

PD-AAA-750-A1

5180094-4

AID 1020-25 (7-68)			SECURITY CLASSIFICATION			001 PROJECT NUMBER		
PROJECT APPRAISAL REPORT (PAR)			UNCLASSIFIED			518-15-590-094		
(U-446) See M.O. 1026.1								
002 PAR	MO.	DAY	YR.	003 U.S. OBLIGATION SPAN		004 PROJECT TITLE		
AS OF:	06	30	69	FY 68	Thru FY 72	HEALTH EDUCATION - POPULATION		
005 COOPERATING COUNTRY - REGION - AID/W OFFICE								
Ecuador								

16p.

006 FUNDING TABLE

AID DOLLAR FINANCING-OBLIGATIONS (\$000)	TOTAL	CONTRACT (NON-ADD)	PERSONNEL SERVICES			PARTICIPANTS		COMMODITIES		OTHER COSTS	
			AID	PASA	CONTRACT	DIR. PASA	CONTRACT	DIR. PASA	CONTRACT	DIR. PASA	CONTRACT
CUMULATIVE NET THRU ACTUAL YEAR (FY 19 69)	587	69	11		69	88		359		60	
PROPOSED OPERATIONAL YEAR (FY 19 70)	735	74.9	26.5		70	72		40		521.6	4.9

CCC VALUE OF P.L. 480 COMMODITIES (\$000) → Thru Actual Year : -0- Operational Year Program : -0-

007 IMPLEMENTING AGENCY TABLE

If contractors or participating agencies are employed, enter the name and contract or PASA number of each in appropriate spaces below; in the case of voluntary agencies, enter name and registration number from M.O. 1551.1, Attachment A. Enter the appropriate descriptive code in columns b and c, using the coding guide provided below.

TYPE CODE b	TYPE CODE c	a. IMPLEMENTING AGENCY	TYPE CODE		d. CONTRACT/PASA/VOLAG NO.	e. LEAVE BLANK FOR AID/W USE
			b.	c.		
1. U.S. CONTRACTOR 2. LOCAL CONTRACTOR 3. THIRD COUNTRY CONTRACTOR 4. PARTICIPATING AGENCY 5. VOLUNTARY AGENCY 6. OTHER:	0. PARTICIPATING AGENCY 1. UNIVERSITY 2. NON-PROFIT INSTITUTION 3. ARCHITECTURAL & ENGINEERING 4. CONSTRUCTION 5. OTHER COMMERCIAL 6. INDIVIDUAL 7. OTHER:	1. Dr. John S. Horning	1	6	AID 518-238	
		2. New England Medical Center	1	2	AID/1a-602	
		3.				

PART I - PROJECT IMPACT

I-A. GENERAL NARRATIVE STATEMENT ON PROJECT EFFECTIVENESS, SIGNIFICANCE & EFFICIENCY.

This summary narrative should begin with a brief (one or two paragraph) statement of the principal events in the history of the project since the last PAR. Following this should come a concise narrative statement which evaluates the overall efficiency, effectiveness and significance of the project from the standpoint of:

- (1) overall performance and effectiveness of project implementation in achieving stated project targets;
- (2) the contribution to achievement of sector and goal plans;
- (3) anticipated results compared to costs, i.e., efficiency in resource utilization;
- (4) the continued relevance, importance and significance of the project to country development and/or the furtherance of U.S. objectives.

Include in the above outline, as necessary and appropriate, significant remedial actions undertaken or planned. The narrative can best be done after the rest of PART I is completed. It should integrate the partial analyses in I-B and I-C into an overall balanced appraisal of the project's impact. The narrative can refer to other sections of the PAR which are pertinent. If the evaluation in the previous PAR has not significantly changed, or if the project is too new to have achieved significant results, this Part should so state.

008 NARRATIVE FOR PART I-A (Continue on form AID 1020-25 I as necessary):

In June 1968 the Ministry of Health of Ecuador signed two project agreements, one setting up a population department for the Ministry, and the other establishing population study centers in the three faculties of medicine and organizing teaching programs covering all aspects of demographic problems in Ecuador. This work was coordinated by the executive secretary of the Association of Faculties of Medicine (AFEME).

