

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
 HEALTH AND POPULATION

APPENDIX ATTACHED
 YES NO

2. PROJECT NO. (M.O. 1095.2)
 525-15-500-142

3. RECIPIENT (specify)
 COUNTRY PANAMA
 REGIONAL INTERREGIONAL

4. LIFE OF PROJECT
 BEGINS FY 1967
 ENDS FY 1978

5. SUBMISSION
 ORIGINAL DATE
 REV. NO. 3 DATE
 CONTR./PASA NO.

II. FUNDING (\$000) 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 | (D) BUDGET | |
| 1. PRIOR THRU ACTUAL FY | 3342 | 230 | * | 160 | | 901 | 1821 | 230 | | | | 1,334 |
| 2. OPN FY 75 | | 1/ | | 30 | 22 | 100 | 370 | 1/ | | | | 335 |
| 3. BUDGET FY 76 | | | | 100 | 64 | 75 | 275 | | | | | 350 |
| 4. BUDGET +1 FY 77 | | | | 100 | 64 | 75 | 275 | | | | | 385 |
| 5. BUDGET +2 FY 78 | | | | 100 | 64 | 75 | 275 | | | | | 425 |
| 6. BUDGET +3 FY | | | | | | | | | | | | |
| 7. ALL SUBG. FY | | | | | | | | | | | | |
| 8. GRAND TOTAL | | | | | | | | | | | | |

9. OTHER DONOR CONTRIBUTIONS

| (A) NAME OF DONOR | (B) KIND OF GOODS/SERVICES | (C) AMOUNT |
|-------------------|----------------------------|------------|
| See Section VI | | |

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER
 Barry Burnott *BB*
 TITLE: Dep. Cap. Rers. Div. Off. DATE: 1/2/75

2. CLEARANCE OFFICER
 Alexander Firfer *AF*
 TITLE: Director DATE: 1/2/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

All U.S. and local personnel costs will be carried under Mission's administrative support budget beginning FY 75.

2. CLEARANCES

| BUR/OFF. | SIGNATURE | DATE | BUR/OFF. | SIGNATURE | DATE |
|----------|-----------|------|----------|-----------|------|
| | | | | | |
| | | | | | |
| | | | | | |

3. APPROVAL AAS OI OFFICE DIRECTORS

SIGNATURE: _____ DATE: _____
 TITLE: _____

4. APPROVAL A/AID (See M.O. 1025.1 V1.C)

SIGNATURE: _____ DATE: _____
 ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

| | | | |
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I. Project Goal

The rate of population growth in Panama has declined from 3.2% in 1965 to 2.7% in 1973.^{1/} The basic objective of this project is to encourage this downward trend and thereby achieve an annual population growth rate of about 2.0% by the year 2000. Goal achievement will be verified to the extent that the crude birth rate declines from the current rate of 32.7 per thousand to about 25 per thousand by the year 2000. Goal achievement will be measured by analyzing population projections based on special surveys, vital statistics, and decennial census figures.

II. Project Purpose

The project's purpose is to broaden public awareness of population growth problems and achieve delivery of family planning services to the highest possible percentage of fertile women in Panama, with special emphasis in rural areas. Achievement of the project's purpose will be verified by the delivery of family planning services to 25% of the fertile female population ~~through~~ Ministry of Health/Social Security outlets and to an additional 25% of fertile women through other channels by the end of CY 78. Approximately 13%^{2/} of the country's fertile-age women are currently using some form of contraception provided through the Ministry of Health's program, and it is estimated that an additional 15-20%^{2/} of the fertile female population are using family planning methods obtained from other sources. Annual surveys by the Ministry of Health will enable observers to measure progress towards the above stated targets.

^{1/} Contraloría General de la República, Dirección de Estadística y Censo, Estadística Panameña, July, 1974.

^{2/} Data based on recent surveys and analyses of the Ministry of Health.

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The hypothesis linking project purpose to project goal is that a growing and significant percentage of females using contraceptive devices will lead to a declining trend in the population growth rate. Furthermore, it is felt that achievement of the project's purpose, as quantified by the verifiable indicators, will demonstrate the country's capacity (in terms of both acceptance and family planning delivery systems) for sustaining a downward trend in the population growth rate.

III. Outputs

This project seeks to accomplish four specific targets or outputs in order to achieve the project's purpose.

