

PD-AB-109-B1

524.0072

REPORT

7

PAGE 1

PROJECT APPRAISAL REPORT (PAR)

|   |   |                                |                                  |
|---|---|--------------------------------|----------------------------------|
| 1. PROJECT NO.<br><b>524-11-580-072</b> | 2. PAR FOR PERIOD:<br><b>10/1/73 TO 5/31/75</b> | 3. COUNTRY<br><b>Nicaragua</b> | 4. PAR SERIAL NO.<br><b>75-3</b> |
|---|---|--------------------------------|----------------------------------|

5. PROJECT TITLE

**Family Planning**

|   |   |                    |  |
|---|---|--------------------|--|
| 6. PROJECT DURATION: Began FY <b>67</b> Ends FY <b>78</b> | 7. DATE LATEST PROP<br><b>November 1974</b> | 8. DATE LATEST PIP | 9. DATE PRIOR PAR<br><b>October 1973</b> |
|---|---|--------------------|--|

|                  |   |  |   |
|------------------|---|--|---|
| 10. U.S. FUNDING | a. Cumulative Obligation Thru Prior FY: \$ <b>2,745,000</b> | b. Current FY Estimated Budget: \$ <b>400.00</b> | c. Estimated Budget to completion After Current FY: \$ <b>920,000</b> |
|------------------|---|--|---|

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

| a. NAME   | b. CONTRACT, PASA OR VOL. AG. NO.  |
|---|------------------------------------|
| <b>(A) GON/Ministry of Health (MOH)</b>                       | <b>Host Country Gov't Agency</b>   |
| <b>(B) Social Security Institute (INSS)</b>                   | " " " "                            |
| <b>(C) Demographic Association (ADP) (D) Moravian Mission</b> | <b>Nicaraguan Private Agencies</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            |
|---------------|-------|------|---|---|
| USA/C         | AID/W | HOST |   |   |
|               |       | X    | Develop logical framework (FP Program) by the MOH including identification of goal, objectives, outputs and inputs.   | 7- 1-75                                       |
| X             |       | X    | Establish a personnel performance and evaluation system that will lead to improved program management and supervision.  | 7-30-75                                       |
| X             |       | X    | Revision of PROP program as required, utilizing findings of program evaluations to be carried out by 8-1-75 and of the Health Sector Analysis (Pop. Section) as well as the development of logical framework described above.     | 9-30-75                                       |
| X             |       | X    | Analysis of workload of FP clinics and integrated service points to assure a more effective utilization of personnel and resources.   | Continuing, but first phase by November, 1975 |
| X             |       | X    | Integration of family planning with general health services and follow-up to determine effectiveness and number of acceptors. Family Planning integrated in 21 health service points by 12-25-75. Projected number is 50 by 1977. | Follow-up by December 30, 1975                |

D. REPLANNING REQUIRES

REVISED OR NEW:  PROP  PIP  PRO AG  PIO/T  PIO/C  PIO/P

E. DATE OF MISSION REVIEW

**6/20/75**

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE

**James E. Sarn**

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

**Emerson J. Malaven**

6/24/75

|                                   |                                      |   |                             |                               |
|-----------------------------------|--------------------------------------|---|-----------------------------|-------------------------------|
| AID 1020-25 (10-70)<br>PAGE 2 PAR | PROJECT NO.<br><b>524-11-580-072</b> | PAR FOR PERIOD: <b>10-1-73</b><br>TO <b>5-31-75</b> | COUNTRY<br><b>Nicaragua</b> | PAR SERIAL NO.<br><b>75-3</b> |
|-----------------------------------|--------------------------------------|---|-----------------------------|-------------------------------|

**II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS**

| A. INPUT OR ACTION AGENT<br>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. (A) GON/Ministry of Health (MOH)  |                             |   | X            |   |   |             |   |   |   |        |   |      | X |
| 2. (B) Social Security Institute (INSS)  |                             |   |              |   | X |             |   |   |   |        |   |      | X |
| 3. See Page 2A for ADH and Moravian Mission                                      |                             |   |              |   |   |             |   |   |   |        |   |      |   |

Comment on key factors determining rating

(A) MOH is main action agent for all family planning in the country. While administration, supervision and coordination could be pursued more aggressively and imaginatively, the absence of an official government population policy occasionally proves a hindrance in this regard. MOH issued administrative manuals and directives have contributed to a slightly improved program, especially in the area of statistics.

