

AID 1020-25 (7-68) **7D AAB-176-A1** SECURITY CLASSIFICATION **UNCLASSIFIED** 001 PROJECT NUMBER **5250142**
PROJECT APPRAISAL REPORT (PAR) (U-446) See M.O. 1026.1 **525-15-580-142** Reference Center A.I.D. Room 1030, 9F. not part of title
 002 PAR AS OF: MO. 03 DAY 16 YR. 8 003 U.S. OBLIGATION SPAN FY 67 Thru FY 72 004 PROJECT TITLE **POPULATION (FAMILY PLANNING PROJECT)**
 005 COOPERATING COUNTRY - REGION - AID/W OFFICE **PANAMA**

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 1968) | 557 | | 5 | 39 | | 11 | | 268 | | 234 | |
| PROPOSED OPERATIONAL YEAR (FY 1969) | 34 | | | 32 | | | | | | 2 | |

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. HEW - PHS | 4 | 0 | LA(HA) 31-67 | |
| | | 2. | | | | |
| | | 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):

The Family Planning Association of Panama (APLAFPA), a voluntary organization, was established in January, 1966, by Dr. Julio A. Lavergne, Professor of Obstetrics and Gynecology of the Faculty of Medicine of the University of Panama. Dr. Lavergne had become concerned several years earlier with the high percentage of medical effort being used to solve the complications resulting from abortions, the dearth of public knowledge about family planning problems and methods and

MISSION DIRECTOR APPROVAL → SIGNATURE DATE 2/1/69

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POPULATION (FAMILY PLANNING PROJECT) continued

the lack of services available through either public or private medical facilities. Dr. Lavergne attended hemispheric conferences sponsored by the International Planned Parenthood Federation, (IPPF), published several papers on family planning and attempted, unsuccessfully, to open a Contraceptive Clinic at Santo Tomás, Panama City's largest public hospital. In 1966, APLAFA received legal recognition by the Panamanian Government.

APLAFA opened its first family planning clinic in the highly populated, low-income area of Marañon in Panama City in October of 1966. The Association received assistance from IPPF and the USAID/Panama Special Development Fund, which contributed \$1,500 and some U.S. surplus property. In April, 1967 APLAFA established a second clinic in Santo Tomás Hospital.

In April, 1967, a Project Agreement was signed by the USAID with APLAFA and the Ministry of Labor, Social Welfare and Public Health giving APLAFA the primary responsibility for overall direction and supervision of family planning projects undertaken by the Association and the Ministry of Health. This arrangement, agreed to by the Minister of Health, proved unacceptable to the head of the Ministry Department having responsibility to implement the project, the Director General of Public Health, and an amended Project Agreement was signed in June of 1968 giving the Ministry of Health the primary responsibility for coordination and implementation of the program.

Since the beginning of CY 1968, the Ministry of Public Health has, as have all the ministries of the GOP, been in a state of constant turmoil and change. The political situation has borne heavily upon the posts of the Minister and the Director General of Public Health. In the course of the last year, six individuals have briefly held the post of Minister and two personnel changes have been made in the position of the Director General. This situation and a generally prevailing indifference, rather than widespread resistance, to the family planning project at the two governmental levels mentioned has resulted in the lack of real acceptance of the program on the part of the Ministry of Health. Although assurances of interest and intention to fully participate were given by the former Minister and Director General during the development of the Project Agreement and the Project Implementation Plan, these assurances were never fully implemented.

As political conditions have become more nearly normal however, the new Minister of Health, a pediatrician, has expressed great interest in the program as a high-priority activity of the Ministry of Health.

In general, the segments of the project which have been the province of APLAFA, the private family planning organization, have moved ahead without serious delay. A positive and significant contribution to the realization of the sector goal has been made through their public education and information efforts, attitude inventories and through the family planning services offered by the five APLAFA clinics.

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POPULATION (FAMILY PLANNING PROJECT) continued

Alternative strategies in dealing with the former reluctance and slowness of the Ministry of Health in the implementation of the project will be discussed in Part IV, Programming Implications and will be analyzed in depth in the Strategy section of the Family Planning Prop now being amended.

