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Gross Life-of-Project Financial Requirements:

U.S. dollars----------$2,299,000

Ecu. Owned local currency---------- 1,324,400

Other donor ---- ---None ----------

Totals $3,623,400

OTHER AGENCY

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APPROVED BY: Robert J. Minges, Mission Director

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I. Summary Description, Including Tabulation of Planned Inputs

A. Project Justification

The rapid population growth in Ecuador over the past twenty years has been a serious impediment to economic growth and has hampered the country's efforts to provide sufficient food, housing, education, and medical care for its people.

During the period 1950-1962 the population of Ecuador increased at an annual rate of 2.9%. By 1964 the rate reached 3.4%, one of the highest in the world.

The National Plan for Social and Economic Development established an annual economic growth rate goal of 5.6% for the period 1963-73, although a rate of growth of only 4.6% was realized during the previous decade.

Due to the population growth, per capita GNP increased at a rate of 1.7% for the period 1950-62. If the goal of 5.6% annual increase in GNP were reached and the population increase remains constant at 3.4%, a net annual per capita GNP increase of 2.2% will be realized during the period 1963-73. However, the actual increase for 1963-67 has averaged only 1.6% per annum.

At this rate it would take approximately seventy years to double the per capita income from the present $160 per annum to $320.

If the increase is unabated, the population of Ecuador will double to over eleven million people by 1989.

Ecuador must clearly take the necessary steps either to diminish the population growth or increase its GNP by 9.0% annually to achieve the goals established, a growth rate that few countries have been able to sustain.

In summary, Ecuador has a very high birth rate, a badly distributed population, a very low per capita income and a high rate of illiteracy. With these problems in mind the Mission has responded to requests from the Government of Ecuador and other interested entities to provide assistance in establishing a nation-wide family planning program, the objectives of which are to establish a national population policy and impart to the citizens of Ecuador knowledge of and the opportunity to participate in a family planning program according to each family's needs and moral convictions.

B. Project Goals and Targets

A three-pronged five year family planning program has been designed in conjunction with the Ministry of Health, a private family planning association ("Asociación Pro Bienestar de la Familia Ecuatoriana") and the Ecuadorian Association of Medical Faculties.

The targets of the project are:

Ministry of Health Program

a. To create and staff a Department of Population policy within the Ministry of Health which will have overall responsibility for implementing the population program.
b. To augment the cytological laboratory facilities in the country to handle the increased demands imposed by the family planning program.
c. To introduce family planning services at the 79 existing governmental health centers and into 54 new rural health centers. These centers will provide family planning services to an estimated 530,000 women of a current fertile population of 1,296,000.

Ecuadorian Association of Medical Faculties Program (AFEME)

To assist the schools of medicine at Central University, Quito, the University of Guayaquil, and the University of Cuenca in:

a. Reorganizing the curriculum of the medical faculties to include family planning and demographic information to all prospective physicians.
b. Creating population studies centers.
c. Organizing family planning clinics in the university training hospitals to provide community services to the surrounding population and experience to students.
d. Developing in-service courses for medical and paramedical personnel of the Ministry of Health and other entities involved in family planning programs.
e. Organize national and regional family planning seminars.

Asociación Pro-Bienestar de la Familia Program (APBFE)

a. To provide family planning services in areas not now covered by the Ministry of Health, especially in the three metropolitan areas of Quito, Guayaquil, and Cuenca.
b. To provide training courses for private physicians and assist them in extending and improving family planning services to their clientele.
c. To establish a fourth clinic in the low income areas of Guayaquil.
d. To expand the services of the existing clinics and improve the central administrative office procedures.
e. To conduct attitudinal and behavioral studies of clinical patients. The data collected will be utilized as a basis for program evaluation and improvement.

AID assistance to this project is phased over a three-year period, after which the Ministry of Health, through the Population Policy Department, will hopefully assume responsibilities for the continuation and expansion of the program.

The programs within the government, the universities and the private sector will provide for both short and long-term development and are essential for a well-integrated program.

C. Minimum Levels of Output

Because of the sensitivity inherent in population programs in Latin America, especially in light of the Pope's Encyclical, it is not practical to set rigid standards in the expected output at this time.

While some phases of the program can proceed unimpaired, others require caution and timeliness in their implementation because of political implications.

1. (APBFE)

The private family planning association should experience little difficulty in continuing and expanding their work because they can operate unobtrusively without government or ecclesiastical interference and are not as sensitive to potential public opinion pressures. One limiting factor that must be considered, however, is the fact that APBFE is almost wholly dependent upon external assistance. The International Planned Parenthood Federation has provided operating capital during the past three years and should these funds be withdrawn, it is doubtful if the association could survive. The three-year program herein described and the expected outputs are predicated upon continued USAID and IPPF funding through 1971. Therefore, the minimum levels of achievement that can be expected from the APBFE program are as follows:

a. Expansion of family planning services in the existing clinics and the establishment of a fourth clinic in the suburbs of Guayaquil.
b. Strengthening of administrative and technical services of the association.
c. Continuation of studies of attitudinal and behavioral practices of clinic patients.
d. Continuation of family planning seminars for approximately 30 doctors per year.
e. Expansion of promotional activities and family planning orientation sessions for clinic patients.

