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FROM - USAID/Quito

SUBJECT - Revised PROP for the Population Project
518-15-570-094

REFERENCE - M.O. 1025.1

This revision updates the PROP for the Population Project, previously entitled Health Education-Population, submitted January 9, 1969 and approved for the life of the project in July, 1969. Included in the revision are all activities undertaken since the inception of the project and not specifically outlined in the original PROP and also actions planned for future implementation from date of this submission to the end of the project.

Further, it extends the U.S. obligation and Physical Implementation Span of the Project from FY-74 to FY-75. This extension will be required to establish a public national family planning program that has sufficient internal momentum to survive the transitional period during which USAID funding phases down and GOE and international donor funding increases.

Exempt from automatic decontrol.

PAGE 1 OF 1 PAGES

DRAFTED BY: <i>R/H</i> John P. James	OFFICE: <i>[Signature]</i>	PHONE NO.	DATE: 3/15/72	APPROVED BY: <i>[Signature]</i> Peter M. Cody, Director
FHD/FDE: Robert H. Haladay	FHD			

AID AND OTHER FINANCES
FHD:HEM:night (in draft)
C/DF:WLE:Emery: (in draft)
D/D:EM:Faucett (in draft)

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I. PROJECT IDENTIFICATION

1. PROJECT TITLE B POPULATION (Responsible Parenthood and Demography)		APPENDIX ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. RECIPIENT (specify) <input checked="" type="checkbox"/> COUNTRY ECUADOR <input type="checkbox"/> REGIONAL <input type="checkbox"/> INTERREGIONAL		2. PROJECT NO. (M.O. 1095.2) 518-15-570-094
4. LIFE OF PROJECT BEGINS FY 69 ENDS FY 75		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REV. NO. 1 - 3/15/72 DATE CONTR./PASA NO.

II. FUNDING (5000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
											(A) JOINT	(B) BUDGET
1. PRIOR THRU ACTUAL FY	2686	473.0	216	369.0	268	732.0	112.0					2,098.8
2. OPRN FY 72	1344.5	160.4	83	40.0	40	225.6	918.5					577.6
3. BUDGET FY 73	1104.8	155.2	81	40.0	40	130.6	779.0					710.0
4. BUDGET +1 FY 74	957.	146.4	77	40.0	40	90.5	680.1					750.0
5. BUDGET +2 FY 75	907.	156.5	81	40.0	40	76.	634.5					750.0
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	6999.3	1001.5	348	529.0	564	1254.7	4124.1					4,886.4

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT
International and Bilateral Donors	Family Planning Goods/Services	\$2,250

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER Robert H. Haladay/John P. James	TITLE Family Health Division/Resp. Parenthood & Demography Branch	DATE March, 15, 1972
2. CLEARANCE OFFICER Peter M. Cody	TITLE Director USAID/E	DATE March, 15, 1972

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS		4. APPROVAL A/AID (See M.O. 1025.1 VI C)	
SIGNATURE	DATE	SIGNATURE	DATE
TITLE		ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	

Notes: The goal statement is described in two steps to delineate as clearly as possible the logical linkage between general Mission goals and the specific project goal.

1. The Mission Goal (the broader objective to which this project contributes):

1. Statement of Mission Goal

The Mission goals addressed by this project are:

- a) To raise the level of income of that extremely large segment of the population (estimated by the GOE at 73 per cent) which is on the margin of society, and
- b) To maximize the participation of all people of Ecuador in the development process.

2. Measurements of Mission Goal Achievement

Progress toward goal achievement will be measured periodically, at intervals not to exceed one year, based upon available data generated by the National Planning Board, the Ministry of Public Health (MOPH), Ministry of Education and the National Nutrition Institute, and sample socio-economic profile surveys and census samples conducted by specially contracted public and private research and evaluation teams.

Some specific indicators will be:

- a) Increased per capita income of marginal families.
- b) Greater availability on a per capita basis of health services offered to marginal populations.
- c) Higher level of nutritional status and caloric intake of marginal populations.
- d) Improved proportional school attendance and reduced drop-out rates of children of marginal populations.

3. Assumptions about Mission Goal Achievement

The relationship of this project to the Mission goals is predicated on the basic assumption that social and economic development in Ecuador, particularly as it affects the marginal populace, will be enhanced by a reduction in the national birth rate, which, over time, will favorably change the age-structure and dependency ratio. Conversely, it is assumed that very rapid population growth causes excessive demands upon the public sector (for schools, housing, etc.) leading to a deterioration of these services, and produces a family size that can be maintained only at subsistence standards by present family income levels.

Other important assumptions are the following:

- a) The growth in GNP will increase, due to dynamic developmental efforts, to a relatively high rate and continue at that level for a sustained period of time.
- b) A declining population growth rate will not adversely affect industrial development.
- c) Children of marginal families with fewer dependents will receive greater per capita nutrition, education and medical benefits and therefore will have improved opportunities to participate in the development process of the country.

A. 2. The Project Goal (the specific objective of this project):

1. Statement of Project Goal

The project goal is to improve the opportunities for Ecuadorean families to raise their standard of living, specifically, by establishing a decline in the national birth rate that will reach a minimum of one point per thousand (1/1000) by 1975, and that is founded upon institutional factors which will guarantee a continuing decline after EOP.

2. Measurements of Project Goal Achievement

There is a main indicator to measure such achievement:

A number of women (estimated to be 80% urban, 20% rural) actively contracepting that increases from an annual figure of 45,000 in 1971 to 65,000 in 1975, the revised EOP year.

This measurement will be derived from the National Civil Register (vital statistics) and periodic statistical reports on natality, mortality, and family planning services issued by the MOPE, the National Health Service Evaluation Unit, the Ministry of Defense (MOD), the National Planning Board's Population Laboratory, and the Population Studies Centers of the Association of Ecuadorean Medical Faculties (AFEME).

In addition, short-term contractors will be employed to conduct KAP (knowledge, attitudes, practice) surveys as well as to develop comparative analyses, over time, of numbers of contraceptors estimated to be (a) utilizing public, quasi-public and military health facilities and (b) receiving family planning services from private sources.

3. Assumption about Project Goal Achievement

It is postulated that the provision of family planning services and information through public, quasi-public, and other institutions will reach a segment of the population significantly large enough, and comprising a high percentage of marginal families, to effect a decline in the national birth rate. Further, the following assumptions are made in relation to the achievement of the project goal:

- a) There will be a time-lag of approximately two years from inception of project (FY 1969) during which very little or no fall in birth rate will occur, while the capacity of institutions to provide family planning services and information is being developed and problems caused by bureaucratic resistance to new programs, equipment installation delays, training requirements, administrative inefficiencies, etc. are being overcome.
- b) Marginal families have an actual "felt need" for family planning and will continue, and progressively increase, their demand for information and services, which will be primarily channeled through improved public health centers.
- c) Women who are unaccustomed to soliciting medical attention from public health centers, yet who are influenced by project information/education/motivation, will seek out and obtain family planning services from the private sector.
- d) The numbers of contraceptors required for the targeted national birth rate reduction, calculated according to a formula elaborated by the NHS Evaluation Unit, will be an accurate projection upon which to provide a sound guideline for orienting the project. (See Annex A for cited formula).

E. The Project Purpose

1. Statement of Project Purpose

The purpose of this project is to institutionalize the provision of (a) family planning and supportive services and relevant information, including motivation and education within the national public health infrastructure and (b) such services and/or information in other quasi-public institutions (e.g., The Armed Forces, Andean Mission, Ecuadorean Center for Family Education, etc.).

