

PAGE 1 **PD-AAI-575** PROJECT APPRAISAL REPORT (PAR) ①

1. PROJECT NO. 518-15-570-094	2. PAR FOR PERIOD: 12/1/73 TO 11/30/74	3. COUNTRY Ecuador	4. PAR SERIAL NO. 75-4
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5. PROJECT TITLE  
POPULATION -- Family Planning and Demography DUPLICATE

6. PROJECT DURATION: Began FY <u>68</u> Ends FY <u>75</u>	7. DATE LATEST PROP 10/22/74	8. DATE LATEST PIP None	9. DATE PRIOR PAR 12/12/73
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 2,998,000	b. Current FY Estimated Budget: \$ 409,000	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.
University of North Carolina	AID/csd 2495
Columbia University	AID/csd 2479
Odette Alarcón	AID-518-325

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		

Data on quantitative output targets are difficult to interpret due to changes in reporting standards, including: a) a change from fiscal to calendar year targets and data for the related, but non-AID-financed population programs of APROFE, Ministry of Defense, and Women's Medical Society. In general the quantitative evidence indicates satisfactory, if uneven, progress.

This PAR should be considered in conjunction with the APHA evaluation of the Ecuadorean Population Project submitted as PAR 74-2 on December 12, 1973, the subsequent audit of the Ecuadorean Population Project (Audit No. 1,518-74-67, dated June 11, 1974), Mission comments on that audit contained in a letter from Remo R. Garufi to the former AG, Mr. John Lanley, dated August 29, 1974, and the analysis of the current status of population programs and strategies contained in the approved PROP for the population project dated October 22, 1974.

Following approval of the PROP and concurrently with the preparation of this PAR, the Mission and the GOE agreed on ProAgs for the continuation of program with FY 75 funding. As a result of this virtually continuous process of evaluation and reprogramming, no new actions resulted from this evaluation, inasmuch as they had already surfaced and had been incorporated in the new PROP's and ProAg's.

BEST AVAILABLE DOCUMENT

D. REPLANNING REQUIRES						E. DATE OF MISSION REVIEW	
REVISED OR NEW:	<input type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PRO AG	<input type="checkbox"/> PIP/C	<input type="checkbox"/> PIP/P	February 4, 1975	
PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE JP: James, Harold E. Haight (JHMagill)				MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Remo R. Garufi, Acting Director			

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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	5	
1. University of North Carolina					X								X
2. Columbia University					X					X			
3. Odette Alarcón				X					X				

Comment on key factors determining rating

1. A special evaluation of the UNC contract was recently done by PHA/POP/DEA. Results have not yet been published but preliminary observations indicate that the UNC inputs were very satisfactory and crucial to CAD's development.
2. During the past year basic differences in opinion arose between MOPH officials and some personnel of the U.S. contractor. As a result, the services of Columbia University have not been requested frequently by the MOPH and the contract is being terminated.
3. After the sex education program terminated, the contractor has been working in a difficult environment. However, she successfully improvised development of proposed curriculum in sex education for grades 1-12 in cooperation with the Ministry of Education.

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

Three participants were graded highly satisfactory by Training Offices.

MCD-Puerto Rico, 2 years, finished 8/74

MPH-Puerto Rico, 1 year, initiated 8/74

Course in Demography, Mexico, 4 months

5. COMMODITIES		X											X	
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Comment on key factors determining rating

Delivery time for GSA-procured commodities is excessive, frequently extending over a period of 1 1/2 to 2 years. In addition, specifications were sometimes disregarded by GSA causing problems in implementation of the project. Substantial price increases are causing increasing problems in planning for commodity procurement.

6. COOPERATING COUNTRY	a. PERSONNEL												
	1	2	3	4	5	6	7	1	2	3	4	5	
			1	3	2-5								X
	b. OTHER Clinic Space												
					X								X

Comment on key factors determining rating

1. MOH (Ministry of Health - Integration of FP activities in maternal health now places FP within context of official GOE policy.
2. National Planning Board-Demographic Analysis Center - Highly qualified personnel to represent key factor in future development planning.
3. Ministry of Social Welfare - Optimum performance was not achieved during first six months due to reorganization of Ministry. Now back on track.
4. Ministry of Agriculture - Active participation of Minister and authorities connected with the program contributed to its implementation.