2. AFEME

The possibilities are also excellent for achieving most of the goals of the AFEME program during the next five years. The new programs of the faculties of the three participating universities have progressed notably already.

At the onset of this program, some trepidation was felt in that direct AID assistance to the universities in the delicate area of family planning, could provoke student unrest which could threaten the success of the university program as well as other population activities in the country. By channelling

the AFEME funds through the Ministry of Health, direct AID connected assistance was avoided and through the promotional efforts of AFEME, student interests have been aroused to the point where they are taking an active part in the University programs.

From all indications, this program will proceed without major setbacks, therefore the minimum levels of achievement which must be met as a requisite for continued U. S. contribution and participation are as follows:

a. Demographic studies centers functioning at the three participating universities.
b. Family planning and demographic information included in the faculties of medicine curricula.
c. Community family planning services provided through medical training hospitals in Quito, Guayaquil, and Cuenca.
d. Courses in family planning provided for Ministry of Health medical and paramedical personnel.
e. Organization of annual regional and national family planning seminars.

3. MINISTRY OF HEALTH

There are a number of factors that could adversely affect progress in the Ministry of Health program. It is not politically expedient at this time for the Government to overtly endorse family planning, consequently the Ministry of Health must proceed with caution and avoid publicity in initiating its program. The present Minister is vitally interested in implementing family planning services through the rural health clinics and the Government intends to increase appreciably the number of doctors serving in rural areas.

Should the Minister of Health be replaced in the near future by a person unsympathetic to family planning, the program could be set back indefinitely.

It is the opinion of the Ministry of Health personnel, however, that once the population policy department is established, there is a good chance that the program will continue, even under a new Minister.

A more serious problem faced by the Ministry of Health is that of providing counterpart funds to establish new rural health centers and to provide the necessary auxiliary personnel to run the program.

With the preceeding problems in mind, the minimum levels of achievement are difficult to establish. Assuming that no major obstructions are encountered, the following outputs must be realized, as a requisite for continued AID support.

a. Evidence during FY-69 that a portion of the new rural health centers will be established.
b. The formation of a department of population policy within the Ministry of Health.
c. Financial arrangements made and 2-year contract signed with the department of population and personnel scheduled for participant training.
d. In-country training courses organized for medical and paramedical personnel who will be working in the family planning program.
e. If the following steps are taken, a minimum of 334,000 women should be provided family planning services during the 5-year period. This represents 60% of the target established by the Ministry of Health.

D. Essential U.S. Inputs

The APBFE has prepared a three-year budget of $239,000 for the private association, to be channelled through the International Planned Parenthood Federation. This amount will insure continuity of important activities during a three-year period when other elements of the program (APEME and GOE/MOH) are in initial and vulnerable stages and when continued leadership by the association will be vital.

The proposed financing will provide for the following elements of the association's program.

(1) Staff for the headquarters, including a full-time executive secretary and typist and the part-time services of a scientific director, medical supervisor and bookkeeper at $22,215 per year, for a total of $66,645.

(2) Travel and per diem for headquarters staff, office supplies, rent and utilities at $11,740 per year for a total of $35,220.

(3) Commodities including contraceptives and equipment which will support the activities of collaborating clinics and physicians at $5,000 per year for a total of $15,000.

(4) Establishment of the Rotary Club Center at $15,540 the first year and $11,490 per year for the second and third years for a total of $38,520.

(5) Operation of the clinics in Cuenca, Guayaquil, and Quito at $33,000 per year for the second and third years for a total of $66,000 (IPPF provided $33,000 for the first year beginning in FY-68).

(6) Continuation of studies at $5,000 per year for a total of $15,000.

(7) An annual audit required by IPPF at $825 per year for a total of $2,475.

(8) During the past three years the IPPF has been the principal donor to the association. Small contributions from interested individuals account

for less than 5% of the budget. Efforts are being made to increase these donations, but there has not been much success to date due to the lack of tradition supporting this type of contribution.

AFEME

The five-year budget for population programs of AFEME is estimated to be $577,1[illegible] of which $322,378 will be requested of AID.

	AID	GOE
1st. year	$82,555	$37,000
2nd. year	$67,119	$44,055
3rd. year	$58,989	$49,638
4th. year	$54,837	$58,470
5th. year	$58,878	$57,374

The AFEME national program costs include salaries for a director of the education program, a secretary, and travel expenses for both the education director and the executive secretary. Budgetary support will also be provided for the courses to be given by AFEME for the personnel of the Ministry of Health who will be engaged in the government's population program. These courses costs include funds for bringing in non-Ecuadorian experts to assist in the design and conduct of the courses and for contract costs for local faculty who are needed to supplement the efforts of the faculty provided by AFEME.