1. Augment the capacity of the public health centers to provide family planning services and methods to an additional 27,000 fertile females by the end of CY 78. In early 1970, the Ministry of Health engaged in an intensive review of the total family planning program. The outgrowth of this review, in which USAID participated, was an action plan for incorporating family planning services in all Ministry of Health centers with the objective of securing 15% of the female target population as acceptors of Ministry family planning services by the end of CY 1974. As of early 1974, all of the health centers were providing such services to 43,000 acceptors, about 13% of the target population. Current plans call for an annual acceptor increase of 2.5% (about 9,000 acceptors) of the female target population. USAID believes that this target is realistic in view of past performance, and therefore concludes that a continuation of previous annual input increments of trained staff, equipment, and materials will suffice to provide adequate family planning services through Government outlets to an additional 9,000

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fertile females annually over the life of the project.

2. In a continuing effort to relax the motivational constraints to family planning and also provide the populace with specific information concerning family planning methods and available government services, a second output under the project will be to maintain the present level of mass media family planning informational programming. Currently, Government - endorsed family planning messages are carried by all major news media on a nationwide basis. A professional Panamanian advertising agency has been employed to assist the MOH in preparing and disseminating the family planning information. This year the MOH agreed to make specific descriptive mention of contraceptive methods, a basic thrust of future public information programs.

During 1971-72, the Westinghouse Population Center conducted a marketing survey of contraceptives in eight developing countries, including Panama. With respect to consumer behavior in Panama, the study concluded that:

1. There is widespread approval of family planning.
2. Most couples want to limit family size.
3. The public generally approved of the use of contraceptive promotion in stores, on the radio, and in the cinema.
4. A high proportion of fertile couples has had experience with contraceptives.
5. Public exposure to the media is widespread.
6. Consumers fear using oral contraceptives. (Still, Panama ranked first among the countries surveyed in oral pill usage.)
7. The continuation rate among condom users is low.

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In addition to the above marketing study, the Panamanian agency responsible for the mass media campaign is conducting surveys of consumer attitudes, knowledge and behavior concerning family planning. Such surveys are funded, in part, through this AID grant program. Since these surveys may indicate the need for changes or modifications in the mass media campaign, the objectively verifiable indicators related to this output target (Annex A) are subject to change.^{1/}

3. A third major output target, supportive of the first output target, is the provision of in-service health training for 130 para-professional health workers annually to teach in the areas of community health, family planning, communications, and equipment maintenance. Such training will be provided both in Panama and abroad. The MOH is aware of the need for expanding its in-country training capacity for preparing health assistants to carry health information and services to campesino and Indian families living in remote rural areas. This concern is promoted in part by the realization that many tasks now being performed by doctors and other professionals must be reallocated to less broadly trained auxiliaries and community workers in order to extend preventive health services at minimum cost. The para-professional health instructors will conduct short-term in-country training courses in basic health care, family planning, and communications for 1,600 volunteers, community workers, health educators, and health aides annually.

Additional short and long term training will be provided for 40-50 doctors and nurses annually in family planning/maternal child health care.

^{1/} Per discussions in AID/W, Mission has requested AID/W assistance in researching acceptable rate and methods of improvement.

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4. A final output target is to provide seminars or conferences on population dynamics, family planning, and sex education for public servants, students and influential groups such as journalists, business and labor leaders, government officials, and the clergy. The MOH and APLAFA, a private institution providing family planning services, have convened several seminars and conferences on population matters throughout the country. Recently, APLAFA sponsored a seminar for journalists, several of whom were opposed to family planning. The results of the week-end seminar were encouraging. Once informed about the work of APLAFA, its objectives and contributions towards the development of Panama, their reaction to family planning was considerably more positive. Articles appeared in the local press favoring family planning practices and encouraging their newspaper colleagues to join the campaign towards broader dissemination of information on this important subject.

Medical and para-medical personnel from the Ministry of Health also conduct periodic courses, seminars, and conferences on family planning and sex education for MOH and other government employees, high school students, rural communities, and firms in the private sector. USAID Title II assistance will continue to provide audio visual equipment and educational materials in support of this facet of the Ministry's family planning education program. For additional details on the Ministry's educational activities for 1975 in the areas of family planning and sex education, see Annex B.

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IV. Inputs

The Project's inputs are specified in the logical framework, Annex A.

V. Rationale

The project is designed to help insure that the momentum gained in social acceptance of family planning concepts and practices will be sustained in the future and, consequently, that population growth rates will decline to at least the two per cent level by the year 2000. While good progress has already been made toward the goal of decelerating the population growth rate, it must be recognized that the current rate of 2.7% is high by world standards and, if sustained over time, will tend to divert excessive public and private sector resources away from production type investments in order to satisfy the exponential increase in demand for basic services - water, education, housing, and so forth.