7. OTHER DONORS				3-4	1	2							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

1. IPPF (International Planned Parenthood Federation) - Ecuadorean affiliate pioneered FP programs and continues to be an important factor.
2. FPIA (Family Planning International Agency) - Support provided was decisive for continuation of activities of CEMOPLAF. Services were extended to four clinics.
3. UNPPA (United Nations Fund for Population Activities) - Little contact of local UN representative with counterpart Armed Forces personnel prevents faster development of FP program.
4. PATHFINDER - Delivery of contraceptives has been timely. However, (continued)

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR CY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
a. Number of clinics provid- ing family planning serv- ices. (Note that previous targets included APROFE, MOD and WMA, while present do not)	PLANNED	189		389	510	622	622
	ACTUAL PERFORM- ANCE	185	230				
	REPLANNED			302	341	374	374
b. Average number of new ac- ceptors per month.  (see above note)	PLANNED	2,666 *		4,250	5,300	6,500	
	ACTUAL PERFORM- ANCE	2,776 *	2,076				
	REPLANNED			3,558	5,300	6,500	
c. Total number of IUD in- sertions per year  (in 000's)	PLANNED	14 *		24	30	37	
	ACTUAL PERFORM- ANCE	7.0*	3.3				
	REPLANNED			25.0	38.5	46.3	
d. Number of pill cycles dis- tributed annually  (in 000's)	PLANNED	281 *		394	524	673	673
	ACTUAL PERFORM- ANCE	168.4*	77.9				
	REPLANNED			265.2	359.6	422.3	
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1.							
a. Adequate warehousing, in- ventory and restocking sys- tem to allow timely delivery	System is working generally quite well although less than three months' supply was noted at several Andean Mission (Ministry of Agriculture) clinics in rural areas on one Mission field trip. Andean Mission supply procedures have been modified subsequently to prevent (see cont. sheet)						
b. Standards and norms for national family planning program effectively monitored by the Popula- tion Department.	COMMENT: Standards and norms are in the process of being codified but at present are general, well-accepted understandings of personnel involved. Population Department monitoring takes the form of coordination of activities at the Ministerial Director of Program level.						
c. Regular supervisory visits to all family planning clinics, with each clinic visited at least quarterly.	COMMENT: While supervisors make frequent trips to the more ac- cessible clinics (clinic personnel in 22 clinics verified this), visits to more remote clinics have been less fre- quent than targeted.						

\* Not cumulative - figure shown is average rate per period for CY 1974.

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II. 7. Continued: Comment on key factors determining rating of Other Donors

(cont.)

change in oral brands supplied reportedly has caused some dropouts among acceptors.

### III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
e. Number of PAP smears analyzed and reported on a timely basis per year  (in 000's)	PLANNED	16*		125	182	244	
	ACTUAL PERFORMANCE	11.2*					
	REPLANNED			41.3	58.4	70.1	
f. Mass media promotional flyers published and distributed annually  (in 000's)	PLANNED	50*		400	400	400	
	ACTUAL PERFORMANCE	200*	400				
	REPLANNED			400	400	400	
g. Family Planning posters displayed/informational bulletins distributed annually  (in 000's)	PLANNED	6/2.5*		6/4	6/4	6/4	
	ACTUAL PERFORMANCE	2/4.2*	4/35				
	REPLANNED			40/300	No target after pilot phase		
h. MOSW Promotional courses conducted annually/under number of leaders and adults reached annually	PLANNED	70/ 6,600*		100/ 3,500	120/ 4,400	150/ 5,500	
	ACTUAL PERFORMANCE	55/ 3,157*	19/ 645				
	REPLANNED			59/ 1,842	180/ 5,400	200/ 6,000	
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
1. Leadership role of Population Department considered effective by national and international (see cont. s)	International FP donors and Ecuadorean FP agencies look to and accept advice on magnitude and direction of future programs from Population Department.						
2. Professional competence of Evaluation Unit and its personnel respected by national and international family planning agencies.	COMMENT: Ecuadorean FP agencies have a mixed record of accepting recommendations of evaluation unit, perhaps indicating some shortfall in respect for professional competence. Observers are confident that National MCH-FP Plan prepared by Unit and National Planning Board result (see cont. sheet)						
3. Standardized family planning statistics recorded, submitted, collected, analyzed and published on a regular basis.	COMMENT: Completed satisfactorily.						