Miscellaneous costs for publications, furniture, national and regional seminars are also included.

Costs for the affiliated universities during the first year include supplemental salary for a director and an assistant director of a population study center at each university. The director's salaries will be assumed by the GOE in the second year and the assistant director's will be assumed in the third. Supplementary salaries paid to other staff such as assistant physicians, economists, social workers, nurses, and secretaries will be assumed by the GOE over the 3rd., 4th., and 5th. years of operations. Funds have also been allocated for participant training, clinical equipment, library books, training programs, and studies.

The attached table sets forth the AFEME program as well as the programs of the three universities.

MINISTRY OF HEALTH

The family planning program of the Ministry is phased over a six-year period for which AID assistance in the amount of $1,677,831 is budgeted for the first five years.

During the first year, the Population Department will be staffed and its members will be provided short-term specialized training. Salaries and other expenses for this staff amount to $28,000, training costs $25,200 (includes 2 long and 5 short-term traineeships) and office equipment $2,000.

In FY-69: clinical equipment will be provided for the 27 health centers at an estimated cost of $1,200 per center.

The staff of the clinics will receive training under the AFEME program but the Ministry will require $14,850 for travel and per diem.

In addition, an audio-visual aid center will be developed in the Ministry, at a cost of $18,718 for equipment and materials. Funds will also be provided for cytological laboratory equipment ($7,000), four vehicles ($16,000) and $3,000 for their operation and maintenance; and $10,000 for the purchase of contraceptives.

A tabular breakdown of the five-year budget is attached. Following is a summary of U.S. and GOE inputs for the life of the project.

1st.year		2nd.year		3rd.year		4th.year		5th.year	
AID	GOE	AID	GOE	AID	GOE	AID	GOE	AID	GOE
200,304	279,010	345,987	427,037	443,693	803,426	394,674	1,207,375	243,173	1,479,715

E. GOE Contributions

The GOE contributions consist primarily of services of clinical personnel most presently employed by the Ministry of Public Health to work in the family planning program according to the following schedule:

	1969	1970	1971	1972	1973	Total 1969-73
Physicians 1/2 time basis	27	25	36	17	13	118
Nurses full-time basis	27	5	6	6	6	50
Social workers full-time basis	27	5	6	6	6	50
Health educators full-time basis	12	5	6	6	6	35
Assistant nurses full-time basis	6	20	30	11	7	74
TOTALS	99	60	84	46	38	327

The salaries of the personnel contributed by the Ministry of Public Health are estimated at $261,850 in FY-1969 and $412,050 in FY-1970.

If the level of external assistance can be maintained at approximately $350,000 annually during the five-year program, the total GOE contribution to the program will amount to $4,128,000.

F. Other Donors

Although at this time there are no other donors to the program, assistance may be forthcoming from such international agencies as PAHO, UNICEF and WHO. At such time as any of the above-mentioned agencies is in position to assist the GOE and has sufficient personnel to monitor the programs, USAID will consider channelling its fund through that entity.

At that time AID will adjust the proposed five-year budget in accordance with the magnitude of the assistance received from other donors.

II. Strategy

The programs described in this PROP are designed to provide for both immediate and long-term developments. The private association will bear a disproportionate share of the responsibility until the Ministry of Health program is fully operational while the universities will provide continuity and lay the foundation for lasting developments through their medical training programs.

Alternative approaches to program promotion and execution were thoroughly studied as plans were developed with the GOE entities and the final decisions were based on the technical and professional advice of AID/Washington consultants.

Following is a list of precautionary measures which were incorporated in the program to avoid situations which could adversely effect its success.

(1) In establishing demographic studies centers within the universities, leadership, in the promotion of family planning programs will be transferred from external organizations to Ecuadorean entities.

(2) USAID/E assistance will be provided unobtrusively wherever practicable to avoid possible censure by pro-natalist elements. University funds are channelled through the Ministry of Health, since direct assistance to AFEME could provoke student unrest which might threaten the success of the entire program.

Association funds were channelled through the International Planned Parenthood Federati and at such time as one of the International Health organizations is in position to monitor programs, AID funds will be channelled through that entity.

(3) Although there has been an intense desire on the part of Ministry of Health personnel to rapidly proceed in implementing the program, their actions have been impeded by the Pope's Encyclical and its possible influence on public opinion and on influential members of the Government of Ecuador. Fortunately a solution to this problem which has been endorsed by President Velasco Ibarra was arrived at.

Family Planning Service will be included with other health services in existing and newly created rural health centers. Thus, project objectives can be accomplished without fanfare, ostensibly as a preventive medicine program.

(4) Measures will also be taken to insure that the programs will proceed before commodities are ordered. Once the Population Policy Department is organized, inspection trips will be scheduled to the prospective centers to determine equipment and personnel requirements.

(5) In the event that political or clerical pressures prevent the implementation of the Ministry program, assistance will continue to the private association and AFEME, and other entities will be considered to replace the Ministry in executing the program.

