OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Ecuador

Extension and expansion of integrated maternal and child health services

Estimated UNFPA contribution: $2,850,000

Estimated value of the Government's contribution: $2,600,000

Duration: Four years

Estimated starting date: 1 July 1981

Executing Agency: World Health Organization/Pan American Health Organization (WHO/PAHO)

Government Co-operating Agency: Ministry of Public Health
I. Summary

1. UNFPA proposes assisting the Government of Ecuador, a priority country for UNFPA assistance, over four years in the amount of $2,850,000 with a project to strengthen and expand health services for women of reproductive age and children. The project would pay particular attention to those sectors of the population, both urban and rural, which benefit only marginally from improvements in the national economy. The project's objectives would be 1) to maintain and expand maternal and child health and family planning services for the population already covered and to extend coverage to dispersed groups in rural areas; 2) strengthen the administrative and logistical support systems at central, provincial, and operational levels; 3) promote community participation through non-formal education and communication activities; 4) improve training programmes; 5) reach the adolescent population by integrating teaching centres for adolescents into the maternal and child health/family planning system; and 6) conduct operational research. UNFPA assistance would support international personnel, salaries for some national personnel, subcontracts for research and communications activities, training, and supplies and equipment.

II. Background

2. With a 1980 estimated population of eight million, Ecuador has an annual population growth rate of 3 per cent, one of the highest in Latin America. The crude birth rate is estimated at 42 per thousand, and the crude death rate at 10 per thousand. The total fertility rate, or average number of live births per woman in the reproductive age, is approximately 6.29. Forty-five per cent of the population are under age 15, and 45 per cent of all women are in the childbearing years of 15 to 49.

3. The infant mortality rate of 71 deaths per thousand births is believed to be underestimated and varies considerably within the country. It is generally recognized that many births and infant deaths are never reported, especially in the rural areas. Infant mortality is highest in rural areas with large indigenous populations. The main causes of infant mortality are infectious gastro-enteric and respiratory diseases complicated by malnutrition. Deaths of children under the age of five account for approximately half of the deaths in the country.

4. Over-all population density is 25 persons per square kilometre, but rapid population increase has created intense pressure on arable land, particularly in the sierra region. This pressure has, in turn, contributed to rural-urban migration. The cities of Guayaquil and Quito now include large numbers of people who are only marginally integrated into the economic system; most live in sub-standard housing, and many are unemployed or underemployed. While only 28 per cent of the population were classified as urban in 1950, 45 per cent were classified as urban in 1979.

5. Ecuador's Constitution supports responsible parenthood, including the right of parents to have the number of children they can support and educate. The Constitution also provides for establishment of a National Development Council, the responsibilities of which include development of a population policy as a component of development policy.

6. UNFPA assistance to Ecuador, beginning in 1971, totaled $4,350,051 for all project activities (as of 31 October 1980). This has included support to the work of the Centre for Demographic Analysis in the Statistics Office, the family planning programme...
of the armed forces, population and housing census, and the family life/sex education
programme in schools. UNFPA has also supported preparatory activities leading to the
creation of a population and development policy unit within the National Development
Council as well as the national fertility survey within the framework of the World
Fertility Survey, completed in 1980. UNFPA is currently supporting a pilot project
in two remote rural areas which is testing a simplified system for delivering maternal
and child health care through community participation and use of nurse auxiliaries.
UNFPA is also working with other donors, such as the U.S. Agency for International
Development, on current and future project development.

7. Since 1975, beginning with pre-project activities, UNFPA has provided assistance
to the national maternal and child health programme. This UNFPA assistance, approved
by the Governing Council at its twenty-first session in January 1976,1 called for a
UNFPA contribution of $1,345,800, for a four-year period, beginning in January 1976.
The World Health Organization/PAHO was designated as the Executing Agency. The
Government co-operating agency was the Ministry of Public Health. UNFPA assistance
supported the extension of services to rural areas and marginal populations and train-
ing of both medical and paramedical personnel, including training in family planning.
UNFPA assistance, initially scheduled to end in December 1979, has been extended
through June 1981.

8. This programme continues to receive Government priority in the area of popula-
tion. Under the MCH project, targets were established for extension of MCH/FP
services; the performance of the project in 1979 is summarized below:

<table>
<thead>
<tr>
<th>Service Component</th>
<th>Annual Target</th>
<th>Coverage</th>
<th>Achievement percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal care</td>
<td>106 730</td>
<td>106 852</td>
<td>100.1</td>
</tr>
<tr>
<td>Delivery care</td>
<td>75 630</td>
<td>70 905</td>
<td>93.8</td>
</tr>
<tr>
<td>Postpartum care</td>
<td>24 150</td>
<td>16 371</td>
<td>67.8</td>
</tr>
<tr>
<td>Fertility regulation</td>
<td>43 935</td>
<td>40 143</td>
<td>91.4</td>
</tr>
<tr>
<td>Gynaecological cancer detection</td>
<td>54 920</td>
<td>33 072</td>
<td>60.2</td>
</tr>
</tbody>
</table>

9. Training activities conducted in the project in 1979 were: 1) course for rural
MCH/family welfare physicians (2 courses, 100 participants), 2) seminar/workshop in
MCH for nurses (2 courses, 46 participants), 3) courses for nurse auxiliaries (8 courses,
167 participants), 4) courses for traditional midwives (4 courses, 60 participants),
5) follow-up sessions with traditional midwives (33 sessions, 410 participants),
and 6) fellowship in MCH/FP at University of Puerto Rico (1 fellowship).

