



PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 518-15-570-094	2. PAR FOR PERIOD: January 1975 TO June 1976	3. COUNTRY Ecuador	4. PAR SERIAL NO. 76-6
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5. PROJECT TITLE

POPULATION - Family Plann'g and Demography

6. PROJECT DURATION: Begon FY 1968 Ends FY 1975	7. DATE LATEST PROP 10/22/74	8. DATE LATEST PIP None	9. DATE PRIOR PAR 2/4/75
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$3,407,000	b. Current FY Estimated Budget: \$ None	c. Estimated Budget to completion After Current FY: \$ None
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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, T03
Latin American Development Associates (LADA)	AID 518-404
World Education, Inc.	AID/cm,pha-BOA-73-20, TO 5
Ernesto Pinto	PIO/T 50043 GOE Contract

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		
			<p>This PAR can be considered in conjunction with an Evaluation, just concluded by the Latin American Development Associates entitled, "Population Programs in Ecuador: Institutional Relationships, Barriers and Changes". The LADA Report was funded in the FY1975 ProAg with the GOE Ministry of Public Health, but covered all sub-Projects carried out by AID with several Ministries and Agencies of the GOE since FY 1968. The LADA report has been forwarded to LA/DP, with copies going to PHA/POP and PHA/POP/IA.</p> <p>This is a terminal PAR in that all AID-funded, bilateral activities in Population/Family Planning in Ecuador were terminated June 30, 1976 with final expenditures from January 1, 1976 onward being paid out of FY 1975 obligated funds.</p> <p>Therefore, no new actions are proposed as a result of this Evaluation. However, a continuation study is now in progress, conducted by the FP Evaluation Unit of the Ministry of Health, assisted by Columbia University. This \$7000 study should provide a new solid base of data on acceptors, drop-outs, and women who have switched to contraceptive supply through the private sector. We will have a more accurate picture of FP service statistics than this PAR provides when the study becomes available.</p> <p>Note: Quantitative targets in pps. 3, 3-A, 3-B, and 3-C are noted through FY 1977 to remain consistent with the PROP and the last PAR, submitted in February 1975, this in spite of the fact that project activities terminated June 30, 1976.</p>	

D. REPLANNING REQUIRED  PROP  PIP  PRO AG  PIO/A  PIO/C  PIO/P

E. DATE OF MISSION REVIEW: July 22, 1976

PROJECT REVIEWED BY NAME, SIGNED INITIALS AND DATE: Harold S. Haight 7/22/76

MISSION REVIEWED BY NAME, SIGNED INITIALS AND DATE: Harry Ackerman

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**II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS**

A. INPUT OR ACTION AGENT	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. University of North Carolina					X							X	
2. Columbia University						X						X	
3. Latin American Development Associates (LADA)					X			X					

Comment on key factors determining rating

- Occasional consulting by UNC staff continued during the period of this PAR from funds outside the USAID/GOE ProAg. UNC inputs were very satisfactory & helped assure GOE on-funding of the Demographic Analysis Center.
- Frequent consulting by CU staff continued from AID/W and UNFPA/PAHO funding sources. CU most effective in negotiating survival of FP Evaluation Unit and CU's own continue consultant relationship to that Unit. During period, reporting computerized.
- LADA evaluated all FP activities since inception AID funding in FY1968. Report submitted a few days ago & our first reactions positive. Importance for achieving project purposes marked "low" simply because project has terminated.

(continued)

4. PARTICIPANT TRAINING					X							X	
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Comment on key factors determining rating Six participants from 3 Ministries satisfactorily completed courses, two for one year in Public Health/Family Planning, one for 3 months in FP/Planning course, one for 45 days in Demography, one for 30 days in FP/Evaluation, and one for 2 months in FP/Nutrition. Additionally, about 25 doctors, nurses, social workers and paramedics were trained in FP in U.S. and 3rd countries by Development Associates & Pathfinder as negotiated by USAID.

5. COMMODITIES				X							X		
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Comment on key factors determining rating

Commodities ordered with FY75 funds included FP equipment, cancer detection supplies, audio-visual equipment. Except for a few thefts here, all went very well. Equipment now in use.