MISSION DIRECTOR APPROVAL →	SIGNATURE	DATE
	A. D. Gordon	Sept 15, 1969

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Population study centers were immediately formed in the three faculties of medicine, in Cuenca, Quito, and Guayaquil. These centers immediately began socio-economic and attitudinal studies regarding family planning and also initiated scientific studies regarding oral contraceptives. Limited actual family planning services were introduced, and a small group of families began to receive regular contraceptive attention as a part of the teaching and investigative services of these three faculties.

In September 1968 national elections occurred and a new Minister of Health took office. Thus the selection (by examination) of the chief of the department of population did not occur until January 1969, because of the normal adjustment period required by the new government cabinet, and the final selection of the seven-member department was not made till February of 1969.

On approximately February 8, 1969, the department began official action with a small knowledge, attitudes and practices (KAP) study in preparation for the month-long course in Puerto Rico in how to set up a national family planning program. This group has only recently finished its course and has not yet returned to set up the actual program.

On July 1, 1969, the cancer detection course involving twelve applicants began its one-year cytology program in the Cancer Institute in Guayaquil. This part of the family planning program is aimed at the detection of early cervical cancer in women who come for family planning services to the many clinics now available and those to be set up in the next two years.

(1) Overall Performance and Effectiveness of Project Implementation

The program of the Association of Faculties of Medicine (AFEME) has continued to move along slowly, the main obstacle being the lack of clinic equipment which was ordered but needs from nine to twelve months to arrive. All of the centers have been set up, the one in Guayaquil being placed in Health Center No. 3 of the Health Department. The Center in Cuenca was set up in a rented office, and the patients for actual family planning services were sent to the local municipal hospital's Center of the Family Planning Association of Ecuador. The Center in Quito was set up in the Maternidad Hospital.

There has apparently been a considerable amount of enthusiasm for the program. At the same time, however, there has been moderate reservation in actually carrying out investigations with students because of the reactions that have occurred, especially in Guayaquil, towards this type of program. The actual inclusion of demographic studies in the curriculum of the faculties of medicine has been very slow or perhaps nonexistent in certain cases because of the great lack of trained personnel in demography. The needs in demography will be met, however, when the persons currently in training return to Ecuador following their 18-month course.

As previously noted, the Department of Population did not actually exist until February of this year, because of the change of government and the advent of a new Minister of Health. The survey which was done nevertheless showed excellent initiative, and the main problem during the first four months was that the uncertainty about exactly how the department should proceed resulted in some ambiguity of purpose. A great portion of this uncertainty should disappear following the course in Puerto Rico.

(2) Contribution to the Achievement of Sector and Goal Plans

At the present stage of development the Ecuadorian Government's population program (GOE) is just getting started and has as yet made no impact on the annual population growth rate of 3.4%. As stated in the CASP, it is quite likely that no real impact will be observed for at least four or five years. It is obvious, though, that this program is crucial if the GNP is to be adequate, and if the per capita income is to be raised sufficiently to benefit the rural and low income urban population such as the suburbs of Guayaquil. The members of the population department, however, are scheduled to return soon from their one-month course in Puerto Rico along with the directors, gynecologists, nurses and nurses aids from the Population Studies Center of the Faculties of Medicine, the Family Planning Association and the Women's Medical Association.

Since this program only recently got under way, there has been no opportunity to achieve the projected goals, but there is reason to believe that with the initial training completed, active programs will be under way within three months in Manabi and parts of Guayas and Pichincha. This part of the project is approximately six months behind schedule, but the delays have been unavoidable in nature and probably necessary for proper time sequence development within the political structure of the country.

(3) Efficiency in the Utilization of Resources

Through June 30, 1969 \$41,000 dollars in "Other Costs" and \$29,000 in PIO/Ps, PIO/Ts and PIO/Cs out of a total obligation of \$587,000 had been spent. The remaining amount had been obligated, principally for clinical equipment, vehicles, audio visual equipment and contraceptive equipment, all of which is on order but will require several months yet for actual purchase and arrival in Ecuador.