In any event the Mission will explore the possibilities of initiating programs within the Armed Forces and the Police. Should the Ministry program proceed as planned, it could include provisions for training medical personnel of these entities.

At this time, the AID assisted entities actively engaged in family planning activities are expected to be major sources of support for the program. The most important future source of support will be the medical students who will receive training in demography and family planning techniques under the AFEME program.

Once the medical profession is fully cognizant of the implications of incorporating family planning services in their practices, little inducement will be required to enlist their support.

The potential sources of opposit ion are the clergy, the communist party and extreme nationalists. Comments concerning these groups are included in Section III of this report.

III. Setting or Environment

This program is one of several in the Mission which are designed to assist the GOE in its struggle to improve the socio-economic climate of the country so that its citizens can live in harmony with each other in a democratic society.

We are half way on the road to what the "Act of Bogotá" and the "Charter of Punta del Este" defined as the "Decade of Development". One of the goals established under the Act of Bogotá was to increase the GNP of the member countries by 2.5% per year. Although some of the countries have maintained and even surpassed this goal, development has been retarded by excessive population increase and other factors.

For the period 1960-1967 Ecuador's average annual GNP growth rate was 4.4%.

Since the population has grown by 3.4% annually over the period, real annual per capita growth was only 1%, considerably below the Alliance target of 2.5%.

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 rising birth rate. As a result, the country has been unable to keep pace with the increasing demands for such social services, as education, housing, and sanitation, and health facilities and a large share of personal income has had to go to child care.

The demographic explosion in Ecuador is primarily concentrated in those sectors of the population where the lack of social services are 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.

The economically active population is estimated at 32%. Unemployment and under-employment rates are high and occupational opportunities are decreasing relatively as larger numbers of persons enter the labor market.

It is estimated that Ecuador has a present shortage of 700,000 houses and that 3,500,000 persons are living under substandard conditions.

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.

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 take-off point in the foreseeable future.

This project addresses itself to the population problem in Ecuador by assisting the GOE to (1) establish a national population policy and (2) to provide its citizens with the knowledge and opportunity to participate in family planning programs according to each family's needs and moral convictions.

To accomplish the foregoing objectives several obstacles must be overcome, the most difficult, of course, being the Pope's Encyclical. The government will be reluctant to overtly establish a population policy for fear of criticism from the clergy.

Prior to the Encyclical there was no organized opposition from the church and there has been no opposition encountered, thus far in the ongoing programs. However, it is difficult to predict, what the reaction will be, once the GOE embarks on the country-wide program.

Other potential sources of opposition are the communists and extreme nationalists, but to date, notwithstanding sporadic newspaper and magazine articles, no serious opposition has been encountered from these sources.

Another potential threat to the program is President Velasco Ibarra. Although he appointed Dr. Francisco Parra Gil, founder of the private family planning association, as his Minister of Health, he has, on occasions, expounded pro natalist opinions. However, President Ibarra is vitally interested in creating a viable rural health program and according to Dr. Parra, the Ministry of Health has the President's permission to incorporate family planning activities in the rural health clinics.

IV. Planned Target, Result, and Output

Ministry of Health

A. The key to the success of the Ministry of Health program lies in its direction and administration. To insure that sufficient funds are allocated to the program and that family planning activities are on a parity with other programs, one of the planned targets of this project is to create and staff within the Ministry of Health a Department of Population Policy which will have overall responsibility for implementing the population program.

For this target the milestones which will represent significant progress toward the project objectives are:

(1) selection of a medical director to head the department;
(2) appointment of staff members (see Section V for staffing details);
(3) establishment of a department office in Guayaquil under the National Health Service;
(4) training of staff through participant training grants in U.S. or third countries; and,
(5) upon return of participants, organization of a family planning training team to provide instructions to rural health clinic personnel.

B. The cytological laboratory services in Ecuador are very limited. The local cancer society (SOLCA) being the primary source of service. The private family planning association indicates that frequently pap smears results are delayed from one to two months. It is imperative in fitting patients with intra-uterine devices (I.U.D.'s) that the results of the pap tests are known, previous to insertion.

Doctors claim that otherwise it is difficult to convince the patient that the I.U.D. was not the cause of cancer subsequently revealed. To avoid such problems and to insure that all patients receiving I.U.D. insertions, are previously tested for cancer, a second project target is to augment the cytological laboratory facilities in the country to handle the increased demand imposed by the family planning program

Milestones for this target are: (1) securing the services of a cytological contract team to determine the laboratory requirements for an expanded program; (2) ordering the necessary cytological laboratory equipment; (3) training additional personnel in cytology techniques; (4) providing rapid cytology services to all entities involved in family planning programs.

C. The ultimate target of the Ministry program is to provide family planning services to all women requesting such services. To accomplish this goal, many new clinics will have to be created especially in rural areas.

