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PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO. <b>615-0173</b>	2. PAR FOR PERIOD: <b>9/30/76</b> TO <b>6/30/77</b>	3. COUNTRY <b>Kenya</b>	4. PAR SERIAL NO. <b>77-3</b>
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**Blindness Prevention and Health Education**

6. PROJECT DURATION: Began FY <b>77</b> Ends FY <b>79</b>	7. DATE LATEST PROP <b>March 1976</b>	8. DATE LATEST PIP <b>N/A</b>	9. DATE PRIOR PAR <b>None</b>
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ <b>363,100</b>	b. Current FY Estimated Budget: \$ <b>280,000</b>	c. Estimated Budget to completion After Current FY: \$ <b>362,000</b>
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
<b>International Eye Foundation (IEF)</b>	<b>Grant AID/afr-G-1266</b>

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	Other		
			<p>Note: This PAR reports on a special evaluation conducted by Dr. Isao Hoshiwara, Senior Ophthalmologist, Indian Health Service, and Joseph M. Deering, Program Officer, IEF. The "actions proposed and requested" are based on a draft report prepared by the evaluation team in Nairobi. The final report has not yet arrived at the Mission. AID/W should attach a copy of this PAR to the final report. Since this was a special evaluation, this PAR consists of one page only in accord with M.O. 1026 .1.IV.</p> <p>*****</p> <p>1. Devise formal training plan for indigenous administrator of Kenya program.</p> <p>2. Development of health education teaching aids</p> <p>3. Negotiate new grant agreement with IEF and obligate second year funding for the project.</p> <p>4. The evaluation recommended an increased budget. If the second year funds obligated in 3. above do not reflect the suggested revisions, increase funding of the grant agreement to the required levels. The total amount of the increases are not known to USAID/Kenya.</p>	
		IEF		August 30, 1977
		IEF		Continuous
X				September 15, 1977
X				November 15, 1977

D. REPLANNING REQUIRES

REVISED OR NEW:	<input type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PRO AG	<input checked="" type="checkbox"/> PIO/T	<input type="checkbox"/> PIO/C	<input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW <b>N/A</b>
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PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE <b>PROG: Michael Rugh</b>	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE <b>Charles J. Nelson</b>
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