

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 522-11-580-065	2. PAR FOR PERIOD 1/69 TO 2/72	3. COUNTRY HONDURAS	4. PAR SERIAL NO. 72-1
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5. PROJECT TITLE

MATERNAL CHILD HEALTH

4. PROJECT DURATION: Began FY 68 Ends FY 74	7. DATE LATEST PROP 11/5/71	8. DATE LATEST PIP	9. DATE PRIOR PAR 1/17/69
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$1,348,000	b. Current FY Estimated Budget: \$ 575,000	c. Estimated Budget to completion After Current FY: \$ 1,107,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
Maternal Child Health Program (PSMI)	

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		X	1. Examine possibility of purchasing contraceptives locally.	7/72
X			2. Examine possibility of closer coordination with PL 480 activities.	7/72
X		X	3. Examine possibility of coordinating sex education/ family planning courses with Ministry of Education Junta Nacional de Bienestar Social and others.	7/72
X			4. Determine additional studies needed, e.g., special KAP studies on 13-15 year old age group.	7/72

BEST AVAILABLE

12. REPLANNING REQUIRES	REVISOR'S NAME: <input type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AC <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW 3/7/72
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PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Louis Gardella, Jr. <i>L. Gardella</i> 4/6/72	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Edward Marasciulo <i>E. Marasciulo</i>
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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENT.

INPUT OR ACTION AGENT TRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)					
	UNSATISFACTORY		SATISFACTORY			OBJ. STANDING		LOW				MEDIUM	HIGH
	1	2	3	4	5	6	7	1	2	3	4	5	
Programa de Salud Materno Infantil					X								X

Comment on key factors determining rating

1. The high rating is because of the high interest the national staff has for the promotion of this program, despite lack of GOH interest and opposition from religious and political groups. The clinical staffs in some cases work under difficult environmental conditions and attend maximum loads of patients. The supervisory staff is excellent in performance. Changes in programming are readily accepted and acted upon. Coordination and cooperation with USAID is outstanding.

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
				X								X

Comment on key factors determining rating

Training largely consists of advanced training for medical, para-medical and administrative personnel. U.S. training has been excellent. Regional training has been only satisfactory, but has filled the needs until local training courses were developed in 1972. The first, local training course of program personnel commenced in January 1972, for the training of 12 outreach workers. This course will terminate March 8 at that time an evaluation will be made.

5. COMMODITIES	1	2	3	4	5	6	7	1	2	3	4	5
				X								X

The project depends greatly on arrival time of supplies and contraceptives in host country. Procurement from GSA is slow, while procurement through USAID is fast and delivery is timely.

6. COOPERATING COUNTRY	a. PERSONNEL							b. OTHER				
	1	2	3	4	5	6	7	1	2	3	4	5
						X						X
			X									X

Comment on key factors determining rating

- 6a. Cooperation with the Ministry of Health (MOH) personnel has been good this past year with the exception of a few who are negative toward family planning.
- 6b. The program has had sufficient funding but the GOH has been reluctant to increase their financial responsibility. At the beginning of CY72 there was a two months lag in receiving the government's financial quota for the project. This lag resulted in the slowing down of the proposed clinic expansion program. Clinics that were to be opened in January and February were delayed.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
				X						X		

(See Next Page for Comments on Other Donors)

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

1. The International Planned Parenthood Federation (IPPF) provides funding and commodity support for the Honduran Family Planning Association (HFPA). IPPF has provided funding on a timely basis to the HFPA since 1963 and has backstopped the HFPA with short term technicians to assist in evaluation, administration and other technical matters. Also IPPF has provided funds for local seminars participant training and mass communication programs. Performance has been excellent.
2. The Population Council provides financial support for the post partum program operated by the HFPA. Financial assistance has been adequate but supervision and

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 72		FY 73	FY 74	
			TO DATE	TO END			
1. Operational clinics in place.	PLANNED	25	2	5	4	6	40
	ACTUAL PERFORMANCE	23	2				
	REPLANNED						
2. An effective staff of physicians to direct and supervise the project.	PLANNED	3	2	2	2	2	9
	ACTUAL PERFORMANCE	3	0				
	REPLANNED						
3. An effective staff of nurses to supervise the nursing staff.	PLANNED	3	0	0	1	1	5
	ACTUAL PERFORMANCE	3	0				
	REPLANNED						
4. An effective staff of accountants to control the funds of the project.	PLANNED	1	1	1	1	1	4
	ACTUAL PERFORMANCE	1	1				
	REPLANNED						

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS

1. Effective national staff to direct, supervise and administer program.
COMMENT: The national staff at the central level is efficient in directing, supervising and administering the program. The director of the program has developed the team approach to planning, implementation and problem solving. Changes in programming are readily accepted and acted upon by the staff.
2. An effective clinical staff with special knowledge to operate clinics.
COMMENT: The clinic staffs are trained in family planning techniques at regional courses or locally. The staffs of the clinics work under difficult environment conditions in most cases and attend maximum loads of patients (8 to 10 patients per hour). The central and regional supervisory
3. ~~XXXXXX~~ staffs and the auditors continually watchdog the clinics and report favorably in most clinics. The major problems of the clinics is the understaffing and training at the nursing level. Attempts will be made to increase the capacity of the present nursing staff through in-service training without increasing positions.