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II. 7. Continued: Comment on key factors determining rating of Other Donors

### III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
i. MOSW referral coupons distributed.  (000's)/percent redeemed annually	PLANNED	1.2/12*		5/12	12/15	20/20	
	ACTUAL PERFORMANCE	7.8/15*	1.3/15				
	REPLANNED			55/15	12.5/15	14/15	
j. SNEM referral coupons distributed  (000's)/percent redeemed annually.	PLANNED	3.2/5*		12.5/7	23.2/10	33/15	
	ACTUAL PERFORMANCE	6.2/15*	4.4/15				
	REPLANNED			12.3/15	25/15	33/15	
k. Number of doctors, mid-wives, nurses, etc., trained annually by national training institute.	PLANNED	0*		400	400	400	
	ACTUAL PERFORMANCE	0*	0				
	REPLANNED			(see qualitative output target h)			
l. Political, business and professional leaders trained annually in family planning awareness and motivation.	PLANNED	0*		400	400	400	
	ACTUAL PERFORMANCE						
	REPLANNED			No longer targeted in PROP.			
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Demograph Analysis Center studies of high quality completed and published.		Eight studies have been completed. At this time three have been cleared by the National Planning Board and published. Quality appears to be satisfactory. Published in Dec. 74 after the close of this PAR two more studies.					
2. National family planning training institution established, with trained staff, modern curriculum and model family planning in operation.		COMMENT: Construction of the National Training Institute building has been considerably delayed, with the result that there is now serious doubt that it will be completed. The Mission intends to continue direct training of local personnel during the remainder of the grant project.					
3.		COMMENT:					

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II. 7. Continued: Comment on key factors determining rating of Other Donors

### III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR CY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
m. Leaders trained annually in APROFE national leadership seminars.	PLANNED	0*		200	200	200	
	ACTUAL PERFORMANCE						
	REPLANNED			No longer targeted in		PROP	
n. Recent medical school graduates trained in family planning technology and procedures annually.	PLANNED	160*		185	185	185	
	ACTUAL PERFORMANCE	200*	90				
	REPLANNED			No longer targeted in		PROP	
o. Number of cytologists trained to work in equipped laboratories (cumulative)	PLANNED	12		15	23	37	7
	ACTUAL PERFORMANCE	16	4				
	REPLANNED			Canceled			
p. SNEM/Andean Mission field personnel trained in information delivery.  (cumulative)	PLANNED	280/35		380/75	480/95	580/95	580/95
	ACTUAL PERFORMANCE	106/62	106/35				
	REPLANNED			120/65			
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: (CONTINUATION SHEET)						
1. a. of necessary supplies to clinics, and at least three months' supply of contraceptives at all facilities.	further occurrence of less than optimum supply levels.						
2. d. family planning agencies.	COMMENT:						
3. e.	COMMENT: in UN financing (replacing USAID role), thus indicating international respect of competence.						

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II. 7. Continued: Comment on key factors determining rating of Other Donors

### III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
q. Social Welfare/MOD per- sonnel trained in informa- tion delivery  (cumulative)	PLANNED	15/30		35/35	40/35	45/35	45/35
	ACTUAL PERFORM- ANCE	34/25	0/0				
	REPLANNED			30/68			
r. Number of trained SNEM field workers providing family planning informa- tion  (cumulative)	PLANNED	51		90	120	140	140
	ACTUAL PERFORM- ANCE	106					
	REPLANNED						
s. Number of people reached annually by Andean Mission promotional, in- formational campaigns (in 000's)	PLANNED	15*		51	75	75	
	ACTUAL PERFORM- ANCE	7*	10				
	REPLANNED			35	51	75	
t. In-service personnel re- trained  (annual after FY 1974)	PLANNED	716*		225	225	225	
	ACTUAL PERFORM- ANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.							
2.		COMMENT:					
3.		COMMENT:					

\* Not cumulative - figure shown is average rate per period for CY 1974.

