

I. PROJECT IDENTIFICATION

1. PROJECT TITLE
 Population Training Services

APPENDIX ATTACHED
 YES NO

2. PROJECT NO. (M.O. 1095.2)
 932-15-570-438

3. RECIPIENT (specify)
 COUNTRY _____
 REGIONAL LA INTERREGIONAL _____

4. LIFE OF PROJECT
 BEGINS FY 72
 ENDS FY 78^{1/}

5. SUBMISSION
 ORIGINAL
 REV. NO. 2 3925775
 DATE _____
 CONTR./PASA NO. 1a-707

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT (B) BUDGET	
1. PRIOR THRU ACTUAL FY	2,674	407	250	2,246	1796		21	2,674	250			
2. OPRN FY 75	1,060	181	72	866	693	1/	13	1,060	172			
3. BUDGET FY 76	2,021	357	118	1,636	1,309	1/	28	2,021	118			
4. BUDGET +1 FY 77	1,282	242	79	1,020	816	1/	20	1,282	79			
5. BUDGET +2 FY 78	1,049	243	79	786	629	1/	20	1,049	79			
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL	8,086	1,430	598	6,554	5,243		102	8,086	598			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER PHA/POP/LA: JDPeabody <i>J.D.P.</i>	TITLE Program Analyst	DATE 14 Sep 75
2. CLEARANCE OFFICER PHA/POP: RTRavenholt <i>RTR/RB</i>	TITLE Director	DATE 15 Apr 75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL
 1/ Funding authorization for FY 1975 only is requested, pending the outcome of a program evaluation to be completed by July, 1975. Subsequently, an additional three year authorization will be requested from A/AID reflecting any changes in the program, if necessary. This document is the best current guidance for program trends on training L.A. paramedicals in health and family planning activities through FY 1978.

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
PHA/POP/LA	GNJohnson LREicher	4/14/75	PHA/POP	ERBacklund GGilmore	15 Sep 75
LA/DR	JRBreen	4-16-75	GC	JMiller	4/14/75
PHA/PRS	RMartin	4-23-75	PPC	JWelty	4/16/75
			PPC/DPR	AMHandy	4/18/75
			PPC	PBirnbaum	4/28/75

3. APPROVAL AAs OR OFFICE DIRECTORS SIGNATURE <i>Harriett S. Crowley</i>	DATE 4/23/75	4. APPROVAL A/AID (See M.O. 1025.1 VI C) SIGNATURE <i>John E. Murray</i>	DATE 4/29/75
TITLE AA/PHA, Harriett S. Crowley		ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT	

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Summary:

As of June 30, 1975 DAI will have expended \$2,673,648 under the project for training, and 1,514 individuals will have completed training and returned to their jobs in Latin America. Their training has been arranged by the Development Associates Inc., in the United States, in 3rd. countries and in some cases in their own countries.

A review of the history of the project since its inception in May, 1972 indicates that the concept of utilizing an independent contractor to work with cooperating institutions in Latin America to provide participant training has important advantages in terms of the actual cost of training programs, the ability to provide a large measure of training in the participants' own language and the ability to structure individual and group training programs to precisely respond to the training need. (These conclusions became increasingly evident during the course of the project history, and are supported by the recent evaluation which was completed on December 20, 1974). Phase I

Under the project an important breakthrough has been made in expanding services to rural, low-income groups in Central America and this breakthrough promises to be expanded into South America. Specifically, the government of Costa Rica was encouraged and assisted in the establishment of a Costa Rican training facility for nurses, nurse-midwives and auxiliary health personnel. They, in turn, will staff centers and health delivery systems providing family planning on a low-cost basis to groups of people to whom it has not been economically or administratively possible to reach before. Similar programs are being established in El Salvador, Panama, Nicaragua and Honduras - with the likelihood of their replication in Guatemala, the Dominican Republic, Peru, Paraguay, Colombia, Ecuador and other countries.

No less significantly, under this project, training has been extended to women both to qualify them for positions in their own community and for responsibilities with respect to provision of health services, that they have heretofore been denied. With the establishment of programs dependent upon allied health personnel, women for the first time in Latin America will assume their appropriate role in the delivery of health services, and in consequence they will be accorded the status appropriate to qualified professionals with vital services on which the community depends.

Introduction:

The original PROP, approved in May, 1971, proposed a contract with a qualified private organization to handle family planning and population participants from countries where direct bi-lateral AID training arrangements in this field are inappropriate. The Development Associates, Inc. of Washington, D. C. was selected on the basis of a review of competitive bids. Training activity started with the contractor contacting prospective participants in June, July and August of 1972.

Originally, it was assumed that the contractor would be free to arrange training without obtaining prior clearance from U. S. Embassy or AID field offices, and it was hoped that this freedom of action would facilitate entry into countries where direct Title X activity was not desired. While a canvas by airgram prior to the original PROP authorization affirmed country interest in independent action throughout the region, after conclusion of the contract it appeared that a substantial re-thinking had taken place regarding the need for country and U.S. clearance. The result has been a somewhat modified modus operandi calling for a large measure of coordination between the contractor, AID/W and field offices. In retrospect, this modification appears to have been beneficial for a number of reasons, particularly (a) the guidance in participant selection and support provided by population officers in the field, and (b) the interaction between country programs that has made possible efficiencies and economies of scale in setting up training programs in the U.S.

As experience has been gained in analyzing training needs, priority areas have become evident. Particularly as interest has been stimulated in delivery of basic health services including family planning to rural, low-income groups, the need to base these services on a corps of allied health personnel has been recognized. Given the urgency of this need, PHA/PCP encouraged the contractor to commit a large percentage of administrative and financial support to developing special programs for teachers and key persons who in turn train host country staff and extend family planning to low-income women.

