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5260085011002 APR-P
4/79 PD-AAP-774

PROJECT APPRAISAL REPORT (PAR)

PAGE 1

1. PROJECT NO. 526-15-580-085.1	2. PAR FOR PERIOD: 1/1/74 TO 2/28/75	3. COUNTRY PARAGUAY	4. PAR SERIAL NO. 75-9
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POPULATION

6. PROJECT DURATION: Began FY 1969 Ends FY 1978	7. DATE LATEST PROP 11/29/74 *	8. DATE LATEST PIP 3/30/70	9. DATE PRIOR PAR 3/4/74
10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1,498,000	b. Current FY Estimated Budget: \$ 370,000	c. Estimated Budget to completion After Current FY: \$ 680,000

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
NONE	

* This PROP has been given conditional approval for FY 1975. Indicators and targets through FY 1978 against which progress is measured in the present PAR were extracted from this PROP and modifications forwarded in ATIGRAM BOARD A-100 dated 12/16/74.

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		AID/W should provide USAID/P with policy guidance regarding the CEPEP program.	June 30, 1975
X		X	Urge DEPROFA to consider how they can best assume CEPEP clientele in the event CEPEP closes or reduces its clinical operations.	June 30, 1975
X		X	Use the July 1975 project review as a means to resolve the issue of release of commodities.	July 31, 1975
X			Send a letter to DEPROFA asking whether they intend to get supplementary budget support for CY 1975 to come up to the target level of \$12,000 mentioned in the 1974 ProAg.	May 15, 1975
X			Inform DEPROFA that unless the GOP makes a substantial increase in its budgetary contribution for CY 1976, the project may have to be terminated with FY 1976 funding.	May 15, 1975
X		X	Include in future ProAgs a requirement that the GOP provide the Mission information on how the GOP contribution has been utilized.	Jan. 31, 1976
X			Future funding for the IERN should be limited only to those activities which can realistically be expected to produce the planned outputs which directly contribute to the achievement of the project purpose.	Jan. 31, 1976
X		X	Cost effectiveness studies should be made part of the annual evaluations of clinics made by DEPROFA.	Dec. 31, 1975
X			The FY 1976 ProAg should not include the establishment of a model clinic as a project target.	Jan. 31, 1976

D. REPLANNING REQUIRES REVISED OR NEW: PROP PIP PRO AG PIO/T PIO/C PIO/P

E. DATE OF MISSION REVIEW
April 22, 1975

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE
Scott W. Brandon *SS* **5-6-75**

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
Oliver L. Sause *Oliver L. Sause*

AID 1020-25 (10-70) PAGE 2 PAR	PROJECT NO. 526-15-580-085.1	PAR FOR PERIOD: 1/1/74 TO 2/28/75	COUNTRY PARAGUAY	PAR SERIAL NO. 75-9
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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. NONE												
2.												
3.												

Comment on key factors determining rating

4. PARTICIPANT TRAINING				X										
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Comment on key factors determining rating During the rated period only two participants were sent abroad. One is still in training in Argentina (due to return April 75); the other returned to his former position. The participant training input has been reduced in 1974 with most training needs met through in-country courses which proved to be faster and permitted training activities to keep pace with the rapidly expanding program. Special training needs are covered through the AID/W sponsored program with Development Associates Inc.

5. COMMODITIES			X											X
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Comment on key factors determining rating All equipment and supplies received by the project were appropriate to needs and were adequately used. There have been delays in the procurement of commodities, in part because the project expected assistance from PAHO/UNFPA. This never materialised, and local procurement had to be substituted in several cases which resulted in higher costs to the project.

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

Comment on key factors determining rating Although the GOP has not yet formulated a national population policy, indications are that there is acceptance of the project. This has permitted DEPROFA to take a more aggressive role and expand its activities, which now include clinics in all regions of the country. Negative factors were lack of cooperation with non-government organisations engaged in family planning activities, the lack of reliable demographic data, and inadequate financial support to the project.

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

AID 1020-25(10-70) PAGE 3 PAR	PROJECT NO. 526-15-580-005.1	PAR FOR PERIOD: 1/1/74 To 2/28/75	COUNTRY PARAGUAY	PAR SERIAL NO. 75-9
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II. 7. Continued: Comment on key factors determining rating of Other Donors

PAHO/UNFPA: Had planned a 4 year wide assistance program for the MOH, however the project has not been approved. Approval remains uncertain.

PATHFINDER: Has accepted a DEPROFA proposal for rural health/family planning program to be conducted in a specific area of the country. Funding for the first year is about \$23,000 and implementation is expected to start soon.