The time lapse between the ordering of equipment and its actual arrival in Ecuador is one of the main problems in the efficient utilization of resources. Here the basic problem has been that the Department of Population was not formed until February of this year. Once the Department was formed, and its definite needs established, the equipment was ordered during April, May and June. In July the Population Department received its initial training, but the actual equipment will not arrive till November, December or January of next year, which means that the Department has its hands tied for six months or more with neither motivational, educational nor clinic equipment with which to proceed forward. This, of course, presents a situation that produces a psychological slowing down of the total movement of the Department. The

major difficulty is that the psychological preparation of the members of the Department of Population resulting from their training is likely to lose some of its value because of the necessity of waiting from four to six months for their working equipment to arrive.

(4) Continued Relevance of the Project to the Country's Development and the Furtherance of U.S. Objectives.

Since the project as of June 30, 1969, was only one year old, and since the Population Department was formed in January and its members will not return until August from their training course, it is obvious that relevance continues at near maximum height but that actual implementation is just beginning. It is abundantly clear from the large volume of literature received from Washington on this problem and the continued concern of the President of the United States over the massive increase in population and the consequent reduction to practically zero of the aid given to these countries that the program has and will continue to have great relevance both for the development of Ecuador and the furtherance of U.S. objectives.

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PART 1-B - PROJECT EFFECTIVENESS

ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)

3.	4.	5.		6.
ACTUAL	AS OF PRIOR	PLANNED	BY NEXT	PROJECTED
CUM. TO	JUNE 30	JUNE 30		TOTAL
DATE	a.	b.		PROJECT
	PLANNED	ACTUAL		LIFE

NOTE: No PIP for this project has been established yet. The following output targets are illustrative of those to be included in the PIP.

ASSISTANCE TO THE MINISTRY OF HEALTH

1. Create, staff and train a Dept. of Population Policy within the Ministry of Health.	1	1	0	0	1
2. Provide cytological laboratory facilities in existing Centers to handle increased demands created by family planning programs.	0	3	0	3	5
3. Establish family planning services in 79 already existing health Centers.	0	79	0	27	79
4. Provide facilities during a five-year period for 54 new MOH health centers to provide family planning services.	0	54	0	0	54
5. The total of 133 centers will provide services to an estimated total of 539,000 women.	-	-	-	-	539,000 (estimate)

ASSISTANCE TO THE ECUADORIAN ASSOCIATION OF MEDICAL FACULTIES PROGRAM (AFEME)

1. Create three university population study centers.	3	3	0	0	3
2. Establish AFEME coordination office.	1	1	0	0	1
3. Create three family planning services within the training hospitals of the universities.	3	3	0	1	4
4. Introduce demography and family planning into the curricula of the medical faculties.	3	3	0	0	3
5. Execute two national demographic seminars at the medical faculty level.	2	3	0	1	7

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(Continuation of part 1-B-1, page 2)

ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE)

	3.	4.		5.	6.
	ACTUAL CUM. TO DATE	AS OF PRIOR JUNE 30 a. PLANNED	b. ACTUAL	PLANNED BY NEXT JUNE 30	PROJECTED TOTAL PROJECT LIFE
ASSISTANCE TO THE ECUADORIAN FAMILY PLANNING ASSOCIATION					
(PRIVATE)					
1. Provide financial aid to three existing family planning centers (Quito, Guayaquil, and Cuenca)	3	3	0	0	3
2. Provide facilities to medical doctors in private practice in 18 areas for the purpose of assuring family planning services.	18	18	0	0	Unknown, but to be increased
3. Provide practice centers for the training of the personnel of MOH public health centers in family planning.	3	3	3	0	3
4. Provide training for private medical doctors in family planning techniques.	150	120	80	-	Unknown, but to be increased
5. Provide financial assistance to the family planning center of the Women's Medical Association.	1	0	0	1	1

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PART I-B - Continued

010

B.2 - OVERALL ACHIEVEMENT OF PROJECT TARGETS

Place an "X" within the bracket on the following seven-point scale that represents your judgment of the overall progress towards project targets:



