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PATHFINDER FUND EVALUATION
PART III
LATIN AMERICA

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PART III
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PATHFINDER FUND EVALUATION

REGIONAL REPORT FOR LATIN AMERICA

As noted in the basic report on the evaluation of the Pathfinder Fund, Regional Reports have been prepared on Pathfinder Fund supported projects in Asia, Africa and Latin America and on the functioning of Pathfinder Regional or Country Representatives in each of the areas. A short Regional Report also has been prepared on the work of the Pathfinder Fund Representative for North Africa (exclusive of Egypt) and the Middle East.

This Regional Report discusses Pathfinder supported projects in Colombia, the Dominican Republic, Honduras and, Chile, as well as the work of the Regional Offices and Representatives in the area.

Pathfinder has two regional offices in Latin America. One in Bogota is responsible for projects in Colombia, in Central America, and in the Caribbean. The other regional office in Santiago, Chile, is responsible for Pathfinder projects in all of South America except Colombia. As requested in the scope-of-work for the evaluation, the work of these two regional offices and the Regional Representatives is discussed in some detail. Because LA Regional Offices have been in place for some years and thus have played a different role in the development and administration of Pathfinder projects in the Region than has been the case with the Pathfinder Country and Regional Representatives in Africa and Asia, we have departed somewhat from the Report Outline used for those regions, and have dealt with the Regional Offices in Latin America as discrete units of this report.

Country project reviews are presented in a separate unit of the Latin America Regional Report. Projects are grouped by country and the review of each includes a summary description, an assessment and where pertinent, a set of recommendations. There also is a tabular presentation of objective, inputs and outputs for each project.

The schedule of visits in Latin America was as follows:

23-27 October 6 November	Colombia - 4 days Bogota, 2 days Medellin and Antioquia Province - field projects
28 October -1 November	Dominican Republic - 2 days Santa Domingo, 2 days Santiago and Puerto Plata and rural areas - field projects
2-5 November	Honduras - 2 days Tegucigalpa, 1 day field projects
8-10 November	Santiago - regional offices and projects
11-13 November	Lima, Peru - AID Population Officer and reports

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Most of the visits in Latin America were made with Mr. J. P. James of AID/DC who provided very substantial and pleasant help.

PATHFINDER FUND EVALUATION

LATIN AMERICA

I. INTRODUCTION

The variable fall in the birth rates in most countries of Latin America (Table 1 - LA) is indicative of the great differences in the demand for and the supply of family planning services in different parts of the Region. The public sector in many countries has not been prepared to meet the family planning needs of its people due to such factors as bureaucracy, strikes, and opposition to change from left and right. The private sector in such countries holds the keys to progress and many private agencies have been alert to take advantage of changing attitudes and opportunities; organizations such as Pathfinder have provided critically needed assistance, especially in short term innovative types of projects. On the other hand we have noted that several countries have moved beyond the stage where they need the short term innovative type of projects which have been the Pathfinder tradition; the number that will need longer term, larger scale support will increase if the political climate and demand continues to improve. In either situation the role of the Pathfinder Regional Offices can be of critical importance.

II. REVIEW OF REGIONAL OFFICES

A. Regional Office, Latin America - North: Bogota, Colombia

1. Regional Representative

The Pathfinder Regional Representative for Latin America North is Alberto Rizo Gil, M. D., MPH. He is assisted by Maria Umana de Tanco, M. S.

Dr. Rizo was formerly the chief of the Maternal and Child Health Division, Colombia Ministry of Health. He has been with Pathfinder for about seven years. He gives the impression of ability, enthusiasm tempered by sound judgment, application to his work and confidence. Unsolicited comments from project directors, IPPF directors, AID representatives, and members of Pathfinder's Boston office all were favorable.

2. Quarters and Staffing

The office space in Bogota is modest but adequate. The staff of three seems to work harmoniously and with enthusiasm.

