5	5	5
TOTAL PROJECT	5.837	2.266	1.766	1.805

Country: COSTA RICA	Project No. 515-0132	Project Title: FAMILY PLANNING SERVICES	Date: 4/76	/x/ original / / revision	Approved:
CPI NARRATIVE					
<u>DATE</u>	<u>ACTION</u>	<u>PRIMARY AGENT</u>	<u>DATE</u>	<u>ACTION</u>	<u>PRIMARY AGENT</u>
0 4/76	Submission of PP	USAID	12 9/77	Ag. Extension Workers to receive training and begin condom distribution	
1 6/76	Plan of operation developed	USAID & H.C.	13 9/77	Social Workers and community advisors receive training and initiate activities	MOH & CRDA
2 9/76	Processing of required documentation initiated	USAID	14 1/78	Training of 18 auxiliary nurses as WHCS in Hospital Mexico	MOH & CRDA
3 12/76	Pro/Ags signed with SSI, COF, CIF and commodities ordered	USAID & H.C.	14-b 1/78	Training for 50 women to become auxiliary nurses	SSI
4 1/77	Train 18 Auxiliary nurses as WHCS	SSI	15 1/78	COF & CIF continue rural penetration with educational programs	MOH
5 1/77	Pro/Ags signed with CRDA & MOH	USAID & H.C.	16 1/78	Promotion begins in 25 additional communities where FP services will be given	COF & CIF
6 2/77	COF & CIF initiate rural penetration with educational programs	COF & CIF	17 1/78	Training is given to 25 more "granny midwives"	MOH & CRDA
7 3/77	Promotion begins in 25 localities where FP services will begin	MOH & CRDA	18 4/78	First and second group of malaria collaborators provided with condoms and distribution begins	MOH & CRDA
8 3/77	Train 50 women as auxiliary nurses to staff RHP's	MOH	19 5/78	Ag. Extension Workers to receive training and begin condom distribution	MOH & CRDA
9 5/77	25 HP's initiate FP services and promotion begins in 25 new localities	MOH	20 6/78	Promotion begins in 25 new localities where FP services will be given	MOH & CRDA
10 6/77	Training of 25 "granny midwives" to do FP motivation referrals and distribute condoms	MOH & COF	21 7/78	WHCS training center is set up in Turrialba, courses begin for 18 auxiliary nurses in Turrialba and 18 at Hospital Mexico	SSI
11 6/77	Train 18 more auxiliary nurses as WHCS	SSI			

Country: COSTA RICA	Project No. 515-0132	Project Title: FAMILY PLANNING SERVICES	Date: 4/76	/X/ original / / revision	Approved:
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CPI NARRATIVE

<u>DATE</u>	<u>ACTION</u>	<u>PRIMARY AGENT</u>	<u>DATE</u>	<u>ACTION</u>	<u>PRIMARY AGENT</u>
22 9/78	Training is given to 25 more "granny midwives"	MOH	31 6/79	The 2nd regional training center for WHCS is set up in Puntarenas and training courses begin for 18 auxiliary nurses from each of the three centers	SSI
23 11/78	3rd & fourth group of malaria collaborators provided with condoms for distribution	MOH & CRDA			
24 1/79	New group of Ag. Extension Workers is trained and provided with condoms for distribution	MOH & CRDA			
25 1/79	Promotion begins in 25 new localities where FP services will be given	MOH & CRDA			
26 1/79	Training is given to 50 more women to become auxiliary nurses	MOH			
27 1/79	Training is given to 36 auxiliary nurses from Hospital Mexico and Turrialba to become WHCS	SSI			
28 1/79	COF & CIF continue the rural penetration with educational programs	COF & CIF			
29 5/79	Training is given to 25 more "granny midwives"	MOH			
30 6/79	5th and 6th group of malaria collaborators are provided with condoms for distribution	MOH & CRDA			