PART I-C - PROJECT SIGNIFICANCE

011

C.1 - RELATION TO SECTOR AND PROGRAM GOALS (See detailed instructions M.O. 1026.1)

This section is designed to indicate the potential and actual impact of the project on relevant sector and program goals. List the goals in col. b and rate potential and actual project impact in cols. c and d.

a. CODE NO. (AID/W USE ONLY)	SCALE FOR COLUMN c: 3= Very Important; 2= Important; 1= Secondary Importance SCALE FOR COLUMN d: 3= Superior/Outstanding; 2= Adequate/Satisfactory/Good; 1= Unsatisfactory/Marginal	c. POTENTIAL IMPACT ON EACH GOAL IF PROJECT ACHIEVES TARGETS	d. ACTUAL IMPACT ON GOAL TO DATE RELATIVE TO PROGRESS EXPECTED AT THIS STAGE
b. SECTOR AND PROGRAM GOALS (LIST ONLY THOSE ON WHICH THE PROJECT HAS A SIGNIFICANT EFFECT)			
(1)	Reduce the rate of population growth.	3	1
(2)	Reduce the rate of abortion as a contraceptive method.	3	1
(3)	Improve the overall health of women.	3	1
(4)	Assist with the improvement of the socio-economic status of the population.	3	1

For goals where column c. is rated 3 or 2 and column d. is rated 1, explain in the space for narrative. The narrative should also indicate the extent to which the potential impacts rated 3 or 2 in column c. are dependent on factors external to the achievement of the project targets, i.e., is there a substantial risk of the anticipated impact being forestalled by factors not involved in the achievement of project targets. If possible and relevant, it also would be useful to mention in the narrative your reading of any current indicators that longer-term purposes, beyond scheduled project targets, are likely or unlikely to be achieved. Each explanatory note must be identified by the number of the entry (col. b) to which it pertains.

012 NARRATIVE FOR PART I-C.1 (Continue on form AID 1020-25 1):

- 1 - 4) Program goals in column b have all been rated 1 in column d because this project is just beginning, i.e. the setting up of the various organisms has just been accomplished, and the activities are just now being set into motion. Therefore the effect of the project cannot yet be evaluated.
- 2) In successful family planning programs the rate of abortion frequently goes up at first because of the failure of family planning methods in women who are now motivated to have smaller families.
- 3) Economic conditions of the family, illiteracy and basic ignorance about general health and nutrition could keep women's health below normal, in spite of the achievement of a satisfactory fertility rate.
- 4) Ignorance, or the lack of education or general motivation could affect the level of socio-economic status in spite of the achievement of a low fertility rate.

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PART I-C - Continued

C.2 -- GENERAL QUESTIONS

These questions concern developments since the prior PAR. For each question place "Y" for Yes, "N" for No, or "NA" for Not Applicable in the right hand column. For each question where "Y" is entered, explain briefly in the space below the table.	MARK IN THIS COL.
013 Have there been any significant, unusual or unanticipated results not covered so far in this PAR?	N
014 Have means, conditions or activities other than project measures had a substantial effect on project output or accomplishments?	Y
015 Have any problems arisen as the result of advice or action or major contributors to the project by another donor?	N
016 If the answer to 014 or 015 is yes, or for any other reason, is the project now less necessary, unnecessary or subject to modification or earlier termination?	Y
017 Have any important lessons, positive or negative, emerged which might have broad applicability?	N
018 Has this project revealed any requirement for research or new technical aids on which AID/W should take the initiative?	N
019 Do any aspects of the project lend themselves to publicity in newspapers, magazines, television or films in the United States?	N
020 Has there been a lack of effective cooperating country media coverage? (Make sure AID/W has copies of existing coverage.)	N
021 <u>NARRATIVE FOR PART I-C.2</u> Identify each explanatory note by the number of the entry to which it pertains. (Continue on form AID 1020-25 I as necessary):	

014 Delays in the arrival of equipment have retarded the functioning of the project by four months so far. The selection of personnel for the Population Department of the Ministry of Health was delayed by eight months, with the result that the total program was set back by this amount of time.