(B) INSS with its semi-governmental role has greater independence of action which results in more aggressive direction. Even though INSS is not responsible to the MOH, its program is closely coordinated with MOH program. INSS has initiated advanced techniques of fertility control (laparoscopy sterilization).

|                                   |  |  |  |   |  |  |  |  |  |  |  |  |  |   |
|-----------------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|---|
| 4. PARTICIPANT TRAINING (A) & (B) |  |  |  | X |  |  |  |  |  |  |  |  |  | X |
|-----------------------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|---|

Comment on key factors determining rating

(A) Participant training has contributed significantly to the program, even though & some participants have been lost to other organizations due mostly to offers of (B) higher salaries or transfers to strictly health services.

|                    |  |  |  |   |  |  |  |  |  |  |  |  |  |   |
|--------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|---|
| 5. COMMODITIES (A) |  |  |  | X |  |  |  |  |  |  |  |  |  | X |
|--------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|---|

Comment on key factors determining rating

(A) More thought could be given to commodity selection according to most basic needs for actual delivery of family planning services. Lack of appropriate catalogs and the language problem (specs) has contributed to this problem.  
(B) No commodities for INSS in FY 1975

|                        |                       |  |  |   |  |   |  |  |  |  |  |  |  |   |
|------------------------|-----------------------|--|--|---|--|---|--|--|--|--|--|--|--|---|
| 6. COOPERATING COUNTRY | a. PERSONNEL (A)      |  |  | X |  |   |  |  |  |  |  |  |  | X |
|                        | (B)                   |  |  |   |  | X |  |  |  |  |  |  |  | X |
|                        | b. ON-SITE Budget (A) |  |  | X |  |   |  |  |  |  |  |  |  | X |
|                        | (B)                   |  |  |   |  | X |  |  |  |  |  |  |  | X |

Comment on key factors determining rating

(A) MOH family planning personnel have, in most cases, sufficient training to move program forward. However, lack of sufficient commitment and a more aggressive population policy on the part of the GON has precluded greater achievements. MOH budget limitations, even though its contribution increased in FY75 is also a problem.

(B) INSS with a smaller program has utilized its personnel more effectively and its budget for FY-1975 also increased.

|                 |  |  |  |  |   |  |  |  |  |  |  |  |   |  |
|-----------------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|
| 7. OTHER DONORS |  |  |  |  | X |  |  |  |  |  |  |  | X |  |
|-----------------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|

(See Next Page for Comments on Other Donors)

|                                       |                               |                                       |                      |                        |
|---------------------------------------|-------------------------------|---------------------------------------|----------------------|------------------------|
| AID 1020-25 (10-70)<br>PAGE 2a<br>PAR | PROJECT NO.<br>524-11-580-072 | PAR FOR PERIOD: 10/1/73<br>TO 5-31-75 | COUNTRY<br>Nicaragua | PAR SERIAL NO.<br>75-3 |
|---------------------------------------|-------------------------------|---------------------------------------|----------------------|------------------------|

**II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS**

| A. INPUT OR ACTION AGENT<br>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. (C) Demographic Association   |                             |   |              |   | X |             |   |   |   |        |   | X    |
| 2. (D) Moravian Mission  |                             |   |              |   | X |             |   |   |   |        | X |      |
| 3.   |                             |   |              |   |   |             |   |   |   |        |   |      |

Comment on key factors determining rating

(C) ADN provides acceptable in-country training for planned number of medical and para-medical personnel and family planning education/orientation to public groups. An evaluation of training indicates that courses are enthusiastically received but are too short in duration and refresher training is unlikely, both of which are due to fund limitations.

(D) Moravian Mission continues its original concept of providing effective family planning as part of general health services and is reaching people in some of the most remote regions of Nicaragua. The Moravian program accounts for 4% of total family planning acceptors.

|                         |           |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|
| 4. PARTICIPANT TRAINING | (C) & (D) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 |
|                         |           |   |   |   | X |   |   |   |   |   |   |   | X |

Comment on key factors determining rating

(C) Participants from ADN are trained with other donor financing. No special problems.