3. Administrative and Financial Operations

Administration of the Bogota offices appears to be well organized and efficient. The various report forms utilized are clear, adequate and not excessive. Communications with the Boston office of Pathfinder is rapid and

Table 1 - LA

Crude Birth Rates for 1965 and 1967 and

Percent Declines - Latin America-Selected Countries

Country	Crude Birth Rate 1965	Crude Birth Rate 1975	1965-75 Crude Birth Rate Decline (In percents)
Latin America-North			
Colombia	44	33	25
Dominican Republic	47	38	21
Honduras	51	48	7
Haiti	45	45	0
El Salvador	46	40	13
Mexico	44	40	9
Costa Rica	41	29	29
Guatemala	45	43	4
El Salvador	46	40	13
Latin America-South			
Argentina	24	22	
Bolivia	44	44	1
Brazil	42	38	10
Chile	33	23	29
Equador	45	45	0
Paraguay	42	39	6
Peru	43	42	2
Venezuela	42	37	11

From Table 3. W.P. Mauldin and B. Berelson. Conditions of Fertility Decline in Developing Countries 1965-1975, Studies in Family Planning, May 1978, except for Argentina.

presents no problem. The work of the Boston staff, often done in close collaboration with the field staff, has been helpful. The development of manuals used as guides in new project development, evaluation, employee administration, budgeting and reporting, and local accounting was cited as an example of the collaborative effort. The over-all budget of the Bogota office was not reviewed. However, based on a review of the travel record, funds available to the Regional Office for program related travel appear to have been reasonably plentiful. According to the office records, A. Rizo was away from Colombia approximately 78 working days between October 1977 to October 1978. M. de Tanco travelled approximately 58 days in the past year.

4. Project Development

Priority is given to service programs, to work in rural and slum areas, to community based distribution (CBD) programs, to training and to supplies and equipment. Training focuses on paramedical personnel, especially women--to prepare them for more responsibility. Training of physicians is largely limited to low technology sterilization. Efforts are made to assure that women will have a major role in all projects. Focus has been on project development in Mexico, the Dominican Republic, Haiti, Honduras and Guatemala.

This regional office has emphasized the policy of encouraging potential grantees to do most of the work of developing proposals; they believe that this results in better plans and performance.

Early on in the Region there was a period of direct project development by the Boston Program Division staff with little input from the Program Operations Directors (PODs) or the field staff; this did cause problems, but this method of operating is largely ended so such problems are no longer experienced. On the other hand, the development of policy statements by Pathfinder/Boston Fertility and Women's Programs Divisions done in collaboration with the field staff has been of substantial help in giving focus to project development.

5. Regional Relationships

From all indications, relationships of the Pathfinder Regional Representatives with project personnel and officials in the countries in which Pathfinder has been active have been good. The Bogota staff tries to visit each active project once or twice yearly so there is a reasonable opportunity to maintain contact.

6. Pathfinder Role

Relationships between Pathfinder/Boston and the Regional Office seem to be mutually supportive and quite satisfactory. The Boston staff has a high regard for the work and competence of the Bogota staff and vice versa. A. Rizo says there has been a steady improvement in administrative backup by the central office over the past seven years, and especially the past three years. Specific mention was made of generally rapid work and valuable support

from the P.O.D. for Latin America. Delays do occur and are attributed to heavy load (40%) of all projects for one P.O.D. and two secretaries. The view was expressed that the projected increase in projects in Latin America would require more staff backup in Boston.

Other improvements noted were: (1) the Project History Meetings in Boston which encourage inputs by all technical and administrative staff and generally result in improved proposals and decisions, (2) policy adopted this year of having Board of Directors meet during annual visit of field staff to Boston, of meetings between members of Board and field staff, and visits by Board to observe projects in the field.

7. Assessment of the Bogota Office

An over-all assessment of the work of the Regional Offices in Latin America will be given under Part III of this section of the Latin American Pathfinder Fund Evaluation Report. However comment specific to the Bogota office may be useful.

With regard to project surveillance, while a fairly active travel schedule is maintained, the amount of travel just may not be sufficient to meet the needs of all countries or to permit the type of on-the-spot evaluation which may be needed (e. g. Community Based Distribution Projects in the Dominican Republic and Honduras).

Although the Office has been active in project development, it is only fairly recently that it has given added attention to evaluation via quarterly reports and project review. Not too much attention has been given to technical assistance on the administrative aspects of operating projects or the improvement of performance. It is not clear that the Bogota office is staffed adequately to provide the kind of technical assistance needed, particularly as Pathfinder begins to support larger programs over longer time spans.

