

RS/PS 5190149-6

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PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
See numbers below	Sept. 1969 to June 1971	El Salvador	71-3

5. PROJECT TITLE
519-13-580-149 Family Planning (SDA)-Salvadoran Demographic & Health Serv. (MOH)-Ministry of Health
519-11-580-149.2 Family Plng. & Health (ISSS)-Social Security Institute
519-11-580-149.3 Family Plng. & Health (ISSS)-Social Security Institute

6. PROJECT DURATION: Began FY 1966 Ends FY 1975	7. DATE LATEST PROP 9/1/67	8. DATE LATEST PIP * See below	9. DATE PRIOR PAR Sept. 1969
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1,373,000	b. Current FY Estimated Budget: \$ 439,000	c. Estimated Budget to completion After Current FY: \$ 1,309,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
Columbia University	AID/csd 2479

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
	X		1. AID/W should encourage the UN and PAHO to mount active population projects in El Salvador. The UN could cooperate with the Ministry of Education in the development of sex education courses while PAHO could help initiate a Post Partum program within the maternity hospitals.	
X			2. USAID should review contract with Columbia University. Consideration should be given to extension of financial and technical assistance to Evaluation Unit within Ministry of Health beyond March, 1972.	

* 149 and 149.2 - 8/18/69
149.3 - 10/31/69

C. REPLANNING REQUIRES	REVISOR OR NEW: <input checked="" type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW
		21 June 1971

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
Herson E. Morales 6/28/71	J. P. Dezun 6/29/71

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW MEDIUM HIGH				
	1	2	3	4	5	6	7	1	2	3	4	5
1. U.S.A.I.D. Public Health Adv.					X					X		
2. Columbia University			X							X		
3.												

Comment on key factors determining rating

A.1. Advisor considered superior in relations with host country nationals and in project management.

A.2. One purpose of the Columbia University contract was to establish a permanent Evaluation Unit within the Ministry of Health (MOH). There it would study and research the family planning programs of the MOH, Social Security, and the Demographic Association. It is now doubtful the Unit will survive as such. Alternative would be Unit serving all divisions (including family planning) in the MOH.

4. PARTICIPANT TRAINING	1	2	3	4	5 X	6	7	1	2	3	4	5 X	6
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Comment on key factors determining rating

Training largely consists of advanced training for medical and para-medical people. Virtually all staff in 133 clinics offering family planning services (MOH, ISSS and SDA) have received formal training.

5. COMMODITIES	1	2	3	4	5 X	6	7	1	2	3	4	5 X
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Comment on key factors determining rating

The project depends greatly on timeliness of supplies and contraceptive which for the most part have arrived on time.

6. COOPERATING COUNTRY	Overall Gov't.	1	2	3	4	5 X	6	7	1	2	3	4	5 X
	Self-help					X							X

Comment on key factors determining rating

El Salvador considered forward looking in recognition of need for family planning. USAID assistance is in support of host country program.

See Appendix I.

7. OTHER DONORS	1	2	3 X	4	5	6	7	1	2 X	3	4	5
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(See Next Page for Comments on Other Donors)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

IPPF performance very satisfactory.

No PAHO projects have reached the implementation stage in El Salvador.

**UN performance very poor - See TOAID A-65 (Limited Office Use)
See Page 1 of PAR.**

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 71		FY 72	FY 73	END OF PROJECT
			TO DATE	TO END			
Operational Clinics in Place	PLANNED	114	166	166	184	200	200
	ACTUAL PERFORMANCE	108	133				
	REPLANNED			133	150	150	150
Doctors, Nurses and Auxiliary Nurses trained at SDA clinics.	PLANNED	-	-	220	155	135	1,443
	ACTUAL PERFORMANCE	633	220				
	REPLANNED			-	-	-	-
Opinion leaders trained at SDA courses.	PLANNED	-	-	95	90	80	640
	ACTUAL PERFORMANCE	225	95				
	REPLANNED			-	-	-	-
Medical Specialists trained in U.S. and 3rd countries (does not include large numbers of people sent for less than two weeks)	PLANNED	-	-	10	3	3	89
	ACTUAL PERFORMANCE	67	10				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Changes in attitude toward family planning.		Initial experience has shown an urgent need to increase emphasis on this phase of the program.					
2.		COMMENT: Note: With exception of "Operational Clinics in Place" yearly targets are <u>not</u> cumulative, while End-of-Project Totals are.					
3.		COMMENT:					

