

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 511-11-570-439.5	2. PAR FOR PERIOD 8/1/73 - 3/31/76	3. COUNTRY Bolivia	4. PAR SERIAL NO. FY 76-3
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5. PROJECT TITLE
 FAMILY CARE

6. PROJECT DURATION: Began FY 68 Ends FY 77	7. DATE LATEST FROP 4/18/72	8. DATE LATEST PIP 11/28/69	9. DATE PRIOR PAR 9/14/73
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$1,552,000	b. Current FY Estimated Budget: \$ 250,000	c. Estimated Budget to completion After Current FY: \$ 350,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

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

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>I. <u>Summary Statement</u></p> <p>During this evaluation period three new private, domestic organizations, promoted by CENAFE, have come into being: ABES, the Bolivian Association for Sexual Education; PROFAM, a private institution for the Protection of the Family; and ABCODE, the Bolivian Association for Communications in Demography. These organizations, although of recent vintage, have begun to exercise some positive, beneficial influence on the local populace and GOB officials. Moreover, INE, the National Statistics Institute, with the continued assistance of the United Nations is progressing in its preparations for the National Census scheduled to be taken in September; and the UNFPA has recently concluded an agreement to provide \$1.5 million in assistance for MCH, including contraceptives.</p> <p>Clearances: MEO: OJLustig ADP: AHBoehme AD: CJStockman</p>	

D. REPLANNING REQUIRES	E. DATE OF MISSION REVIEW
REVISED OR NEW: <input type="checkbox"/> PROP <input checked="" type="checkbox"/> PIP <input checked="" type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	March 29, 1976.

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE HAD: Amedee S. Landry	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE John R. Oleson
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John R. Oleson
 3/3/76
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A. ACTION (X)
USAID AID/WFOST

B. LIST OF ACTIONS

C. PROPOSED ACTION COMPLETION DATE

At the moment, the Project seems to be close to achieving its expected end of project status including much of the institutional development and, more importantly, the enunciation of a "responsible parenthood" policy by the GOB. In essence this policy affirms the right of couples to space their children in accordance with the dictates of their conscience and their economic abilities. A population or more liberal family planning policy aimed at specific reductions in the population growth rate would have been more desirable, but, without question, much more difficult to achieve. Nonetheless, the GOB has publicly approved a "responsible parenthood" policy, and that policy is interpreted by the GOB to permit the provision of contraceptive services in response to demand. Although the GOB has been very conservative in any attempts to stimulate demand for such services, PROFAM and ABES are reaching an ever increasing audience; and the very provision of contraceptive services in Ministry of Health clinics is a break through which would seem to be very close to the end of project status of the approved PROP. The remaining period of the Project will be devoted to consolidating achievements to date.

Progress toward the programming goal of a net population growth rate of 2.1% by 1981 has been slow. The negative attitude of the Church is one of the principle factors affecting the GOB's conservatism in seeking to promote the use of contraceptive services which, in turn, slows progress toward the goal. Perhaps of equal importance has been the lack of widespread knowledge about the availability of and therefore demand for contraceptive services. The projection of the number of females who would have to follow contraceptive practices each year to produce the net reduction in the population growth rate by 1981 as specified in the goal shows a figure of 32,105 for 1975. The number of acceptors in 1975 in ~~cities~~ was under 10,000. However, Bolivia imported contraceptives amounting to about \$1 million in 1975 which conservatively estimated, would be enough for some 17,000 acceptors. Unfortunately, we do not have data for 1968, but we believe the amount imported in 1975 would represent a significant increase over earlier years. Accordingly, the number of new acceptors is probably significantly higher than the number cited herein.

Recommendations to encourage more assertiveness by the GOB in promoting f.p. services and in assisting the institutions involved in this Project to become more effective entities are contained in Section III of this summary. The actual measures of progress for this

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A. ACTION (X) USAID AID/WROST	B. LIST OF ACTIONS			C. PROPOSED ACTION COMPLETION DATE

period are shown in the body of PAR. Further, the reader may wish to consult LA PAZ 1350, of 17 February 1976 for more on the policy definitions, programs and attitudes of the GOB. (Note the term family planning as used in this document encompasses responsible parenthood concept as used by the GOB).

II. Status of Recommendations

Five recommendations were made on the last PAR and resolved as follows:

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

Action - Four seminars were held in FY 1974:

- a) Three on population and work, for labor leaders.
- b) One on Population, Socio-Economic Development and Education, for social workers.