As has already been recognized by Pathfinder, as projects build-up in specific countries (e. g. Mexico) it may not be possible for the Bogota office to provide adequate support due to staff and time limitations.

RECOMMENDATIONS

As with the assessment of the Bogota office, recommendations on the Regional Offices in general in Latin America will be covered under Part IV of this section of the Latin America Report. Specifically, however, with regard to the Bogota office Pathfinder should:

a. Review the present arrangements under which travel of the Regional Representative and his assistant is authorized and

administered, for the purpose of increasing the amount of travel.

b. Assess the staff capacity to provide adequate technical support to project development and operations within the region and, if found to be inadequate, move to enhance the present staff. (In making the assessment, the impact of adding a Country Representative in Mexico will of course have a bearing.)

SOURCES

Pathfinder Office - Bogota
Alberto Rizo Gil, M.D., M.P.H., representative
Maria Umana de Tanco, M.S.

AID Mission
James Megallas, Director
Marvin Cernik, Chief, Health, Nutrition and Population Division

Fundacion para la Orientacion Familia
Sra. Isabel Gomez

Corporation Centro Regional de Poblacion
Alcides Estrada, M.D.

Representative Population Council

B. Regional Office, Latin America - South; Santiago, Chile

1. Regional Representative

The Pathfinder representative, Werner Bustamente, M.D., M.P.H. is a pediatrician long had wide and valuable contacts in medical and public health circles in Latin America. He was the UNICEF representative for Bolivia, Peru, and Paraguay 1951-53 with headquarters in Peru; he was Pathfinder's representative for Latin America from 1968 and for Latin America-South from July 1977. His in-country relationships appear to be excellent. Most of his contacts are with academic, medical, and public health groups.

2. Quarters and Staffing

The administration is well organized, with a good record and filing systems. Quarters are modest but adequate.

Including secretaries, the staff of three full time equivalents is adequate and is well utilized, except for the demographer-statistician, E. Carrasco. Carrasco has had a degree in statistics from the University of Chile and has had about 12 years of work with CELADE, including courses in demography, and attained the position of associate investigator. He has made one trip to a University of Paraguay research project, the trip report was excellent and suggests the capacity for doing evaluation and for consulting on the demographic aspects of training and service programs. He apparently has not been so used.

3. Administrative and Financial Operations

As noted above, the administration of the Santiago office appears to function well. Records and files are well organized.

The over-all budget of the Santiago office was not reviewed. However, there was no indication of inadequacy.

Apparently related to the matter of Pathfinder/Boston clearances, travel has been a problem, more so since the recent virtual freeze on new initiatives in Chile and the concurrent development of important opportunities in other countries which cannot be adquately serviced by the usual 4-6 day visit two or three times a year. Bustamente reports 69 and 78 days travel outside Santiago in 1976 and 1977 respectively and will have been away for 93 days in 1978. This averages 40 percent of working days or more, but seems not to provide the coverage thought by some to be needed.

4. Project Development

Project development in this Pathfinder Region (Latin America - South) reflects generally Dr. Bustemente's preference for projects involving professionals, especially university connected projects. Dr. Bustemente has supported many requests for training of individuals in the field of family planning, and proposals for seminars such as those on women's rights.

While the situation might, and probably will, vary, it seems to be generally accepted that the political climate for further development of family planning service is currently quite favorable in Brazil, and Peru, favorable in Ecuador and less favorable in Bolivia, Chile, Paraguay and Argentina. Knowledgeable people disagree on what is currently feasible in countries such as Chile. In other countries such as Brazil and Peru there appear to be so many opportunities for project development that full-time Pathfinder country representatives may be required to meet the demand.

Dr. Bustemente put forth his views on project development possibilities along the following lines:

- Priority to projects in Brazil, Peru and Ecuador (in order). Bolivia to be added if conditions become favorable.

- Training and education needed and feasible in Chile and to some extent in Argentina.

-Commercial distribution feasible in Ecuador and selected states in Brazil where the Ministry of Health is favorable. In Peru there is demand for commercial distribution at the top level, but opposition at other levels.

