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MDABB-590  
REPORT U-446

1067846

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PROJECT APPRAISAL REPORT (PAR) IN

1. PROJECT NO. 524-11-580-072	2. PAR FOR PERIOD: 6/30/71 TO 9/30/73	3. COUNTRY Nicaragua	4. PAR SERIAL NO. 74-6
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FAMILY PLANNING

6. PROJECT DURATION: Began FY 1967 Ends FY 1977	7. DATE LATEST PROP 12/23/70	8. DATE LATEST PIP -	9. DATE PRIOR PAR September, 1971
10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 2,264	b. Current FY Estimated Budget: \$ 729 PROP rev	c. Estimated Budget to completion After Current FY: \$ 1,920

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

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
GON Ministry of Health and Social Security Institute	
Moravian Mission	

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		x	Transfer FP programs in INSS clinics to local Demographic Association (ADN) for administration purposes.	12/31/73
x			Revise PROP to provide for assistance to ADN in research, training, promotion education and motivation activities.	October 1973 (Prepared 10/16/73)

D. REPLANNING REQUIRES

REVISED OR NEW:

PROP  PIP  PRO AG  PIO/T  PIO/C  PIO/P

E. DATE OF MISSION REVIEW

October, 1973

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

AGrego  
7xb

Robert E. Culbertson

**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. Moravian Mission ( 2 clinics)						X							X
2.													
3.													

Comment on key factors determining rating

Moravian Mission has excellent staff of two hospitals in Northeastern Nicaragua, with integrated FP/MCH program, including an effective outreach program.

Note: GON is considered main "action agent" but its programs (66 clinics) are rated under # 6 below.

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

Training has mostly consisted of participation in conferences in nearby Central American countries. Of candidates sent to Puerto Rico (through Development Associates), one has been well-trained, another dismissed from program.

5. COMMODITIES				X									X	
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Comment on key factors determining rating

This crucial element sometimes suffers from delayed delivery - both US to USAID, and MOH to clinics. This is specifically true of contraceptives.

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

Comment on key factors determining rating

a. Key personnel in headquarters rate from 2 to 6 - with statistics director and executive director lowest; nurse, clinic staff 4 to 5, and Administrator 6. Appropriate steps are being taken to improve the overall level on basis of report by FP administrative consultant.

b. Earthquake reconstruction priorities have made it difficult for GON to assume increasing share of financing, but USAID must continue to encourage assumption of such.

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

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

Pathfinder and IPPF contributions have helped build private Demographic Association into viable institution, to handle education, training, and promotion efforts.

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. Functioning FP clinic facilities. (ADN's six clinics to be opened by 12/30/73).	PLANNED	72	72	72	72	72	72
	ACTUAL PERFORMANCE	71	71				
	REPLANNED						
2. Women actively using FP services - cumulative total on CY basis.	PLANNED	50,000		62,000	71,000		
	ACTUAL PERFORMANCE		26,000				
	REPLANNED			26,000	58,400	77,400	113,950
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: Pathfinder-funded program through private Demographic Association has used radio spots for the past year, with significant response from potential users.						
1. Successful national communications campaign resulting in increased active users.	COMMENT:						
2. Between 60-80% annual coverage active users by Cytological exam.	Average month - 1,400 slides x 12 - 16,800/yr. 16,800 -65 % 26,000						
3.	COMMENT:						

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IV. PROJECT PURPOSE

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

**To develop GON institutional capacity to both motivate people towards and actually to deliver Family Planning services.**

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"> <li>1. 100% assumption by GON of financial responsibility for FP operational costs.</li> <li>2. Integration of FP services into general health services.</li> <li>3. Planning and Evaluation conducted by GON.</li> <li>4. 25% target female population.</li> <li>5. Patient drop-out no higher than 25%.</li> </ol>	<ol style="list-style-type: none"> <li>1. Little progress to date. GON still providing office and clinic facilities and utilities, and some operating expenses, but salaries and commodities US-funded. Earthquake may have created further setback.</li> <li>2. Moravians have integrated. MOH is in discussion stages of this change. INSS temporarily has no integration.</li> <li>3. Expansion of MOH Statistics Division to include Evaluation has been proposed.</li> <li>4. 7% as of 9/30/73.</li> <li>5. Information not available but indirect indications are that drop-out may be as high as 50% and probably is near 40% as minimum.</li> </ol>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

**To reduce crude birth rate to 40.0 by 1977, to help reduce malnutrition and maternal-child morbidity and mortality.**

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.

**Definitely. GON clinics are spread throughout country, and provision of FP services through these clinics should reach at least 25% of all fertile women, if end-of-project status is achieved.**