Another modification in program activity from that postulated at the start of the original PROP has been the de-emphasis on long-term training. Aside from the greater priority expressed for technical and non-academic training, the contractor has not had access to local currency funds with which to provide maintenance of participants' salaries while on extended training periods (these funds usually are available for participants on AID standard training programs and are derived either from host government sponsors under bi-lateral agreements or from AID local-currency technical support projects.) Similarly, English language training was not provided for under the contract, effectively limiting participant selection for academic training to the few individuals with high English language proficiency or to those participants whose long term training needs could be satisfied in Puerto Rico. Recent limitations on population funds enforces continued concentration on programs of a short-term nature and for group training. On the other hand, by addressing training needs on a regional base, the contractor was in a unique position to assist in arranging short-term training in the field in Spanish. Regional workshops and seminars

have been offered in Colombia and Guatemala with benefits in economy and effectiveness that would not have been possible otherwise.

For Statistical Summary of Trainees by Country for Program Year I (May 1, 1972/June 30, 1973) and Program Year II (July 1, 1973/June 30, 1974) see Annex A 1. and A 2.

Annex B, "Actual and Estimated Expenditure" breaks down the contract expenditures from project inception through June 1974. Funds remain in the project to carry program activity through June, 1975. Subject to the availability of FY 75 funding, we anticipate additional training for this period and also for the period from July, 1975 through December, 1975, when the contract will terminate. (Total planned training activity, from February, 1975 through December, 1975, is shown in the Outputs section below under the Phase I table and Annex C 1.).

For the period after January, 1976, we plan to solicit bids for continuation of the project in its second phase.

Phase II training would project from January, 1976 through June, 1979, on the three additional tables which make up the outputs section below. Indications are that project activity will peak at a level of expenditure in 1977 with training in the U.S. tending to decline thereafter. In-country training, however, will continue at a high level in terms of numbers of participants trained through the life of the project although dollar costs are expected to decline. (see budget on P. 10 and Annex C 2. - C 4.)

The principal formal training programs established in the United States respond to the requirement to train trainees of allied health personnel. Brief descriptions of the programs at Harbor General Hospital of the U.C.L.A. at Torrance, California; Metropolitan Hospital of NYC and at University of Texas at Houston, Texas.

I. The Harbor General Hospital course is given to project sponsored participants in the Spanish language. It is predicated on the premise that allied health, family planning specialists can function effectively and safely as front-line providers of family planning services to well patients. The training program consists of both didactic instruction and clinical experience and may vary from 16 to more than 20 weeks depending upon the level of education and professional achievement of the group undergoing training.

Didactic material is presented in 95 hours of classroom lectures which include the following topics: medical terminology (for other than registered nurses); medical history taking; anatomy and physiology of the reproductive system; human embryology and normal progression of pregnancy; general gynecologic endocrinology; mechanism of action of contraceptive methods; effectiveness and side effects of contraceptives; recognition of associated gynecologic and nongynecologic disease; venereal disease; techniques of physical examination of the breasts and pelvis; cancer screening techniques, including cervical colposcopy;

technique of inserting intrauterine devices; communication skills; human relations and sexuality; normal
 prenatal care; basic elements of nutrition and office practice and procedures. Lectures also include instruction in counseling for
 contraception, sterilization, infertility and sexual problems. Practical instruction in the application of counseling techniques is given in the clinic.

Concurrently the trainee gains experience in the physical examination of the breasts and pelvis. The breasts and axillae are inspected for abnormalities and palpated for masses, and the patient is taught to examine her breasts. The pelvic examination includes inspection of the vulva and palpation of Skene's ducts and Bartholin's glands. Cystocele, rectocele, enterocele, uterine prolapse and discharge are sought during vaginal examination. The cervix is inspected for gross and colposcopic abnormalities. Bimanual examination is performed to ascertain the position, size and shape of the uterus and for adnexal disease. Trainees also gain experience in the following specialized gynecologic procedures: detection of vulvar neoplasia by toluidine blue staining; diaphragm fitting; technique of obtaining a cytologic smear, Schiller staining of the cervix; cervical colposcopy; cervical biopsy; endocervical curettage; cervical cryosurgery; paracervical block; tenaculum application to the cervix; uterine sounding; insertion (nulliparous and multiparous patients) and removal of intrauterine devices.

II. Metropolitan Hospital, NYC.

The Metropolitan Hospital - program is given in the Spanish language, however, the International Training Institute is prepared to offer the program in French with Haitian professionals as instructors if the requirement arises. The training offered is essentially in-service training, in the hospitals and clinical facilities affiliated to New York Medical College, and includes participation in the community outreach programs sponsored by the Department of Obstetrics and Gynecology of New York Medical College.

The training involves clinical, educational and administrative aspects, and is designed for physicians, nurses, midwives, health educators, social workers, and new professionals in the health field.

The program is tailored to the individual needs of the trainees. Its content is therefore discussed and planned with the participants at the beginning of the course, and is evaluated weekly to allow for modifications if need should arise.

All candidates are exposed to a core of basic subjects that aim at giving a comprehensive view of the interrelated factors that influence Maternal and Child Health and Family Planning. This includes demographic and socio-economic aspects of Family Planning; their relationship to health for individuals and communities; behavioral components of health care and fertility control; role and modalities of sex education; organization of community outreach programs; participation in group dynamics sessions; theory and practice of contraceptive technology and of obstetrical and neonatal care.

The main emphasis in the program is on practical in-service training. This is complemented by lectures and workshops, allowing the participants to exchange their professional experiences, and by field studies of health services and other organizations dealing with various aspects of Maternal and Child Health and Family Planning.

III. University of Texas Medical School.

This program is offered collaboratively with the Planned Parenthood Center of Houston and includes teachers faculty from Baylor College of Medicine as well as University of Texas Medical School.