In addition to the above considerations, the Panamanian Government's position on family planning is conducive to continued outside assistance in this important area of development. The GOP recognizes the right of parents to determine the size of their families, and in support of this policy the MOH offers family planning assistance as an integral part of their health services in all of the country's 74 health centers. Since 1971, a large portion of USAID Title X assistance has supported the expansion/renovation and equipping of these centers so that the MOH could make family planning a regular part of their health services throughout the country. Along with the expansion of the Ministry's physical capacity for offering family planning services, USAID has supported a government sponsored nationwide mass media campaign to increase public awareness of population issues.

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family planning techniques, and available family planning services. Additional grant funding has financed a variety of in-service training programs for medical and para-medical personnel involved in the government's family planning program.

With all of the existing 74 health centers now providing at least basic family planning information and counseling, future USAID efforts will concentrate on:

1. Strengthening the Government's in-country capacity for training volunteers, community workers, health educators and health aides in the basics of community health, family planning, and communications;
2. offering professional medical personnel short-term specialized training in the latest family planning techniques;
3. continued support of the government sponsored nationwide mass media campaign.

In addition to the above, the USAID grant program will provide nonexpendible office and medical equipment for health centers and sub-centers expanding their family planning services. Other funds will support seminars and conferences on population growth, family planning and sex education for public servants, students, and individuals or groups in the private sector. The basic thrust of this program is to increase both the demand and supply of family planning services; particularly in the rural areas where health services, although improving, are still in short supply. As the following section indicates, this strategy is supportive of GOP goals in the health sector.

Government Health Policies and Programs

It is important to understand the broader policy and operational contexts within which the government's family planning program operates.

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For over a decade the GOP has made deliberate decentralization moves aimed at extending government health service coverage to the rural areas of Panama. With limited assistance from PAHO and AID, the GOP has established, renovated/ or expanded health centers and sub-centers in the country's interior to make the decentralization concept meaningful in operational terms. Currently, 74 health centers and 140 sub-centers are in operation throughout the Republic. Twice the number of doctors, nurses, and support personnel have been added in the past decade to the MOH staff to work largely in the expanded or newly established centers. Twenty-five land based mobile health units and five sea-going vessels provide periodic medical attention, sanitary and social services to remote rural communities throughout Panama - operating largely from the rural-based health centers. Over 800 Community Health Committees have been formed with the objective of strengthening the participation of the people in the identification, development, and execution of community projects aimed at improving their health. The Health Committees have been the focal point for developing a wide range of health programs, including the installation of potable water systems, the establishment of community vegetable gardens, vaccination campaigns, and educational programs touching every aspect of community health, including family planning.

The policies and programs outlined above indicate the government's dedication to improving health services throughout the country, their conviction that family planning is an integral part of those services, and illustrates the likelihood of their using effectively the resources to be distributed through this project.

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VI. Other Donor Programs In Health Sector

For the foreseeable future, principal sources of other donor assistance will be PAHO, UNICEF, ~~the International Planned~~

Parenthood Federation (IPPF), the International Development Bank (IDB) and the American Public Health Association (APHA).

PAHO is providing technical consultation in maternal/child health on a limited scale to both the Ministry and the University of Panama as well as considerable long and short-term-off-shore training in general public health.

IPPF continues to support AFLAFA with contraceptives, audio visual equipment and educational materials and training.

UNICEF has committed itself to support the Rural Community Health and Nutrition project through the purchase of 100 additional hand-operated diesel tractor/cultivators.

The IDB extended a loan of \$7.5 million in FY 73 to finance water supply and sewerage sub-projects for rural communities of between 500 and 2000 inhabitants. The project is expected to eventually benefit some 140,000 people. This is the second such health sector loan from IDB in recent years. In 1967 IDB provided a loan of \$3.4 million to improve the city of Chitré's sewerage system.

APHA, supported by AID, is discussing with the Ministry the possibility of establishing a three-year \$750,000 project to assist the Ministry evaluate and further develop the integration of its health, family planning and nutrition program delivery system. The project would be carried out under the auspices of APHA by the University of Texas' School of Public Health.

LOGICAL FRAMEWORK

Health & Population

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|-------------------|-----------------------------------|-----------------------|-----------------------|
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Program Goal:

To assist Panama in reducing its population growth rate from the current annual rate of 2.7% (1973) to about 2% by the year 2000. ✓

The crude birth rate will have declined from the current rate of 32.7 per thousand to about 25 per thousand by the year 2000. ✓

1. Decennial census
2. Analysis of population growth indicators.
3. Special studies and surveys, including population projections.