-Projects with Ministries of Health are hampered in many Latin American countries by the requirement that family planning be done in the context of health services - Pathfinder does not generally have funds to support these.

-Sterilization is still a hot potato in some countries. (Pathfinder has provided training and mini-lap kits where feasible.)

Dr. Bustemente also noted that high technology laparoscopy equipment is generally not desirable because of the greater skill required and because of the difficulty of maintenance.

The situation in Chile is pertinent because it so clearly influences the work of the regional office. The following is based on talks with Dr. Mario Medel, Dr. Guillermo Delgado, and Mr. Ault Nathaniels.

A violent debate started about two years ago with attacks on the family planning activities of the Association PROFAMILIA (APROFA) and the Ministry of Health with accusations of genocide against countries providing assistance in family planning program activities. APROFA and the MOH were able to continue their family planning work, largely unabated, but feel that the time is unfavorable for new initiatives. Sterilization has come under attack; regulations calling for approval of each proposed operation by three physicians have not restricted the program but may have slowed its rate of growth. The current focus is on continuing present programs, on training of professionals in new technic and on long range education of future decision making groups. President Pinochet, a devout Catholic, has been largely neutral, but is thought to oppose new initiatives or publicity. Despite these problems, the birth rate is believed to continue its downward trend.

A community based distribution program is not needed in Chile due to the wide coverage of the National Health Service and would be rejected. Subsidy of commercial sales of pills probably would be accepted.

From the foregoing it seems to be quite clear that Pathfinder is involved in family planning in the region, to date action has been at a low level of intensity. However, the way does seem to be open (with appropriate contacts in place) for much more significant effort.

5. Regional Relationships

As noted earlier, Dr. Bustamente enjoys good relationships with professionals in the academic, medical and public health fields. How comfortable he is with family planning people at the community level is not as clear; however this aspect of the situation does not seem to have been

a problem except possibly in the matter of having an avenue through which initiatives from the community level might flow.

6. Pathfinder Role

The relations of the Santiago Regional Office and the Central Office, Boston, are mutually supportive. Bustamente echoed the comments of the representative for L.A.-North that the administration of the Boston Office has improved over the past several years.

7. Assessment of the Santiago Office

Over-all assessment of the work of the Regional Offices in Latin America will be covered under Part III of this section of the Latin American Pathfinder Fund Evaluation Report. However comment directed specifically at the work of the Santiago office might be useful.

The Bogota office appears to have performed well in maintaining contact with those involved in family planning at the professional, academic and medical level. However, less has been done in terms of actual project development than perhaps could have been. On the other hand, given the rather high level of sensitivity to initiatives in the family planning field in the Region, perhaps the emphasis given to training of individuals and work with the academic communities was appropriate.

It is quite clear that a re-thinking of the project development effort in the region is due, together with realignment of responsibility of the Regional office and the possible appointment of country representatives in selected countries.

RECOMMENDATIONS

As with the assessment of the Santiago Regional Office, recommendations on the Regional Offices in Latin America in general will be covered under Part IV of this section of the Latin America report. However, with regard to the Santiago office Pathfinder should:

1. For the purpose of making possible increased travel by the Regional Representative, the present arrangements for authorizing travel in the Region should be reviewed.

2. Keeping in mind the possibility that country representatives may be assigned to Peru and Brazil, Pathfinder should consider the possibility of immediately assigning an

an additional professional to the Santiago office, preferrably one having had experience with community level family planning delivery systems.

SOURCES

Pathfinder Office
Werner Bustamente, M.D., M.P.H.
Enrique Carrasco Beltran, Demographer-Statistician -half time
Secretaries - 1 1/2 full time equivalents

AID/Santiago
Director
Ault Nathaniels, Health and Population Officer

Association PROFAMILIA (APROFA)
Dr. Guillermo Delgado, Executive Director

Dr. Luis Tisne, Professor, Obstetrics and Gynecology, University of Chile and Director, Obstetrics and Gynecology, Hospital del Salvadore Casilla, grantee P.I.N. 6110

Dr. Mario Medel, Assistant Professor, Department of Physiology and Biophysics, School of Medicine, University of Chile and grantee P.I.N. 3278

C. Peru and Possible Pathfinder Country Representation

The information outlined below was developed during the course of discussions in Lima November 11, 13-15 and has a bearing on the work of the Santiago Regional Office of Pathfinder so is included in this section of the report on the Latin American Regional Offices of Pathfinder.