The course is geared to individual student needs and generally consists of four weeks intensive theory and eight weeks of clinical practice. Objectives are:

1. To provide instruction of the history of family planning: its relationship to maternal/child care: its relationship to population dynamics and problems.
2. To provide in depth instruction of anatomy and physiology of the reproductive system.
3. To provide instruction and skills in distinguishing between "normal" and "abnormal" anatomy. (This is not to diagnose the "abnormal")
4. To provide in depth instruction of pharmacology of oral contraceptives.
5. To provide in depth instruction of all approved methods of family planning.
6. To provide skill in patient examination: i.e. Breast Exam. Pap Smear, Pelvic Exam, IUD insertion and diaphragm fitting.
7. To provide knowledge of the normal physiology and anatomy of heart, lungs, eyes and thyroid.
8. To help understand and utilize the team approach to the delivery of family planning services.
9. To help provide skills in nursing assessment, problem identification, intervention, evaluation, and correct referrals.

LOGICAL FRAMEWORK

Development Associates, Inc.

I. Program Goal

A. Statement of Goal: Reduction of excessive fertility and population growth rates in participating Latin America countries.

B. Measures of Goal Achievement:

1. Population growth rates in participating countries conforming to economic and social development goals.
2. Availability of family planning services to rural, low income populations.
3. Establishment of valid national policies for relating population growth rates to economic and social development.

C. Assumptions

1. Excessive population growth has a negative impact on social and economic development.
2. Popular understanding of family planning, availability of contraceptive supplies on an economic basis, and access to family planning services as a part of basic health care will yield declines in fertility.
3. Host country support will be provided for population and family planning programs as a means to achieve improvement in the quality of life of its people and the economic and social development of the country as a whole.

II. Project Purpose

A. Statement of Purpose: To provide qualified, trained personnel for expanded and improved family planning services delivery programs in

participating countries, especially in rural areas, and originate and implement training programs for L.A. men and women, especially for those who will, in turn, become trainers of paramedical personnel in their own country.

B. Conditions Expected at End of Project on a country wide basis:

1. Sufficient training facilities for auxiliary and para-medical personnel established to adequately staff programs in basic health care, including family planning services, particularly for rural, low-income groups in approximately 12 Latin America countries.
2. Formal and informal education programs in family planning and the rights of individuals to determine their fertility being conducted in approximately 12 Latin America countries.
3. Family Planning services in all participating countries being provided with qualified staff, using up-to-date management and control procedures.
4. Advisory councils qualified and established to acquire the demography, economic, and social data on which to base sound national population and development policies in 8 Latin America countries.

C. Assumptions:

1. Qualified, trained personnel are required to operate in-country training facilities for health delivery systems.
2. National Ministries of Health, Medical Associations, Social Security Institutes and family planning organizations will permit, introduce and utilize auxiliary and para-medical personnel to provide, under medical supervision, other health services including family planning.
3. National governments, Ministries of Education's and other public and private organizations will support and incorporate programs for formal

and informal education relating to family planning, fertility control and responsible parenthood.

4. Potential acceptors of family planning will accept family planning services provided through programs for provision of basic health care by qualified auxiliaries and para-medics.
5. Financial support will be provided to maintain low-cost, basic health care systems utilizing auxiliaries and para-medics.
6. With expansion of popular understanding of family planning, low-income groups will support and accept systems for commercial distribution of non-medical contraceptives, including oral contraceptives.
7. Latin America countries are increasingly recognizing the need for development of national population policies directed to reduction of infant and maternal mortality rates and the lowering of fertility rates as a means to accelerate economic and social development and the improvement of the quality of life.

III. Outputs:

- A. Outputs and Output Indicators
 1. Programs for delivery of family planning to rural, low-income groups, utilizing basic health-care delivery systems staffed with auxiliary and para-medical personnel;
 2. Programs for educating individuals and groups of individuals with respect to fertility control and responsible parenthood;
 3. Programs for improving management and administration in family planning programs - specifically with respect to (a) supply management, (b) maintenance of service and health statistics, (c) the methodology of service delivery, (d) outreach and (e) program evaluation;

4. Programs for increased and more effective low-cost commercial distribution of contraceptives;
5. Programs for the development of national policies and goals relating population growth to economic and social development.
6. Population programs tailored to country-specific needs as identified by Embassy and AID field offices and the Latin America division of PHA/POP.
7. Individual training program outputs are scheduled on Annexes C 1. - C 4. Phase I represents participant training to be funded in FY 1975 until the end of the present contract with Development Associates, Inc. The projected training to be undertaken after a new contract has been awarded on the basis of competitive bidding is set forth on the Phase II schedules for the periods from (a) January, 1976 through June, 1977, (b) July, 1977 through June, 1978 and (c) July, 1978 through June 1979.
8. Below is a listing of possible participant outputs by country at the three major institutions in the U.S. associated with paramedical training conducted in the Spanish language. The outputs cover a

<u>Harbor General Hospital</u> <u>Auxiliary Service Personnel</u>	<u>Metropolitan Hospital</u>	<u>Houston</u> <u>Planned Parenthood</u>
Costa Rica	Jamaica	---
El Salvador	Haiti	---
Honduras	Brazil	10
Nicaragua	Chile	8
Guatemala	Bolivia	4
Panama	Panama	10
Dominican Rep.	Paraguay	10
Colombia	Colombia	---
Peru	Venezuela	8
Ecuador	Mexico	5
Paraguay		
Bolivia	Totals	<u>35</u>
Brazil		
Total		

B. Assumptions

1. That budgetary support will be made available.

IV. Inputs:A. Project Inputs (Budget)FY 1975 Funding (2/1/75 - 12/31/75)

I. Salaries and Wages	77,876
II. Overhead (72% of I)	56,071
III. Consultant fees	5,600
IV. Staff and Consultant Travel & Transportation	23,157
V. Other direct costs	12,970
VI. Fixed fees(10.7% of I-V)	18,815
VII. Participant costs	865,511
Total	<u>\$1,060,000</u>

FY 1976 Funding (1/1/76 - 6/30/77)