10. Other activities included provision of clinic equipment to hospitals and health
centres; evaluation report on the work of trained traditional birth attendants;
preparation of information/education materials, including two films; delivery of audio-
visual equipment; short courses and supervision activities in information, education
and communication; and provision of contraceptive supplies (orals, IUDs, condoms and
spermacides).

11. In 1980 a component involving active community participation in primary health care
was developed within this project, and the Central Bank's Fund for Development in
Rural and Marginal Groups began to work with the Ministry of Public Health on project
implementation.
12. Total UNFPA support to this project through June 1981 is expected to amount to $2,750,545.

13. With the exception of the fertility survey, UNFPA-supported activities in Ecuador have, for a variety of reasons, experienced delays in implementation. The principal causes of these delays have been a lack of institutional infrastructure and management problems, particularly a dearth of trained personnel with responsibility to effect project implementation. Nonetheless, most broad project objectives have been reached; health services have been expanded, particularly in rural areas; and demographic research studies have been successfully completed.

14. Assistance from other donors has included the provision (1977-1979) by the British Overseas Development Administration of an expert as adviser to the non-formal education, social communication components of the MCH/FP programme. Assistance from non-governmental organizations has included, for example: Family Planning International Assistance, which has provided grant assistance to the Medical Centre for Family Orientation and Planning (CEMOPLAF) to provide clinical and education services in co-operation with the Ministry of Public Health; the Association for the Welfare of the Ecuadorian Family (APROFE), an affiliate of the International Planned Parenthood Federation (IPPF), which provides clinical services, a variety of training programmes, family planning communication activities, and seminars in sex education, with support from IPPF and other donors. The Pathfinder Fund and the Margaret Sanger Center of Planned Parenthood of New York City have also supported training activities and the expansion of the health service delivery system to outlying areas. The Canadian International Development Research Centre has also provided a grant to APROFE for introduction of a new form of hormonal contraceptive.

15. A UNFPA needs assessment mission was conducted in Ecuador in April 1980 in collaboration with the National Development Council. The mission made the following recommendations: 1) the maternal and child health/family planning programme should continue to be strengthened with emphasis on expansion in rural areas; 2) a population and development policy unit should be set up within the National Development Council; 3) the co-ordination of population and employment planning should be enhanced; 4) demographic research in both the public and private sectors should be encouraged as well as co-ordination of research activities; 5) women's participation in development should be improved through training and non-formal education as well as through institution-building and co-ordination of women's projects; and 6) initial institution-building should be undertaken in the area of population education and communication.

III. The project

16. UNFPA proposes to provide continued assistance for the extension and expansion of the Government's integrated maternal and child health services, in the amount of $2,850,000 over a four-year period, beginning 1 July 1981.

17. The project's long-range objectives are to expand health services coverage for women in their reproductive years and for children and, in accordance with the National Development Plan, to improve the health and welfare of marginal sectors of the population.

/...
Short-term project objectives over the next four years are 1) to maintain and expand maternal and child health and family planning services in all areas where the Ministry of Public Health has operating facilities and to extend coverage to dispersed populations in rural areas; 2) to strengthen the administration and logistical support systems at the central, provincial and operational levels; 3) to promote community participation as part of an effort to strengthen non-formal education and communication activities; 4) to reach the adolescent population by integrating teaching centres for adolescents into the maternal and child health/family planning programme; and 5) to conduct a programme of operational research in maternal and child health and family planning.

An ongoing evaluation component would be established and a monitoring system put in place as part of project activities.

UNFPA inputs would include an international expert in maternal and child health and family planning for two years and a short-term consultant in information, education and communication; salaries for local medical and paramedical personnel; subcontracts for operational research, for community-level communication activities and for production of communications material; fellowships in administration and evaluation in the field of maternal and child health/family planning, in demography, and in public health; training for medical and paramedical personnel including traditional midwives and community health promoters; medical equipment and supplies; vehicles; and contraceptives.

The proposed expenditure components for the period mid-1981 to mid-1985, subject to the availability of funds, are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>International personnel</td>
<td>$129 000</td>
</tr>
<tr>
<td>National personnel</td>
<td>492 000</td>
</tr>
<tr>
<td>Subcontracts</td>
<td>539 000</td>
</tr>
<tr>
<td>Training</td>
<td>843 000</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>797 000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>50 000</td>
</tr>
</tbody>
</table>

Total 2 850 000

The Government's contribution, approximately $2.6 million, would be provided by the Ministry of Public Health and the Central Bank of Ecuador. These funds would support local salaries, including salaries at the community level, and maintenance of vehicles. Local salaries supported by UNFPA in the early years of the project would be absorbed into the Government budget during the life of the project.

IV. Recommendation

The Executive Director recommends that the Governing Council:

(a) Approve the project in Ecuador for the four-year period July 1981-June 1985 in the amount of $2,850,000; and

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Ecuador and with the Executing Agency.