1. Demographic trends (such as urban vs. rural population percentages) and sociological factors (such as average age at marriage) which also affect population growth, will favor a declining growth rate rather than an increasing rate.
2. GDF will continue to support family planning as a development tool.
3. There will be no organized social opposition to family planning.

✓ These demographic projections were made by the U.S. Department of Commerce, Bureau of the Census. For additional details, see their publication, Population of Panama, Estimates and Projections: 1961-2001, July 1970.

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Health & PopulationNarrative SummaryObjectively Verifiable IndicatorsMeans of VerificationImportant AssumptionsProject Purpose:

To broaden public awareness of population growth problems and achieve delivery of family planning services to the highest possible percentage of fertile women in Panama, with special emphasis in rural areas.

The capacity for and delivery of family planning services to 25% of the fertile female population through MOH/CSS outlets and to an additional 25% of fertile women through other channels. ^{1/}

1. Direct observation.
2. Reports from the MOH, MOE, and Ministry of Planning.

1. Provision of family planning services and information to the target populations will result in greater contraceptive usage and reduced birth rate.
2. Cultural and social mores will not significantly impede the introduction of family planning devices.
3. GOP laws will continue to permit the dispensing of contraceptives through commercial outlets.
4. Sufficient contraceptives will be available through commercial outlets to satisfy public demand.

^{1/} Currently, MOH/CSS family planning services are being provided to approximately 13% of the country's fertile-age women, and an additional 15-20% of the fertile female population are using family planning methods obtained through other channels.

Health & Population

| Narrative Summary | Objectively Verifiable Indicators | Means of Verification | Important Assumptions |
|-------------------|-----------------------------------|-----------------------|-----------------------|
|-------------------|-----------------------------------|-----------------------|-----------------------|

Outputs:

- | | | | |
|--|---|---|---|
| <p>1. Augment capacity of public health centers to provide family planning services and methods.</p> | <p>1. By end of CY 76, the staff, equipment and materials of existing health clinics will be adequate to provide family planning services to an additional 27,000 fertile females. Included in the staff will be the following trained personnel:</p> | <p>1a. Annual MOH surveys will be conducted to determine expansion progress.</p> <p>1b. Periodic MOH reports; direct observation.</p> | <p>1a. Demand for MOH family planning services will increase by 50% over current level as a result of natural population growth plus increasing requests for such services stimulated by vigorous nationwide promotional campaign</p> |
| | <p>a. Professionals: 40-50 doctors/nurses trained annually in FP/MCH matters.</p> | | <p>1b. The trained doctors, nurses, para-professionals and health assistants will be assigned to work in the COP's family planning program.</p> |

Health & Population**Narrative Summary****Objectively Verifiable Indicators****Means of Verification****Important Assumptions****Outputs (Cont.)**

- | | | | |
|--|--|---|--|
| <p>2. Maintain current level of mass media family planning information programs.</p> | <p>2. Approximate annual levels:</p> <ul style="list-style-type: none"> a. 25,000 30 second radio spots. b. 800 20 second T V. spots. c. 60 months of billboard space. d. 14,000 posters on FP/MCH. e. 200,000 pamphlets on FP/MCH. f. 75,000 single sheet handouts on FP/MCH g. 15,000 sq. in. of newspaper ads. | <p>2a. Periodic reports of Public Relations Office, MOH.</p> <p>2b. Reimbursement vouchers.</p> | <p>2. Information programs will be sufficiently effective to stimulate a significant number of new adherents to family planning practices.</p> |
| <p>3. Seminars on family planning and sex education conducted for specific groups.</p> | <p>3. 1,200 public servants annually receive instruction on basic community health/FP subjects.</p> | <p>3. Direct observation and periodic reports from the MOH and AFLAFA.</p> | |

Health & Population

| <u>Narrative Summary</u> | <u>Objectively Verifiable Indicators</u> | <u>Means of Verification</u> | <u>Important Assumptions</u> |
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Outputs (Cont.)

- b. 2,700 high school children annually receive sex education instruction.
- c. A minimum of six seminars and other training programs concerning population/FP sponsored for influential groups such as journalists, business and labor leaders, government officials, and the clergy.

Health & Population**Narrative Summary**Objectively
Verifiable Indicators

Means of Verification

Important Assumptions

Inputs:**1. FY 76****A. USAID****1. Participants**

1. Two long term,
forty short term
third country
and U.S.: \$100,000

A. Direct observation,
signed contracts,
approved P10/PS
and P10/Cs, reim-
bursement vouchers,
audits.

A1. That inter-
national as-
sistance pro-
grams directed
at population
problems will
be sustained
at levels cur-
rently contem-
plated.