016 It became necessary to modify the original target dates because of the postponement of the formation of the Population Department and the consequent delay in the functions related to it, including the equipping of the population study centers of the medical faculties.

019 Publicity in the U.S. regarding this population project could have very unfavorable effects or repercussions in Ecuador.

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PART II - IMPLEMENTATION REPORT

II-A - STATUS OF SCHEDULE

022 A-1 - INDIVIDUAL ACTIONS (See detailed instructions M.O. 1026.1). This is a listing of major actions or steps which were scheduled for physical start or continuing implementation in the reporting period as reflected in the Project Implementation Plan, Part I.

(a) PIP ITEM NO.	MAJOR ACTIONS OR STEPS; CAUSES AND RESULTS OF DELAYS; REMEDIAL STEPS	(b) STATUS - PLACE AN "X" IN, ONE COLUMN		
		(1) BEHIND SCHEDULE	(2) ON SCHEDULE	(3) AHEAD OF SCHEDULE
	NOTE: There is not PIP yet. See note on page 2. Establishment of:			
	a) National Population Council (it is politically not expedient to form such a council yet);	X		
	b) Population Department in the Ministry of Health (formation of a new government and appointment of a new Minister of Health caused eight months of delay); the above-mentioned delay resulted in the following:	X		
	-delay in the training of MOH's Population Department staff (completion of training scheduled for August 1969);	X		
	-delay in the training of the personnel of 27 health centers (training currently being planned);	X		
	c) Family planning services in the 27 health centers;	X		
	d) Cytology laboratories for the diagnosis of cancer of the cervix in family planning patients (now in process);	X		
	e) Population study centers in three faculties of medicine;		X	
	f) Population division in AFEME;		X	
	g) Demography and related family planning subjects in the curricula of the three faculties of medicine;		X	
	h) Socio-medical investigative programs in the population study centers;		X	
	i) Family planning training programs for medical doctors in private practice (delayed because out-of-the-country training for the professors of the faculties of medicine was delayed as noted above).	X		

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PART II - Continued

023

II-A.2 - OVERALL TIMELINESS

In general, project implementation is (place an "X" in one block):

	(a) On schedule	
	(b) Ahead of schedule	
	(c) Behind schedule	X
BLOCK (c): If marked, place an "X" in any of the blocks one thru eight that apply. This is limited to key aspects of implementation, e.g., timely delivery of commodities, return of participants to assume their project responsibilities, cooperating country funding, arrival of technicians.	(1) AID/W Program Approval	
	(2) Implementing Agency (Contractor/Participating Agency/Voluntary Agency)	X
	(3) Technicians	
	(4) Participants	X
	(5) Commodities (non-FFF)	X
	(6) Cooperating Country	X
	(7) Commodities (FFF)	
	(8) Other (specify):	

II-B - RESOURCE INPUTS

This section appraises the effectiveness of U.S. resource inputs. There follow illustrative lists of factors, grouped under Implementing Agency, Participant Training and Commodities, that might influence the effectiveness of each of these types of project resources. In the blocks after only those factors which significantly affect project accomplishments, write the letter P if effect is positive or satisfactory, or the letter N if effect is negative or less than satisfactory.

1. FACTORS-IMPLEMENTING AGENCY (Contract/Participating Agency/Voluntary Agency)

024 IF NO IMPLEMENTING AGENCY IN THIS PROJECT. PLACE AN "X" IN THIS BLOCK:		032 Quality, comprehensiveness and candor of required reports	
		033 Promptness of required reports	
025 Adequacy of technical knowledge	P	034 Adherence to work schedule	P
026 Understanding of project purposes	P	035 Working relations with Americans	P
027 Project planning and management	P	036 Working relations with cooperating country nationals	P
028 Ability to adapt technical knowledge to local situation	P	037 Adaptation to local working and living environment	P
029 Effective use of participant training element	P	038 Home office backstopping and substantive interest	
030 Ability to train and utilize local staff	P	039 Timely recruiting of qualified technicians	P
031 Adherence to AID administrative and other requirements		040 Other (describe):	

