

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 489-11-580-649 ϕ 1	2. PAR FOR PERIOD: July 1973 TO June 1974	3. COUNTRY Korea	4. PAR SERIAL NO. 1974-3
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5. PROJECT TITLE

HEALTH AND FAMILY PLANNING

6. PROJECT DURATION: Began FY <u>168</u> Ends FY <u>176</u>	7. DATE LATEST PROP 11-21-69	8. DATE LATEST PIP 4-15-70	9. DATE PRIOR PAR 7-2-73
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$	b. Current FY Estimated Budget: \$	c. Estimated Budget to completion After Current FY: \$
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
Management Sciences for Health (MSH)	AID/csd-3298
Bureau of Census (BOS) <i>John H. Parks</i>	PASA TA

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			<p>1. The purpose of the present project has been met to the extent possible and or feasible, and therefore we recommend the development of a new project, and a new PROP, that will more clearly define the purpose of AID involvement in the ROKG family planning program.</p>	

D. REPLANNING REQUIRES	E. DATE OF MISSION REVIEW
REVISED OR NEW: <input checked="" type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Dorothy N. Glenn	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Michael H. B. Adler
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06/30/74

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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			OUT-STANDING		LOW			MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5	
1. Management Sciences Health		X										X	
2. Bureau of Census, PASA						X						X	
3.													

Comment on key factors determining rating

- MSH was completed on 10/15/73. The unsatisfactory rating is based upon the fact that the final contractors report has not been received.
- Dr. Eli Marks of U. S. Bureau of Census 1970 census post-enumeration survey of Korea and continuing demographic survey is satisfactory. PIO/T 489-649-2-30003.

4. PARTICIPANT TRAINING					X								X	
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Comment on key factors determining rating

- U. S. : (1) Demographic, (3) Statistical, (1) Communications, (1) PH Nursing (4) Vital registrations, (3) FP Service M. D., (1) Researcher: good.
- 3rd Country: 15 participants for observation. tours of F. P. programs: should concentrate on one or two countries for FP training in future.
- Problems: 1) English proficiency is low at all levels.
2) High officials are not available for medium or long term training.

5. COMMODITIES					X								X	
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Comment on key factors determining rating

A prior audit report showed low use of health center and sub-center kits. MOHSA now has 1339 sub-centers with 1102 doctors. Health centers, 197, have 164 doctors. Sample on site inspections of the 384 sub-centers and 139 health centers with kits show commodity utilization since doctors are now assigned to centers and sub-centers. Hospital kits are being utilized.

6. COOPERATING COUNTRY	a. PERSONNEL				X									X
	b. OTHER EPB/Budget		X								X			

Comment on key factors determining rating

- Personnel: high attrition in field personnel due to temporary personnel status. Administration in MOHSA generally satisfactory. Targets usually achieved.
- Other: Budget cuts by Economic Planning Board reveal low priority of FP in ROKG except in Ministry of Health and Social Affairs.

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

PPFK: UNFPA funded I. E. and C. program began in March 1974.

USAID, PPFK, Population Council, Asia Foundation, UNFPA, WHO, and KNCC (FPIA) coordinate efforts to avoid duplication. Projects are planned to complement ROKG Pop/FP program.

Problem: WHO, UNFPA assistance to ROKG behind schedule due to delayed funding.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY		FY 75	FY 76	
			TO DATE	TO END			
1. Detailed analysis of FP administrative structure including recommended improvements/MSH.	PLANNED	3	1	1			1
	ACTUAL PERFORMANCE	3	-3-				
	REPLANNED						
2. Trained FP workers (KIFP) all levels.	PLANNED	6,000	2,700	-	2,200	2,600	13,500
	ACTUAL PERFORMANCE	5,998	2,700				
	REPLANNED						
3. New ideas and concepts introduced from other FP and statistical programs via U.S. and 3rd country training: (participants trained)	PLANNED	103	29	29	-	-	132
	ACTUAL PERFORMANCE	103	29				
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.	Research, especially in Behavioral Sciences.	Publication of "Psychological Perspectives: Family Planning in Korea" an indepth study of social and psychologic factors relating to Fertility and Family Planning, is considered by scholars to be an outstanding piece of analysis.					
2.	Improve baseline data.	Census is now estimated at being 95 per cent accurate, a significant improvement over the previous situation.					
3.	Reworking of Vital Statistics, 1966 and 1970 census for more information.	COMMENT: Institute of Pop. Problems, Center for Population Studies, Population Institute (SNU) have refined data to publish monographs of fertility decline, age of marriage, internal migration, population projections.					

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IV. PROJECT PURPOSE

1. Statement of purpose as currently envisaged. 2. Same as in PROP? YES NO

To advise the ROKG/MHSA on (a) integration of family planning services into the existing and expanding health and medical delivery system; (b) promotion of family planning through a nationwide information program; and (c) analysis of population and service data for more efficient operations of program management. (d) advise on introduction of new fertility management techniques.

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. Improved Administration of the MCH/FP program. 2. Institutionalized basic training program for MCH/FP workers plus research and evaluation. 3. Refine baseline data. 4. MCH/FP taught to medical and public health students as an integral part of all training. 5. Capability for improved research related to questions on family planning especially family planning behavior. 	<ol style="list-style-type: none"> 1. MSH made recommendations at operational level which have been implemented. 2. Korean Institute for Family Planning established for training of FP staff, program monitoring, evaluation and research. 3. Consultants advised Bureau of Statistics the 1970 census is 95% accurate. 4. National Institute of Health, SNU School of Public Health, 14 Medical and 48 Nursing Schools include FP training in all programs. 5. KIRBS publication of "Psychological Perspectives: Family Planning in Korea".

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To reduce the annual population growth rate to 1.5 percent by 1976 and to 1.3 percent by 1981 by reducing birth rates.

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.

Family planning services have been integrated into the network of health centers and sub-centers; the PPFK has embarked on an extensive program of information, education, and communication; and available data is being reworked and refined to furnish more usable information. As a result, the family planning program now reaches almost 100 percent of the fertile population, has attracted 31-32 percent of this fertile population to practice family planning, and the birth rate has consequently dropped to less than 2 percent per annum in 1973.