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#### IV. PROJECT PURPOSE

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

- A. Increase the number of active contraceptors in the national family planning program from a currently estimated total of 36,000 to at least 130,000 by June, 1977.
- B. Increase GOE policy and financial commitment to continue a high level of family planning services in the future.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>A.1. 130,000 active contraceptors in public sector programs, divided roughly as follows:</p> <ul style="list-style-type: none"> <li>a. MOPH - 77,000</li> <li>b. APROFE - 20,000</li> <li>c. MOD - 8,000</li> <li>d. Andean Mission - 3,000</li> <li>e. IFSS - 10,000</li> <li>f. WMA - 6,000</li> <li>g. Other - 6,000</li> </ul> <p>2. Percentage of married women in fertile age contracepting.</p> <p>B. 1. GOE funding 60% of all operational costs of official GOE family planning programs.</p> <p>2. Line item on official GOE budget (continued)</p>	<p>1. There are approximately 30,000 active contraceptors under the three AID-related programs as compared to 19,800 in these three programs a year ago. For revised targets the reader should refer to the latest PROP revision.</p> <ul style="list-style-type: none"> <li>a. approximately 27,500 to date</li> <li>b. No longer quantified in the AID program</li> <li>c. No longer quantified in the AID program</li> <li>d. Approximately 813 to date</li> <li>e. Approximately 1,249 to date</li> <li>f. No longer quantified in the AID program</li> <li>g. No longer quantified in the AID program</li> </ul> <p>2. Indicator no longer considered in latest PROP E.O.P.'s.</p> <p>B. 1. The MOPH has agreed to finance \$80,000 of the Population Department budget (approximately 57% during the first 6 months of 1975, and 100% as of July 1, 1975.</p> <p>2. There will be a line item in the budget during 1975 for family planning activities.</p>

#### V. PROGRAMMING GOAL

A. Statement of Programming Goal

Reduce the annual population growth rate in Ecuador from approximately 3.4% to 2.5% as quickly as practicable.

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.

As illustrated in Table I of the latest PROP revision, the current level of active contraceptors has been sufficient to reduce the crude birthrate from 44.1 to 43.4 per thousand during the past two years. However, further research into age-specific fertility rates and age-related contraceptive practices needs to be conducted to verify that our assumed relationship between number of women contracepting and births averted is valid.

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**IV. PROJECT PURPOSE**

A. 1. Statement of purpose as currently envisaged. 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.
<p>(cont.)</p> <p>for family planning activities.</p> <p>3. Population Department staff assigned civil service career status in MOPH</p> <p>4. GOE recognition of demographic constraints on national development aspirations</p> <p>5. Mass media campaign permitted and supported by GOE.</p>	<p>3. As of January, 1975, major staff position will be incorporated into the maternal-child health Division of the Ministry.</p> <p>4. The GOE continues to justify family planning on maternal-child health rationales, while denying a demographic problem or need.</p> <p>5. A pilot mass media program is scheduled for CY 1975, and, depending on the results, expanded and institutionalized in CY 1976.</p>

**V. PROGRAMMING GOAL**

A. Statement of Programming Goal

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.

STATUS OF ACTIONS LISTED IN LAST YEAR'S PAR1. Continue Efforts to Multilateralize the Program

During the reporting period FPIA assumed responsibility for the WMA portion of the program and UNFPA assumed responsibility for the MOD project in March, 1974. In addition, the MOPH presented a four-year proposal to UNFPA in October, 1974, for proposed starting date of July, 1975.

2. Conduct needs census of MOPH personnel FP training

Was completed in July, 1974

3. Based on results of the census and other evaluations develop a short and long-term training plan to alleviate identified deficiencies.

The Population Department has formulated a specific training program which was included in the UNFPA proposal.

4. Develop participant training plan

Long-range plan is included in the UNFPA proposal.

5. Design a pilot experiment in providing financial incentives to doctors for additional hours of FP services.

Implementation was delayed. This is currently included in FY 1975 Project Agreements.

6. Determine priority of activities to be undertaken by Evaluation Unit in support of project objectives.

Eleven priority tasks were ranked. At the close of the evaluation period, 2 of the 11 were completed, 6 were nearly completed, and of the remaining 3, one had to undergo revision of the evaluation design, and in the other low priority tasks, work had not begun.

7. Conduct G E Tempo Study

Preliminary report was issued in November, 1974.

8. Implement recommendations to improve the administrative and operational systems of the Population Department and assign staff to vacant positions.

Ministry has been reorganized, making FP activities part of official program within department of health development. Staff vacancies subject of this action no longer exist. We are watching results of reorganization to assure adequate and timely staffing.

9. Create four-man IE&C team to design, produce, test and distribute materials; and increase contacts between IE&C staff and other programs involved in family planning education.

Team as was originally conceived by USAID was modified by MOPH. Two men have been appointed full-time to operate IE&C unit, as compared with USAID idea of a 4-man interagency part-time committee. In retrospect, their modification seems more appropriate.