The Minister and Vice Minister of Health in Peru are actively supporting family planning. The public sector is not able to meet the family planning needs of Peru due to bureaucracy, strikes, and leftist opposition. The private sector must take on major responsibility. But there is no infrastructure of a strong IPPF affiliate or equivalent.

There are large numbers of doctors and nurses trained and desiring to provide family planning. They need supplies and leadership.

The Pathfinder representative for Latin America-South is an old friend of the new Vice Minister of Health; he was recently honored by the

International Congress of Obstetricians and Gynecologists; he works hard when he is here; he gets out into outlying areas; he is knowledgeable and effective in getting things done. But, he does not stay long enough or come sufficiently often.

A full time Pathfinder representative is needed now; projects are being delayed and opportunities lost for lack of such a person.

A major need is for a continuous and reliable supply of contraceptives.

Projects have suffered for lack of this. There should be an in-country reserve and people able to handle the customs, logistics and record keeping for country wide distribution. This alone would be a major contribution.

A Pathfinder representative could push for women to participate in all of its programs and take leadership roles. The support of women's programs that do not have a large family planning content is not as productive as support for women in service programs.

SOURCES

Ms. Helen Kaufman, AID Population Officer

Mr. J. P. James

III. ASSESSMENT OF REGIONAL OFFICES IN LATIN AMERICA

The rapid development of interest in and opportunities for family planning in Latin America has resulted in an expressed need for more frequent and longer visits by Pathfinder representatives. This will be facilitated by the planned recruitment of representatives in Mexico, Brazil and Peru.

The Latin America-North office appears to be well located for its responsibilities. This is not now true of the Latin America-South office; here, the rapidly developing opportunities are in countries to the North and East. This is not likely to change since both Argentina and Chile are approaching or have arrived at the state where they feel competent to handle their population problems although they may still offer valuable training assistance to their neighbors.

The focus in much of Latin America is on the projects with voluntary family planning groups, with professors of obstetrics, on the training of para-medical women workers and on training physicians in low technology sterilization. There is some indication that Pathfinder needs more staff strength in the areas of sterilization, training and contraception in general, especially as new project activities and initiatives develop.

There is clear evidence from this survey that several projects could benefit from more careful assessment and evaluation; it is not clear that

Pathfinder Regional offices have the necessary skills to provide this service or are utilizing available staff skills in meeting this need.

RECOMMENDATIONS

1. Pathfinder should continually evaluate the opportunities for more country representatives. If it is determined that full time persons are needed in both Brazil and Peru, it will take time for these to be recruited, to make the necessary contacts and to organize an efficient operation. The Santiago office has the ability to facilitate this process and to continue to carry the load in the remainder of Latin America-South. Once these operations are organized, it probably will be desirable to put the L.A.-South operation in a country where the need and opportunities are greater.

2. Each regional office should develop staff members with experience and competence in evaluation and related statistical consultation and should give increasing priority to such work.

3. In seeking new country representatives priority must be given to finding a person with the necessary qualities and administrative skills. But it would be desirable to recruit a person who also had technical skills in contraception, in sterilization and in training.

4. Consideration should be given to recruiting local staff who, in addition to public health administrative skills, are also technically competent in contraception, in sterilization, and in training for this type of work.

5. Pathfinder should review present arrangements under which the travel of regional representatives is authorized and administered.

PATHFINDER FUND EVALUATION

COUNTRY PROJECT REVIEW

I. INTRODUCTION

Table 2a-c, LA gives the available information on ten projects, eight of which were active and observed and two training programs which had been completed and where an attempt was made to determine the residual impact. The outputs are generally those obtained at time of field visit and may differ slightly from data given in quarterly reports. The percentage figure is Output divided by Objective. The ratings should be viewed as very crude personal estimates since the brevity of the visits did not allow any careful assessment of management. The Impact rating is an attempt to assess the "carry over" or residual effect.