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

- backstopping has been poor, Lack of experience of the nationals to operate a post partum program has resulted in operational and technical problems that have not been satisfactorily corrected by the donor. Performance not satisfactory.
3. World Education, Inc. provides financial support and short term technical assistance to the adult literacy program operated by the Ministry of Education in which family responsibility is stressed. Financial, technical and backstopping assistance has been excellent.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 72		FY 73	FY 74	
			TO DATE	TO END			
5. An effective staff of administrators to administer the project.	PLANNED	2	0	0	1	1	4
	ACTUAL PERFORMANCE	2	0				
	REPLANNED						
6. A selected staff of health educators at the clinic level trained in family planning and MCH.	PLANNED	13	0	2	4	4	23
	ACTUAL PERFORMANCE	13	0				
	REPLANNED						
7. A selected staff of physicians at a clinic level trained in family planning and MCH.	PLANNED	33	2	7	4	6	50
	ACTUAL PERFORMANCE	33	0				
	REPLANNED						
8. A selected staff of nurses at a clinic level trained in family planning and MCH.	PLANNED	80	4	14	8	12	114
	ACTUAL PERFORMANCE	80	0				
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1. 3. Central administration and support services in place at Tegucigalpa.	Adequate office space and personnel in place in January 1969.						
2. 4. Regional administration and support services in place at San Pedro Sula.	COMMENT: Adequate office space and personnel in place April 1970.						
3. 5. Warehouses.	COMMENT: Adequate warehousing facilities in place in Tegucigalpa, January 1969, San Pedro Sula, April 1970.						

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

4. PAHO has provided to date no assistance, however PAHO plans to assume financial support of the post partum, now supported by the Population Council, in July 1972.
5. Two Peace Corps Volunteers are assigned to the nutrition education program of this project. Their collaboration has been excellent.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 72		FY 73	FY 74	
			TO DATE	TO END			
9. Cytology laboratory technicians trained in detection of uterine cancer.	PLANNED	2	2	2	2		6
	ACTUAL PERFORMANCE	2	2				
	REPLANNED						
10. Outreach workers for clinic level.	PLANNED	3	12	12	10		25
	ACTUAL PERFORMANCE	3	12				
	REPLANNED						
11. Audio Visual Units in place.	PLANNED	1	0	1	1		3
	ACTUAL PERFORMANCE	1	0				
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: MOH personnel working on plans for reorganization and restructuring of functions and services of MOH to be presented to National Congress in May or June. National Director of MCH Project on coordinating committee, Until the reorganization plan has been approved no concrete						
6. Integration of family planning services within MOH structure.	COMMENT: progress can be made for integration. The Director General will try to remove the water authority (SANNA) from present location in MOH building in order that MCH program can move physically into the MOH building. So far no steps have been taken by the Director General for the move.						
2.	COMMENT: Bureau of Census provided a TDY DATA Processing Statistician Technician for 4 days. The technician reviewed the statistical input/output system, forms, computer bank and will shortly present recommendations for improvements.						
8. Development of a statistical service.							

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12. 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		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: Upon recommendations from the USAID Program Office a full time national employee has been employed for cost analysis of the program. The national employee is under guidance from one USAID technician from the Program Office who has experience in this field.						
9. System for analyzing costs of program.							
10. Audio-Visual materials.	COMMENT: Some films received gratis from AID/W and/or HEW are in English and of poor quality. English speaking films are of no use to the project and subject not adaptable to local culture.						
11. Clinic Patient Loads.	COMMENT: In many areas patient response is much greater than anticipated and project funds are hard pressed to supply services demanded.						

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IV. PROJECT PURPOSE

1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

Motivate the fertile population toward family planning and increase the use of family planning services.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<ol style="list-style-type: none"> 1. Approximately 540,000 or 90% women of the fertile age groups will have F.P. services available. 2. 130,000 women will be using F.P. services by the end of CY 75. 3. Development of baseline data, including KAP studies. 4. Increase in sales of contraceptives through commercial outlets. 	<ol style="list-style-type: none"> 1. 60% women of fertile age groups have F.P. services available in 1971 through the PSMI clinics. 2. Since 1968 to present there are 26,103 active family planning clients. 3. USAID will request a short term consultant from AID/W for feasibility study to determine needs and costs of KAP studies. Technician will be requested for May or June 1972. 4. Commercial sales of contraceptives for 1971 not available at this time. It is difficult to obtain information on imports and sales from the pharmaceutical companies as they treat this information as confidential. However, one employee of the program has access to the pharmaceutical companies and has obtained information from the previous years. Efforts are being made at this time to obtain 1971 sales of contraceptives.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

The goal toward which this project is directed is to reduce the rate of population growth.

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

The program both directly through the establishment of MCH/FP clinics and indirectly through the post partum program and the coordinated educational efforts with the Honduran Family Planning Association (AHPF) should be able to reduce the number of births by 50,000 by CY 74. This would mean that the birth rate would change from approximately 42/1000 to 36/1000 and the population growth would be reduced from 3.6% to 2.9%.

Until the proposed "National Information Statistical Development Project" is successfully completed which will furnish baseline data, the measurement of goal achievement will be impossible to determine.