6. COOPERATING COUNTRY	a. PERSONNEL			1,3		2,4							X
	b. OTHER					X							X

Comment on key factors determining rating

- MinHealth - During this period, personnel formerly working on FP were preoccupied with assignment to build up other facets of MCH program; thus performance in FP barely satisfactory.
- Demographic Analysis Center (in Nat'l. Plg. Bd.) - Functioned adequately; several press conferences on demography studies; obtained on-going funding for Center from GOE.
- MinSocWelfare - FP only a part of their promotional/educational activities among rural leaders. Tendency exists to use AID funds for overall program.
- MinAgriculture - Our most enthusiastic counterparts in establishing FP services in their 65 rural health centers; also heaviest participation this period in US/3rd country training.

7. OTHER DONORS					X								X
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(See Next Page for Comments on Other CA )

**II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS**

A. INPUT OR ACTION AGENT	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
x 4. World Education, Inc.				X					X			
5. Ernesto Pinto					X					X		
3.												

Comment on key factors determining rating

- 4. World Education finished up activities under contract in CY1975. Much enthusiasm among FP professionals involved in seminars; they now trying to establish permanent organization here to continue development of coordinated social communications program.
- 5. Pinto was employee of Columbia U. (Contract AID/csd 2479), their local full time rep here. Funded for 6 months by us to assure continuity until UNFPA/PAHO picked up his salary. His performance was of crucial importance in saving FP Evaluation Unit during interim period.

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

5. COMMODITIES	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

6. COOPERATING COUNTRY	a. PERSONNEL	1	2	3	4	5	6	7	1	2	3	4	5
	b. OTHER												

Comment on key factors determining rating

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
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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 - Reducing support gradually for APROFE, local affiliate. Positive factor.
2. FPIA - Maintain good contact with CEMOPLAF -women doctors FP Clinics. Excellent Liaison with USAID.
3. UNFPA - Dumped MinDefense program on very short notice - slow picking up MinHealth FP program, but cooperative in assuring good program transition.
4. Pathfinder - Thru effective intervention at our request, doubled contraceptive supply to country - always cooperative in arranging training at our recommendation & take initiatives.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 75		FY 76	FY 77	END OF PROJECT
			TO DATE	TO END			
1. No. of clinics providing FP services (excluding APROFE MinDefense & CEMOPLAF which no longer supported by USAID As of March 1976)	PLANNED	189		302	341	374	374
	ACTUAL PERFORMANCE	185	246				
	REPLANNED			-	-	-	-
2. No. of new acceptors (same exclusions as in 1 above) Thru March 1976	PLANNED	2666.	-	4250	5300	6500	6500
	ACTUAL PERFORMANCE	2776.	2986				
	REPLANNED			-	-	-	-
3. IUD insertions January 75-March 76 (in 000s)	PLANNED	14.		25	385	46.3	123.8
	ACTUAL PERFORMANCE	7.0	14.8				
	REPLANNED			-	-	-	-
4. Pill cycles distributed January 75-March 76 (in 000s)	PLANNED	281.		265.2	359.6	422.3	1328.
	ACTUAL PERFORMANCE	168.4	223.				
	REPLANNED			-	-	-	-
D. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT: Until fall 1975, all control/distribution of contraceptives vested in MinHealth; other entities and own clinics responsible to order/pay in advance. Became self-defeating. Beginning early 1976, arrangements made for each Ministry, agency to directly obtain contraceptives from (continued)					
1. Adequate warehousing, distribution, restocking of contraceptives.							
2. Standards & norms for nat'l FP program effectively carried out by MinHealth. Its leadership role acceptable to nat'l. & internat'l. agencies.		COMMENT: The MinHealth has tended to alienate other COE agencies by rigidity in exercising coordination, e.g., see Comments in B-1 above. It has tried too hard to force other agencies to accept its role, but under new Minister favorable to FP, in office since last February, situation (continued)					
3. Regular supervisory visits to clinics carrying out FP service program.		COMMENT: This is the major weakness in all operations of MinHealth. However, with AID funding assistance, covering per diem & travel expenses, many supervisory trips arranged this period, especially in setting up new hospital post-partum program. MinAgric. does well in supervision of rural (continued)					

