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PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 525-15-580-142	2. PAR FOR PERIOD: 4/73 TO 9/74	3. COUNTRY Panama	4. PAR SERIAL NO. 75-1
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HEALTH AND POPULATION

6. PROJECT DURATION: Began FY 67 Ends FY 75	7. DATE LATEST PROP 4/5/71	8. DATE LATEST PIP None	9. DATE PRIOR PAR 3/30/73
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 2,821,000	b. Current FY Estimated Budget: \$ 500,000	c. Estimated Budget to completion After Current FY: \$ -0-
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
U.S. Public Health Service	PASA LA(HA) 10-70 A.1

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		
1.	X	X	Enlist services of Westinghouse Population Center to conduct marketing study of family planning in Panama.	December 31, 1974
2.	X		Identify the Ministry of Education's plans for teaching sex education in the public school system.	October 15, 1974

D. REPLANNING REQUIRES

REVISED ~~XXXXX~~  PROP  PIP  PRO AG  PIO/T  PIO/C  PIO/P

E. DATE OF MISSION REVIEW

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE  
Ernest Feigenbaum *EF* 1/27/74

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE  
Alexander Firfer *AF* Sept. 26, 1974

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**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
1. U.S. Public Health Service						X							X
2.													
3.													

Comment on key factors determining rating

The incumbent has combined a thorough knowledge of health and population matters at all levels with an admirable working relationship with Ministry of Health (MOH) personnel to achieve commendable progress in the project to date.

4. PARTICIPANT TRAINING						X								X
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Comment on key factors determining rating During the rating period, six nurses and three physicians were provided short term training in community health and family planning practices in the U.S., gynecologists attended a conference on laparoscopy and other family planning techniques, MOH supervisory personnel attended courses in Costa Rica and Puerto Rico on communication techniques in the field of family planning, and arrangements were made (continued on page 5)

5. COMMODITIES						X							X	
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Comment on key factors determining rating Purchase of clinical supplies through U.S. military channels has achieved both cost reductions and more timely deliveries. Additional commodities purchased through GSA have also been delivered in a satisfactory manner. In-country commodity distribution has been handled efficiently by MOH personnel.

6. COOPERATING COUNTRY	a. PERSONNEL					X								X
	b. OTHER					X								X

Comment on key factors determining rating

Efficient project execution is attributable in large part to the high level of dedication and administrative abilities demonstrated by Ministry of Health personnel associated with family planning activities.

7. OTHER DONORS		X									X			
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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

UN and PAHO activities in the family planning field continue to be of low operational importance. These agencies have placed little emphasis on the importance of population concerns. A UNESCO sponsored sex education project planned for implementation in CY 73 has not been approved by the GOP and will probably be cancelled in the near future due to lack of GOP/UN agreement on project emphasis.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 74		FY 75	FY 76	END OF PROJECT
			TO DATE	TO END			
Renovation, remodeling or expansion of existing health facilities in order to install family planning services. 1/	PLANNED	64	66	67	67	+ 10 sub-centers	
	ACTUAL PERFORMANCE	68	74				
	REPLANNED				74	+ 10 sub-centers	
in service training in various courses on health, sex education, demography, maternal & child health care, family planning & leadership for Ministry personnel and primary school directors.	PLANNED	100%				(Health Personnel) DIRECTORS	
	ACTUAL PERFORMANCE	100%				(Health Personnel) DIRECTORS	
	REPLANNED					Health & family planning instruction will be provided to the target	
Establish sex education and demography courses in the national school system.	PLANNED		At fifth gr level only.		groups on a continuing basis. AT ALL GRADE LEVELS		
	ACTUAL PERFORMANCE		Nearly all school teachers have received sex education instruction. Some modifications				
	REPLANNED		Modification has not been effected.			Same	
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: The office was established in 1971. In July of this year it was divided into two separate units: Office of Health Planning and Office of Population. The latter serves as the GOP center for demographic planning and analysis, and is supervised by a highly qualified demographer.						
1. Establish office of demography and health planning in Ministry of Health.							
2. Establish mass-media family planning programs.	COMMENT: GOP-endorsed family planning messages are carried by all major news media on a nationwide basis. Furthermore, the MOH has agreed to make specific, descriptive mention of contraceptive methods a basic thrust of future mass-media programming.						
3. Establish a permanent national ecological integrating group to study the interrelationships of population, resources and the environment in planning programs for social and economic development.	COMMENT: Under the auspices of the Ministry of Planning, representatives of various Ministries and private groups have convened to deliberate ecological problems. However, a permanent group has not been established. The MOH also convenes an interministerial population commission to discuss demographic trends and related issues.						

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**IV. PROJECT PURPOSE**

1. Statement of purpose as currently envisaged.

2. Same as in PROP?  YES  NO

To create the broadest possible awareness in all Panamanian sectors of population growth problems and to achieve delivery of family planning services to the highest possible percentage of fertile females in Panama.

B. 1. Conditions which will exist when above purpose is achieved.

2. Evidence to date of progress toward these conditions.

The delivery of family planning services to 15% of the fertile female population through MOH channels and to an additional 20% through other means.

Approximately 13<sup>2</sup>/<sub>1</sub>% of the country's fertile-age women are currently using some form of contraception provided through the Ministry of Health's program. It is estimated that an additional 15-20% of the fertile female population are using family planning methods obtained through other channels.

**V. PROGRAMMING GOAL**

A. Statement of Programming Goal

Encourage family planning to decelerate population growth from the 1971 annual rate of 3.3% <sup>3</sup>/<sub>1</sub> to about 2% by the year 2000 as an initial goal in achieving a population compatible with Panama's natural resources and desired 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.

The basic presumption of this project is that a growing and significant percentage of fertile females using contraceptive devices will lead to a declining trend in population growth rates. Recent data show that the percentage of fertile women using some form of contraception has grown from 7% in 1971 to around 30% (13% through MOH clinics and 17% through other channels) in 1974 and, further, that population growth rates have declined from 3.1% in early 1971 to about 2.7% <sup>3</sup>/<sub>1</sub> at the present. This decline is even more significant when it is recognized that mortality rates over the same period dropped from 6.6 to 5.8 per thousand.

It is felt that achievement of the project's purpose will demonstrate the country's capacity, in terms of acceptance and delivery of family planning services, for sustaining a downward trend in the population growth rate.

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4. Participant Training (continued from page 2)

to (1) provide twelve MOH nurses with short-term instruction in community health and family planning in the U.S., and (2) send two pediatricians to a conference in Argentina on maternal and child health care. Returning participants have found their various training programs useful and relevant to their professional activities.

Footnotes:

- 1/ Although all 74 health centers are providing some form of family planning assistance, the nature and level of such assistance is not uniform throughout the system. USAID assistance will continue to complement MOH efforts to expand the centers' capacity in order to meet an increasing demand for family planning services stimulated, in large part, by a vigorous nationwide promotional campaign.
- 2/ Data based on recent surveys and projections of MOH.
- 3/ At the time project was designed, this was a preliminary figure. The actual figure was 3.1%.
- 4/ Contraloría General de la República, Dirección de Estadística y Censo, Estadística Panameña, July, 1974.