4 Panama is facing a population problem which is fully examined with all of its ramifications in the Setting of the Prop and which will not be presented in detail here. Briefly, a population growth rate of 3.3% annually which has already exerted heavy pressure on health facilities, educational institutions, social services, especially those concerned with the low-income "barriada" of the urban areas, housing and employment opportunities shows every sign of continuing unabated. The family planning project, aimed at reducing these pressures by enlightened and voluntary control of family size, is of highest importance and significance to country development and the furtherance of U.S. objectives, particularly those of providing Panama with assistance in facing and overcoming the obstacles to improved living conditions, an equitable distribution of income and the effective use of national resources for economic and social betterment.

Part 3 not answered here.

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Part 3 not answered here.

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PART I-B - PROJECT EFFECTIVENESS

009 I-B-1 - OUTPUT REPORT AND FORECAST - (See detailed instructions)

| 1. CODE NO. AID/W USE ONLY | 2. This section is designed to record progress toward the achievement of each project output target which was scheduled in the PIP, Part II. Where progress toward a target is significantly greater or less than scheduled, describe reason(s) beneath the target. | ACTUAL AND PLANNED OUTPUTS (ALL DATA CUMULATIVE) | | | | |
|---|--|--|---------------------------|--------------|-------------------------------------|--|
| | | 3 ACTUAL CUM. TO DATE | 4. AS OF PRIOR JUNE 30 | | 5. PLANNED BY NEXT JUNE 30 | 6. PROJECTED TOTAL FOR PROJECT LIFE |
| | | | a. PLANNED | b. ACTUAL | | |
| | <u>Education and Information</u> | | | | | |
| | Project target 1: To extend the option of family planning to the Panamanian public by creating awareness of the need for family planning and of the sources of assistance available. | | | | | |
| | Training courses to be given lay workers in public motivation to accept family planning services | 0 | 0 | 0 | 10 | 50 |
| | Seminars on population problems for prominent civilian and government leaders | 2 | 1 | 1 | 1 | 9 |
| | Public lectures to promote interest in family planning | 12 | 12 | 8 | 60 | 300 |
| | Integration of sex-education into Health Education Courses in Normal Schools | 0 | 0 | 0 | 1 | 4 |
| | Admissions to clinics for family planning services | 4,129 | 3,500 | 3,533 | 7,200 | 90,000 |
| | <u>Training-Professional</u> | | | | | |
| | Project target 2: To develop and make operational a corps of Panamanian professionals trained in family planning counseling and techniques | | | | | |
| | Physicians to be trained in family planning | 20 | 20 | 18 | 30 | 140 |
| | Medical students to be trained in family planning | 25 | 25 | 25 | 25 | 100 |
| | Nurse-midwives to be trained in family planning | 21 | 20 | 17 | 60 | 240 |

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525-15-580-142**PART I-B - PROJECT EFFECTIVENESS**

009

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|---|--|--|---------------------------|--------------|-------------------------------------|--|
| | | 3 ACTUAL CUM. TO DATE | 4. AS OF PRIOR JUNE 30 | | 5. PLANNED BY NEXT JUNE 30 | |
| | | | a. PLANNED | b. ACTUAL | | |
| | Student nurses to be trained in family planning | 0 | 0 | 0 | 50 | 150 |
| | Public Health Personnel (other than physicians and nurses) to be trained in family planning | 13 | 10 | 9 | 60 | 250 |
| | Professional Conferences to be held to promote interest in the need for and methods of family planning | 1 | 1 | 1 | 2 | 10 |
| | Establishment of Population Division at University of Panama Medical School for training of family planning workers | 1 | 0 | 1 | 1 | 1 |
| | <u>Services</u> | | | | | |
| | Project goal 3: To integrate and operate as a part of the public and private health systems, family planning clinics and to equip them with the necessary supplies so that they may respond to public desires for family planning assistance. | | | | | |
| | Renovation of existing health centers to provide for expanded maternal-child health care to include family planning services | 0 | 0 | 0 | 15 | 60 |
| | Private clinics to offer family planning services | 5 | 5 | 5 | 6 | 6 |
| | Public clinics to offer family planning services | 0 | 15 | 15 | 45 | 60 |