2. Conditions Expected at the End of the Project

At the end of the project it is expected that 65,000 women will be actively contracepting and that there will exist the following conditions:

- a) A MOPH system of 79 urban and 54 rural medical facilities offering family planning (FP) clinical services, promotion and information as a vital and accepted part of its preventive medicine programs to all those requesting such assistance. The total population within the system's sphere of influence and apt to solicit medical attention is estimated to be 3.3 million, of whom about 800 thousand are women of fertile age. The contracepting clientele from this group using MOPH services will be approximately 30,000 women, the majority characterized as marginal and principally urban.
- b) A Population Department installed, properly staffed and budgeted within the National Health Service of the MOPH, which has devised, tested and approved a set of procedural norms for the conduct of FP programs in MOPH centers, and is actively supervising such activities to assure correct execution and follow-up.
- c) An Evaluation Unit for FP programs, established and functioning in the NHS, which will have carried out 41 major research and evaluation studies based on demographic research directly related to MOPH centers and other FP service-providing agencies. (See Annex B for listing of evaluations and research studies for the first three years of operations).
- d) An Audio-Visual Production Unit, under NHS direction, in full operation creating and printing all educational and informational materials required by the national FP program, including promotional material for mass media use, in addition to general health materials.
- e) The Ministry of Defense offering FP services and information in its 23 clinics to all interested Armed Forces personnel and civilian relatives. From the target population of approximately 16,000 families, an estimated 5,000 women will be contracepting. Further, treatment of infertility cases will be provided through a specialized hormonal laboratory whose services are available to the public.
- f) The Andean Mission, an official branch of the Ministry of Social Welfare, offering FP services and information in 60 medical posts to rural Indian and mestizo population, with 6,000 women actively contracepting.
- g) The Ministry of Social Welfare, with a cadre of social workers and community development specialists trained in FP staffing its Integral Promotion of the Family Department, disseminating FP information, in coordination with MOPH and Andean Mission clinics.

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- h) The Ecuadorean Institute of Social Security (EISS) offering FP and cancer detection services to its approximately 600,000 affiliated members in 70 EISS-owned or associated clinics, with a contracepting clientele of approximately 10,000, and employing its social worker teams as FP instructors in the largest industrial factories of the major cities.
- i) The Obstetric and Gynecological Society distributing to its members contraceptives donated by the Pathfinder Fund and sponsoring midwife training in FP, in-country and in the U.S.
- j) The Ecuadorean Center for Family Education, staffed by professionals and funded by the Ministry of Education and UNESCO, who (1) have trained 3,000 primary and secondary school teachers, and 5,000 parents in sex education, (2) have developed didactic materials in the sex education field, emphasizing FP awareness, for use in classrooms, and (3) are engaged in establishing sex education as an appropriate curriculum subject and evaluating its effective incorporation into all public schools.
- k) The YMCA providing weekly sex education courses designed for labor union membership.
- l) The Women's Medical Society (WMS) collaborating in 16 FP clinics, staffed by full and part-time personnel and financed by the MOPH and international donors, providing services to 2,000 women per year and presenting approximately 300 community conferences on FP yearly in marginal neighborhoods.
- m) The Cancer Society (SOLCA), funded by the GOE, operating six cytological laboratories in Quito, Guayaquil and Cuenca, which are handling the increased demand for pap smear tests generated by public FP programs.
- n) A Population/Family Planning Training Institute/^{staffed and} administered by national and international sources (a) providing ~~staffed and~~ high quality, low-cost, in-country training in FP technology and motivation to an estimated 200 medical and paramedical personnel and population awareness and FP motivation courses to about 300 leaders (political, business, professional, etc.) per year; (b) conducting applied research directly related to its training function; and (c) providing FP services to 2,000 women.
- o) A Population Laboratory, established in and staffed by the National Planning Board, constantly compiling and analyzing national demographic data pertinent to population policy and planning considerations.

- p) The practical utilization of a census sample extracted from the 1972 National Population and Housing Census, having been applied in 1973-75 and continuing to be used by GOE commissions (National Planning Board, etc.) in defining demographic trends, documenting research, and projecting developmental consequences of Ecuador's population growth in reference to other sectors.
- q) FP information being disseminated to rural populations by 6,000 community volunteers and approximately 500 field workers (sprayers, inspectors, supervisors) of the National Service for Malaria Eradication (SNEM).
- r) The permanent incorporation of demographic studies and FP technology and practices into the curricula of the three medical universities, through the efforts of the Association of Ecuadorean Medical Faculties (AFEME), which has also created and directs Population Studies Centers conducting health research as it relates to FP/ population issues (abortion, multiparity, etc.)
- s) Approximately 10,000 women, having been influenced by public information on FP and by greater availability/acceptability of services, contracepting through the private sector.

3. Basic Assumptions for Achieving the Project Purpose

- a) During the life of the project, the GOE will provide sufficient funding and manpower to assure the desired institutionalization of FP delivery systems.
- b) As EOP draws near and USAID financing phases down, the GOE will budget increased resources and/or obtain international funding to continue supporting public personnel and facilities dedicated to FP after EOP date.
- c) Other international and bilateral donors such as IPPF, Population Council, UNFPA, Pathfinder Fund, etc., can be convinced to participate more fully in the national program and will devote new resources for P/FP activities in Ecuador.
- d) The GOE, at the minimum, will continue its tacit approval of FP.
- e) Potential opposition to FP of the Church, students and anti-U.S. groups will not become great enough to paralyze or seriously hinder government-provided FP services and information.

- f) Medical, paramedical and other professional personnel who have received training in FP sponsored by USAID and others, will, in fact, be sufficiently motivated to utilize this training in actively promoting and providing FP services to the public.
- g) The Andean Mission will continue receiving UNDP assistance.

c. Statement of Project Outputs

1. Outputs and Outputs Indicators

The following table presents these factors and their targets for the duration of the project:

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Output Indicators

Output Targets: Cumulative Estimates
Through FY 71 FY 72 FY 73 FY 74 FY 75

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1. Health facilities (clinics, centers, sub-centers, posts) providing FP services and information; by sponsor:

a. Ministry of Public Health (total)	41	51	71	101	133
Urban	41	51	54	54	54
Rural	-	-	17	47	79
b. Ministry of Defense	7	13	18	21	23
c. Andean Mission (rural)	-	10	25	40	60
d. Ecuadorean Institute of Social Security	3	6	20	40	70
e. Women's Medical Society	3	4	7	11	16

2. Department of Population staff trained and supervising FP programs

9	12	12	12	12
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3. Evaluation Unit staff trained/major research and evaluation studies emitted

6/8	6/19	8/25	8/33	8/41
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4. Audio-Visual Production Unit staff trained/level of productive capacity of Unit

6/10%	6/50%	8/90%	8/100%	8/100%
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5. Number of SOLCA cytological laboratories equipped/pap tests

3/15,000	6/45,000	6/75,000	6/105,000	6/135,000
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6. MOD Infertility Laboratory level of operating capacity

-	-	70%	100%	100%
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7. Ministry of Social Welfare staff working in FP/promotional courses in rural areas

10/16	25/65	30/125	30/200	30/275
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8. Midwives trained in FP

45	55	105	180	280
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1. Basic Assumptions About Production of Outputs

- 1) The MOFH will budget sufficient resources to realize construction and equipping of the total of 54 new rural clinics planned for completion by 1975.
- 2) The Andean Mission will receive an IBRD loan to construct its projected total of 60 rural health posts and will have all in operation by 1975; if the World Bank loan does not materialize in its entirety, the USAID will investigate the possibility of using its loan resources to assist construction completion.
- 3) The GOE will continue to provide the manpower and funds necessary to achieve targeted outputs.

2. Input and Project Inputs

1. Inputs

The following table indicates the goods and services or their equivalent values that the USAID, GOE and other donors must provide to produce the above-defined outputs.