ANNEX DFAMILY PLANNING SERVICES PERT NETWORK

<u>Line</u>	<u>Narrative</u>	<u>Date</u>
0	Submission of PP	4/76
1	Develop plan of operation	6/76
2	Process required documentation	9/76
2 - 3	Sign Pro/Ags with SSI, COF & CIF, order commodities	12/76
2 - 5	Sign Pro/Ags with MOH & CRDA	1/77
3 - 4	Begin training for 18 auxiliary nurses to become WHCS	1/77
4 -11	Begin 2nd course for 18 auxiliary nurses as WHCS	6/77
11 -12	Train 18 more WHCS at Hospital Mexico	1/78
12 -14	Set up training center in Turrialba and begin training for 36 auxiliary nurses from Hospital Mexico and Turrialba	7/78
14 -14-b	Train 36 auxiliary nurses from Hospital Mexico and Turrialba	1/79
14-b-24	Set up training center in Puntarenas and begin training for 54 auxiliary nurses from the three established centers	6/79
24 -31	Graduate 54 auxiliary nurses as WHCS from Turrialba, Hospital Mexico and Puntarenas	12/79
3 - 6	Begin rural penetration with educational programs by COF & CIF	2/77
6 -15	Continue rural penetration with educational programs by COF & CIF	12/77
15 -25	COF & CIF continue their educational programs	12/78
25 -32	Final outputs by COF & CIF	12/79

<u>Line</u>	<u>Narrative</u>	<u>Date</u>
5 - 8	Train 50 women as auxiliary nurses to staff rural health posts	3/77
5 - 7	Begin promotion in 25 localities where FP services will be given	3/77
7 - 9	Initiate FP services in 25 RHP's	5/77
8 -16	Begin promotion in 25 additional localities where FP services will be given	5/77
10 -13	Train Ag. Extension Workers and "granny midwives" to begin condom distribution	9/77
13 -17	Train social workers and community advisers and begin activities of motivation towards FP	9/77
16 -17	Begin FP services in 25 additional RHP	10/77
8 -18	Train 50 more women as auxiliary nurses to staff RHP's	1/78
19 -20	Train Ag. Extension Workers and malaria collaborators to begin condom distribution	1/78
20 -22	Train 25 additional "granny midwives" to do FP referrals and condom distribution	1/78
21 -22	Start FP services in 25 additional communities	3/78
18 -23	Begin motivation in 25 additional communities where FP services will be given	6/78
27 -28	Train Ag. Extension Workers and malaria collaborators to begin condom distribution	5/78
29 -29	Train 25 additional "granny midwives"	9/78
23 -29	Start FP services in 25 additional RHP's	11/78
18 -26	Train 50 women as auxiliary nurses to staff RHP	1/79
33 -34	Malaria collaborators provided with condoms for distribution	11/78

<u>Line</u>	<u>Narrative</u>	<u>Date</u>
34 - 35	Train 25 additional "granny midwives"	5/79
30 - 35	Start FP services in 25 additional RHP	6/79
26 - 36	Final outputs by MOH, 150 women trained as auxiliary nurses	12/79
35 - 36	Final outputs by MOH & CRDA, 125 new RHP offering FP services	12/79
32 - 36	Final outputs by SSI, COF & CIF, 180 auxiliary nurses trained as WHCS; 300 courses given to young couples and motivation done through radio programs	12/79

DRAFT PROJECT DESCRIPTION FOR PROJECT AGREEMENTS

WITH THE FIVE (5) IMPLEMENTING AGENCIES

The five Pro/Ag's to be signed annually under this grant program constitute the continuation of on-going activities. The principal thrust in every case will be in strengthening the rural outreach capability of each implementing agency. Accordingly project descriptions contained herein are simple statements of AID's continued support to Costa Rica's existing family planning activities.

1. Ministry of Health (MOH)

Under this Project Agreement USAID/CR will continue to support the MOH training program for auxiliary nurses to staff the rural health posts and expand the provision of family planning services in small rural communities and marginal urban areas. The funds will be managed by OCIS a special office in the MOH created specifically to manage special programs and avoid the complex financial procedures in the Ministry.