A. Projects in Colombia

1. Urban Community Based Distribution (CBD) Program (PIN 6086) PROFAMILIA

The Pathfinder project's concept is to make contraceptives widely and easily available by establishing distribution points, usually in the home of a housewife, teacher, or other person who is called a distributor. The distribution point is within walking distance of most potential purchasers. A stock of pills, condoms, and vaginal suppositories is kept on hand and sold by the distributor. There is no medical supervision. However, clients in the urban CBD program who have difficulty with contraception may be referred to one of PROFAMILIA's urban contraceptive clinics.

The distributors may be selected by the "promoter" who is responsible to train, supervise, and assist the distributors in her district; the promoter provides new supplies of contraceptives and collects the money due from the distributor. An alternative method of recruiting distributors is for the promoter to organize a meeting of interested women to tell them about PROFAMILIA's family planning program and then to have them designate one of their group to be distributor. Promoters are paid a salary which currently is about U.S. $135 a month.

The promoters in turn are recruited, trained and supervised by a Supervisor; each supervisor is responsible for about 30 promoters.

Criteria for a distributor are one who believes in family planning; is well known and respected in her community; has ability to keep simple written records and to account for her stock.

Each distribution point had a blue and green metal sign over the door on which was painted PROFAMILIA INFORMATION POINT (in some areas a flag is used instead of the metal sign). The signs were easily read by anyone walking or

riding past and were valuable advertising.

The record system has one line for each acceptor and shows the number of living children and contraceptive purchases by month:

		Contraceptives Purchased						
Name	No. Children	Jan.	Feb.	Mar.	Apr.	May	June	July
Mrs. X	3	P	P	P	P	P	P	P
Mrs. Y	2	P	P	P	P	P		

It is visually apparent as of July 1st that Mrs. X still has one month's supply of pills and that Mrs. Y should have exhaused her stock of pills as of the end of May. The distributor is expected to visit delinquent users to learn why they discontinued and to encourage continued use.

Pills are about 80 percent of sales. The cost per cycle is about U.S. $0.25 of which $0.15 goes to the distributor.

PROFAMILIA is the chief recipient of Pathfinder support in Colombia. PROFAMILIA has been and still is the single most effective source of family planning services in Colombia. It has grown rapidly and now has over 300 employees, only a few of whom were seen. These appeared to be of superior ability with a high degree of enthusiasm and motivation. The administration appears to be well organized and efficient.

b. Assessment

Visits were made in Medellin with two promoters to three distribution points in the Urban CBD program. The distributors were about 30 years of age, married, users of contraception, and pleased with their work which they said added to their friends and acquaintances and gave them some status.

In general, the urban program seemed to be well managed and to be making contraceptives and information about family planning easily and widely available. PROFAMILIA is slowly increasing the number of distribution points and extending the program into areas where no such service exists.

RECOMMENDATIONS

See below.

2. Rural Community Based Distribution Program (PIN 6109/6219) PROFAMILIA

The organization and administration are similar to the Urban CBD program described above with modifications dictated by the rural and very mountainous terrain. The distributors are mostly women, the promoters are all women but the two supervisors are men. This appears to be a wise sex distribution because of the great difficulty with travel. The assistant supervisor, Mr. Rodriguez said that he averaged driving 4000 Km per month, mostly over mountain roads. The supervisors, promoters and distributors all seemed well qualified for and enthusiastic about their work.

Assessment

Visits were made to five distribution points and to the headquarters of the Rural Community Distribution Program in Antioquia Province.

The Rural CBD program currently is not meeting its goals. In 1977-78 it sold 225,000 cycles of orals which would supply 18,750 women for one year at a cost to Pathfinder of $133,000 or about $7.00 per woman year plus commodities. Not all pills sold will be used but balancing factors are the sales of other contraceptives and the 2,241 women referred for sterilization.

Current problems are when and how to reduce the number of promoters in a well organized district and so allow them to be placed in a new district which has greater need for promotional work. The promoters use public transportation to visit their distributors; this was not investigated but is clearly a problem which may hamper extension of the system. This is further discussed under the Honduras CBD program.

This is a truly innovative program which is simple in design and execution and which has had surprising acceptance and success in some of the most conservative rural areas of Colombia. It has served as model for other Latin American countries.