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INPUTS (Yearly Schedules)
Funding (\$000) and Man Months (MM)

USAID
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USAID	Through FY 71	FY 72	FY 73	FY 74	FY 75
1. Total cost of Project: \$6,999.3	2,686	1,344	1,104	957	907
2. Technical assistance Total (MM)	216	83	81	77	81
Project Support	-	24	24	24	24
Grantee Contracts MOPH	37	12	12	12	12
Columbia University Evaluation and Research Contract	59	-	-	-	-
American Inst. for Research Mass Communications Contract	24	12	12	12	12
Cytology Services to Cancer Detection Program	20	-	-	-	-
Sex Education Contract	19	-	-	-	-
Grantee Contract Ministry of Social Welfare	19	12	12	12	12
Population Advisor	8	-	-	-	-
FP Education Contract	12	-	-	-	-
Numerous short-term technical services	18	9	9	9	9
U. of North Carolina Population Laboratory Advisor	-	12	12	8	12
U.S. Bureau of Census	-	2	-	-	-
3. Participant Training (MM)	268	40	40	40	40
4. Commodity Costs	732	225.6	130.6	90.5	76
Office Equipment	67	92	30	36	26
Audio-Visual Equipment	150	58.8	49.5	24.5	25
Cytology Equipment	150	8.2	5.5	-	-
Clinical Equipment	305	41.6	45.6	30	25
Infertility Laboratory Equipment	-	20	-	-	-
Vehicles	60	5	-	-	-
5. Other Costs	1,119	913.5	779	680.1	634.5
Local salary subsidies, travel and per diem, local research and training, supplies, miscellaneous					

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INPUTS (Yearly Schedules)
Funding (\$000) and Man Months (MM)

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GOE	Through FY 71	FY 72	FY 73	FY 74	FY 75
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1. Total contribution of Personnel and Infrastructure, MOPH, MOD, MOSW, others. \$4,886.5	2,098.9	577.6	710	750	750
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Other Donors: Total Contribution
\$2,250

1. IPPF: cost of FP promotion and services through its system of private clinics; administrative support of the P/FP Training Institute	283.5	215.5	270	300	320
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2. Pathfinder Fund: Cost of contraceptives donored to the Obstetric/Gynecological Society and to the Population Department, NHS; equipment for POP/FP Inst.	-	35	63	--	10
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3. UNFPA: local costs and T.A. to MOD FP program	-	-	73	146	146
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4. UNESCO: local costs and T.A. to ECFE program	-	-	96	96	96
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5. Population Council: costs of research support of P/FP Training Institute	-	-	50	50	50
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2. Budget

(See Face Sheet for detailed break-down of budget).

3. Basic Assumptions about Production of Inputs

- a) The GOE will continue its support of the project.
- b) The Pathfinder Fund will supply contraceptives needed by all clinics providing FP services after FY 72 as USAID terminates such commodity assistance.
- c) The United Nations Fund for Population Activities (UNFPA) will assume costs of the Ministry of Defense Program by January, 1973.
- d) UNESCO will subsidize costs of the Ecuadorean Center for Family Education, which will function from within the Ministry of Education, by July 1, 1973.
- e) IPPF in addition to supporting its private clinics will provide the costs of administration and training and the Population Council, research support for the Population/Family Planning Institute.

F. Rationale

1. Relevant Country Conditions

This project is one of several in the Mission which are designed to assist the GOE in its struggle to improve the socio-economic conditions of the country so that its citizens may live in harmony in a basically free society and aspire to an ever-improving standard of living and quality of life.

For the period 1960-1967 Ecuador's average annual GNP growth rate was 4.4%. Since the population grew by 3.4% annually over the period, real annual per capita growth was only 1%, considerably below what is needed to make a significant impact on improving the standard of living. Ecuador, like most developing countries, has reaped the benefit of technical advances in medical science which have reduced infant mortality by 45% in 30 years, but very little has been done to control the continuing high birth rate. The consequential growth in population has been astounding, rising in the last two decades from 3.2 to over 6 million with a doubling time of 21 years being projected, based on continuing trends.

As a result, the country has been unable to keep pace with the increasing demands for employment and for such social services as education, housing, sanitation, and health facilities. The demographic explosion in Ecuador is primarily concentrated in those sectors of the population where the

lack of social services is most prevalent and income is lowest.

Ecuador has a young population with 45% under 15 years. The illiteracy rate is estimated at 35% but it is highly probable that the functional literacy rate is much lower than 65% in view of the high drop out rates in the first three years of primary school, 50% before the fourth grade. (To become functionally literate usually requires at least five years of primary school education and continued opportunity to practice reading and writing skills).

The economically active population is estimated at 32%. While the unemployment rate (classically defined) is not excessive, underemployment and disguised unemployment are thought to be significantly high and the discouraged worker effect, widespread. Calculations indicate that 60,000 to 80,000 new jobs must be created in the urban areas annually to absorb increases in urban labor force participants and rural immigrants now redundant in agriculture, but savings and investment are not sufficient to meet the task.

The housing deficit is tremendous even in comparison to very minimum standards, and all national housing programs are presently unable to create new, adequate dwelling units as fast as population growth increases housing needs.

The average caloric intake is below the standards of the United Nations, and official figures indicate that there is a 100% overconsumption of cereals and sugars and 70% underconsumption of the required meat and fish and 35% of the required milk products. A study by the National Nutrition Institute covering the 1961-65 history of a children's hospital in Quito indicated that 63% of deaths of 1-4 year old children were directly or indirectly attributable to malnutrition.

These conditions are related to population growth. Only through a systematic reduction in population growth and consequent increased possibility for capital investments can the country expect to reach the point of self-sustaining economic growth in the foreseeable future.

2. Project Approach and Alternatives

This project addresses itself to the population problem in Ecuador by assisting the GOE to (1) institutionalize family planning programs into its preventative medicine services, and (2) provide its citizens with the knowledge, motivation, and opportunity to participate in family planning programs according to each family's needs and moral convictions.

The approach can be logically and functionally described as having two stages. The first covers the history of the project thus far and can be characterized as the period during which the groundwork was laid for establishing the family planning program within the national public

health infrastructure. Crucial elements of this phase were (a) extensive technical training, both in-country and abroad, of the professional and paraprofessional personnel needed to administer and execute the program, (b) massive importation of commodities which were ordered, delivered and distributed to cooperating agencies, and (c) diverse efforts to bring about more positive attitudinal changes toward family planning among the ranks of governmental officials and other policy makers, which included motivational training content in technical courses, salary subsidies to ministerial personnel involved in the program, provision of technical consultants, other forms in minor budget support, etc. All elements individually and in interrelated fashion, were designed to lead to (1) a recognition of the need for family planning and acceptance of its validity as a national program, and (2) the establishment of roots for developing the capacity of the public health systems to deliver family planning services.

The second stage, now just beginning, focuses on promoting greater public awareness of available services, developing research capacity for feed-back and permanent in-country training ability (both designed to upgrade programs), and inducing the participation of other international and bilateral donors to guarantee maintenance of programs by financially backstopping the GOE. These activities coalesce toward one aim: to accelerate the actual delivery of family planning services to the public, increasing the number of women actively contracepting, thereby fulfilling the project goal of reducing the national birth rate with assurance of a continuing decline.

The salient feature of the project approach is that the Mission is supporting the GOE by promoting a "horizontal" integration of family planning clinical and informational services into the existing health services available to the public and those planned for the near future. This implies a short-run structural restriction of project reach, in that its greatest initial impact will be in urban and semi-urban areas since the predominance of the general health infrastructure is found precisely in the cities and towns, at the present time and presumably at the EOP. However, in spite of this limitation, the Mission believes the approach most sound in the long run for optimizing chances for institutionalization of FP services, the project purpose, rather than attempting to maximize the number of acceptors from the most needy of Ecuador's peoples, the rural marginal populations. The project approach being used also intersects well with the private sector of potential FP services since the training provided public health physicians, most of whom are employed only part-time, is likely to be utilized in their private practices. The newly-established relationship, arranged by USAID, between the Gynecology and Obstetrics Society of Ecuador and the Pathfinder Fund will benefit private members of the Society, which will be responsible for distributing the contraceptives donated by Pathfinder.