(D) Moravian Mission is the smallest of the agents involved in family planning and, since its operations are very limited, personnel are usually trained locally. No special problems.

|                |           |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|
| 5. COMMODITIES | (C) & (D) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 |
|                |           |   |   |   | X |   |   |   |   |   |   |   | X |

Comment on key factors determining rating

(C) ADN procures all its commodities with other donor financing.

(D) Moravian Mission gets most of its supplies and materials through PIO/C financing or from the MOH stocks.

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

Comment on key factors determining rating

See Section II. 6. page 2

|                 |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. OTHER DONORS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|

(See Next Page for Comments on Other Donors)

|                                  |                               |                                    |                      |                        |
|----------------------------------|-------------------------------|------------------------------------|----------------------|------------------------|
| AID 1020-25(10-70)<br>PAGE 3 PAR | PROJECT NO.<br>524-11-580-072 | PAR FOR PERIOD: 10/1/75<br>5/31/75 | COUNTRY<br>Nicaragua | PAR SERIAL NO.<br>75-3 |
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II. 7. Continued: Comment on key factors determining rating of Other Donors

Assistance from Pathfinder Fund, International Planned Parenthood Federation (IPPF) and Development Associates, Inc. and other donors was responsive to recipient's needs in most cases. In general, visits have been timely and relevant to on-going program activities. Pathfinder and IPPF could increase monitoring and follow-up of funded activities.

III. KEY OUTPUT INDICATORS AND TARGETS

| A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS  |                    | TARGETS (Percentage/Rate/Amount) 2/   |               |        |        |        | END OF PROJECT |
|---|--------------------|---|---------------|--------|--------|--------|----------------|
|   |                    | CUMULATIVE PRIOR FY   | CURRENT FY 75 |        | FY 76  | FY 77  |                |
|   |                    |   | TO DATE       | TO END |        |        |                |
| (1) Net number (cumulative) of Family Planning acceptors (orals, IUDs, and other methods) Applies to (A),(B),(C), and (D) cumulatively.                 | PLANNED            | 1/  | 29,000        | 31,000 | 45,000 | 52,000 | 52,000         |
|   | ACTUAL PERFORMANCE | 1/  | 34,200        |        |        |        |                |
|   | REPLANNED          |   |               |        |        |        |                |
| (2) Number of clinics/health facilities having integrated family planning with general health services (MOH/INSS) Applies to (A), and (B) cumulatively. | PLANNED            | NA  | 21/4          | 21/4   | 33/5   | 44/6   | 44/6           |
|   | ACTUAL PERFORMANCE | NA  | 20/0          |        |        |        |                |
|   | REPLANNED          |   |               |        |        |        |                |
| (3) Number of doctors, nurses, educators, social workers, etc. which have received in-country training Applies to (C)                                   | PLANNED            | 572 3/  | 390           | 780    | 1,170  | 1,560  | 1,560          |
|   | ACTUAL PERFORMANCE | 572 3/  | 390           |        |        |        |                |
|   | REPLANNED          |   |               |        |        |        |                |
| (4) KAP/demographic surveys conducted. Applies to (C)   | PLANNED            | NA  | 6             | 12     | 18     | 24     | 24             |
|   | ACTUAL PERFORMANCE | NA  | 1             |        |        |        |                |
|   | REPLANNED          |   |               |        |        |        |                |
| B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS   |                    | COMMENT: 1/ A new reporting system was initiated in 1974. "Cumulative Prior FY" totals are not given because prior FY data were determined to be inaccurate and project targets were revised in PROP Revision No.2, dated 10/11/74. |               |        |        |        |                |
| 1. See page 3.a.  |                    |   |               |        |        |        |                |
| 2. See page 3.a.  |                    | COMMENT: 2/ All numbers are cumulative.<br>3/ Not included in "End of Project" number. "End of Project" number relates to period starting in November 1974 (date of last PROP revision).  |               |        |        |        |                |
| 3. See page 3.a.  |                    | COMMENT:  |               |        |        |        |                |

CONTINUATION  
SHEET

FORM SYMBOL

Page 3a

DEPARTMENT OF STATE  
AGENCY FOR  
INTERNATIONAL DEVELOPMENT

TITLE OF FORM

PROJECT APPRAISAL REPORT  
(PAR) Worksheet  Issuance

PAGE 3a OF 4 PAGES

1. Cooperating Country  
Nicaragua2.a. Code No.  
75-3

2.b. Effective Date

2.c.  Original OR  Amendment  
No.