I. Salaries and Wages	\$ 145,433
II. Overhead (72% of I)	104,712
III. Consultant fees	15,179
IV. Staff and Consultant Travel & Transportation	53,893
V. Other direct costs	28,223
VI. Fixed fee (10.71% of I-V)	37,211
VII. Participant costs	1,636,349
Total	<u>\$2,021,000</u>

FY 1977 Funding (7/1/77 - 6/30/78)

I. Salaries and wages	\$ 96,955
II. Overhead (72% of I)	69,808
III. Consultant fees	12,225
IV. Staff and Consultant Travel & Transportation	37,536
V. Other direct costs	20,015
VI. Fixed fee (10.71% of I -V)	25,333
VII. Participant costs	1,020,128
Total	<u>\$1,282,000</u>

FY 1978 Funding (7/1/78 - 6/30/79)

I. Salaries and wages	\$ 102,287
II. Overhead (72% of I)	73,647
III. Consultant fees	10,403
IV. Staff and consultant Travel & Transportation	31,225
V. Other direct costs	19,785
VI. Fixed fee (10.71% of I-V)	25,420
VII. Participant costs	786,233
Total	<u>\$1,049,000</u>

NARRATIVE SUMMARY

Importance of Sector Goals: The broader objective to which this project contributes:

Reduction of excessive fertility and population growth rates in participating Latin America countries.

Measures of Goal Achievement:

1. Population growth rates in participating countries conforming to economic and social development goals.
2. Availability of family planning services to rural, low income populations.
3. Establishment of valid national policies for relating population growth rates to economic and social development.

RECORDS AND NATIONAL STATISTICS

- Assumptions for achieving purpose:
- 1) Excessive PCG growth and negative impact on socio/econ development.
 - 2) Popular understanding of F.P. and availability of economic delivery system as part of basic health care will yield decline in fertility.
 - 3) Host governments will support PCG programs as means of improving QOL.

Project Purpose:

To provide qualified, trained personnel for expanded and improved family planning services delivery programs in participating countries, especially in rural areas, and originate and implement training programs for L.A. men and women, especially for those who will, in turn, become trainers of paramedical personnel in their own country.

Conditions that will indicate purpose has been achieved: End of project status.

- (1) 12 L.A. countries providing in-country training for allied health personnel in F.P.
- (2) 12 L.A. countries providing formal and informal education in F.P.
- (3) F.P. programs staffed by qualified administrators.
- (4) 8 L.A. countries with POP/policy advisory boards.

REPORTS, INSPECTIONS, EVALUATIONS

- Assumptions for achieving purpose:
- 1) Qualified personnel are required provide MCH/FP services.
 - 2) Host country institutions will accept, provide, and support FP programs staffed with allied health personnel.
 - 3) Ditto I.E. & C. programs.
 - 4) Potential acceptors will accept FP services provided by allied health personnel.
 - 5) Host countries will recognize us for national population policies.

Outputs:

Outputs are scheduled on Annexes C 1.-C4. Phase I represents training to be funded in FY 75 until the end of the present project with Development Associates, Inc. The projected training to be undertaken after a new contract has been awarded on the basis of competitive bidding is set forth on the Phase II schedules for the periods from (a) 1/1976 through 6/77, (b) July 1977 through June 1978 and (c) July 1978 through June 1979.

Magnitude of Outputs:

SEE TRAINING CHARTS C 1. - C4. FOR PHASE I AND PHASE II.

Reports Evaluations

REPORTS EVALUATIONS

Assumptions for achieving outputs:
Budgetary support will be made available

Inputs:

Implementation Target (Type and Quantity)

FY 1975

FY 1976

FY 1977

FY 1978

Vouchers

REPORTS

Assumptions for providing inputs:

I. Salaries and Wages	\$ 77,876	\$ 145,433	\$ 96,955	
II. Overhead (72% of I)	56,071	104,712	69,808	\$ 102,257
III. Consultant fees	5,600	15,179	12,225	73,647
IV. Staff and Consultant Travel & Transportation	23,157	53,893	37,536	10,403
V. Other direct costs	12,970	28,223	20,015	31,225
VI. Fixed fees (10.7% of I-V)	18,815	37,211	25,333	19,785
VII. Participant costs	865,511	1,636,349	1,020,122	25,420
Total	\$1,050,000	\$2,022,000	\$1,262,000	786,233
				\$1,049,000

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RATIONALE

The need for a contract to manage, arrange and fund training programs for Latin American nationals in Population/Family Planning programs derives from the following considerations:

- 1) AID standard training procedures call for host-country government participation and endorsement, however, many POP/family planning training needs arise in technical areas where Latin America governments are reluctant to provide official endorsement or support. Furthermore in the Population/family planning area it is not unusual that individuals, also by reason of their connection with private organizations or associations, are reluctant to accept either their own government's endorsement or that of the U.S. Government. Indeed, many Latin America leaders owe their credibility and influence as leaders precisely for the reason that they are not directly identified with either their own country's government or that of the United States. Under the arrangement with a contractor, training can be provided by an independent firm without the requirement for prospective trainees to have their applications for training processed either by the U.S. Government or the host government if this procedure is undesirable.
- 2) Increasingly in Latin America there are either limited AID, in-country arrangements for handling training, or the USAID staffs - including PHA representatives - are so reduced in numbers that they can not give the required attention to training program development. The independent contractor, on the other hand, can maintain a continuing contact with the host-country sponsoring organizations, public and private, whose personnel are to be trained, and contract representatives routinely visit countries specifically to assist in participant selection and training program development. However, the contractor obtains country clearance prior to such visits and guidance from appropriate U.S. Embassy and or USAID personnel after arrival in the country.
- 3) In addition to arranging training programs in the U.S., the contractor, in the past 3 years, has demonstrated a capability for development of innovative training programs in 3rd. countries. This had rarely been practical under the AID standard training procedures as neither OIT nor USAID's have had staff to devote to management of training in the field, and USAID's generally do not have the staff to manage in-country programs for their own participants much less participants from other countries than their own. These limitations have effectively prevented the Agency from obtaining the special benefits that can be derived from multi-national training experiences in Latin America settings such as those that have been possible in Colombia and Guatemala under the present arrangement with DAI.
- 4) By employing an independent contract, the Agency - PHA specifically - is able to assure that the selection and management of participants and the development of training programs, both in the United States and the 3rd. countries, are handled by an organization not only with a high degree of expertise in the technical areas of training but also with a fluent capability in the Spanish language on the part of its personnel. These qualities, have contributed to the success with which training programs have been carried out in the first years of the contract.