2. Commodities

2. Clinical, audio
visual, and office
equipment:
\$75,000.

3. Other Costs

3. Survey/research
grants (\$25,000);
Information/edu-
cational activi-
ties including
mass media cam-
paign and sup-
port for APLAFA
(\$200,000); In-
country training
including semi-
nars/conferences
(\$50,000).

A2. That appropriate
participants can
be obtained for
training programs.

Health & Population

Narrative Summary

Objectively Verifiable Indicators

Means of Verification

Important Assumptions

Inputs: (Cont.)

B. GOP

- 1. 74 professionally staffed health centers.
- 2. 25 mobile health units.
- 3. 5 sea-going medical boats.
- 4. Oral contraceptives for 50,000 monthly cycles.

a Annual MOH budget for maternal child health care, including family planning: \$6.5 million.

B. Direct observation, MOH/CSS budget information, periodic reports of MOH activities.

B. That current maternal/child health care budgets of MOH/CSS will be maintained or increased over life of project.

C. APLAFA

Five professionally staffed information/educational units serving 5 provinces.

C. Direct observation and APLAFA reports.

C. Budget support from IPPF will continue.

Health & Population**Narrative Summary****Objectively
Verifiable Indicators****Means of Verifications****Important Assumptions****Inputs: (Cont.)****D. AID/W**4,000 gross
of condomsD. MOH and APLAFA
records.**E. IPPF**Oral contra-
ceptives for
650,000
monthly
cycles.E. MOH and APLAFA
records.**2. FY 77****A. USAID**

Same as FY 76.

B. POPSlightly higher
than FY 76 for
categories (1),
(2), (4). Same
as FY 75 for
category (3).**C. APLAFA**

Same as FY 76.

Health & Population

| Narrative Summary | Objectively Verifiable Indicators | Means of Verifications | Important Assumptions |
|-------------------|-----------------------------------|------------------------|-----------------------|
|-------------------|-----------------------------------|------------------------|-----------------------|

Inputs: (Cont.)

D. AID/W
8,000 gross of condoms.

E. IPPF
Oral contraceptives for 650,000 monthly cycles.

3. FY 78

A. USAID
Grant inputs same as FY 77.

Same as above

B. GDP
Slightly higher than FY 77 inputs.

C. APLAF
Same as FY 77.

D. AID/W
8,000 gross of condoms.

Health & Population

Narrative Summary

**Objectively
Verifiable Indicators**

Means of Verification

Important Assumptions

Inputs: (Cont.)

E IPPF

Oral contra-
ceptives for
650,000
monthly
cycles.

PROGRAMA MATERNO INFANTIL
ACTIVIDADES EDUCATIVAS

1975°

| TIPO DE ACTIVIDAD | TIPO DE PARTICIPANTES | DURACION | No. |
|--|--|--------------|-----|
| Seminario de Educación Sexual | Estudiantes de Vo. y Vlo. Año (Graduandos) | Una Mañana | 72 |
| Seminario de Planificación Familiar y Educación Sexual | Reclutas, Guardia Nacional | Un día | 3 |
| Seminario de Planificación Familiar | Comunidades | Tres Horas | 48 |
| Adiestramiento sobre Planificación Familiar y Educación Sexual | Educadores para la Salud Trabajadoras Sociales Inspectores Saneamiento Nutricionistas | Seis Semanas | 1 |
| Adiestramiento sobre Planificación Familiar y Educación Sexual | Médicos y Enfermeras | Una Semana | 4 |
| Adiestramiento en Planificación Familiar y Educación Sexual | Auxiliares de Enfermería, Inspectores Saneamiento, Auxiliares de Educación en Salud, en formación | Una Semana | 6 |
| Adiestramiento en Planificación Familiar y Educación Sexual | Estudiantes de Enfermería de Azuero | Diez días | 1 |

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| TIPO DE ACTIVIDAD | TIPO DE PARTICIPANTES | DURACION | Nr. |
|---|---|------------|--------|
| Seminario de Planificación Familiar | Instituciones y Empresas | Tres Horas | 26 |
| Adiestramiento en Planificación Familiar | Auxiliares de Enfermería, Educación para la Salud, Inspectores de Saneamiento en servicio | Una Semana | 3 |
| Charlas en los Centros de Salud | Usuarios de los Servicios | 20 Minutos | 13,520 |
| Adiestramiento a Secretarías de Estadística | Secretarías de Estadística | Un Día | 4 |

Nota: Estas serán dictadas por personal médico y paramédico, que labora en el Ministerio de Salud, a través del Departamento Materno Infantil, en todo el país.