Therefore, a third target of this project is to establish, during a five-year period 54 rural health centers (in addition to the 79 existing centers) which will provide family planning services to an estimated 530,000 women of a current fertile population of 1,296,000.

Milestones for this target are:

(1) During the first year family planning services will be initiated in 27 health centers as follows, 8 in the city of Guayaquil, 6 in Quito and 13 in the province of Manabi. It is expected that 50,000 women will be participating in the program.

(2) During the second year of operation, the Ministry plans to initiate services to 20 additional health centers, and approximately 90,000 new patients will receive services.

(3) During the third year, family planning services will be initiated in 30 health centers and 120,000 new patients will receive services.

(4) In the fourth year, services will be initiated in 17 health centers and 130,000 new patients will receive services.

(5) The Fifth year will be services initiated in 13 health centers and 140,000 new patients will receive services.

(6) By 1974 it is hoped that the entities assisted by this program will be able to continue without external assistance.

V. AFEME

A. Doctors graduating from the three medical schools in Ecuador have very little background in demography and family planning techniques.

A well-informed cadre of medical personnel to support the family planning policies of the government is essential to program success.

For this reason one of the principal targets in the AFEME program is to assist the schools of medicine at Central University, Quito, the University of Guayaquil and the University of Cuenca in reorganizing the curriculum of the medical faculties to include family planning and demographic information.

Assistance to these faculties will enable the three schools of medicine and associated sciences to organize, in FY-1969, teaching programs which cover all aspects of the population problem and which deal specifically with the realities of demographic problems in Ecuador.

B. In Ecuador, the study of population problems to date has been inadequate, although there are some demographic, vital and economic statistics available. Untrained personnel, poor organization of investigations and lack of uniform methodology have contributed to the paucity of reliable information.

In a seminar organized by AFEME in Quito in February 1968, the need for initiating population studies in the universities was clearly demonstrated and subsequently was included as a program target, that is

<u>To establish centers for population studies at each of the associated faculties</u>

Important benchmarks for this target are: (1) organization and preparation of offices of population studies in the participating universities; (2) programming and planning the first study to be carried out ("Available Human Resources in Medicine and Health"), and (3) initiation of studies in connection with clinical services offered by the training hospitals in Quito, Guayaquil, and Cuenca.

C. With the introduction of family planning techniques into the university curriculum it is necessary to provide faculties where prospective doctors can [illegible] practical experience in family planning techniques and [illegible] services to the women in the surrounding [illegible]. A third target was [illegible] established; <u>to organize family planning [illegible] in the [illegible] hospitals and public health centers.</u>

Important milestones in reaching this target are: [illegible] equipping the centers; (2) during the first year [illegible] services to approximately 4,000 women; (3) [illegible] number new patients receiving service as follows:

[illegible]

b. [illegible]

c. [illegible]

d. [illegible]

D. Outside of the training courses [illegible] association, there have been few [illegible] to receive in-service training in family [illegible] are facilities available for training the medical [illegible] who will be working in the Ministry of Health clinics [illegible]

To alleviate this situation a target has been established: to develop in-service courses in the universities for medical and paramedical personnel of the Ministry of Health and other entities involved in family planning programs.

Important benchmarks for this target are explained in detail in Section VII B [illegible] report and to avoid repetition will not be repeated here.

VI. [illegible]ación Pro-Maternidad de la Familia Ecuatoriana

A. During the past three years APBFE has been the leading entity in promoting family planning activities in Ecuador. Eventually, the private association program will phase out and its activities will be assumed by the government program. This is not expected for at least three years, however, and in the interim, the association will [illegible] independent role in the overall population program. The primary target of the association therefore is:

[illegible] family planning services in areas not now covered by [illegible] of Health, especially in the three metropolitan areas [illegible], and Cuenca.

[illegible] are:

[illegible] of patients from 8179 in 1967 to 15,000 in 1968. [illegible] increase the number of new patients receiving [illegible]:

[illegible] 20,000
[illegible] 30,000

[illegible] cash contributions to the private [illegible] Rotary Club [illegible] recently constructed a community [illegible] the total amount invested in construction [illegible] donated for materials by Rotary Club members. [illegible] family planning services for the indigent population under [illegible]

[illegible] the association therefore is:

[illegible] a fourth clinic in the suburbs of Guayaquil.

The remaining targets of the association involve the continuation of on-going [illegible] such as providing training courses for private physicians, expanding [illegible] the existing clinics, improving the administrative procedures of the [illegible] and conducting attitudinal and behavioral studies of clinical [illegible]

VII. Course of Action

A. Ministry of Health

The Ministry of Health was established in 1968.

In time, the Ministry will incorporate all regular preventive and curative governmental health services with the exception of those provided by social security and the military.

At present preventive health services of the country are under "Sanidad" which is headed by a Director General of Health with headquarters in Guayaquil.

There are three zone offices, located in Guayaquil, Quito, and Cuenca. In addition to Sanidad, there are five "Juntas Centrales de Asistencia Social" and one "Junta de Beneficiencia" which direct hospitals in their respective geographic areas.