5) Finally, and as demonstrated by the recent evaluation of the project, the Agency has been able to achieve a significant cost/benefit in the provision of the training provided under the project as compared with equivalent programs for which comparison is appropriate. (See Annex D - Fiscal Year 1974 - U.S. Training Expenditures by Categories - Contract AID/LA 707)

COURSE OF ACTION

The course of action proposed for this project is largely determined by the experience and accomplishments that have been obtained during the first period of project activity under the original PROP.

Initially, authorization was approved on a trial basis, i.e., to test the hypothesis that an independent contractor with Spanish language capabilities could more effectively identify, with AID field office guidance, Latin American training needs in Population/Family Planning and after identification, could arrange and finance appropriate training programs for Latin America participants, on a more cost-effective basis than had been possible under the AID standard training procedures. (See Annex E - discussion of project effectiveness from OIT evaluation of AID LA 707, contract with DAI).

As the recent evaluation has demonstrated, gratifying economies in program operation have been possible at the same time that significant achievements have been obtained in development of specialized training programs in the Spanish language. This has not only enlarged the universe of prospective participants from which selection may be made, but also has facilitated access to selection for training to a broad category of Latin Americans that had heretofore been unavailable, i.e. Latin American women in non-medical but health related occupations. It is precisely on this category of personnel, and the degree to which they can be utilized in the delivery of family planning services to high fertility women, that the success of family planning and the reduction of excess fertility in Latin America depends. Therefore, with the development of appropriate training for women as auxiliaries and para-medics in family planning -- initially at the Harbor General Hospital, and also at the Metropolitan Hospital -- a nucleus of Central American countries were encouraged to establish programs for introducing basic health care including family planning to rural, low-income women. With respect to their aspect of the project course of action, it is interesting to note that the Senate Appropriations Committee Report - FY 1975 - in its section on Population Planning and Health states: "Many authorities in the field of health services regard para-medical activities as one of the best ways to provide low-cost, direct assistance in rural areas and to stimulate the involvement of people in development programs. The committee, therefore, is particularly interested in AID's initiation of programs to extend the availability of health services through the use of para-medical personnel."

Response to date from these countries has resulted in increasing interest throughout Central American and South American countries in establishment of similar programs. A start has been made in training groups in a number of these countries. With authorization of this PROP it is proposed to continue these programs and support others from which indications of interest have already been received.

Associated with the assistance provided by this project to establish delivery systems in health care with family planning, there has been a complementary interest in formal and informal education programs -- often involving in-country training in family planning for physicians and for educators in sex education, family planning, responsible parenthood, etc. Training in these categories supports objectives and extends the effective reach of the health and family planning delivery systems being operated by allied health personnel and other programs for introducing family planning. Therefore, and second only to the programs for training allied health personnel (described in the introduction), it is proposed to continue the support that has been provided for in-country training.

The principal in-country training arranged under the project has taken place, and is proposed to continue in Colombia. To date programs have been initiated for training in the following categories:

- a) Radio and TV programmers
- b) Rural-Home extension worker trainers
- c) Agricultural extension workers
- d) Community Educators
- e) Demography/Population for graduate students (future professors)
- f) Teacher trainers (undergraduate)
- g) Vocational Education teacher trainers
- h) Armed Forces trainer (family planning and sex education)
- i) Union Education Officers
- j) Women leaders - family education trainers

Direct USAID support to local institutions - public and private - was considered inappropriate by the USAID for reasons of local sensitivity and because of the private character of some of the training institutions. In consequence country funds were transferred to PHA/POP for inclusion in the project specifically to support the training listed above. Expansion of these activities is planned in Phase II of the project and it is anticipated that the strengthened training capabilities established will provide an important resource for 3rd country training in the latter part of Phase II.

SPECIAL CONDITIONS

1. Section 113 of the Foreign Assistance Act of 1961, as amended known as the "Percy Amendment" requires that the U.S. bi-lateral development assistance programs authorized in Sections 103 to 107 of the Act be administered so as to give particular attention to those programs, projects, and activities which tend to integrate women into the national economies of foreign countries, thus improving their status and assisting the total development effort. The Amendment gives Congressional endorsement to the increasing concern of the development assistance community and developing countries that women participate fully in the tasks and benefits of economic growth.

2. From the outset, a preponderant proportion of project activity has involved training for women qualifying them for leadership and enhanced responsibilities, professionally and as individuals within their communities, upon their return from training. Probably the most significant category of training in the U.S., both in terms of numbers of individuals trained and in project dollars spent, has been for training allied health personnel as teachers and administrators in programs for establishing low-cost, basic health delivery systems including family planning. Recognizing that only by utilizing women as auxiliary and para-medical personnel to provide family planning services can family planning be effectively extended to the population groups with the highest fertility in Latin America, i.e., to the women in the rural, low-income areas, it has been a fundamental goal of this project to assist in the introduction of this concept wherever possible. As a consequence, substantial success has been realized in Central American countries in establishing health delivery systems relying on allied health personnel, and a promising start has been made toward introduction of similar programs in South America. For example, a facility for training nurses and nurse-midwives is now in operation in Costa Rica, staffed by personnel trained under this project at the Harbor General Hospital (H.G.H.) of the University of California, Los Angeles Medical School. Participants from El Salvador, Honduras, Dominican Republic, Guatemala and Panama also are being trained at H.G.H. for similar programs in their respective countries; and in South America, participants from Paraguay, Uruguay, Bolivia, and Ecuador have already undergone training at either H.G.H. or at other programs at the Metropolitan Hospital in N.Y.C. and the University of Texas, Houston. Their project will continue to support the concept and the practice of utilizing women in their vital role as providers of basic health services, including family planning, to the largest group of potential acceptors in the region, the women in rural, low-income areas. (Of the 745 trainees who received grants in FY 74, for instance, 400, or 54% were women. Of the 252 grantees who were brought for specialized training to the USA and Puerto Rico, 234 (+93%) were women).