IPPF: Continues to make substantial contributions through its local affiliate CEPEP. However, CEPEP is presently having difficulties in obtaining customs clearance for its contraceptives, and there appears no short range solution to the problem.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage Rate/Amount) 1/					END OF PROJECT
		CUMU- LATIVE PRIOR FY	CURRENT FY 75		FY76	FY77	
			TO DATE	TO END			
MOH family planning clinics staffed by an M.D., an OB nurse, nurse assistant/recep- tionist and a social worker.	PLANNED	21	-	31	-	-	31
	ACTUAL PERFORM- ANCE	19	1				
	REPLANNED						
Personnel working in clinics with specialized training in family planning. Doctors/nurses/social workers	PLANNED	91	-	128	128	-	128
	ACTUAL PERFORM- ANCE	91	-				
	REPLANNED						
Information materials. Leaflets written, printed and distributed/Spot radio broadcasts.	PLANNED	-	-	3/8	6/16	9/24	12/32
	ACTUAL PERFORM- ANCE	2/1	-				
	REPLANNED						
Applied research projects completed by IERH.	PLANNED	3	-	3	3	3	12
	ACTUAL PERFORM- ANCE	0					
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.		1/ All targets on calendar year basis.					
2.		COMMENT:					
3.		COMMENT:					

3

AID 1020-25 (10-70) PAGE 4 PAR	PROJECT NO. 526-15-580-085.1	PAR FOR PERIOD: 1/1/74 to 2/28/75	COUNTRY PARAGUAY	PAR SERIAL NO. 75-9
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IV. PROJECT PURPOSE

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

A wide reaching, low cost family planning program.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<p>1. 80% of the population is within 30 kilometers of a MOH clinic which offers family planning services, by the end of CY 1976.</p> <p>2. 20% of the women of fertile age practicing family planning.</p> <p style="padding-left: 20px;">a. 34,000 active acceptors in MOH program. Cumulative yearly targets are 17,000 in FY 75; 24,000 in FY 76, and 27,000 in FY 77.</p> <p style="padding-left: 20px;">b. Broad participation in family planning:</p> <p style="padding-left: 40px;">(1) Social Security hospitals and clinics provide FP services to women with two or more children and to post partum and post abortion patients.</p>	<p>1. Estimated fertile female population within the area of operation of the DEPROFA clinics is 162,000, representing approximately 30% of the total fertile female population.</p> <p>2. The total number of active acceptors in all programs as of February 28, 1975 was approximately 72,800, representing 14.5% of women of fertile age.</p> <p style="padding-left: 20px;">a. Total number of active acceptors in DEPROFA clinics was 18,417.</p> <p style="padding-left: 20px;">b. (1) No progress to date.</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.

AID 1020-25 (10-70)	PROJECT NO.	PAR PCR PERIOD: 1/1/74	COUNTRY	PAR SERIAL NO.
PAGE 4 PAR (a)	526-15-580-005.1	To 2/28/75	PARAGUAY	75-9

IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

<p>B. 1. Conditions which will exist when above purpose is achieved.</p>	<p>2. Evidence to date of progress toward these conditions.</p>
<p>(2) Sales of contraceptives through commercial outlets increase by 10% each year (from a base of 30,000 full year customers in CY 1974).</p> <p>(3) 100,000 active acceptors in programs 1 and 2 above.</p> <p>3. All medical students (approx. 50 graduates per year) trained in Paraguay have taken courses in family planning.</p> <p>4. Courses are available on demand for para-medical (nurses, social workers and other) personnel.</p>	<p>(2) No data is available for the two months of CY 75 covered by this PAR. Progress data will be available only through a survey to be performed by the IERH in CY 1978.</p> <p>(3) The total number of active acceptors in all programs as of February 28, 1975 was 72,800, up by 6,800 from a year ago.</p> <p>3. Though isolated lectures on family planning were given to medical students by IERH, there has been no regular academic teaching on family planning subjects included in the curriculum of the Faculty of Medicine. However, the IERH is preparing an outline of courses and is selecting instructors to begin teaching family planning to medical students in CY 1975.</p> <p>4. Several courses for para-medical personnel were developed and AV material in support of such courses was prepared. More efforts should be made for increased use.</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.

5

IV. PROJECT PURPOSE

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

<p>B. 1. Conditions which will exist when above purpose is achieved.</p> <p>5. Training is provided for 200 students per year as a regular part of the curriculum in the School of Nursing and Social Work.</p> <p>6. IERH has the capability to complete three research projects per year on the severity and extent of health problems and on popular attitudes toward these problems.</p> <p>7. IERH treats 60 problem patients per month referred by MOH clinics.</p>	<p>2. Evidence to date of progress toward these conditions.</p> <p>5. Courses on population, demography, sex education and human reproduction became a regular part of the curriculum of the School of Nursing and Social Work. Three short courses on above subjects were taught during 1974.</p> <p>6. The IERH has not developed yet a capability to perform research studies on their own. However, during 1974 IERH contracted and coordinated the performance of three research studies with outside organizations and individual specialists.</p> <p>7. Four consulting rooms will be opened at the new building for the IERH to serve problem patients. These services will start after the IERH moves into its new facilities in May, 1975.</p>
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V. PROGRAMMING GOAL

A. Statement of Programming Goal

Healthful reproductive patterns which will both improve the health status of the population and reduce Paraguay's population growth.

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.

Projections made by a U.S. Bureau of Census technician showed that a total of 34,000 active acceptors will cause the crude birth rate to drop by 2/1000. The achievement of 18,400 active acceptors in MOH clinics only, suggests significant progress toward the achievement of goal target.

Hard data to measure change in the birth rate will be available only after the GOP completes the CY 1975 household survey. Changes in abortion rates will be measured through future surveys.

6