

PROJECT APPRAISAL REPORT (PAR)

PD-AAA-115-C1 7P

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1. PROJECT NO. 511-11-570-439.5	2. PAR FOR PERIOD: 5/25/72 TO 8/1/73	3. COUNTRY Bolivia	4. PAR SERIAL NO. FY 74-1
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5. PROJECT TITLE

Family Care

6. PROJECT DURATION: Began FY 68 Ends FY 76	7. DATE LATEST PROP 4/18/72	8. DATE LATEST PIP 11/28/69	9. DATE PRIOR PAR 5/24/72
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1,248,000	b. Current FY Estimated Budget: \$ 239,000 - 279,000	c. Estimated Budget to completion After Current FY: \$ 200,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASS OR VOL. AG. NO.
N.A.	

12. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
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USAID/HRSD should:

1. Obtain from CENAFSA definite plans to conduct the 3 pending seminars during FY 1974, and publish the study on "Influence on Community Leaders" as well as the "Abortion" study.

30 October, 1973

2. Urge UMSA to expedite recruitment of 2 participants for whom funds were provided in FY 1973. If these participants are not selected by September 30, 1973, funds should be deobligated.

30 September, 1973

3. Stimulate the Ministry of Social Welfare and Public Health (MSW/PH) to distribute Family Planning information to clients of the Floating Health Clinic (Barge project).

30 October, 1973

4. Renew contacts with the responsible officers of the U.S. Military Group to obtain relevant information on the present: activities and utilization of the Floating Health Clinic.

30 September, 1973

5. Urge MSW/PH to accelerate the awarding of the contract for the construction of the University Health Center and the construction of the Ayo-Ayo Center.

30 September, 1973

13. REPLANNING REQUIRES

REVISED OR NEW

PROP 
  PIP 
  PRO AG 
  PIP 
  PIP/G 
  PIP/P

14. DATE

September 10, 1973

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE

Anedee S. Landry

ASL 12/14/73

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

Arthur W. Mudge

**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. N.A.												
2.												
3.												

Comment on key factors determining rating  
 The project does not involve the above action agents.

D. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
			X								X	

Comment on key factors determining rating Six individual training programs were funded during entire previous period: 2 in FY 72 and 4 in FY 73. One CENAFa participant (Cisneros) completed his training as planned but another trainee's (Llano) program was postponed because his presence in Bolivia was required in the planning of the UNFPA project for extended Maternal Child Health Services, including family planning. Two other participants, Castro of CENAFa and Paredes of MCH program, were funded in FY 1973 (Cont. on page 2a)

E. COMMODITIES	1	2	3	4	5	6	7	1	2	3	4	5
			X							X		

Comment on key factors determining rating  
 (a) Commodities for the Ayo Ayo project were ordered with adequate lead time (in June 1972). About 98 percent of the commodities have arrived but cannot be used for about nine months because of unexpected GOB delays in awarding the construction contracts.  
 (b) The commodities for UMSA and the Census were funded in FY 1973 (May and June 1973). The average delivery period of commodities to Bolivia is 6 to 8 months.

F. COOPERATING COUNTRY	G. PERSONNEL												
	1	2	3	4	5	6	7	1	2	3	4	5	
					X							X	
					X							X	

Comment on key factors determining rating  
 (a) CENAFa's performance is rated superior in view of the organization's ability to implement project plans, the quality of its technical staff; willingness to work effectively, even in rural areas; and responsiveness to changes needed to promote the implementation of family planning programs in Bolivia. However, CENAFa has delayed three seminars which were supposed to be conducted in FY 1973 (See item B4, page 3a.)  
 (b) The Floating Health Clinic is fully operational on Lake Titicaca but the project manager is not disseminating family planning information to the populace it serves, nor submitting periodic status reports on its operation.  
 (c) The construction of the Ayo Ayo MCH Clinic has been extensively delayed by slow processing of documents related to the awarding of the contract. This will result in having to store the related equipment which had (Cont. on page 2a)

H. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
Ceja, Fundación Ascofane, WHO, UNFPA				X								X

**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.												
2.												
3.												

Comment on key factors determining rating

G. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating  
 and are expected to start training in February 1974. Two University of San Andres (UMSA) candidates for training have not been selected yet. (See recommended Action N°2)

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

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

Comment on key factors determining rating  
 been ordered to meet the original construction termination deadline. (See Action recommendations Nos. 3, 4 and 5.)

H. 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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11. 7. Continue's Comment on key factors determining rating of Other Donors  
 The other donors: CELADE, Pathfinder, Ascofame, UNFPA and WHO share with AID the project objectives and in general agree with the USAID in strategy and plans. They have cooperated satisfactorily with the USAID in implementing their programs in Bolivia. WHO's performance in particular, can be considered outstanding as its technicians have been highly influential in favorably changing GOB attitudes on Family Planning as a component of the MCH program.

