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*Oct 4/79*

**9310055** (5)  
**PD-AAC-510-A1**

CLASSIFICATION  
**PROJECT EVALUATION SUMMARY (PES) - PART I**

Report Symbol U-447

<b>1. PROJECT TITLE</b>  Colombia Health Delivery Systems Contractor: Tulane University			<b>2. PROJECT NUMBER</b>  931-0055 <i>01502</i>	<b>3. MISSION/AID/W OFFICE</b>  DS/HEA
<b>5. KEY PROJECT IMPLEMENTATION DATES</b>			<b>4. EVALUATION NUMBER</b> (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)	
<b>A. First PRO-AG or Equivalent</b> FY <u>75</u>	<b>B. Final Obligation Expected</b> FY <u>78</u>	<b>C. Final Input Delivery</b> FY <u>79</u>	<input checked="" type="checkbox"/> <b>REGULAR EVALUATION:</b> <input type="checkbox"/> <b>SPECIAL EVALUATION</b>	
<b>6. ESTIMATED PROJECT FUNDING</b>			<b>7. PERIOD COVERED BY EVALUATION</b>	
<b>A. Total</b> \$ _____			From (month/yr.) <u>8/75</u>	
<b>B. U.S.</b> \$ <u>1.116 M</u>			To (month/yr.) <u>10/78</u>	
			Date of Evaluation Review <u>10/2/78</u>	

**B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR**

<b>A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, PIQ, which will present detailed request.)</b>	<b>B. NAME OF OFFICER RESPONSIBLE FOR ACTION</b>	<b>C. DATE ACTION TO BE COMPLETED</b>
<p>This Project was <u>evaluated</u> on <u>10/2/78</u> and there are no major issues or problems which will delay the accomplishment of the purpose for which the project was approved.</p>		

<b>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</b> <input type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Financial Plan <input type="checkbox"/> PIO/T <input type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P	<b>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</b> <b>A.</b> <input checked="" type="checkbox"/> Continue Project Without Change <b>B.</b> <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan <b>C.</b> <input type="checkbox"/> Discontinue Project
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<b>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)</b>  Donald C. E. Ferguson, Ph.D., M.P.H. Chief, Health Delivery Systems Office of Health, DSB	<b>12. Mission/AID/W Office Director Approval</b> Signature:  Typed Name: <u>Lee N. Howard, M.D.</u> Date: _____
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