2. Social Security Institute (SSI)

The USAID will continue to support the SSI training center (Centro de Docencia) at Hospital Mexico, and will help finance the expansion of this type of training facility to two regional centers. The training will consist in the special course for women health care specialists (WHCS) for graduate and auxiliary nurses, with special emphasis on the latter who will staff the decentralized facilities.

3. The Center for Family Orientation (COF)

USAID funding will continue to support COF's family planning and sex education messages through training courses and radio broadcasts. During this funding period the above programs will be expanded to workers in large factories and especially to the food production industry in rural areas that employ large numbers of migrant and seasonal laborers. Coverage will also include large land holdings where numerous workers are employed in harvesting coffee, bananas, and rice.

4. The Center for Family Integration (CIF)

The USAID will continue to support CIF's family planning motivation and training programs. These activities will consist mainly in pre-marital courses to couples in sex education and responsible parenthood; sex education courses for junior high and high-school students; provision of family planning advice in rural areas emphasizing natural methods of contraception.

5. The Costa Rican Demographic Association (CRDA)

The USAID will continue to support the CRDA's FP promotion and motivation programs consisting principally of the following: spot announcements on radio and television; production of educational flipcharts on reproduction and pregnancy for use throughout the country; production of motivation posters; and reprints and reproduction of pamphlets on subjects related to family and sex education.

**TABLE I. - CRUDE BIRTH AND DEATH RATES, RATES OF NATURAL INCREASE,
COSTA RICA, 1960 - 1973**

<u>Year</u>	<u>Birth Rates</u>	<u>Death Rates</u>	<u>Natural Increase**</u>
1960	47.5	8.8	3.9
1961	46.9	8.2	3.9
1962	45.4	8.9	3.7
1963	45.3	9.0	3.6
1964	43.0	9.4	3.4
1965	42.3	8.6	3.4
1966	40.9*	7.4	3.4
1967	39.0*	7.1	3.2
1968	36.2*	6.5	3.0
1969	34.4*	6.9	2.8
1970	33.2	6.6	2.7
1971	31.5	5.9	2.6
1972	31.2	5.9	2.5
1973	28.3	5.1	2.3

Sources: 1960-72: Costa Rica, Direccion General de Estadistica y Censos, Anuario Estadistico Costa Rica 1972, San Jose, Costa Rica, 1974, p. 22.

1973: UNFVSR, April 1975.

* Births registered by year of occurrence

** Rates of Natural Increase have been rounded.

TABLE II. - AGE-SPECIFIC FERTILITY RATES, TOTAL FERTILITY RATES,

COSTA RICA, 1960 - 1973

Year	Age Group							Total Fertility Rate
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
1960	115	354	373	305	218	90	16	7.2
1961	115	340	359	300	220	99	16	7.2
1962	112	326	349	291	215	95	16	7.0
1963	116	325	344	284	221	94	16	7.0
1964	112	308	326	268	214	89	16	6.7
1965	111	299	317	256	211	88	16	6.5
1966 *	110	288	299	243	209	86	15	6.1
1967 *	109	275	278	228	193	85	14	5.9
1968 *	105	257	251	212	171	78	12	5.5
1969 *	106	251	240	196	160	72	12	5.2
1970	105	242	229	188	145	68	13	5.0
1971	101	231	211	172	130	65	10	4.6
1972	106	229	204	160	125	58	10	4.5
1973	94	202	187	143	101	47	10	3.9

Sources: 1960-68: M. Gómez, "El rápido descenso de la fecundidad en Costa Rica," Informe del 5° Seminario Nacional de Demografía, 1970. Asoc. Dem. Costarricense, San Jose, 1970.

1969-71: Ricardo Jimenez, Provisional Calculations of ASFR; Costa Rica, 1968-71. (unpublished).

1972: Dirección General de Estadística y Censos, Estadística vital, 1972.

1973: Unpublished registration of births and census population.

Registered by year of occurrence (adjusted).