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Alternative approaches to solving the population problem would be to assist in the establishing of a network of clinics dealing exclusively with FP, i.e., a "vertical" system supplying all direct and supportive services; or secondly, to sponsor over-all improvements in general health programs, which would include the incorporation of FP delivery systems.

In the first alternative, creation of a complex of FP clinics would imply a large-scale and costly construction effort, wholesale provision of all equipment and furnishings, and permanent heavy outlays in salaries for participating personnel. Not only would an enormous investment be required and the political risk of near-total identification of USAID with the FP clinics be run, but the probability of successful continuation of the program as USAID support diminishes would be correspondingly lessened.

The second option, that of strengthening the general public health program so that the system would eventually produce family planning as part of its improved functioning, is posited on the "trickle-down-of-benefits" effect, a concept of unproved reliability in this field. Further, with USAID funds for strictly health projects limited, population funds would be severely diluted in such an endeavor. The Mission also believes that support of general health programs more appropriately falls within the purview of PAHO and other such specialized organizations. However, we may subsequently request certain non-population funds for a small and carefully selected public health project to evidence USAID interest in health matters outside of population.

3. New Activities Programmed

The series of five new activities planned for initiation this current year are considered indispensable to a balanced growth and consolidation of the project. Two of the new sub-projects, the Population Laboratory and the Census Sample, are designed to fill the void created by the dearth of reliable demographic statistics related to population growth and the indices (economic, physiological, social, psychological) of family well-being.

The specific objective for creating the Population Laboratory is to establish an on-going capacity for developing current and more credible demographic data on which to base policy and operational decisions and to measure short-term changes. Installed in the National Planning Board, this unit will be best positioned to affect decision-making regarding population policies and to evolve new methodologies for data collection and analyses. The Laboratory will allow the national family planning program to become more effective by constantly measuring key demographic variables in diverse geographical and cultural areas.

The Government of Ecuador will carry out its decennial Population and Housing Census in late CY-1972, producing the most comprehensive source of current population data (distribution, composition, etc.). However, experience indicates that usable results from Latin American censuses are generally not available for as much as four years after the date of the census, thus losing their immediacy. The objectives of this sub-project is to obtain preliminary--but statistically valid-- results concerning population variables from the 1972 Census, derived from a sample (percent yet to be determined) of census schedules that has been drawn, edited, processed, tabulated and analyzed within nine months after the taking of the Census. The program will be sponsored by the National Planning Board and carried out by the Institute for Statistics and Census, with frequent short-term technical assistance (sampling, editing, evaluation of under-enumeration, etc.) from the U.S. Bureau of the Census.

The research products of these two efforts, supplemented by the NHS Evaluation Unit will permit the development of technical criteria for judging the project's progress toward goal achievement, and by extension, serve to signal problem areas requiring special attention. The value of up-to-date demographic data, widely disseminated, in affecting public opinion will not be overlooked.

Since many within the medical profession are very conservative and still do not accept the family planning concept, it is imperative that young professionals receive, during their university studies, training in demography and FP methodology so that they are prepared technically and philosophically to contribute to the national program. A Mission-supported program to provide such training and to create a system of Population Studies Centers carrying out health research was initiated with the Ecuadorean Association of Medical Faculties (AFEME) in 1968. However, due to the one-year closure of Ecuadorean universities, the program became inoperative, save for extra-university work by faculty members on research projects. Upon reestablishment of the AFEME program, the teaching of demography, population dynamics and family planning to medical students in the three medical universities (Quito, Guayaquil and Cuenca) will be reemphasized, and the Centers will conduct specific health research projects, related to family planning, on such topics as induced abortion, multiparity, nutrition, etc.

The fourth planned activity, the construction of an Ecuadorean Population/Family Planning Training Institute, will allow the government, through its MCPH, to join with several international organizations in creating a comprehensive in-country training facility, reflective of indigenous conditions and responsive to local needs. Discussions with GOE officials and the directors of numerous P/FP projects concerning the establishment of the Institute have evolved a concensus that such a training center is required if Ecuador's present and future P/FP program is to expand at a

rate commensurate with the demand for services. It is also clear that there is sufficient professional capacity in demography, sociology, economics, obstetrics, and gynecology to provide comprehensive training in population dynamics and family planning within Ecuador at the present time. Quality in-country training can best mirror cultural-specific factors (so important to the relevance of training to national realities), will be considerably less expensive than Participant training, and will enable greater numbers to receive the benefits of training than do at present. Further, although its main function will be training, the Institute will also generate gynecological and family planning services for up to 100 women a day (new acceptors and control cases) and conduct applied research on contraceptive use, methods and continuation rates, fertility, cytology and other topics directly related to its training function. There will be a natural tie-in of the Institute's work with the AFEME Center's personnel and labors, with senior staff of the Association participating in short-term advanced training seminars, and research collaboration (presentation of papers, exchanging of data and findings) occurring whenever feasible.

In order to expand present efforts in FP information and education, the Mission will support a fifth new activity, a pilot program with the Malaria Institute (SNEM). Managing one of the most extensive outreach systems in the country through a network of extension agents and voluntary collaborators at the community level, SNEM officials are interested in diversifying the scope of their assistance, presently only malaria eradication, and have pinpointed the provision of FP information and motivation as a priority. Over the past years, 500 SNEM agents have gained the confidence of the rural population (more than any other government agency according to some observers), and consequently they and the approximately 6000 community volunteers enjoy immediate access to the family unit. The Mission believes that this sub-project harbors great promise for disseminating family planning information in Ecuador, with a potential for reaching approximately 3.6 million people in rural areas, and for becoming a vital contribution to increasing public awareness of family planning during the last three years of the project.

4. Political Considerations

The difficulties anticipated in the original PROP coming out of potential opposition of the Church, based on the Papal Encyclical, to a country-wide program have fortunately never materialized in any serious or organized fashion. In fact, excluding isolated incidences of resistance from traditional ~~roots~~ and/or reactionary clerics, mainly rural, to the birth control & implications of responsible parenthood, religious opposition to family planning can be cautiously described in Ecuador as over-rated, and especially so in the coastal regions. Key to this favorable religious climate has been the support of members of the Church hierarchy, notably the Archbishop of Guayaquil, and young reformist

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elements of the Church. Negative public reaction to the program, for religious reasons, has thus far been minimal, seemingly due to the nominalism of the majority of the country's Catholics, who pay little heed to the conservative interpretation of the major theological precepts of Catholicism pertinent to this field.

The Mission expresses confidence that the recent change in political leadership resulting in a military government will enhance the prospects of the family planning program's acceptance on a national scale for three basic reasons: 1) former President Velasco Ibarra's implicit resistance to the program has been eliminated; 2) the FP program of the Ministry of Defense has proved to be the most effective of those sponsored by USAID, with a high level of competence and commitment; and 3) the new Minister of Public Health, promoted from General Director of the Armed Forces Medical Services, functioned while in this capacity as head of the MOD family planning program.

In analyzing the financial implications to the GOE of its carrying out a project of such magnitude after FY 1975, the Mission is convinced that one of its principal tasks during the three remaining years of the project is to act as catalyst in encouraging the entrance of other donors into the Ecuadorean program. This strategy has led during the past year to a series of discussions and correspondence exchanges with such institutions as the U.N., Population Council, PAHO, Rockefeller Foundation, the Pathfinder Fund, the Swedish International Development Authority (SIDA), etc. Some success has been lodged, with a commitment coming from Pathfinder on provision of contraceptives, and strong intent demonstrated by UNFPA in funding the MOD program and by UNESCO in subsidizing the Ecuadorean Center for Family Education. These efforts on the part of the Mission will continue since a precipitous withdrawal of USAID support at EOP without compensating assistance by others would have grave consequences for the family planning movement in the country.