Prior to the creation of the Ministry of Health, the Juntas operated independent and had their own sources of funds from the central government and from land holdings. Today, the budget for these Juntas with the exception of the Beneficencia in Guayaquil is controlled by the Ministry but little has been achieved in setting national standards for hospital operation.

The principal objective of the Ministry of Health is to eliminate duplication of services and to improve quality and distribution of both preventive and curative health services. This objective will not be realized rapidly due to entrenched bureaucracy. The Ministry, however, has established a planning unit which is developing long-range plans for the integration of health services unde r the Ministry's jurisdiction.

At present, the health services of the Ministry, preventive and curative, are concentrated in provincial capitals. Some extend to the canton which is the next administrative level of government.

The plans are to extend coverage to cantons not now served and to provide some health services at the level of the parroquias. There are now 79 health centers at the provincial and canton level. Some 54 additional health centers are being planned.

The present plan of the GOE is to establish a national council on population policy to advise the Ministry of Health. The council will serve in a coordinatin and advisory role and will not have executive powers. It is to be composed of representatives of government agencies such as the Ministries of Social Welfare, Education, Finance and the National Planning Board, as well as organizations such as the medical society and the private family planning association. The universities and AFEME will also be represented.

The Ministry of Health will also establish a Department of Population Policy, under the National Health Service with headquarters in Guayaquil. The Department is to be staffed by a medical director with experience in public health, an OB-GYN specialist, a sociologist, a nurse, a social worker, a health educator and a secretary. The Department is to be established and its members appointed and at work by December 1968. It will work with and through other departments of the national health service, including Statistics, Local Health Services, Nursing, Health Education, Social Work and Maternal and Child Health.

First Year Program

1. During the first year, the National Population Council and the Population Policy Department of the Ministry of Health will be established and its members provided family planning training in the United States and third countries.

2. Family planning services are to be initiated in 27 health centers in the cities of Guayaquil and Quito and in the Province of Manabí. The staff of the 27 clinics will receive training in family planning techniques under the AFEME program.

3. An audio-visual center under the Population Policy Department will be staffed and equipped to produce promotional and educational material.

4. A cytological contract team will investigate the laboratory facilities of the country and train technicians to increase cytological services in accordance with an expanding family program. Two key cytology technicians will be sent to the U.S. or a third country for training.

Second Year

During the second year of operation, the Ministry will initiate services in 20 additional health centers at the cantonal level in Guayas and Pichincha provinces and in the five provincial health centers of El Oro, Imbabura, Los Ríos, Loja, and Azuay. Further promotional activities will be initiated in 170 parroquias in Pichincha, Guayas and Manabí provinces, as follows:

a. Organizations of communal health committees to disseminate health and family planning information.
b. Instructions on contraceptive methods.
c. Personal interviews to determine financial conditions of families and obtain vital statistics pertinent to the family planning program.

Third Year

During the third year, family planning services will be initiated in 30 health centers at the cantonal level in the provinces of El Oro, Imbabura, Los Ríos, Loja and Azuay and in 6 health centers of the provinces of Carchi, Esmeraldas, Tungurahua, Chimborazo, Bolivar, and Cañar. Further promotional activities will be initiated in 202 parroquias of the provinces where the program was operational in the second year.

Fourth Year

In the fourth year, services will be initiated in 17 health centers at the cantonal level in Carchi, Esmeraldas, Tungurahua, Chimborazo, Bolivar, and Cañar and in the 6 health centers of the provinces of Cotopaxi, Napo, Pastaza, Morona Santiago, Zamora, Chinchipe and Galápagos. Further promotional activities will be initiated in 204 parroquias of the provinces where the program was operational during the third year.

Fifth Year

The fifth year will see the initiation of services in 13 health centers of the cantons of the 6 provinces where programs were undertaken the year before. Promotional work will be started in 119 parroquias of the same six provinces.

Sixth Year

By the sixth year all provinces (20), cantóns and parroquias will have governmental family planning services available and the GOE will hopefully be able to finance the program without the need of external assistance.

B. AFEME

There are three faculties of medicine in Ecuador which are part of the public university system. These medical schools which offer a 7 year program of study are located in Quito, Guayaquil and Cuenca. Total enrollment in 1967-68 is 1241. Graduates vary between 125 and 150 per year.

The faculties of medicine of Ecuador joined together in 1964 to form "La Asociación Ecuatoriana de Facultades de Medicina" (AFEME). This association is a member of the Pan American Federation of Medical Schools.

The purposes of AFEME are: to plan, improve, and stimulate the development of medical education in Ecuador; to bring about better coordination between the three faculties; to solve their teaching, scientific, and administrative problems; and to contribute to the well-being and the health of the country.