With the introduction of these services and the implementation of training programs for women as allied health personnel, not only is progress being made toward the program goal for reduction of excessive fertility and population growth, but also a major advance is being made toward professionalization of women in Latin America and the enhancement of their status as members of the health care community and the society in which they live.

3. ABORTION-RELATED ACTIVITIES

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project and subsequent contracts will be used for the procurement of distribution of equipment provided for the purpose of inducing abortions as a method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

The present contractor has been instructed to inform all prospective participants that funds may not be utilized under the contract for any training inconsistent with the policy cited above and participants have been so advised since April 17, 1974. Furthermore the present contractor has included appropriate language in all training agreements concluded with training institutions where participants have programs starting on or after April 29, 1974.

4. DAI EVALUATION SCHEDULE

Phase I (2/1/75--12/31/75)

1. Evaluation conducted by Phillip Sperling, OIT, December 20, 1974.
2. Questionnaire follow-up on participants from FY 1974 training. (First questionnaire sent 2/28/75, follow-up sent 3/21/75. Expect to have results by 4/30/75.
3. Interim Evaluation Report to be conducted by Project Manager o/a August, 1975 covering status of EOPS in the log frame of this PROP, plus data in the U-446 Report (PAR) and U-1423-1 (Contractor Evaluation Report). This information will be submitted to the AID Contract Selection Committee which will evaluate bids for a new training contract under Phase II, beginning January 1, 1976.
4. Preparation of a U-1423-1 Contractor Evaluation Report in December 1975, at the conclusion of the DAI Phase I period.

Phase II (1/1/76--6/30/79)

1. Preparation of a PAR each year by the AID project manager.
2. Evaluation by outside consultant near the end of the PROP approval period.

PY I
 May 1, 1972-June 30, 1975

ANNEX A

II. STATISTICAL SUMMARY BY 'TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES
		the USA	PUERTO RICO	LATIN AMERICA	
Antigua	2	2			
Argentina	15	9	6		
Barbados					
Bolivia	7	2	1	4	
Brazil					
British Hond.					
Chile	23	16	2	5	
Colombia	55	19		35	1
Costa Rica	13	4	6	3	
Dominican Rep.	9	3	1	5	
Ecuador	17	10	5	2	
El Salvador	5	2	1	2	
Guatemala	20	3	7	9	1
Grenada	1	1			
Haiti	2	2			
Honduras	8	2	3	3	
Jamaica	1	1			
Mexico					
Nicaragua	5	2	2	1	
Panamá	4	1	1	2	
Paraguay	18	7	4	6	1
Perú	25	8	4	13	
Trinidad and Tobago	2	2			
Uruguay	14	7	3	4	
Venezuela	15	2	1	12	
St. Lucia	2	2			
St. Vincent	1	1			
TOTAL	264	108 06	47	106	3

ANNEX A3

PY II
July 1, 1973 - June 30, 1974

II. STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES PROGRAMMED IN		
		the USA	Puerto Rico	Latin America & Other Non US	the USA	Puerto Rico	Latin America & Other Non US
Antigua							
Argentina	16	15		1			
Barbados							
Bolivia	34	17	1	12		4	
Brazil	8	3		5			
Chile	28	20		5	1	2	
Colombia	175	15		158	2		
Costa Rica	51	29	1	20			1
Dominican Republic	12	5		6	1		
Ecuador	20	4		13			3
El Salvador	17	10		7			
Grenada	1	1					
Guatemala	208	9		196		3	
Haiti							
Honduras	35	6	12	16			1
Jamaica	1	1					
Mexico	22	12		10			
Nevis	1	1					
Nicaragua	22	15	1	3		3	
Panama	9			7	1	1	
Paraguay	51	32		14	1	4	
Peru	19	14		5			
St. John's	1	1					
St. Kitts	1	1					
St. Lucia	2	2					
St. Vincent	1	1					
Trinidad & Tobago	1	1					
Uruguay	20	11	4	5			
Venezuela	19	7		10	1	1	
TOTAL	775	233	19	493	7	18	5

DEVELOPMENT ASSOCIATES, INC.
ACTUAL AND ESTIMATED EXPENDITURES
CONTRACT AID 1a 707 (REGIONAL)

April 28, 1972 -- June 30, 1975

	Actual Expenditures 4/28/72 - 6/30/74	Est. Actual Expenditures 7/1/74 - 1/15/75	Estimated Expenditures 1/16/75 - 6/30/75	TOTAL
Wages and Salaries	\$ 129,413	\$ 41,747	\$ 15,060	\$ 186,220
Consultant Fees	3,935	1,160	2,500	7,595
Staff and Consultant Travel	25,226	11,213	9,400	45,839
Other Direct Costs	16,248	3,948	500	20,696
Overhead	86,707	27,970	10,843	125,520
Fixed Fee	28,010	9,214	4,102	41,326
Participant Costs	1,384,251	369,270	492,931	2,246,452
TOTAL	\$ 1,673,790	\$ 464,522	\$ 535,336	\$ 2,673,648