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Course of Action
1. Implementation Plan

January 1, 1972

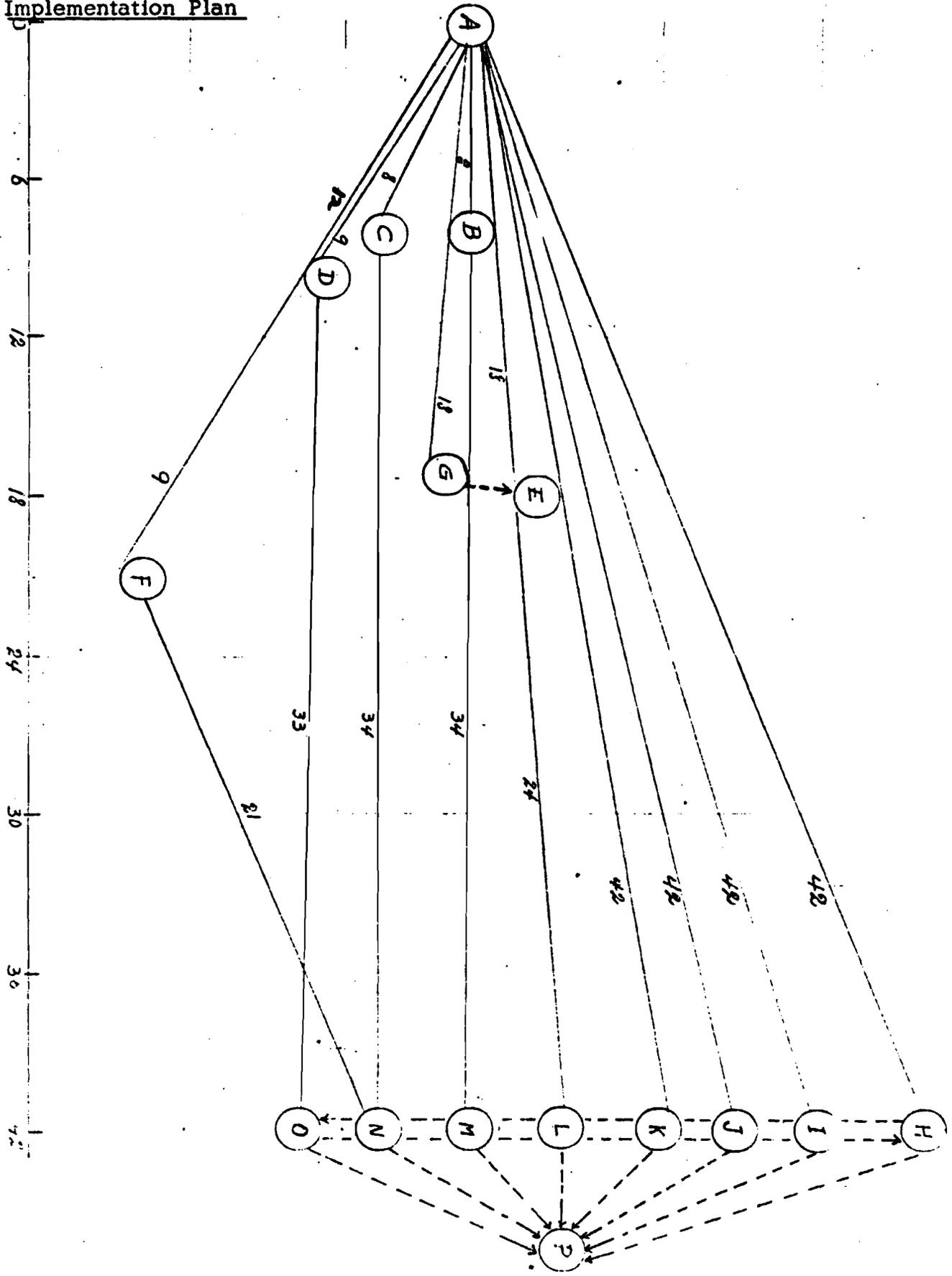


Figure 1
PERT Plan - Major Tasks

POPULATION

PERT PLAN - MAJOR TASKS

Steps	Activities	Description	Responsible Agent	Time Months
1	A-B	Re-establish AFEME Population Studies Centers	USAID/GOE	8
2	A-C	Establish POP/LAB within National Planning Board	USAID/CON/GOE	8
3	A-D	Establish SNEM Info/Motvtl. Program	USAID/GOE	9
4	A-E	Establish POP FP/Institute	GOE/USAID/O.D.	18
5	A-F	Prepare and administer Census Sample	GOE/USAID/Cont	9
6	A-G	Provide costs for local training	USAID	18
7	G-E	Logical Relationship (dummy activity)	---	---
8	A-H	Procure and Continue T.A.: Contract Services for A.V. Production Unit, Eval. Unit, Sex Ed., Pop. Lab., Census Analysis, F.P. Ed. and to other related projects	USAID	42
9	A-I	Continue local costs support for functioning of A.V. and Evaluation Units, and Pop. Dept. and related projects to promote FP services and info/education	USAID/GOE/OD	42
10	A-J	Procure FP equip & supplies and distribute same to cooperating agencies	USAID/GOE	42
11	A-K	Provide participant training to new staff of Coop. Agencies	USAID/GOE	42
12	B-M	Conduct Health Research and Teach Demog./Family Planning in Medical Schools	GOE/AFEME	34

Steps	Activities	Description	Responsible Agent	Time Months
13	C-N	Provide Demographic Statistics for Planning Purposes	GOE/PopLab.	34
14	D-O	Provide Info/Motiv. in Malaria Erad. Areas	GOE/SNEM	33
15	F-N	Utilize Census Analysis for Demog. Projections	GOE	21
16	E-L	Provide continuous in-country training, and applied contraceptive research	GOE/OD	24
	G-N	Logical Interrelationships (dummy activity)		
	N-G			
	H-P	Logical relation to project purpose		
	I-P			
	J-P			
	K-P			
	L-P			
	M-P			
	N-P			
	O-P			
	P	Institutionalized public family planning services and information provision (project purpose).		

2. Narrative

Being part of a revision of the previous PROP and considering that the project is well underway, much of this implementation plan is a recapitulation of already-completed or continuing activities of the Course of Action.

a. First Stage: Conceptualization and Initial Implementation (From establishment of project to January 1972)

The USAID first became officially involved in population activities in Ecuador in June 1968 when ProAg 68-7 was signed with the Ministry of Public Health (MOPH). Funds were provided for (a) the establishment of a Department of Population, (b) the operations of Population Studies Centers directed by the Association of Ecuadorean Medical Faculties (AFEME), which would also sponsor teaching of demography in three medical schools, and (c) collaborative assistance to the IPPF national affiliate.

In early 1969 the Population Department was set up within the National Health Service (NHS) of the MOPH in Guayaquil and staffed by professionals who received training abroad. By mid-1969, a cytology course and program for cancer detection (a supportive family planning service) had been developed with the Cancer Institute, as had a program with the Women's Medical Society, with USAID assuming costs previously borne by IPPF. During the remainder of 1969 the Population Department conducted training seminars for MOPH clinic personnel and distributed the first deliveries of equipment ordered for the research and health centers.

The value of sex education to a national family planning program was recognized by early 1970 and assistance provided the YMCA for a pilot project with the Ministry of Education for instructing school parents, the results being so favorable that the Ecuadorean Center for Family Education was ~~XXXXX~~ spun off as an autonomous unit paid through the MOPH. ProAg's with the Ministry of Social Welfare, incorporating the first exclusive focus on rural activities in the national program, and the Ministry of Defense for equipping their medical centers and training personnel were signed in May of 1970, concurrent with a renewal of the MOPH agreement.