The "Influence on Community Leaders" study was not required because of similar research conducted by A. Cisneros (sponsored by Population Ref. Bureau). This study provided the information desired by USAID. Results of the "Abortion Study" were published by CENAPA, and parts of this study were distributed at the Fourth National Congress of Gynecology and Obstetrics in August 1975. There is a wealth of additional material which may be published in the future; but the intent of the recommendation was fulfilled by the aforementioned actions; and, therefore, it was cleared.

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

Action - Two participants were selected, but only one candidate trained. Balance of funds were deobligated.

3. Recommendation - Stimulate the Ministry of Social Welfare and Public Health (MSW/PH) to distribute family planning (responsible parenthood) information to clients of the Floating Health Clinic (Barge project) (parentheses added).

Action - The CENAPA demographer reported in December 1974 that the family planning material had been delivered to the appropriate GOB Navy Officials; and Lt. Kelly Hughes, USMILGROUP, verified that the literature on

A. ACTION (X) **B. LIST OF ACTIONS** **C. PROPOSED ACTION COMPLETION DATE**

A. ACTION (X)	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID/WHO/ST	MOH	
	<p>family planning (responsible parenthood) was being used on the 'berge'. Col. Shaha, Commander, USMILGROUP, also advised that he had seen the distribution of this literature on the 'berge', and sent a memo to USAID so stating. The recommendation was cleared.</p>	
	<p>4. Recommendation - 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.</p> <p>Action - Contacts were made; and based on a written request to Lt. Hughes, reports have been received, albeit sporadically, on activities and utilization of the Floating Health Clinic.</p>	
	<p>5. Recommendation - 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 MCH Center (AA/MCH-C).</p> <p>Action - The construction of the AA/MCH-C is 98% terminated, and is scheduled for delivery to MOH o/a April 30. Insofar as the University Health Center is concerned, all funding requirements have been met; and construction of the building is expected to be finished by October 20.</p> <p><u>III. Recommendations for Action</u></p>	
X	X 1. USAID should explore with the Ministry of Health the possibility of using the Floating Health Clinic to provide contraceptive services.	May 30, 1976.
X	X 2. USAID should assist CENAFSA identify projects in community development, agriculture, and education through which information on responsible parenthood might be disseminated to new audiences.	July 30, 1976.
X	3. In furtherance of recommendation two, the Project Manager should organize discussions with other USAID offices working in Education, Agriculture, Community Development, in an effort to identify ways in which programs in those sections may be used to disseminate information on health and family welfare in general and on the availability of responsible parenthood services in particular.	June 15, 1976.
X	4. USAID should ask TA/POP for information on the kinds of analyses which could be derived from census data and which would provide the most beneficial information on the Bolivian population.	June 30, 1976.

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A. ACTION (X)

B. LIST OF ACTIONS

C. PROPOSED ACTION COMPLETION DATE

USAID AID/WHOST FROM			COMPLETION DATE
X		5. USAID should explore the types of analyses which INE is preparing to undertake on the data generated by the census, and which analyses it may be unable to undertake and on this basis determine whether or not some assistance to INE would be beneficial.	August 15, 1976.
X	X	6. USAID and CENAFSA should determine the need for long term training in vital statistics within the ministries of the GOB (excepting MOH).	June 15, 1976.
X	X	7. USAID should continue to allocate funds from this project for short-term training for GOB officials, and other leaders, to attend f.p. meetings, or other population programs in an effort to favourably influence their attitudes on f.p.	
X	X	8. USAID should obtain CENAFSA's agreement to develop and present a plan, satisfactory to USAID, to increase the provision of outreach information on the availability of family planning services to potential users.	Agreement: May 15, 1976 Presentation of Plan: June 30, 1976
X	X	9. The USAID and GOB should ascertain feasibility of redirecting CENAFSA's role from one of coordinating public and private sector f.p. activities to government sponsored f.p. research and policy formulating activities.	July 31, 1976.
X		10. The USAID Health Committee should present recommendations to the Mission Director on the development of a new project in population and f.p. aimed at authorization for FY 1976 funding.	June 15, 1976.
	X	11. CENAFSA should conduct a survey of leaders and opinion makers on their current attitudes on population, family planning (responsible parenthood), birth control, the ideal size of a family, etc. with the purpose of determining how those attitudes may have changed during the life of the project.	June 30, 1977.
	X	12. CENAFSA should refine the data available on the use of contraceptives through commercial channels to determine how such use might be increased and its impact better measured.	August 31, 1976.
	X	13. ABES should incorporate information on the availability of responsible parenthood services into their program of seminars.	June 1, 1976.