3. Project/Activity No. and Title

FAMILY PLANNING  
524-11-580-072Indicate block  
numbers.

Use this form to complete the information required in any block of a PIO or PAA form.

B. Qualitative Indicators for  
Major Outputs

Comment:

- (1) Accurate and timely reporting from family planning service points on active users and dropouts by method, and contraceptives distributed. (Applies to (A), (B), (C) and (D)).
- Statistics from clinics on family planning acceptors have improved under new reporting system, through issuance of administrative manuals and directives, and follow-up visits to clinics to train or retrain personnel on reporting.
- (2) Family planning provided as part of general health services on a first come first served basis. Staff trained to handle whole range of health and family planning needs. (Applies to (A) and (B)).
- Integration started in mid-1975 with 8 clinics. Supervision is concentrating on timely provision of adequate family planning services in integrated facilities.
- (3) Providing adequate training is one of main function of the Demographic Association. (Applies to (C)).
- Participants in ADN courses have expressed satisfaction with training courses but consider them too short in duration. The Demographic Association will continue its training role provided donor assistance is forthcoming.

|                                    |                              |                                       |                      |                        |
|------------------------------------|------------------------------|---------------------------------------|----------------------|------------------------|
| AID 1020-25 (110-70)<br>PAGE 4 PAR | PROJECT NO.<br>524-11-580-72 | PAR FOR PERIOD:<br>10/1/73 to 5/31/75 | COUNTRY<br>Nicaragua | PAR SERIAL NO.<br>75-3 |
|------------------------------------|------------------------------|---------------------------------------|----------------------|------------------------|

**IV. PROJECT PURPOSE**

A. 1. Statement of purpose as currently envisaged.  
**To develop the GON institutional capability for the delivery of family planning services.**

2. Same as in PROP?  YES  NO

| 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"> <li>1. GON assumes 100% financial responsibility for delivery of F.P.</li> <li>2. Family Planning will be integrated with general health services in 50 locations.</li> <li>3. Each F.P. service point will have trained staff.</li> <li>4. Nicaraguan F.P. entities will have capability to conduct research, surveys, etc.</li> <li>5. A reliable client record reporting system will be in place.</li> <li>6. A logistic system will exist to provide ample supplies and contraceptives.</li> <li>7. Pre-service and in-service training will be an established part of the program.</li> <li>8. Evaluation will be a regular feature of the program.</li> </ol> | <ol style="list-style-type: none"> <li>1-2. In FY 1975 the GON assumed approximately 45% of program costs by funding a greater share of personnel costs and by agreeing to integrate F.P. with health service points.</li> <li>3. Each service point is staffed with trained personnel and latter are retrained as necessary.</li> <li>4. Statistical Division/MOH F.P. is formulating plans to conduct follow-up studies on dropouts and ADN continues its surveys as funds permit.</li> <li>5. Monthly client reports continue to improve and reports are current up to 12/31/74.</li> <li>6. Clinics are now being surveyed to determine capability of logistics system.</li> <li>7. Demographic Association continues to conduct in-service and pre-service training courses.</li> <li>8. Plans are being formulated to prepare a logical framework (MOH) which will be used in program/PROP redesign and future evaluations.</li> </ol> |

**V. PROGRAMMING GOAL**

A. Statement of Programming Goal.  
**The goal of this program is to help to reduce population pressures which tend to aggravate childhood malnutrition and maternal morbidity and mortality by reducing the crude birth rate from 45/1000 (average 1965-1969) to 40/1000 by 1977 and maintain it at least at that level.**

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.  
**Achievement of the project purpose (i.e. development of the public and private institutional capacity to both (1) motivate the number of women of reproductive age participating in the F.P. program and (2) provide adequate F.P. through integrated health services) should make a significant contribution to the programming goal. GON clinics spread throughout the country should reach 10-15% of all fertile women (estimated at 500,000 by 1977).**