AFEME is directed by a council composed of representatives of the three faculties and has a full-time executive director. Among other activities, the organization has sponsored two national seminars on medical education (September 1967 and February 1968). The theme of 1968 seminar was the "Fundamentals of Teaching Demography in the Medical Schools". A resumé of the proceedings of this seminar, now available in published form, sets forth plans to incorporate demography and family planning into the curricula at pre-clinical, clinical, and post graduate levels in all three medical schools.

First Year Activities

1. The introduction of the following subjects into the curricula of the faculties of medicine of the three participating universities:

   First Year - sociology and methodology of statistics.
   Second Year- ecology and social anthropology.
   Third Year - social security
   Fourth Year- demography
   Fifth year - epidemiology
   Sixth Year - public health, family planning practices in the Ministry of Health centers and hospitals.

2. The publication of the proceedings of the "Second National Seminar of Medical Education".

3. The legal and physical organization of three population studies centers in the faculties of medical science in Central University, and the universities of Guayaquil and Cuenca, and the initiation of family planning services in the medical training hospitals.

4. The organization of the Population Division of AFEME, consisting of a Program Director, an Assistant Director, and a secretary. This Division will coordinat the family planning, research, and clinical activities of the universities and collate and examine data received from the universities to present to the National Population Council.

5. The third national seminar of medical education will be held in February 1969.

6. Two training courses in family planning techniques will be provided for 72 medical and paramedical personnel of the Ministry of Public Health.

7. Several short-term courses will be held for in-service medical personnel.

8. The following studies will be undertaken in connection with the clinical services offered by the medical training hospitals in Quito, Guayaquil and Cuenca:
   a. social, medical and demographic problems
   b. cancer of the cervix and abortion
   c. mortality and morbidity problems of children under three years of age.

Second Year Activity

1. The publication of the proceedings of the "Third National Seminar of Medical Education".
2. The continuation of the family planning programs in the medical training hospitals in Quito, Guayaquil, and Cuenca. (Integration of the programs with those of the Ministry of Health.)
3. The "Fourth National Seminar of Medical Education" will be held in February 1970.
4. Two training courses in family planning techniques will be provided for 60 medical and paramedical personnel of the Ministry of Health.
5. Continuation of short-term courses for in-service medical personnel.
6. Three regional demographic seminars will be held in Ambato, Loja, and Portoviejo in July 1970.
7. Studies initiated in the medical training hospitals of Quito, Guayaquil, and Cuenca in 1969 will be continued and expanded in 1970 to include the areas of Ambato, Loja, and Portoviejo.

Third Year Activities

1. The publication of the proceddings of the "Fourth National Seminar of Medical Education".
2. Continuation of family planning services in the medical training hospitals.
3. The "Fifth National Seminar of Medical Education" will be held in February, 1971.
4. Three training courses in family planning techniques will be provided for 84 medical and paramedical personnel of the Ministry of Health.
5. Continuation of short-term courses for in-service medical personnel.
6. Three regional demographic seminars will be held in Riobamba, Esmeraldas, and Azoguez.
7. Experimentation and investigation of the principal methods of birth control included in the subjects of pharmacy, and physiology within the faculties of medical sciences.
8. Continuation and expansion of studies initiated in 1969 and 1970.

Fourth Year's Activities

1. The publication of the proceedings of the "Fifth National Seminar of Medical Education".
2. Continuation of family planning services in the medical training hospitals.
3. The "Sixth National Seminar of Medical Education" will be held in February 1972.
4. Two training courses in family planning techniques will be provided for 46 medical and paramedical personnel of the Ministry of Health.
5. Continuation of short-term courses for in-service medical personnel.

6. Three regional demographic seminars will be held in Ibarra, Babahoyo, and Machala.
7. Continuation and extension of studies initiated in previous years.

Fifth Year's Activities

1. The publication of the proceedings of the "Sixth National Seminar of Medical Education".
2. Continuation of family planning services in the medical training hospitals.
3. The "Seventh National Seminar of Medical Education" will be held in February 1973.
4. Two training courses in family planning techniques will be provided for 38 medical and paramedical personnel of the Ministry of Health.
5. Continuation of short-term courses for in-service medical personnel.
6. Three regional seminars will be held in Tulcán, Milagro, and Latacunga.
7. Continuation and expansion of studies initiated in previous years.
8. Detailed plans for the 1974 program will be developed.

C. Asociación Pro-Bienestar de la Familia Ecuatoriana

During the past three years the private Asociación Pro-Bienestar de la Familia Ecuatoriana has been the leading entity in Ecuador in providing family planning services. Other than donated personnel services and very minor cash contribution from board members, its only source of income has been the International Parenthood Federation.

The Association supports three family planning clinics in the cities of Guayaquil, Quito, and Cuenca. In addition, the APBFE collaborates with 53 doctors working in facilities of the National Health Service, Social Security Hospitals, and private clinics in nineteen cities.

The association has provided training courses in family planning techniques through short-term courses to 95 physicians and obstetricians in the past two years.