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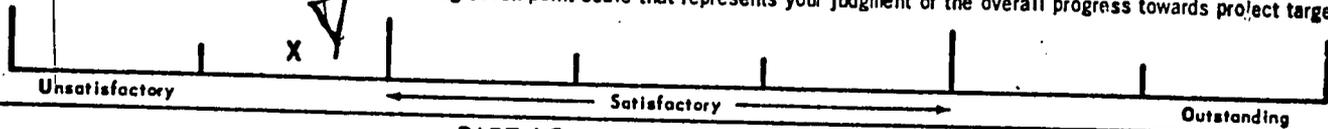
This doesn't seem consistent with part 1-B-1

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) <u>Sector Goal - Human Resource Dev.</u> To develop in the people of the country the technological skills, knowledges, capacities and energy necessary to best exploit natural resources and to build modern social and political institutions. | 2 | 1 |
| | (2) To enable the Panamanian family to rationally and voluntarily determine family size by providing them with the family planning information and services required for this purpose. | 3 | 1 |
| | (3) <u>Project Target - Population</u> To achieve a population growth rate consistent with the requirement of the resource base, its stage of development and its capacity to provide adequate goods and services. | 3 | 1 |
| | (4) | | |

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 I):

(1) Achievement of this program goal depends on a number of events occurring, principal among which are an expanding national income, an improved distribution of this income and improved public sector services. At the family level, the use of a given income is also important as a measure of a family well-being. And how family income is used depends heavily on family size. It is obvious that the larger the family, the larger need be the allocation of its income to basic necessities. Conversely, the material well-being of a smaller family with the given income rests on a relatively higher level, whether manifested by a higher level of consumption or by savings.

The economic effect of family size on family well-being has received little attention in Panama by development planners. Indeed, the arguments most frequently made focus on the need for a larger population to exploit large tracts of unused land with little being said of the relationship between

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public sector savings and capital in the development of this resource and nothing being said of the effects of a rapidly expanding population on the latter. As long as this argument is given credibility it will be difficult for proponents of family planning to legislate for a national population policy. The development of a large-scale family planning program may be slow as a result until such viewpoints are modified.

- (2) Large families with limited incomes have a difficult time in reserving a portion of that income for the education of their children and providing opportunities for development of technical skills and knowledge required for earning a living above the subsistence level. They are less able to provide a healthful environment in which to raise their families or provide the services required to maintain health and well-being. Analogously, public sector resources must be allocated to the expansion of basic services as the population increases limiting opportunities for qualitative improvements and consequently a better trained, energetic and flexible labor force.

This project would provide the family a choice to determine family size, thereby expanding the range of choice on which income could be spent. The range of choice on income use is much greater for smaller than larger families, the former providing more opportunities for children and adults to develop through better health and education and on full circle to greater family income.

There is a growing demand for education in Panama. Larger numbers of children are in school and the public sector is beginning to provide opportunities for skill development of the adult employed and unemployed. This project should help reinforce this trend which, if continued, may itself eventually have an effect on family size in two ways:

- a) Family sizes in Panama decrease as educational levels rise.
- b) Desire for more education for children may cause parents to limit the size of their families to the number they can educate.

The effect of this project on human resources development must be considered over the long term. Even with a reduction in live births immediately, reduced pressures would not be felt for at least five years on the educational system and for 15-20 years on the labor force. The reduced pressures on public health services, however, would be felt much sooner and families with fewer children could afford more health services. Likewise, families with school-age children would have more income available for education with fewer pre-school children to support.

- (3) Panama has been experiencing a high rate of economic growth even when taking into account the high rate of population growth. However, the continued high rate of population growth is much more likely to be maintained than the current high rate of economic growth and a reduction in the rate of increase of per capita income becomes very likely.

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11/18 explanation of why 1 in Column 2

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In view of this possibility, Panama's giving attention to the increase in its population becomes of significant importance. If serious attention is given to this problem, there must be steps taken to provide the Panamanian people with the ability to determine family size.

- (4) As pointed out above, the extension of education to greater numbers of Panamanians will likely affect downward the rate of population increase. But this result will likely not materialize until perhaps two decades have passed. Meanwhile, the only apparent alternative is to provide directly the information and devices to enable the family to determine its size. There is evidence to indicate that such being promoted, the rate of population increase will taper off.