The progress of the AFEME program in research and teaching of demography and family planning was completely halted in June 1970 with the government closure of universities. Institutional contracts were signed to establish an Evaluation Unit in July and an Audio-Visual Production Unit in September, both to operate from within the National Health Service. Additional

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technical assistance in the areas of cancer detection, health education and sex education, plus participant training for physicians, social workers and midwives from the three ministries, and local training for auxiliary nurses were provided intermittently during the year. Towards the end of 1970 a pilot ~~XXXX~~ project for FP service provision in several hospitals and dispensaries of the Ecuadorean Institute of Social Security was initiated.

Expansion of on-going programs, such as the Ecuadorean Center for Family Education which hosted a Latin American Seminar in Sex Education in April, and the Ministry of Social Welfare, which included the Andean Mission in its work, occurred in 1971, the third full year of the project.

A small pilot program of training and subsidization of personnel of the Ministry of Production (Agriculture) began late in the year, which, along with the new Andean Mission activities, gave further attention to the needs of rural populations.

Increased in-country training sponsored by the USAID was made possible by a special fund established under a new MOPH agreement at mid-year and accelerated the process of properly preparing and motivating the technical and administrative personnel requisite to the successful execution of a nationwide family planning program.

b. Second Stage: January 1972 - June 1975

During this second stage the principal thrusts will be consolidation of the program, public awareness promotion, and acceleration of family planning services.

To achieve these goals the new activities will be implemented as outlined below.

1. The Association of Ecuadorean Medical Faculties (AFEME) will re-establish its Population Studies Centers and reinitiate the allied research and teaching. Discussions will be held to regroup the original nuclei of researchers and ~~M~~ pedagogical staff and a ProAg will be signed by June 1972 to provide local cost support for the teaching of demography, population dynamics and family planning and for related health research; the Centers should be operative by August 1972.
2. A demographic and statistical consultant from the University of North Carolina will visit the Mission during early 1972 to analyze the functional aspects and methodology to be

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employed in establishing a Population and Demography Laboratory. Approval of the concept will be forthcoming from the National Planning Board by mid-year, at which time a ProAg will be issued to cover ~~MM~~ costs of office and data processing equipment, the services of a contract advisor (resident or TDY), and local salaries and operations. The Population Laboratory will be legalized as a functional unit of the National Planning Board by August 1972.

3. Negotiations begun in late 1971 will continue with the Malaria Control Institute (SNEM) to finance training, educational materials, and partial salary costs involved in a FP information/motivation program. A ProAg will be signed with the MOPH and SNEM and activities will begin in September 1972. Malaria field agents and a limited number of community volunteers from selected areas where FP services are considered to be reasonably available will be trained in FP and educational techniques and provided materials, and then reassigned to those initial study areas. The program is viewed as having enormous potential for awakening rural populations to the existence of birth control technology. It is planned that as medical services advance into the countryside, public awareness of and demand for family planning will proceed apace, based upon an extension and enlargement ~~in~~ in 1973-75 of the SNEM program.
4. The delineation of relationships started in 1971 between the USAID, the MOPH, IPPF and other donors for establishing the Population/FP Institute will be further clarified during the spring months of 1972. After responsibilities are aligned, a ProAg will be signed with the MOPH and by June, construction should start; within 12 months, the Institute will commence functioning. The Pathfinder Fund will have provided equipment; the Population Council, research support; IPPF, administration costs; and the USAID, only construction costs. Research results will be exchanged with the AFEME Centers and others ~~to~~ continuously redefine the relevance of the Institute's training content.
5. Discussions dating from mid-1971 on conducting a Census Sample will continue with the Ecuadorean Institute for Statistics and Census during this year's preparations for the actual administering of the Decimal Population and Housing Census scheduled for November 1972. A ProAg will be signed by June 1972 with the National Planning Board and perhaps the Latin American Demographic Center, projecting an implementation starting date of early 1973. A statistically valid sample will be obtained, through USAID support of short-term assistance by the U.S. Bureau of Census and

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ANNEX A

Number of Acceptors Needed to Achieve Project Goal

Below follows the formula prepared by the Evaluation Unit of Family Planning Programs, National Health Service, Guayaquil, which is being used in this project as a theoretical guideline to the targeted national birth rate reduction.

BASIC DATA
(Figures for 1970)

POPULATION	6 million
WOMEN (15-49)	1,395,000
CRUDE BIRTH RATE	43 X 1000
BIRTHS PER YEAR	258,000
GENERAL FERTILITY RATE	204
PREGNANCIES TO BE AVOIDED IN 1 YEAR TO REDUCE BIRTH RATE BY ONE POINT PER YEAR	6,000

	<u>STERILIZATION</u>	<u>NON-MEDICAL</u>	<u>MEDICAL</u>
PROGRAM METHODS (%)	0.0%	20%	80%
PREGNANCIES TO BE AVOIDED	0	1,200	4,800
WOMEN TO BE PROTECTED	0	5,880	23,530
NUMBER REQUIRED CONTRACEPTORS	0	14,700	47,060

TOTAL NUMBER ACTIVE CONTRACEPTORS REQUIRED TO REDUCE
BIRTH RATE BY 1 POINT PER YEAR = 61,760

other consultants, and local costs coverage. The results gained from the sample will be continuously utilized to EOP and beyond to improve FP programs and provide additional criteria for judging their effectiveness by region.

Programmed to run concurrently with the initiation and implementation of new activities through EOP are all those functional actions, based on USAID inputs, that were in progress at the PERT starting date of January 1972. The Mission believes it essential to the viability of the national FP program to continue, although at a diminishing rate, its financing of such components during the project duration: participant training of new staff, technical assistance provision, commodity importation, and many of the local cost elements for cooperating agencies. The sole exception may be the Mission's support of in-country training, discontinuing after June of 1973, when this function will be assumed by the Population/Family Planning Training Institute. However, this discontinuation depends entirely on the successful establishing of the Institute on schedule and its actual capacity, in practice, to satisfy all in-country training needs of the Ecuadorean national Family Planning program.

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ANNEX B (continued)

19. Pilot project of information and motivation in industrial companies.
20. Study plan for using Andean Mission resources (of agriculture extension in Indian areas) for FP service provision.
21. Study of cultural barriers to FP in Indian populations.
22. Feasibility study of FP programs with private physicians (Obstetrics and Gynecology Society of Guayas).
23. Study of hospital abortion costs in Maternity Hospital of Guayaquil.
24. Study of private clinic costs of the Ecuadorean FP Association.
25. Study of urban migrant fertility patterns and their importance in socio-economic mobility, city of Guayaquil.

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ANNEX B

Listed below, in order of priority, are the research evaluation projects planned for implementation during the first three years of operations by the Evaluation Unit of Family Planning Program, N.H.S. The list of the first 24 topics is excerpted from the Unit's Activities Report for the period October 1970 to January 1972 and the last describes a special multiphased project. It is assumed that the Unit will continue to produce an average of approximately eight evaluation studies per year to reach the total of 41 indicated for EOP status.

1. Determination of minimal feasible size for a national program of family planning in Ecuador.
2. National system of statistics for the MOPH centers.
3. National system of statistics for family planning.
4. Feasibility study of FP services in the official health program.
5. Supervisory system for official FP services.
6. Resources of Public Health Centers for developing a FP program.
7. Evaluation of FP training activities.
8. Design of FP postpartum programs in the Maternity Hospitals of Quito and Guayaquil.
9. Statistical system for the Maternity Hospital of Guayaquil.
10. Sketch of basic resources needed for a national FP program.
11. Follow-up study of Ecuadorean Family Planning Association program.
12. Pilot study of ~~MM~~ use of coupons in Armed Forces' FP program.
13. KAP (knowledge, attitudes, practice) survey in Armed Forces.
14. Demographic profile of Ecuador.
15. Analysis of fertility surveys of Quito and Guayaquil taken in 1966 under the direction of the Latin American Demographic Center (CELADE).
16. Opinion survey of physicians in Ecuador.
17. Opinion survey of Ecuadorean leaders.
18. Study plan for utilizing Malaria Institute personnel for promoting the demand for FP services.