With additional AID funds the association will be able to expand its family planning activities and improve the administration of its program. USAID support during the three-year period will make possible the following increases in the association's program.

1. Increase the headquarters staff to include a full-time executive secretary, scientific director, medical supervisor and bookkeeper.

2. Increase personnel in each of the 3 regional centers from one doctor and one nurse to two doctors, two nurses, and one social worker.

3. Initiate family planning services at a fourth center in the suburbs of Guayaquil. This center is located in a recently constructed Rotary Club from which family planning services will be provided to the poorest members of the city's population.

4. Continue family planning seminars for doctors and expand services to private medical practitioners.

5. Expand population studies to include persons served at the Rotary Club Center.

6. Increase number of women treated from the present 8000 to approximately 30,000 per year by 1971.

D. Cooperating Country Inputs Essential to Project Implementation.

Ministry of Health Program

The GOE contributions to this program are based upon external assistance during the five-year period 1969 through 1973.

The GOE contributions consist primarily of personal services of presently employed Ministry of Public Health clinical personnel working in the family planning program according to the schedule indicated on page 17 section A of this report.

Beginning in 1971, additional personnel will be hired, by the Ministry of Health and the following budget increases are planned.

Year	Annual Budget Increase	Cumulative Increase
1971	$156,750	$156,750
1972	$242,380	$399,150
1973	$268,350	$607,480
1974	$161,870	$769,350

AFEME

The five AFEME contributions to this program are listed on page 10, Section A of this report. AFEME's first year contributions are as follows:

1. Salaries of participant trainees, approximately $8,778.
2. Physical facilities necessary to establish clinics and demography centers within each of the university faculties.
3. One half of the costs of personnel working on the universities programs estimated at $23,751.
4. One half the cost of publications and portions of the travel and per diem of the executive secretary, approximately $600.
5. Purchase of library books and provide funds for the "Third National Seminar of Medical Education", approximately $3,850.

Total first year contributions excluding the physical facilities amount to approximately $37,000.

APBFE (private Association)

During the past three years the IPBFE has been the principal donor to the association; other than the donated services of the President and Executive Director of the Association very little local support has been forthcoming because of lack of tradition in supporting this type of contribution.

CROWLEY

NONCAPITAL PROJECT FUNDING (OBLIGATIONS IN $000)

Table 1
Page 1 of 2
COUNTRY: Ecuador

PROP DATE Mo/Day/Yr
Original 11 10 68
Rev. No.
Project No. 518-15-570-094

Project Title: HEALTH EDUCATION-POPULATION

Fiscal Years	Ap	L/G	Total	Cont 1/	Personnel Serv. AID	Personnel Serv. PASA	Personnel Serv. CONT	Participants U.S. Agencies	Participants CONT	Commodities Dir U.S.Ag.	Commodities CONT	Other Costs Dir & U.S. Ag.	Other Costs CONT
Prior through Act. FY-68	AG	G	611	90	0	0	90	0	0	116	0	405	0
Oper. FY-69	AG	G	509	39	71.5	0	39	80.7	0	102.8	0	215	0
Budg. FY-70	AG	G	528	40.5	37.5	0	40.5	11.5	0	116.9	0	321.6	0
B / 1 FY-71	AG	G	426	40.5	41.0	0	40.5	14.5	0	92.6	0	237.4	0
B / 2 FY-72	AG	G	225	19.5	19.5	0	19.5	9.2	0	84.9	0	91.9	0
B / 3 FY-0													
All Subs.													
Total Life	AG	G	2,299	229.5	169.5	0	229.5	115.9	0	513.2	0	1,270.9	0

1/ Memorandum (nonadd) column
Note that format of this page is same as E-1s.
If a second page of table is used, space year-line entries on second page at same location as on first page.

Table 1
Page 2 of 2*

Exchg rate $1 = 18.18 2/

Project No. 518-15-570-094

Fiscal Years	AID-controlled Local Currency U.S.-owned U.S.$	AID-controlled Local Currency Country-owned 3/	Other Cash Contribution Cooperating Country 4/ U.S.$	Other Donor Funds 5/ ($ Equiv.)	Food for Freedom Commodities 6/ Metric Tons (000)	Food for Freedom Commodities 6/ CCC Value & Freight ($000)	Food for Freedom Commodities 6/ World Market Price ($000)
Prior through Act. FY-68	405		0	0			
Oper. FY-69	225		316	0			
Budg. FY-70	335		471	0			
B / 1 FY-71	255		853	0			
B / 2 FY-72	115.0		1,265	0			
B / 3 FY	0		1,836	0			
All Subs.							
Total Life	1,335		4,741	0			

* If only page 2 of table is applicable, stage page 2 only and insert heading block from page 1 at top of page.

2/ As of preparation date.

3/ E.G., counterpart, describe in footnote.

4/ Describe in-kind contibutions in narrative.

5/ Footnote names, for food projects or food elements of project, include voluntary agencies here as appropriate.

6/ Identify commodities and approximate tonnages included in a footnote.