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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 contributions 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? | NA |
| 017 Have any important lessons, positive or negative, emerged which might have broad applicability? | Y |
| 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.) | Y |

021 **NARRATIVE FOR PART I-C.2** Identify each explanatory note by the number of the entry to which it pertains. (Continue on form AID 1020-25 I as necessary):

- 014 - Demand by Director General of Public Health for MOH to have primary implementation responsibility for the program which nullified the first ProAg. Reluctance, indifference and delay on the part of the Director General as the Minister of Health signed the project without consulting the Director General. The political situation has had a direct and substantial effect in delaying the implementation of the project. Currently, the new Minister of Public Health is highly motivated to move the program ahead with all possible speed.
- 017 - The signature of the Minister on a ProAg does not insure that the project will be successfully carried out if the Director General who is responsible for implementation of the project has not been involved in the development of the ProAg and then shows no interest in furthering the project.
- 020 - Cooperating country media coverage has been discouraged at this stage to prevent the building up of opposition to F.P. and to first get clinic activities firmly established and accepted.

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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) | | (b) STATUS - PLACE AN "X" IN, ONE COLUMN | | |
|--------------|--|--|-------------|-------------------|
| PIP ITEM NO. | MAJOR ACTIONS OR STEPS; CAUSES AND RESULTS OF DELAYS; REMEDIAL STEPS | (1) | (2) | (3) |
| | | BEHIND SCHEDULE | ON SCHEDULE | AHEAD OF SCHEDULE |
| 1. | Preparing, negotiating and signing program agreement. | | X | |
| 2. | Establish National Committee for Demographic Policy. The Pope's Encyclical against birth control and the changes in government including 6 new Ministers of Health in 1968 has put in abeyance the establishment of the committee. No action is indicated until the attitude of the new government on population matters is ascertained. | X | | |
| 3. | Establish coordinating family planning committee for Panama program. | | X | |
| 4. | Development of technical and administrative procedures for project including maintenance. See reasons Point 2. | X | | |
| 5. | Prepare plan of operation for project. Started on schedule but not completed for same reason stated in Item 2. | X | | |
| 6. | Prepare and carry out a national program of family planning information and education in Panama. There is a dearth of educational materials on family planning in Panama and implementation by ODECA of the Regional Coordinated Demographic and Health Education Program for Central America and Panama is urgently needed. | X | | |
| 7. | Expand maternal and child health programs including family planning as part of the program in at least 15 health centers every 12 months. See Item 2 above and Narrative 1-A. | X | | |
| 8. | Renovate and establish San Miguelito clinic. Is 1-2 months behind schedule due to slowness in preparation of plans by architect. | X | | |
| 9. | Renovate and establish Univ. of Panama F.P. Training Center. | | X | |
| 10. | Prepare PIO/C's for supplies and equipment. Maternal and Child Health Section of M of H has not completed lists. | X | | |

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PART II - IMPLEMENTATION REPORT

II-A - STATUS OF SCHEDULE

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| (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 |
| PART II - Implementation Report II-A - Status of Schedule | | | | |
| 11. | Prepare PIO/P's for local training nurse-midwife students Univ. of Panama. It was not feasible to provide this training through a PIO/P so arrangements are being made to do it through APLAFA. | x | | |
| 12. | Determine scope of demographic study. | | x | |
| 13. | Contract for demographic study | | 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):

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.