2. FACTORS-PARTICIPANT TRAINING

041 IF NO PARTICIPANT ELEMENT IN PROJECT. PLACE AN "X" IN THIS BLOCK:		TRAINING UTILIZATION AND FOLLOW UP	
		052 Appropriateness of original selection	P
PREDEPARTURE		053 Relevance of training for present project purposes	P
042 English language ability		054 Appropriateness of post-training placement	P
043 Availability of host country funding		055 Utility of training regardless of changes in project	
044 Host country operational considerations (e.g., selection procedures)	P	056 Ability to get meritorious ideas accepted by supervisors	P
045 Technical/professional qualifications	P	057 Adequacy of performance	P
046 Quality of technical orientation	P	058 Continuance on project	P
047 Quality of general orientation	N	059 Availability of necessary facilities and equipment	N
048 Participants' collaboration in planning content of program	P	060 Mission or contractor follow-up activity	P
049 Collaboration by participants' supervisors in planning training		061 Other (describe):	
050 Participants' availability for training	P		
051 Other (describe):			

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PART II-B - Continued

3. FACTORS-COMMODITIES

PLACE AN "X" IN APPROPRIATE BLOCK:	062 PFF	063 NON-PFF	X	064 NO COMMODITY ELEMENT			
065 Timeliness of AID/W program approval (i.e., PIO/C, Transfer Authorization).					P	072 Control measures against damage and deterioration in shipment.	
066 Quality of commodities, adherence to specifications, marking.						073 Control measures against deterioration in storage.	
067 Timeliness in procurement or reconditioning.					N	074 Readiness and availability of facilities.	
068 Timeliness of shipment to port of entry.					N	075 Appropriateness of use of commodities.	
069 Adequacy of port and inland storage facilities.					P	076 Maintenance and spares support.	
070 Timeliness of shipment from port to site.						077 Adequacy of property records, accounting and controls.	P
071 Control measures against loss and theft.						078 Other (Describe):	

Indicate in a concise narrative statement (under the heading a. Overall Implementation Performance, below) your summary appraisal of the status of project implementation, covering both significant achievements and problem areas. This should include any comments about the adequacy of provision of direct hire technicians as well as an overall appraisal of the comments provided under the three headings (b, c & d) which follow. For projects which include a dollar input for generation of local currency to meet local cost requirements, indicate the status of that input (see Detailed Instructions).

Discuss separately (under separate headings b, c & d) the status of Implementing Agency Actions, Participants and Commodities. Where above listed factors are causing significant problems (marked N), describe briefly in the appropriate narrative section: (1) the cause and source of the problem, (2) the consequences of not correcting it, and (3) what corrective action has been taken, called for, or planned by the Mission. Identify each factor discussed by its number.

079 NARRATIVE FOR PART II-B: (After narrative section a. Overall Implementation Performance, below, follow, on form AID 1020-251 as needed, with the following narrative section headings: b. Implementing Agency, c. Participants, d. Commodities. List all narrative section headings in order. For any headings which are not applicable, mark them as such and follow immediately below with the next narrative section heading.)

a. Overall Implementation Performance.

Implementation to date has been highly satisfactory. The delay of eight months in setting up the Population Department of the Ministry of Health and getting started with related functions occurred as a natural result of the normal policies and procedures of the country. One of the most important factors in the favorable acceptance and forward motion of the total project has been the attitude of the present Minister of Health. He is very much in favor of the project, and has given full support to the setting up of it and the planning of a national program. The selection of personnel for the Population Department, and the soon-to-be-completed training of this personnel have been important steps forward in the project. The project has not yet advanced beyond these steps. Within the faculties of medicine the research and training programs have been set up and started, thanks to the dedicated work of the executive secretary of AFEME. These programs have moved somewhat slowly, perhaps because of resistance on the part of some members of the Centers who fear that population programs may produce political and economic effects which they do not want. Implementation has been greatly enhanced by the excellent cooperation between USAID, the private sector and the Ministry of Health.