CONTRACT AID 13/707
FEBRUARY 1 - DECEMBER 31, 1975

	MEDICAL							NON-MEDICAL								TOTAL	
	NMW/ Practi- tioners	NMW/ Train- ers	Aux/ Train- ers	Doc/ Practi- tioners	Doc/ Train- ers	Health Educa- tors	Doc/ Super- visors	Social Workers	Prog. Admn.	Home Econ.	Comm. Educ. Trainers	Ag. Exten- sionists	U. Prof/ Pop. & Demog.	Teach- ers/Train- ers	Union Educa- tors		Armed Forces Trainers
ANTIGUA																	
ARGENTINA																	
BARBADOS																	
BOLIVIA	20	1		5	3			4	2		10			20			65
BRAZIL	35																35
CHILE											2						2
COLOMBIA	20			20					3	20	58	60	15	80	120	80	476
COSTA RICA								1	3		3						7
DOM. REP.			6	2			6	2	2								18
ECUADOR	3								2								5
EL SALVADOR			6					1	4		2						13
GRENADA																	
GUATEMALA					2		2		7		2						13
HAITI																	
HONDURAS			6	1			2										9
JAMAICA		2															2
MEXICO		1			1			60	5		4						71
NEVIS																	
NICARAGUA		2		2			2		4		4						14
PANAMA					2		4		3		4						13
PARAGUAY	15			3	8	12		2	2		4						46
PERU	20	1	6	4	1	2			3		5						42
ST. LUCIA		1															1
ST. VINCENT																	
TRIN. & TOB.		2		3													5
URUGUAY											20						20
VENEZUELA																	
TOTAL	113	10	24	40	17	14	16	70	40	20	118	60	15	100	120	80	857

TRAINING PROJECTED UNDER PHASE I (A)

FEBRUARY 1 THRU DECEMBER 1975

TRAINING PROJECTED UNDER PHASE II(A)

JANUARY 1, 1976 THRU JUNE 30, 1977

	MEDICAL							NON-MEDICAL										TOTAL
	Practitioners	Trainers	Auxiliary / Substitutors	Doctor / Trainees	Health Educators	Supervisors	Director / Workers	Social Administrators	Program Admin. Trainers	Extensionists	Basic Community Educ.	Professors	University Trainers	Teacher / Librarians	Union Trainers	Armed Forces	Miscellaneous	
Antigua			1				6		2		2						1	12
Armed Forces					1		4											
Bahamas	2	2																
Bolivia	10	4	5	2	3	10	2	4	2	10		4	10	10	20	6	2	17
Brazil	40	10	6		6	15	4	6	4	10	20	4	10	20	30	15	6	102
Chile																		200
Colombia		2					30		30	6	70	90						
Costa Rica		2	2							2	3			40	60	40	35	403
Dominican Rep.		3	2				10	1		2	3						2	11
Ecuador										1	2						4	25
El Salvador		2	2		2													
Grenada									2		2						3	13
Guatemala		4	4		2	6	1											
Haiti	12	6	6				4	6	2	2							2	23
Honduras		2	4	1		4	1			3		2	10				8	57
Jamaica		2								4							4	22
Mexico		4			1					4	2						2	10
Nevis																	4	9
Nicaragua		4	6	2		6	1			2	3							
Panama		2	4		2		1			2			10				6	40
Paraguay	5	6	6	1	2	4	1			2							3	14
Peru	8	6	4	2	1	6	1	2	2	2							5	36
St. Lucia		1								4	20		15					75
St. Vincent																	1	2
Togo & Tob.		2		1		4	1			2	2	6						
Hungary	20	2															2	20
Venezuela										2	6						3	32
TOTAL	97	67	51	9	20	105	18	62	37	129	136	10	95	90	90	108	1124	

TRAINING PROJECTED UNDER PHASE II (C)

JULY 1, 1978 THRU JUNE 30, 1979

	MEDICAL							NON-MEDICAL										TOTAL		
	NM/ Practitioners	NM/ Trainers	Auxiliary /	Doctor/ Specialists	Doctor/ Trainers	Doctor/ Educators	Health Supervisors	Workers	Social Administrators	Program	Union Trainers	Community Educa	Rural Extension	Professors	University Trainers	Teacher/ Educators	Union Trainers		Armed Forces	Miscellaneous
Argentina	2																		2	4
Bahamas			2			2		6												
Bolivia	15	5	5	3	3				4	2	10								4	17
Brazil	50					10	20		6	6	10					20			8	75
Chile	5	2																	10	112
Colombia	5	10		10							2									9
Costa Rica		2	6		2						1	80	60	15	40	120	40	20	401	401
Dominican Rep.		10	6						6	2	1	3						2	16	16
Ecuador	3										2	6							2	32
El Salvador		4				2						2								5
Grenada											1	2								9
Guatemala		6				2			2										1	1
Haiti	5	2				2					2	2								14
Honduras		4	10	1	3			2			4	6							2	21
Jamaica		2			3						2	2							2	26
Mexico		1			4						3								2	10
Norvis											2	2							6	15
Nicaragua		4		2	2			2	3		2	4								22
Panama		6	6		2			4			1	4						3		23
Paraguay	6	6		2	4						2	4								23
Peru	15	10	6	2	4	2			2		2	4							6	32
St. Lucia	5	1			1				10		4	10							6	69
St. Vincent	2										1	2							6	11
Tria. & Tob.		2		3	3	6					1	1							1	6
Uruguay	50	2									3	4							2	23
Venezuela												4							2	58
TOTAL	163	81	39	23	50	34	16	27	41	162	60	15	60	120	40	80	1011			

TABLE I

Fiscal Year 1974, U.S. Training Expenditures by Categories
Contract AID/La 707 (Regional)