### III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 74		FY 75	FY 76	
			TO DATE	TO END			
1. Specialists in Population Dynamics and Family Planning (Demographer, Sociologist, FP Administrator, Family Life Educator, Social Worker).	PLANNED	1	1	2	2	1	6
	ACTUAL PERFORMANCE	1					
	REPLANNED			1	2	2	6
2. Regional offices of Research Institution (CENAFE).	PLANNED	0	0	1	1	1	3
	ACTUAL PERFORMANCE	0	0				
	REPLANNED						
3. Family Planning Seminars.	PLANNED	1	1	2	2	1	6
	ACTUAL PERFORMANCE	1	1				
	REPLANNED			4	3	2	10
4. Research studies.	PLANNED	1	2	2	1	0	4
	ACTUAL PERFORMANCE	1	2				
	REPLANNED			0	1		4
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT: There is no official GOB Family Planning Policy yet. However, there has been a recent change in GOB attitude as shown by the GOB request to UNFPA for a MCH program with a strong FP component. A family planning policy decree, although desirable, is not essential to attain project objectives.						
1. Legislation or Supreme Decree on Family Planning.	COMMENT: This Department has been established and is functioning. It, in collaboration with CENAFE, has been an important factor in changing GOB attitude regarding FP programs.						
2. A viable MCH Department in the Ministry of SW/PH by end of FY 1976.	COMMENT: a) Approximately 1000 copies each of the publications "Menstruation" and "Life Tables of Cochabamba" were prepared and distributed. b) The "Induced Abortion" data was processed and prepared for distribution. c) The work entitled "Influence on Community Leaders" has not begun.						
3. Publication and distribution of Research Studies.	COMMENT: a) Approximately 1000 copies each of the publications "Menstruation" and "Life Tables of Cochabamba" were prepared and distributed. b) The "Induced Abortion" data was processed and prepared for distribution. c) The work entitled "Influence on Community Leaders" has not begun.						

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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 FY	CURRENT FY 74		FY 75	FY 76	
			TO DATE	TO END			
5. Construction of three University Health Centers (also see page 3.b. Item B.6, 7)	PLANNED	0	0	1	2		3
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			1	0	0	1
6. Modified Curricula including courses on Demography and related subjects in three Universities (UMSA, UMSEF, UMSS)	PLANNED	3	0	0	0	0	3
	ACTUAL PERFORMANCE	3	0				
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:						
x 4. Seminars on sex education and/or population dynamics for following population groups: A. Nurses - FY 73	A. Held on 1/72 for about 100 persons.						
B. Miners - FY 73	B. This seminar was conducted 7/73 but was amplified to include all Labor Unions (excepting miners)/about 40 participants. CENAFE is planning a future seminar for miners.						
C. Military personnel - FY 73	C.D.E. These seminars have not been conducted. They were delayed because of political reasons. CENAFE is						
D. Police Forces - FY 73	planning to conduct these seminars during FY 74.						
x E. University students-FY 73							

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 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: The construction of the Center was postponed because: (a) the 1972 devaluation increased the costs of construction; and (b) as a pre-condition the UMSA and the MSW/PH were supposed to enter into agreement (recently signed) for the utilization of the Center. The construction is expected to start by the end of CY 73 if the UMSA provides the additional required funding.						
15. Construction of a Health Center in La Paz	COMMENT: Because the University of San Francisco Xavier, in Sucre did not deposit its contribution to the project, the USAID funds were reprogrammed for the MCH program.						
16. Construction of Health Center in Sucre.	COMMENT: This USAID financed construction contract was awarded by GOB in July 1973. Construction is expected to begin within the next 2 months.						
17. Construction of an individual MCH Center in Ayo Ayo	COMMENT: This USAID financed construction contract was awarded by GOB in July 1973. Construction is expected to begin within the next 2 months.						

IV. PROJECT PURPOSE

A. 1. Statement of purpose (to currently envisaged).

2. Same as in PROP1  YES  NO

To create the institutional capability within the GOB to develop and deliver Family Planning and related health services to Bolivia's population.

a. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
1. A responsible parenthood policy.	1. There is a GOB implicit acceptance of family planning programs as attested by the GOB request to the UNFPA for assistance in establishing FP Programs in Bolivia.
2. Established FP centers in three geographic Departments under the MSW/PH Department of MCH.	2. No GOB action has been taken yet but it is expected that MCH Centers with a Family Planning component will be established by the end of FY 74 or early FY 75 in conjunction with the implementation of the UNFPA project (Extended MCH services in Bolivia).
3. Establishment of semi-autonomous population dynamics research and coordination agency (CENAFa).	3. CENAFa was established in 1968 through Supreme Decree, with the USAID funding on a decreasing basis. GOB support, initially 10% of CENAFa's budget, started in CY 1973 with subsequent GOB support planned on the basis of 25% in CY 1974, 50% in CY 1975, and 75% in CY 1976.
4. Establishment of preventive medicine departments in three Bolivian Universities (La Paz, Cochabamba, Sucre).	4. These departments have been established and are functioning. One University (UMSA) requested additional USAID financial help in FY 73 to support its programs. The USAID has provided to date \$69,500 to all three universities in the form of partial budget support, teaching equipment and training.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Institutional development which should contribute to a reduction of the net population growth rate to 2.3% by FY 1976 versus the estimated 2.5% growth rate in FY 1971.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the existing problem? Cite evidence.

Yes. This project's purpose emphasizes institutional development through the establishment of family planning clinics, a research organization which will provide the institutional framework for stimulating the implementation of family planning programs and the strengthening of training facilities to train medical and para-medical personnel in all aspects of preventive medicine, with emphasis on population dynamics and family planning. CENAFa has already been established, and 3 clinics, when in operation, will disseminate family planning information and yearly contraceptive services to approximately 30,000 females in the reproductive age which should have a direct effect on the population growth. It should be noted, however, that there has been no census since 1950 and that there are no reliable vital statistics available in Bolivia at the present time and therefore it is not possible to measure accurately the progress made in reducing the net population growth rate.