The main problem area has been the time lapse between the ordering of equipment and its arrival in Ecuador. This lapse varies between six and twelve months. Difficulties naturally arise when departments must wait for such long periods of time to begin their specific functions. The advance ordering of equipment usually has not

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been possible because of uncertainty about the actual organization of the various departments and the consequent lack of information about their specific needs. The provision of technicians for setting up the cancer detection program has been quite adequate.

b. Status of Implementing Agency

USAID/E has been directly involved in the total project, and there has been maximum participation by both Ecuadorian and U. S. personnel. Relationships have been excellent in almost all respects among the persons involved in the various aspects of the project. Cooperation from AID/W has been helpful, even though on several occasions communications between the Mission and AID/W were unsatisfactory and created the impression that AID/W's knowledge of the local situation was inadequate.

c. Participants

Heavy reliance has been placed on participant training for the implementation of the program. The candidates' qualifications have been very high in general, and the results of the training so far have been good. There is no lack of qualified personnel for the project. Orientation in the subject of population has been a problem before the start of training, but interviews and contacts following the training have indicated a high degree of new understanding.

d. Commodities

This area has been the major stumbling block in the project. In part II-B-3 above many blocks were left blank because we have not yet received more than a few of the items ordered from six to eight months ago. The Population Department, because of these delays, has been unable to equip its family planning clinics and set up its education services.

PART III - ROLE OF THE COOPERATING COUNTRY

The following list of illustrative items are to be considered by the evaluator. In the block after only those items which significantly affect project effectiveness, write the letter P if the effect of the item is positive or satisfactory, or the letter N if the effect of the item is negative or less than satisfactory.

SPECIFIC OPERATIONAL FACTORS:		P
080 Coordination and cooperation within and between ministries.		
081 Coordination and cooperation of LDC gov't. with public and private institutions and private enterprise.		P
082 Availability of reliable data for project planning, control and evaluation.		N
083 Competence and/or continuity in executive leadership of project.		P
084 Host country project funding.		
085 Legislative changes relevant to project purposes.		
086 Existence and adequacy of a project-related LDC organization.		P
087 Resolution of procedural and bureaucratic problems.		P
088 Availability of LDC physical resource inputs and/or supporting services and facilities.		
089 Maintenance of facilities and equipment.		
090 Resolution of tribal, class or caste problems.		
091 Receptivity to change and innovation.		P
092 Political conditions specific to project.		
093 Capacity to transform ideas into actions, i.e., ability to implement project plans.		P
094 Intent and/or capacity to sustain and expand the impact of the project after U.S. inputs are terminated.		N
095 Extent of LDC efforts to widen the dissemination of project benefits and services.		P
096 Utilization of trained manpower (e.g., participants, counterpart technicians) in project operations.		P
097 Enforcement of relevant procedures (e.g., newly established tax collection and audit system).		
098 Other:		
HOST COUNTRY COUNTERPART TECHNICIAN FACTORS:		
099 Level of technical education and/or technical experience.		P
100 Planning and management skills.		P
101 Amount of technician man years available.		P
102 Continuity of staff.		P
103 Willingness to work in rural areas.		P
104 Pay and allowances.		P
105 Other:		

In the space below for narrative provide a succinct discussion and overall appraisal of the quality of country performance related to this project, particularly over the past year. Consider important trends and prospects. See Detailed Instructions for an illustrative list of considerations to be covered.

For only those items marked N include brief statements covering the nature of the problem, its impact on the achievement of project targets (i.e., its importance) and the nature and cost of corrective action taken or planned. Identify each explanatory note.

106 NARRATIVE FOR PART III (Continue on form AID 1020-25 I):

The President of the Republic authorized the Ministry of Health to carry out this project, but only after an initial negative response. The cooperation and planning efforts of the Ministry of Health and AFEME have been satisfactory; our suggestions have been well received and followed by both organizations. To facilitate the solution of administrative problems the Ministry of Health delegated his responsibility to the National Director of Health. The personnel of the public health centers of Quito organized a special family planning committee as a means of prompting the members of the Population Department to initiate their official activities. The Ministry of Health has offered to extend the project to hospitals and other government organizations as well as to public health centers. The Ministry's national program in "rural medicine" will permit the expansion of the promotional activities and services using new physical facilities and personnel.