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METHODS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>1.a. Analysis of census sample from 1972 census.</p> <p> a. COE, National Planning Board, Central Bank figures.</p> <p>2.a. Ministry of Public Health records.</p> <p> b. National Nutrition Institute data.</p> <p> c. Ministry of Education data.</p>	<p>1. Declining population growth rate does not adversely affect industrial development.</p> <p>2. Children of marginal families with fewer dependents will receive greater per capita nutrition, education and medical benefits and therefore will have improved opportunities to participate in the development process of the country.</p> <p>3. GNP will continue to expand in real terms, or at least remain constant.</p> <p>4. COE revenues will continue to be spent at least at the same level for public services to marginal groups.</p>
<p>1. National Civil Registry vital statistics Statistical reports on fertility, mortality and family planning services emitted by MOPH, National Health Service evaluation unit, Ministry of Defense, National Planning Board's population laboratory, and Population Studies Center of the Association of Ecuadorean Medical Faculties (AFEME).</p> <p>2. Short term contractors reports Statistical reports issued by MOPH, NHS, MOD, NPB, and AFEME.</p>	<p>1. Public institutional infrastructure of FP services and information will reach a segment of the population sufficiently large to effect a decline in the national crude birth rate.</p> <p>2. Low income families have an actual "felt need" for FP and will continue demanding information and services.</p> <p>3. FP services will be expanded in rural areas.</p> <p>4. Women who are unaccustomed to soliciting medical attention for public health centers, yet who are influenced by project information/education/motivation, will seek and obtain family planning services from the private sector.</p>
<p>1. Health Center statistics reported monthly; field visits by Population Department supervisors and their reports; field visits by USAID/E population staff.</p> <p>2. Reports of Population Department supervisory activities USAID/E population staff reports.</p> <p>3. Examination of EU reports (number, type, quality).</p> <p>4. USAID population staff examination of materials produced.</p> <p>5. MOD health clinic records; FP statistical reports from Evaluation Unit.</p>	<p>1. As EOP draws near and USAID financing phases down, the COE will provide adequate resources and/or obtain international funding to continue supporting public personnel and facilities dedicated to FP.</p> <p>2. Other international and bilateral donors such as IPPF, Population Council, UNFPA, Pathfinder Fund, etc., can be convinced to participate more fully in the national</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 69 to FY 74
Total U.S. Funding: \$6,999,300
Date Prepared: March 15, 1972

Project Title & Number: POPULATION 518-15-570-094

<u>NARRATIVE SUMMARY</u>	<u>OBJECTIVELY VERIFIABLE INDICATORS</u>
<p><u>Mission Goal</u></p> <ol style="list-style-type: none">1. To raise the level of income of that extremely large segment of the population (estimated by the GOE at 53 per cent) which is on the margin of society.2. To maximize the participation of all people of Ecuador in the development process.	<p><u>Measures of Mission Goal Achievement</u></p> <ol style="list-style-type: none">1.a. Increased per capita income of marginal families. b. National income per capital and demographic distribution.2.a. Relative availability on a per capita basis of health and other services offered to marginal population. b. Higher level of nutritional status and caloric intake of marginal populations. c. Improved proportional school attendance and reduced drop-out rates of children of marginal populations.
<p><u>Project Goal</u></p> <p>To improve the opportunities for Ecuadorean families to raise their standard of living, specifically, by establishing a decline in the national birth rate that will reach a minimum of one point per thousand (1/1000) by 1975, and that is founded upon institutional factors which will guarantee a continuing decline after EOP.</p>	<p><u>Measurements of Project Goal Achievement</u></p> <ol style="list-style-type: none">1. A number of women actively contracepting that averages from 60,000 to 65,000 (estimated to be 80% urban, 20% rural) each year over a five year period from 1971 to 1975, the revised EOP year.2. Changes in National crude birth rate during project.
<p><u>Project Purpose</u></p> <p>To institutionalize the provision of family planning (FP) and supportive services and relevant information, including education and motivation, within the national public health infrastructure and other quasi-public institutions (eg., the Armed Forces, Andean Mission, Ecuadorean Center for Family Education, Ministry of Public Health, etc.)</p>	<p><u>End of Project Status - CY 1975</u></p> <ol style="list-style-type: none">1. A MOPH system of urban and rural medical facilities offering family planning clinical services, promotion and information as a vital and accepted part of its preventive medicine program with approximately 30,000 contracepting women.2. A population department properly staffed and budgeted with the National Health Service (NHS) of the MOPH supervising procedural norms for the conduct of FP programs in MOPH centers. <p style="text-align: right;"><u>LIMITED OFFICIAL USE</u></p>

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6. Clinical records of MA health posts
Evaluation unit statistical reports
 7. MSW records of social worker visits and course presentations.
 8. Clinical records of EISS clinics
Evaluation unit FP statistics
 9. Pathfinder Fund records
USAID/E population staff visits
 10. Examination of materials, course content, and evaluation of effectiveness by Evaluation Unit and USAID/E population staff
 11. Quarterly reports submitted by the YMCA
 12. Clinical reports of the WMA
Evaluation Unit FP statistics
 13. Records of Cytology labs
 14. Training reports
Evaluation by Evaluation Unit and USAID/E population staff
 15. Official status within statistics Institute
Evaluation of research and data analysis produced
 16. Verification of statistical validity of sample
Projections and programs developed
 17. Interviews in communities where NSEM field agents worked by Evaluation Unit
FP records in rural health centers
 18. Examination of university medical curricula and demographic research
 19. Evaluation unit statistics

Program and will devote more resources for P/FP activities in Ecuador.

3. To guarantee the institutionalization of FP programs, the GOE would officially declare a pro-FP policy; at the minimum it will continue its tacit approval of FP and not declare an official pro-natalist policy.
4. Potential opposition to FP of the Church, students and anti-U.S. groups will not become great enough to paralyze government-provided FP services and information.
5. Medical, paramedical and other professional personnel who have received training in FP sponsored by USAID will, in fact, be sufficiently motivated to utilize this training in actively promoting and providing FP services to the public.

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3. An Evaluation Unit evaluating FP program and their effectiveness established and functioning in the NHS.
4. An audio-visual (A-V) production unit under NHS direction, creating and printing all educational and informational materials required by the national FP program.
5. The Ministry of Defense offering FP services and information in its 23 clinics to all interested Armed Forces personnel and their civilian relatives, with approximately 5,000 contracepting women.
6. The Andean Mission providing FP services and information in 60 rural health posts, with approximately 6,000 active contraceptors.
7. The Ministry of Social Welfare disseminating family planning information through social workers and community development specialists in rural areas.
8. The Ecuadorean Institute of Social Security offering FP services and information to its 600,000 affiliated members in 70 owned or affiliated clinics, with approximately 10,000 active contraceptors.
9. The national Obstetrics and Gynecological Society distributing contraceptives donated by Pathfinder Fund to its members and sponsoring midwife training in FP.
10. The Ecuadorean Center for Family Education training primary and secondary school teachers and parents in sex education, developing didactic materials on sex education for use in classrooms, and working to establish sex education as a part of the curriculum in all public schools.
11. The YMCA providing weekly sex education/family planning courses for labor union members.
12. The Woman's Medical Society providing family planning services in 16 clinics with approximately 2000 active contraceptors, and presenting approximately 300 community conferences in family planning annually.
13. Six cytology labs handling the increased demand for pap smear tests generated by public FP programs.
14. A Population/Family Planning Institute providing high quality, low cost, in-country training in FP Technology and Motivation to 200 medical and paramedical personnel, and FP awareness and motivation courses to about 300 leaders annually, and FP services to 2000 women.
15. A Population Laboratory, established in and staffed by the National Planning Board, compiling and analyzing national demographic data pertinent to population policy considerations.
16. Census sample utilized to define demographic trends, and project developmental consequences of Ecuador's population growth.
17. FP information being provided to rural populations by 6,000 community volunteers and 500 field workers of the National Service for Eradication of Malaria.
18. The permanent incorporation of demographic studies and FP technologies and practices into the curriculum of the three medical universities.
19. Approximately 10,000 women influenced to become contraceptors in the private sector.