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II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY 71		FY 72	FY 73	
			TO DATE	TO END			
Non-medical specialists trained in U.S. and a- broad (does not include those with less than 2 weeks training).	PLANNED	-	-	5	2	2	17
	ACTUAL PERFORM- ANCE	4	5				
	REPLANNED			-	-	-	-
Formal motivational campaigns.	PLANNED	2	1	1	1	2	11
	ACTUAL PERFORM- ANCE	2	1				
	REPLANNED			-	-	-	-
Group Talks	PLANNED	-	-	22,500	20,000	20,000	115,000
	ACTUAL PERFORM- ANCE	17,800	22,500				
	REPLANNED			-	-	-	-
SDA Research (No. of Studies)	PLANNED	5	3	3	3	3	23
	ACTUAL PERFORM- ANCE	5	3				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1.	Note: With exception of "Operational Clinics in Place" yearly targets are <u>not</u> cumula- tive, while End-of-Project Totals are.						
2.	COMMENT:						
3.	COMMENT:						

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II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 71		FY 72	FY 73	END OF PROJECT
			TO DATE	TO END			
Press Advertisements	PLANNED	-	-	50	50	50	329
	ACTUAL PERFORMANCE	79	50				
	REPLANNED			-	-	-	-
Pamphlets Distributed	PLANNED	-	-	373,000	400,000	400,000	2,473,000
	ACTUAL PERFORMANCE	500,000	373,000				
	REPLANNED			-	-	-	-
Film Showings	PLANNED	-	-	400	450	450	2,950
	ACTUAL PERFORMANCE	750	400				
	REPLANNED			-	-	-	-
Posters	PLANNED	-	-	2,000	2,000	2,000	15,000
	ACTUAL PERFORMANCE	5,000	2,000				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.		Note: With exception of "Operational Clinics in Place" yearly targets are <u>not</u> cumulative, while End-of-Project Totals are.					
2.		COMMENT:					
3.		COMMENT:					

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

Development of an effective coordinated family planning program.

2. Same as in PROP? YES NO

Revised PROP submitted concurrently.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>1. 100 100% of fertile age women practicing family planning by 1975.</p> <p>2. 75% of adult population in favor of family planning by 1975.</p> <p>3. Family Planning Coordinating Committee representing the MOH, ISSS, and SDA meeting on a regular, systematic basis (at least once a month).</p> <p>4. Number of children desired per family will drop by 1975.</p>	<p>8.2% attained in 1970 as compared to 0.7% in 1966.</p> <p>A recent survey showed that 50% of people are in favor of family planning.</p> <p>MOH, SDA and ISSS have established a National Family Planning Coordinating Committee. While this Committee has so far been concerned only with approval and discussion of projects of the Evaluation Unit of the MOH, it is intended that it develop into a consultative group on major policy issues in the family planning field.</p> <p>No baseline data yet.</p>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Higher per capita standard of living.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

Yes, the project will make a significant contribution because as the birth rate declines, the individuals' share of economic benefit increases.

SECURITY CLASSIFICATION

UNCLASSIFIED

PROJECT NUMBER

See page one.

PAR CONTINUATION SHEET

This sheet is to be used for any Narrative Sections for which sufficient space has not been provided on the form. Identify each narrative by its Part and Section Designation.

APPENDIX I

One of the weakest elements in the program is its control by the medical profession which has insisted that all new family planning patients be examined by a doctor. To staff rural clinics, the Ministry of Health depends on graduates of the Medical School of the National University who must provide a year of public service before receiving diplomas. While the number of graduates is increasing, there are not enough to staff on a full-time basis all of the Ministry's rural clinics. Those clinics without a full-time doctor probably will not be able to initiate a family planning program.