032 All less developed countries have insufficient demographic information. Ecuador is now trying to solve this problem by training technicians to work in rural areas for collecting much needed data. AID is providing financial support for this training.

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094 Ecuador's economic possibilities are insufficient to permit the expansion of this project after the termination of the U.S. contribution. It is probable, however, that the project will be continued at the same level, since the principal Ecuadorian contribution to it will consist of present and future personnel assigned to the government's overall, country-wide public health program. Following the termination of the planned U.S. support, the possibility of continuing successful operations will be much higher, if a minimum amount of funding can be maintained to provide coordination services and cover the maintenance of equipment.

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PART IV - PROGRAMMING IMPLICATIONS

IV-A - EFFECT ON PURPOSE AND DESIGN

Indicate in a brief narrative whether the Mission experience to date with this project and/or changing country circumstances call for some adjustment in project purpose or design, and why, and the approximate cost implications. Cover any of the following considerations or others that may be relevant. (See Detailed Instructions for additional illustrative considerations.) Relevant experience or country situations that were described earlier can simply be referenced. The spelling out of specific changes should be left to the appropriate programming documents, but a brief indication of the type of change contemplated should be given here to clarify the need for change.

For example, changes might be indicated if they would:

1. better achieve program/project purposes;
2. address more critical or higher priority purposes within a goal plan;
3. produce desired results at less cost;
4. give more assurance of lasting institutional development upon U.S. withdrawal.

107 NARRATIVE FOR PART IV-A (Continue on form AID 1020-25 I):

The purposes of the project have not changed, nor has its basic design. It has become apparent, however, that a number of possibilities, not directly contemplated in the original PROP, have opened up for better achievement of the project's purposes. These possibilities are outlined below:

- a) Cooperate with the Junta Central de Asistencia Social in the initiation of family planning services. The Ecuadorian Government would contribute personnel and physical facilities, and USAID would provide equipment.
- b) Place family planning clinics in the medical services of the army and police force.
- c) Locate and stimulate other private organizations which could render family planning services.
- d) Help stimulate the formation of additional family planning clinics in cooperation with the private sector and other agencies of the Ecuadorian Government, providing equipment and educational materials where necessary.
- e) Introduce demography and family planning studies into the curricula of schools for nurses and midwives.

(continued on Page 9A)

IV-B - PROPOSED ACTION

108 This project should be (Place an "X" in appropriate block(s)):

1. Continued as presently scheduled in PIP.	
2. Continued with minor changes in the PIP, made at Mission level (not requiring submission of an amended PIP to AID/W).	
3. Continued with significant changes in the PIP (but not sufficient to require a revised PROP). A formally revised PIP will follow.	X
4. Extended beyond its present schedule to (Date): Mo. ___ Day ___ Yr. ___. Explain in narrative, PROP will follow.	
5. Substantively revised. PROP will follow.	
6. Evaluated in depth to determine its effectiveness, future scope, and duration.	X
7. Discontinued earlier than presently scheduled. Date recommended for termination: Mo. ___ Day ___ Yr. ___	
8. Other. Explain in narrative.	

109 NARRATIVE FOR PART IV-B:

With regard to number 3 above, no PIP for this project has been prepared yet, but one will be prepared in the near future.

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- f) Participate in the international training program for health educators in demography and family planning.
- g) Stimulate and subsidize introduction courses in demography and sex education into the curriculae of secondary level schools.
- h) Establish rules and integrate the activities of the various organizations so that services will be provided according to uniform procedures.
- i) Obtain the participation of Peace Corps volunteers as promoters at a minimum level without cost implications.
- j) Create an Institute of Behavioral Studies for the training of family planning workers in group behaviour.
- k) Train and motivate rural and urban group leaders (cooperatives, unions, factories, clubs, institutions, etc. in family planning education with the aid of teams from the Population Reference Bureau of Colombia.

These additional actions are currently being discussed by Mission authorities. The only two which would probably require additional funding are those listed under i) and j).