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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. N. A.												
2.												
3.												

Comment on key factors determining rating

There are no contracted agents.

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

One of the participants trained during the PAR period has returned to his position in the University, and is training University students in f.p. techniques. A second was sent to CELADE for training in Demography and has returned to CENAFSA.

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

No commodities were ordered during the PAR period.

6. COOPERATING COUNTRY	Overall Support	1	2	3	4	5	6	7	1	2	3	4	5
					X								X

Comment on key factors determining rating

USAID budget support which is the only major input to this project has declined in relative amounts as the GOB has assumed increasingly more of its share of the operational costs. However, the GOB has not significantly increased the scope of operations of any of the entities created by the project. Its most significant short-fall has been in not stimulating an increase in the number of contraceptors. On the other hand it has maintained and increased its financial support of project activities often in face of considerable criticism from the church. Moreover, the GOB, as evidenced by the newly signed UNFPA project, continues to be receptive to outside assistance in family planning.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
							X					X

(See Next Page for Comments on Other Donors)

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)																																													
	CUMU- LATIVE PRIOR FY	CURRENT FY ⁷⁶		FY <u>77</u>	FY _____	END OF PROJECT																																								
		TO DATE	TO END																																											
5. Construction of three University Health Centers d/	PLANNED	1				1																																								
	ACTUAL PERFORMANCE	1																																												
	REPLANNED																																													
6. Modified Curricula including courses on Demography and related subjects in three Universities (UMSA, UMSFX, UMSS)	PLANNED	3				3																																								
	ACTUAL PERFORMANCE	3																																												
	REPLANNED																																													
	PLANNED																																													
	ACTUAL PERFORMANCE																																													
	REPLANNED																																													
7. Seminars on sex education and/or population dynamics.	COMMENT:	<p>Until 7/73, two seminars/courses had been presented to about 140 participants. Given the sensitivities, especially at the outset of the project, no effort was made to target a specific # of seminars/participants. The strategy has been to present such courses on a target of opportunity basis to nurses, miners, military personnel, police forces, and university students. The project has not reached significant numbers of police or students; but since the last PAR 17 seminars and 25 courses have been held for almost 3500 participants as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>Seminar</th> <th>Courses</th> <th>No. of Participants</th> </tr> </thead> <tbody> <tr> <td>Labor/Campesino leaders</td> <td>4</td> <td>//</td> <td>107</td> </tr> <tr> <td>Union members</td> <td>6</td> <td>//</td> <td>562</td> </tr> <tr> <td>Campesinos</td> <td>3</td> <td>//</td> <td>260</td> </tr> <tr> <td>COB officials</td> <td>1</td> <td>//</td> <td>50</td> </tr> <tr> <td>Professionals</td> <td>9</td> <td>//</td> <td>511</td> </tr> <tr> <td>Mothers' (thru Mothers Clubs)</td> <td>3</td> <td>//</td> <td>600</td> </tr> <tr> <td>Military personnel</td> <td>5</td> <td>//</td> <td>218</td> </tr> <tr> <td>Various</td> <td>11</td> <td>//</td> <td>424</td> </tr> <tr> <td></td> <td>42</td> <td>//</td> <td>3,732</td> </tr> </tbody> </table>						Seminar	Courses	No. of Participants	Labor/Campesino leaders	4	//	107	Union members	6	//	562	Campesinos	3	//	260	COB officials	1	//	50	Professionals	9	//	511	Mothers' (thru Mothers Clubs)	3	//	600	Military personnel	5	//	218	Various	11	//	424		42	//	3,732
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	42	//	3,732																																											

Footnote:

d/ Univ.Centers: Two cancelled for same reason cited in A-2.