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

5. Development Associates - Very cooperative in arranging training at our recommendation and in taking initiatives. Move rapidly and effectively.
6. ODM/British - Seemed to promise to take on entire mass media/education program in MinHealth FP program; thus, UNFPA dropped it out of their budget; solution now being negotiated.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY		PY 76	PY 77	
			TO DATE	TO END			
5. Condom availability (in grosses) (All official programs) Thru June 1976  (in 000s)	PLANNED	-	-	25,0	none set	none set	none set
	ACTUAL PERFORMANCE	-	15,1				
	REPLANNED			-	-		
6. Active women contraceptors (all official programs) Thru December 1975  (in 000s)	PLANNED	55	-	76,3	102.	130.	130.
	ACTUAL PERFORMANCE	54	71,4				
	REPLANNED			-	-	-	-
7. Pap smears analyzed. Thru December 1975  (in 000s)	PLANNED	16	-	41,3	58.4	70.1	169.8
	ACTUAL PERFORMANCE	11.2	10.1				
	REPLANNED			-	-	-	-
8. Postpartum programs organized in urban hospitals.  January 75-June 76	PLANNED	-		10.	-	-	10
	ACTUAL PERFORMANCE	-	6				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Continuation		Pathfinder, IPPF, FPIA & UNFPA. Now a doubled supply & decentralized operations.					
2. Continuation		COMMENT: much improved, e.g. agencies now cooperating in inter-agency meeting producing written norms & standards.					
3. Continuation		COMMENT: clinics.					

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11. 7. Continued: Comment on key factors determining setting of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS							
A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 75		FY 76	FY 77	END OF PROJECT
			TO DATE	TO END			
9. Radio spot announcements on FP.  (in 000s)	PLANNED	-		156	none set	none set	none set
	ACTUAL PERFORMANCE	-	78				
	REPLANNED			-	-	-	-
10. Billboards on FP on major highways	PLANNED	-		20	none set	none set	none set
	ACTUAL PERFORMANCE	-	6				
	REPLANNED			-	-	-	-
11. Brochures, flyers, posters, calendars, photo-novels on FP published and distributed.  (in 000s)	PLANNED	72,0	-	629,0	600	600	1,900
	ACTUAL PERFORMANCE	24,0	887,4				
	REPLANNED			-	-	-	-
12. Promotional courses for community people. January 75-June 76 (No. of adults reached)	PLANNED	6,600		3,500	4,400	5,500	13,400
	ACTUAL PERFORMANCE	3,157	5,187				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT: The FP Evaluation Unit was in grave danger of being weakened to the point of uselessness by two threats in 1975: a PAHO plan to incorporate its operations within a centralized Minhealth system; and an alternative plan that it be subordinated to a new MCH reporting system. Both threats					
4. Competence of FP Evaluation Unit in compiling, analyzing, publishing service statistics.		(continued)					
5. GOE policy on FP facilitating development & growth of FP services.		COMMENT: In 1974, a clear GOE policy statement prepared for Pop Conf. in Bucharest which related program to health and human rights rationales, rejected demographic need. It required GOE to educate/inform all levels of society on value of right to FP services. An adequate base for program, con-					
6. Public awareness/discussion of FP/POP		(continued)					
		COMMENT: New GOE policy to use mass media for FP implemented in 1975-76, together with new Minister strongly oriented to FP promotion, has resulted in dramatic increase in public awareness/discussion of FP. (See LADA Evaluation Report)					

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11. 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 FY	CURRENT FY		FY ____	FY ____	
			TO DATE	TO END			
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
Barriers to FP acceptance, practice in Ecuador.		The LADA Evaluation Report goes into this in considerable detail. The barriers are becoming less and less important as the program has gained acceptance and become institutionalized. It was legitimized considerably by GOE recent use of radio "spots" and billboards.					
9. Institutional relationships - USAID, other donors, with GOE entities.		COMMENT: Again the reader is referred to the LADA Evaluation Report. At the beginning of this period, USAID/MinHealth relationships were at all-time low; they end up at an all-time high in spite of AID's withdrawal from the FP scene. UNFPA, FPIA, Pathfinder and Development Associates are presently on excellent terms with all GOE counterparts.					
3.		COMMENT:					