| | |
|--|---|
| (a) On schedule | |
| (b) Ahead of schedule | |
| (c) Behind schedule | X |
| (1) AID/W Program Approval | |
| (2) Implementing Agency (Contractor/Participating Agency/Voluntary Agency) | |
| (3) Technicians | |
| (4) Participants | X |
| (5) Commodities (non-FFF) | |
| (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: | X | 032 Quality, comprehensiveness and candor of required reports | |
| | | 033 Promptness of required reports | |
| 025 Adequacy of technical knowledge | | 034 Adherence to work schedule | |
| 026 Understanding of project purposes | | 035 Working relations with Americans | |
| 027 Project planning and management | | 036 Working relations with cooperating country nationals | |
| 028 Ability to adapt technical knowledge to local situation | | 037 Adaptation to local working and living environment | |
| 029 Effective use of participant training element | | 038 Home office backstopping and substantive interest | |
| 030 Ability to train and utilize local staff | | 039 Timely recruiting of qualified technicians | |
| 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 | | | |
| 042 English language ability | N | 053 Relevance of training for present project purposes | P |
| 043 Availability of host country funding | N | 054 Appropriateness of post-training placement | P |
| 044 Host country operational considerations (e.g., selection procedures) | P | 055 Utility of training regardless of changes in project | P |
| 045 Technical/professional qualifications | P | 056 Ability to get meritorious ideas accepted by supervisors | N |
| 046 Quality of technical orientation | P | 057 Adequacy of performance | P |
| 047 Quality of general orientation | P | 058 Continuance on project | P |
| 048 Participants' collaboration in planning content of program | P | 059 Availability of necessary facilities and equipment | N |
| 049 Collaboration by participants' supervisors in planning training | P | 060 Mission or contractor follow-up activity | |
| 050 Participants' availability for training | N | 061 Other (describe): | |
| 051 Other (describe): | | | |

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PART II-B - Continued

3. FACTORS-COMMODITIES

| PLACE AN "X" IN APPROPRIATE BLOCK: | 062 FFF | 063 NON-FFF | 064 .NO COMMODITY ELEMENT | | | |
|--|------------|----------------|---------------------------------|---|--|---|
| | | | | | 072 Control measures against damage and deterioration in shipment. | P |
| ACTION 065 | | | | N | 073 Control measures against deterioration in storage. | P |
| | | | | P | 074 Readiness and availability of facilities. | P |
| ACTION 066 | | | | N | 075 Appropriateness of use of commodities. | P |
| | | | | P | 076 Maintenance and spares support. | P |
| 067 | | | | P | 077 Adequacy of property records, accounting and controls. | P |
| 068 | | | | P | 078 Other (Describe): | |
| 069 | | | | P | | |
| 070 | | | | P | | |
| 071 | | | | P | | |

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 1020-25 I 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.

As explained in narrative I-A, the overall implementation performance of APLAFA has been very satisfactory with significant achievements to date while the performance of the GOP has been less than satisfactory primarily due to indifference and the reluctance of the Director General of Public Health to implement the program.

Implementing Agency: The present advisor on Health and Population devotes approximately 50% of his time to the organization and implementation of this project. For immediate past, considering that communications with the Ministry of Health during a period of political uncertainty were at a minimum and that all programs of the USAID are under review, part-time attention to the project was sufficient. Now, however, given the opportunities provided by a Minister thoroughly aware of the importance of this activity and anxious to show rapid movement, the resumption of full activity on the project and the anticipated activation of family planning services in some 15 public health clinics by early FY 1970, coupled with a series of lectures and seminars on family planning scheduled for the same period and the recruiting, processing and follow-up on some 40 to 50 participants, will require the full-time assignment of an officer to the Population project. Consultation, inspection and coordination of the project activities during FY 1970, 1971 and 1972, as services, facilities and training requirements for family planning increase, will require the constant attention of a minimum of one full-time advisor. The USAID is requesting the assignment of such an officer for FY 1970.

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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.

PART II-B - Continued

3. Factors-Commodities

042 - Participant Training: It has been difficult to find suitable English speaking participants for U.S. training in F. P. However, many participants have been sent for 1-2 week third-country training.

043 - No GOP funds have been available for transportation so in some instances the participants have paid for their own travel.

050 - The M. of H. formerly opposed APLAFA sending any M. of H. employees for F. P. training but of late they have begun to nominate and send some professional personnel for such training.

059 - The M. of H. has been reluctant previously to establishing F.P. clinics in their health centers but now appear willing to move ahead.

ACTION 065-067 - Commodities - Most of the commodities used by APLAFA have been supplied by the International Planned Parenthood Federation. The few ordered by USAID/P have taken up to a 10 months to arrive following issuance of the PIO/C's. More rapid procurement will be necessary if the M. of H., F.P. Educational and clinic program is to rapidly expand throughout the country.