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Output Indicators

1. Health facilities (clinics, centers, sub-centers, posts) providing FP services and information; by sponsor:
 - a) Ministry of Public Health (total)
 - Urban
 - Rural
 - b) Ministry of Defense
 - c) Andean Mission (rural)
 - d) Ecuadorean Institute of Social Security
 - e) Women's Medical Society
2. Department of Population staff trained and supervising FP programs
3. Evaluation Unit staff trained/major evaluation studies emitted
4. Audio Visual Production Unit staff trained/level of productive capacity of Unit
5. Number of SOLCA cytological laboratories equipped/pap tests
6. MOD Infertility Laboratory-level of operating capacity
7. Ministry of Social Welfare staff trained and promotional courses in rural areas
8. Midwives trained in FP
9. Ecuadorean Center for Family Education courses in sex education for teachers and parents
10. YMCA sex education courses for union members
11. The Ecuadorean Population and Family Planning Training Institute built, staffed and administered with adequate operating budget and training, research and service capacity.
12. Population Laboratory equipped, staffed and functioning at a high technical level
13. Graduated medical students exposed to FP and demography in studies/health research projects through AFEME program.
14. SNEM field personnel trained in FP education voluntary collaborators with literature, disseminating FP information in rural areas.
15. Census Sample team organized and functioning with high technical competence
16. For illustrative purposes only, to show projected acceleration of FP service provision: number of women actively contracepting

Output Targets: Cumulative Estimates

	<u>Through FY 71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>
1.					
a)	41	51	71	101	133
	41	51	54	54	54
	-	-	17	47	79
b)	7	13	18	21	23
c)	-	10	25	40	60
d)	3	6	20	40	70
e)	3	4	7	11	16
2.	9	12	12	12	12
3.	6/8	6/25 19	8/25 25	8/38 53	8/40 41
4.	6/10%	6/50%	8/90%	8/100%	8/100%
5.	3/15,000	6/45,000	6/75,000	6/105,000	6/135,000
6.	0	0	70%	100%	100%
7.	10/16	25/65	30/125	30/200	30/270
8.	45	55	105	180	280
9.	8/15	12/45	14/75	15/105	16/135
10.	17	27	77	127	177
11.	-	-	-	1	1
12.	-	-	1	1	1
13.	150/3	150/3	300/6	450/9	600/12
14.	-	-	50/500	300/3000	500/6000
15.	-	-	1	1	-
16.	40,000 45,000	50,000 59,000 50	60,000 55,000 55,000	70,000 60,000 60,000	80,000 65,000 65,000

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- 1.a. Field reports by Population Unit
Commodity receiving & distribution reports
- b. Ministry of Defense quarterly reports, field visits
- c. Andean Mission quarterly reports, field visits
- d. EISS quarterly reports, field visits by Population Unit
2. Grantee contractor reports
3. Contractor reports, examination of studies issued
4. Contractor quarterly reports, examination of materials produced
5. Inspection of equipment and quarterly reports
6. Receiving and quarterly reports, personal inspection
7. Field visits by USAID project monitor, staff reports on courses conducted
8. PIO/Ps and obstetrical-gynecological society reports
9. ECFE quarterly reports, USAID visits to courses
10. Periodic reports and visits
11. Field inspection, periodic reports, budget reviews
12. Salary vouchers, contractor reports
13. AFFE quarterly reports
14. CEMA training and follow-up reports, field inspections
15. PASA contractor reports
16. Studies conducted by evaluation unit.

- (30)
- a) The MOPH will budget sufficient resources to realize construction and equipping of the total of 54 new rural clinics planned for completion by 1975.
 - b) The Andean Mission will receive an IBRD loan to construct its projected total of 60 rural health posts and will have all in operation by 1975; if the World Bank loan does not materialize in its entirety, the USAID will investigate the possibility of using its loan resources to assist construction completion.
 - c) The GOE will continue to provide the manpower and funds necessary to achieve targeted outputs.

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USAID Documents

Project Manager Reports

- (40)
- a) The GOE will continue its support of the project.
 - b) The Pathfinder Fund will supply contraceptives needed by all clinics providing FP services after FY 72 as USAID terminates such commodity assistance.
 - c) The United Nations Fund for Population Activities (UNFPA) will assume costs of the Ministry of Defense program by January 1, 1973.
 - d) UNESCO will subsidize costs of the Ecuadorean Center for Family Education, which will function from within the Ministry of Education, by July 1, 1973.
 - e) IPPF in addition to supporting its private clinics will provide the costs of administration and training and the Population Council, research support for the Population/Family Planning Institute.

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Items

1. Total cost of Project: (\$6,999,300)
2. Technical assistance total (MM)
 - Project Support
 - Grantee Contracts MOPH
 - Columbia University Evaluation & Research Contract
 - American Inst for Research
 - Mass Communications Contract
 - Cytology Services to Cancer Detection Prog.
 - Sex Education Contract
 - Grantee Contract Ministry of Social Welfare
 - Population Advisor
 - FP Education Contract
 - Numerous short-term technical services
 - U. of North Carolina Pop Lab Advisor
 - U.S. Bureau of Census

3. Participant Training (MM)

4. Commodity Costs
 - Office Equipment
 - Audio-Visual Equipment
 - Cytology Equipment
 - Clinical Equipment
 - Infertility Laboratory Equipment
 - Vehicles

5. Other Costs
 - Local salary subsidies, travel and per diem,
 - local research and training, supplies,
 - miscellaneous

GOE

1. Total contribution of Personnel and Infrastructure, MOPH, MOD, MOSW, others \$4,886.5

Other Donors

Total Contribution \$2,250

1. IPPF: cost of FP promotion and services through its system of private clinics; administrative support of the P/FP Training Institute
2. Pathfinder Fund: Cost of contraceptives donated to the Obstetric/Gynecological Society and to the Population Department, NHS; equipment for POP/FP Institute

Budget & Implementation Schedule

	<u>Through FY 71</u>	<u>FY 72</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>
1.	\$2,636	1,344	1,104	957	957
2.	216	83	81	77	81
	-	24	24	24	24
	37	12	12	12	12
	59	-	-	-	-
	24	12	12	12	12
	20	-	-	-	-
	19	-	-	-	-
	19	12	12	12	12
	8	-	-	-	-
	12	-	-	-	-
	18	9	9	9	9
	-	12	12	8	12
	-	2	-	-	-
3.	268	40	40	40	40
4.	732	225.6	130.6	90.5	76
	67	92	30	36	26
	150	58.8	49.5	24.5	25
	150	8.2	5.5	-	-
	305	41.6	45.6	30	25
	-	20	-	-	-
	60	5	-	-	-
5.	\$1,112	918.5	779	680.1	634.5
1.	2,098.9	577.6	710	750	750
1.	283.5	215.5	270	300	320
2.	-	35	63	0	0

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1. UNFPA: local costs and T.A. to MOD IT program	3.	-	-	73	146	146
2. UNESCO: local costs and T.A. to ECFE program	4.	-	-	96	96	96
5. Population Council: costs of research support of P/FP Training Institute	5.	-	-	50	50	50

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