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It 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 FY	CURRENT FY 75		FY 76	FY 77	
			TO DATE	TO END			
13. In-country training for professionals and paramedics January 75-June 76 (No. of persons trained)	PLANNED	0		400	400	400	1,200
	ACTUAL PERFORMANCE	0	101				
	REPLANNED			-	-	-	-
14. No. of FP referral coupons distributed thru SNEM and MinSocWelf. January 75-June 76 (in 000s)	PLANNED			53	53	53	159
	ACTUAL PERFORMANCE		24,1				
	REPLANNED						
15. Demographic Analysis Center Studies completed.	PLANNED			18	none set	none set	18
	ACTUAL PERFORMANCE	8	10				
	REPLANNED			-	-	-	-
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
C. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
x Continuation	overcome. Unit remains functional with Columbia U. continued TA thru new UNFPA/PAHO contract.						
x2 5. Continuation	COMMENT: sidering political repercussions of going further.						
x27. FP acceptance, preparation and participation among GOE professionals.	COMMENT: During 1975, these aspects suffered relapse as Min-Health seemingly deemphasized FP to develop other aspects of MCH. However, new "climate" favorable to FP in general, and training of professionals, has developed in 1976 with new Minister of Health. All goes well at present. (See LADA Evaluation Report for more detail)						

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**IV. PROJECT PURPOSE**

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP?  YES  NO

- (a) Increase number of active contraceptors in the national family planning program from currently estimated (10/74) total of 42,000 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.
1. 130,000 active contraceptors in the public sector program by June 1977.	We can only identify 71,400 women contracepting in public sector programs as of December 1975. This figure would have to almost double within a 1 1/2 year period to achieve the target. It could happen due to the mass media and other informational programs developed, but a 100,000 target is a more possible result. The new continuation study may adjust the 71,400 figure upward or downward.
2. GOE funding 60% of all operational costs of official GOE family planning programs.	All USAID funding terminated as of June 30, 1976. All costs of MinAgriculture, MinSocWelfare, Demographic Analysis Center, MinDefense programs now being paid by GOE, except costs of contraceptives and some training being provided by Pathfinder and Development Associates. UNFPA paying about \$110,000 of total cost of operations of Division of National Health Promotion of MinHealth in CY1976. At present, 60% target has more than been achieved 1 1/2 years early.
3. Population Dept. staff assigned civil service career status in MinHealth.	All positions in the new National Division of Health Promotion (which replaced Pop Dept.) are now civil service.

**V. PROGRAMMING GOAL**

1. Statement of Programming Goal

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

2. 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 trend in crude birth rate is downward from 45/1000 as reported by the FP Evaluation Unit of MinHealth and the Demographic Analysis Center. The latter organization now uses the figure 43.8, based on the 1974 National Census. The emphasis now being placed by the GOE on providing information about family planning to the public through radio spot announcements, photo-novels, billboards, the press, house to house through the National Malaria Eradication Service, etc. should begin to drop the crude birth rate more rapidly than in the past. Further, the supplies of contraceptives have been doubled this year over last, and a MinHealth approved proposal is now being processed whereby Pathfinder will fund a contraceptive marketing venture here in Ecuador. Thus it will be primarily Purpose A.1.(b), increased GOE policy and financial commitment - especially in the mass media promotion of family planning - which will make the truly significant contribution to the programming goal.

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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>4. GOE recognition of demographic constraints on national development aspirations.</p> <p>5. Private and public mass media campaigns on FP permitted and conducted by GOE.</p>	<p>The GOE continues to justify family planning on health and human rights rationales, specifically ruling out a demographic rationale. However, the current Minister of Public Health and many other important officials are concerned about demographic implications of current growth rates. This period the GOE began fully funding the Demographic Analysis Center (although UNFPA may supplement that funding later this year).</p> <p>APROFE continues to use the newspapers and radio/TV to promote use of its FP services.</p> <p>MinAgriculture began use of radio spot announcements on FP in October 1975 and continued thru July 1976. This involved use of 8 rural stations.</p> <p>MinHealth, from April to June 1976, broadcasting 1/2 minute FP radio spot announcements on 55 radio stations 15 times daily.</p> <p>MinHealth placed 6 billboards on public highways at strategic locations in May-June 1976 which directly promote family planning.</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.