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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:

| | |
|--|---|
| 080 Coordination and cooperation within and between ministries. | - |
| 081 Coordination and cooperation of LDC gov't. with public and private institutions and private enterprise. | N |
| 082 Availability of reliable data for project planning, control and evaluation. | P |
| 083 Competence and/or continuity in executive leadership of project. | N |
| 084 Host country project funding. | N |
| 085 Legislative changes relevant to project purposes. | - |
| 086 Existence and adequacy of a project-related LDC organization. | N |
| 087 Resolution of procedural and bureaucratic problems. | N |
| 088 Availability of LDC physical resource inputs and/or supporting services and facilities. | P |
| 089 Maintenance of facilities and equipment. | N |
| 090 Resolution of tribal, class or caste problems. | - |
| 091 Receptivity to change and innovation. | N |
| 092 Political conditions specific to project. | N |
| 093 Capacity to transform ideas into actions, i.e., ability to implement project plans. | N |
| 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. | N |
| 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. | N |
| 100 Planning and management skills. | N |
| 101 Amount of technician man years available. | N |
| 102 Continuity of staff. | N |
| 103 Willingness to work in rural areas. | N |
| 104 Pay and allowances. | N |
| 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):

081 - GOP has not cooperated in past with APLAFA, a voluntary agency, on the contrary, the Ministry has shown marked hostility to the organization.

083 - The Chief of the Maternal and Child Health in the M of H who is in charge of FP for the M of H is untrained and appears to lack executive leadership abilities.

084 - Although funds are in the M of H budget for FP none have been available for travel of participants.

086 - The Maternal and Child Health program of the MOH is quite inadequate.

087 - The MOH is poorly organized and administered.

089 - Maintenance of MOH health centers and their equipment is very poor.

091 - The MOH has shown very little receptivity to change and innovation.

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PART III - Continued
Role of the Cooperating Country

- 092 - The Director General of Public Health has used the attitude of the church toward family planning as an excuse for not implementing the program.
- 093 - The MOH lacks the organization and ability at the present time to effectively implement project plans.
- 094 - Sustaining the project would require greater enthusiasm and effort toward the FP program than now exists.
- 095 - Very meager efforts to date.
- 099 - All professional staff involved need FP orientation and training.
- 100 - M of H strong in planning, but weak in implementation and management.
- 101 - There are many professional vacancies in M of H health centers throughout the country.
- 102 - Continuity of staff is being disrupted by change in government. The effect will be mixed.
- 103-104 - GOP has been unwilling to pay higher salaries for working in rural areas and there is a marked reluctance to work in such areas beyond the one year required of physicians in order to be licensed to practice in Panama.

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PART IV - Programming Implications
IV-A - Effect On Purpose And Design - Continued

projected population growth rates including analysis of rates which would result from the successful implementation of the Population Program which is set forth in the updated PROP. The results of the study should be helpful in convincing Panamanian planners in various fields of the high priority of a Family Planning Program.

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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 purposes 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):

No changes in project purposes are deemed necessary. Contemplated changes in project design will attempt to bring the full range of related USAID specialist and the projects with which they work to bear upon the implementation of the population project, i.e., coordination of USAID Community Development Division and community health committees on the dissemination of information concerning family planning, the Urban Development Division and the Panamanian Institute for Housing working in conjunction with local groups not only on housing requirements, but on matters directly concerned with family planning. Similar coordination with Labor Development and labor unions will be undertaken. All of these activities which involve organizations of citizens can be utilized as media of communications for instructions and information on family planning. These changes in project design are merely mentioned here; they will be explored in depth as part of the course of action in the forthcoming PROP. A study in depth will be undertaken of the implications of projected population growth rates on the Panamanian economy and society considered as a whole and on selected sectors such as education, health and manpower. Comparisons will be made of the effects of various

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. | |
| 4. Extended beyond its present schedule to (Date): Mo. ___ Day ___ Yr. ___. Explain in narrative, PROP will follow. | |
| 5. Substantively revised. PROP will follow. | X |
| 6. Evaluated in depth to determine its effectiveness, future scope, and duration. | |
| 7. Discontinued earlier than presently scheduled. Date recommended for termination: Mo. ___ Day ___ Yr. ___ | |
| 8. Other. Explain in narrative. | |

109 NARRATIVE FOR PART IV-B:

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