	Grantee/Wk. (incl. or- ientation)	Per Diem	Tuition or course or confs. fees	Book, other Allowances	Orientation Kits	Local Travel	Parts. Cost Totals	Administra- tive cost	Grand Totals
Spec. Courses	1207	201,804.00	300,964.00	18,200.00	1,564.00	2,460.10	524,792.10	70,285.62	595,077.72
Full Acad. programs	742	52,905.00	32,422.40	3,945.00	168.50	180.00	89,620.90	43,208.67	132,829.57
Short Acad. programs	12	1,650.00	850.00	190.00	13.50	30.00	2,733.50	700.77	3,434.27
Books/Trng.	47.5	8,785.00	925.40	960.00	94.00	90.00	10,854.40	2,767.92	13,622.33
Confs congs.	30	6,353.00	7,900.00	1910.00	34.00	-0-	16,197.00	1,748.01	17,945.01
TOTALS	2038.5	271,497.00	343,061.80	25,205.00	1,874.00	2,560.10	644,197.90	118,711.00	762,908.90

TRAINING PROJECTED UNDER PHASE II (B)

JULY 1, 1977 THRU JUNE 30, 1978

	MEDICAL								NON-MEDICAL								TOTAL			
	Navy/ Practitioners	Navy/ Trainers	Aviation/ Trainers	Doctor/ Practitioners	Trainers	Doctor/ Educators	Health Supervisors	Doctor/ Workers	Social Administrators	Program Managers	Non-Trainers	Community Educators	Local Professors	University Trainers	Teacher/ Educators	Union Trainers		Armed Forces Trainers	Miscellaneous	
Antigua	1	1					1					1	6							10
Argentina																				
Barbados	4	2					1	4	2			1	2							
Bolivia	15	3		5	2		3	10	2			1	10						2	18
Brazil	50	5		5			10	20	6			6	10		20			25	10	110
Chile													10	10		10		25	15	178
Colombia		5					4	25				1								
Costa Rica		2		4			2					85	80	10	80	40	40	30		400
Dominican Rep.		5		6					2										1	9
Ecuador										2		2							3	22
El Salvador		2		2																
Grenada																			2	5
Guatemala		4		2			2		1											
Haiti	10	6		6			4		4	6		1							2	12
Honduras		3		6	1		2		1			2	6						6	50
Jamaica		2					1					2							3	19
Mexico		1					2					2							2	7
Nevis												2							6	11
Nicaragua		4			2		2	6	1			2	2							
Panama		4		4			2		2			2	2		10			6		35
Paraguay	5	4		4	1		3	6	2	2		2	2						3	19
Peru	10	5		4	2		2	10	2	8		1	2						6	36
St. Lucia	2	1			1		1						5	10					10	72
St. Vincent		1			1		1						2							7
Trin. & Tob.	2	2					2	2	4	1										3
Uruguay							1					1	4						3	20
Venezuela													4						3	9
TOTAL	99	62		48	12		46	85	26	28		30	144	100	10	100	60	90	113	1053

"DISCUSSION OF PROJECT TRAINING EFFECTIVENESS FROM OIT EVALUATION"

With respect to effectiveness, there is little or no evidence to point to any ineffectiveness of the courses being given by subcontractors under the DAI prime contract. The students by and large are highly satisfied and believe that their skills have been increased and that the goals set for their course are being met in large measure or at least partially. If the students are not considered the best judges of these things, the judgments of the staff and faculty indicate that they too are satisfied with the course; are giving tests to determine the students' increase in skills and are satisfied with the results; and that the goals set by the DAI contract are being met. The minor negative aspects which were uncovered via the questionnaire technique were discussed with the staff and faculty who were already aware of them or who were re-planning the conduct of the course in order to improve it. In addition, DAI has its own built-in system of evaluation so that feedback is obtained by the contractor and communicated to the subcontracting training facilities. This in itself is an assurance of constant striving for effectiveness. In AID's evaluation practice, the measure of effectiveness is the degree to which goals are being met. For Question 13 in all questionnaires administered to 32 students completing their training in November and December at the four training centers, there were twelve goals to be met under the DAI contract. At Metropolitan Hospital Center, and at the DAI Family Planning Training Center in Denver, 8 out of the 10 at each place thought those goals were being met in large measure. At Harbor General Hospital in Los Angeles, 5 out of the 6 students there thought they were being met in large measure. At Planned Parenthood of Houston, 4 out of the 8 there thought they were being met in large measure, 3 thought the goals were being met partially. Even this "partially" is at least on the positive side. Either this group at PPH was hypercritical, or there may be something deficient with the course that the students are recognizing and that needs looking into. In any event, all of the above boils down to almost everyone agreeing that goals for training are being met in large measure. That is evidence on the positive side that training under the DAI contract is effective.

With respect to efficiency, evidence has been presented that costs for this type of training tend to cover a relatively wide ball-park, but that DAI costs are well within that ball-park. The comparatively high average costs of DAI's "special" courses were probably driven up by the cost of the special course given at the Pap and Family Planning Clinic at Harbor General Hospital. There, a lump sum payment of \$35,004 for a 12-week course for only 6 students drove the cost up to \$499.50. Beginning in January 1975, the same course will cost the same lump sum but will be able to accommodate 12 students. This will drop the unit cost there to about \$250 per grantee-week. Even the so-called "high" DAI cost for special courses is considerably lower than costs for kindred courses under other AID contracts. When consideration is given to the fact that training is given in the U.S. and in the students' native language, two advantages accrue that may not be obvious:

1. Exposure to the American culture, and the U.S. democratic processes plus familiarity with American commodities and equipment in the students' own technical field has important significance for U.S. political and U.S. economic interests.

2. The extra cost that usually exists for escorts, interpreters, translators and such does not seem to exist for the DAI training given in Spanish. While it has been exceedingly difficult to gather reliable cost data against which a fair comparison with DAI costs might be made, within the data available, DAI costs are reasonable and definitely efficient.

E. The problem set at the beginning of this special evaluative study was to determine the effectiveness and efficiency of the Development Associates, Inc. contract AID/1a-707 in order to assist PHA/POP to make a decision regarding the extension of the contract and the addition of new funds. The administrative aspects of the contract have been determined to be efficient; the training provided is effective. It is recommended that the necessary action be taken to extend the contract and provide additional funds as deemed appropriate. It is also recommended that the Phase II evaluation be carried out during the spring and summer of 1975.