II. 7. Continued: Comment on key factors determining value of Other Donors: IPPF and Pathfinder provide all contraceptive materials needed by PROFAM & MOH clinics and accordingly play a significant role on the Bolivian health scene. The UNFPA also will provide contraceptives under its recently signed agreement with the GOB. Additionally, UNFPA will provide advisory services, training and seminars, equipment and other supplies to the MOH. The five existing Maternal Child Health "clinics" of the Ministry of Health, which have received a financial contribution from USAID, will become beneficiaries of the UNFPA project; and at least three new "clinics" will be added under the UNFPA project. The new units will be in the Departments of Tarija, Oruro and Potosi. Thus the Ministry of Health will be providing f.p. services in eight of the nine departments of Bolivia once the UNFPA project is underway.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage, Rate, Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY 76		FY 77	FY ____	
			TO DATE	TO END			
1. Specialists in Population Dynamics and Family Planning (Demographer, Sociologist, FP Administrator, Family Life Educator, Social Worker) a/	PLANNED	5					6
	ACTUAL PERFORMANCE	1					
	REPLANNED			0	0		1
2. Regional offices of Research Institution (CENAFE) b/	PLANNED	3					3
	ACTUAL PERFORMANCE						
	REPLANNED			0	0	0	0
3. Family Planning Seminars:	PLANNED	8					10
	ACTUAL PERFORMANCE	4					
	REPLANNED			1	8		13
4. Research studies.	PLANNED	4					4
	ACTUAL PERFORMANCE	2	0				
	REPLANNED			0	2	0	4

Footnotes:

1. a/ ~~Demographer: Bolivia has a highly qualified demographer, but he does not have an advanced degree. This demographer's training was cancelled when the candidate left GOB employment to become Director of PROFAM, a private institution.~~
 FP Administrator: This requirement was obviated by the MOH decision to use physicians as administrators. Some of these physicians have had extensive experience in the administration of health facilities.
2. ~~Family Life Educators: The creation of ABES fulfilled the need for family life education.~~
 Social Workers: Development Associates (central AID funded) have trained six Bolivian professional social workers, and accordingly the requirement for this training has been met.
3. b/ ~~Regional Offices: Not implemented because expected need didn't materialize.~~
 c/ ~~Research: Three of four planned research efforts resulted in publications which were widely disseminated in Bolivia during period covered by this evaluation. The scope of the fourth study was covered by another source. The purpose of these studies was to influence favorably the GOB decision-makers, professionals, and the general population on family planning matters as well as to stimulate the creation of f.p. clinics. The mission believes that these studies may have been helpful in attaining the present limited level of GOB activities.~~

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

To create the institutional capability within the GOB to develop and deliver family planning and related health services to the population of Bolivia.

B. 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. The GOB and the church have indicated their approval of a responsible parenthood policy as reported fully in the local press. However, there seems to be a difference between the church and the GOB on the definition of responsible parenthood. GOB officials tend to define responsible parenthood very broadly to include use of contraceptives, whereas the church defines it in line with its traditional stance on family welfare and natural methods of birth control. We see no advantage to be gained by seeking a public clarification of this issue. Rather we believe the GOB should be encouraged to take appropriate practical actions identified elsewhere in this PAR.

2. Establishment of f.p. clinics in five geographic departments under the MOH's Department of Maternal Child Health.

2. Clinics were opened in La Paz, Cochabamba, Santa Cruz, Sucre and Trinidad in 1974. They were supported by USAID with \$20,492. The compilation of operational data is managed by PROFAM, which operates 6 clinics of its own under agreement with the MOH. They served 2,431 females in CY 1974 and 7,144 in 1975.

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.

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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>3. Existence of semi-autonomous population dynamics research agency.</p> <p>4. Establishment of private f.p. organization (PROFAM) and sex education facility (ABES).</p>	<p>2. Evidence to date of progress toward these conditions.</p> <p>3. CENAFSA was created in 1969, GOB will finance 75% of CENAFSA's operational costs in CY 1976 and 100% in CY 1977.</p> <p>4. PROFAM and ABES were created in FYs 1974 and 1975 respectively, and are operating very successfully in coordination with CENAFSA and MCHD.</p> <p>* In further support of the above, PROFAM advises that approximately 15% of the referrals to the clinics have participated in project sponsored seminars conducted by CENAFSA and PROFAM.</p>
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V. PROGRAMMING GOAL

A. Statement of Programming Goal:
 Attain a 2.1% net population growth rate in FY 1981 versus a 2.5% rate in FY 1971.

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

Yes. This project's purpose emphasizes institutional development, including the establishment of MCH clinics. With the creation of official MCH clinics which provide f.p. services the bottleneck has been broken; and the number of users of contraceptive services in these clinics is expected to accelerate quite rapidly from 7,000 at present to 10,000 in FY 1976 and to 30 to 35,000/year by 1978. These expectations are based on operational statistics developed and interpreted by PROFAM. Since a census is planned for CY 1976, data should become available which would be critical in verifying the impact of the clinics on population growth. (For additional information see Section I of the Summary Statement).