RECOMMENDATIONS

1. PROFAMILIA's Urban CBD program should be continued, new methods and channels to reach more people at lower cost should be sought.

2. PROFAMILIA's Rural CBD program should be expanded vigorously and as rapidly as is consistent with good organization and efficient administration. The CBD program is now operating in 8 of the 26 provisions. PROFAMILIA's senior staff believe that the sparsely settled cattle raising areas in the northern provinces are prime targets for such expansion.

3. Family Planning Training Program for Floral Workers (PIN 6035) Colombia

Colombia has developed a substantial greenhouse industry to raise flowers for export. Most of the employees are women. The plan was to train 90 supervisors of these workers in family planning, to introduce them to CBD points near their work places, and to encourage them to pass this information on to their workers. The curriculum was organized and carried out by Associacion Colombiano para el Estudio de la Poblacion (ACEP) under Ms. Gloria Indaburu, Director of I. & E. The course outline was adequate and well organized; the goals were met. The cost was $6,000. No followup evaluation was done. However, one or two supervisors did organize meetings and arranged to set up their own distribution point as part of the Urban CBD program.

Assessment

This is a high risk educational program which cost Pathfinder about U.S. $75 for each supervisor trained. It may be a good investment but a small low cost evaluation seems indicated before any further support is given. It was suggested that the owners of the greenhouses might be willing to subsidize further training.

4. Colombia Armed Forces Family Planning Program (Proposed)

The following information on this proposed project was developed in a meeting with Dr. Isabell Gomez, Fandacion para la Orientacion Familias (FUNOF).

Dr. Gomez has done I. & E. work for years with the Armed Forces; the command was interested in a family planning education and service program for members of the Armed Forces and their families. About two years ago she arranged to have Dr. Bustamente meet with medical officers and the latter were encouraged to apply for Pathfinder support. U.S. government policy forbade such support at the time; more recently Development Associates, Inc., arranged to support the program. Mr. David Wood of Pathfinder was informed and agreed to this agreement.

Mr. M. Cernik, Population Officer, AID, Bogota, believes that the Armed Forces family planning is important in itself and also as a counter to anti-family planning groups.

5. PROFAMILIA's Sterilization Program

The history of this program began with the provision of vasectomies in 1970; this has plateaued at about 700 per year. Tubal ligations were started in 1972 and continue an upward trend, about 41,000 will be done in 1978. These are done at 121 locations including places used by mobile teams. Women must be at least 25 years old and have at least three living children to be eligible. The mean age of women sterilized is 32 years.

Training of physicians is done in PROFAMILIA clinics in five cities; each training averages to do 35 operations. About 80 physicians have been given training in the first 10 months of 1978, a little more than half of these are from other countries.

The average cost to PROFAMILIA is $30 per sterilization, of which 2/6 goes to the hospital, 3/6 to the surgeon, and 1/6 to auxilliary help and disposables.

This is an important and growing program with great potential in Colombia and other countries.

PROFAMILIA may be applying for support of this program now that U.S. authorities have ruled that AID funds may be used, provided that the Government of Colombia so requests. The Minister of Health in late Summer 1978 did request 200 laparoscopes and has asked PROFAMILIA to train Colombian doctors in the use of these.

SOURCES

PROFAMILIA - Bogota Office
Fernando Tamayo, M.D., President
Lili Buchelli, Ph.D., Head, Information and Education
Miguel Trias, M.D., Head, Urban Community Based Distribution (CBD)

PROFAMILIA - Medillin Clinic and Urban CBD
Medillin Clinic
Dr. Castenada, Medical Director
Promoters: 2
Distributors: Silva (Barrio Castilla)
Anita (Barrio Paros)

Antioquia Province Rural CBD Program, headquarters in Fredonia
Mr. Ramon, Supervisor of Rural CBD Program
Mr. Rodriguez, Deputy Supervisor
Promoter: Berta Leon
Distributors: Marlene, Amaza, Adelins + 2 others

Association Colombiano por las Estudios Poblacion (ACEP)
Fernando Naves, Acting Director
Gloria Indaburu Rojas, Education Director in charge of PIN Training for Floral Workers

B. Projects in Dominican Republic

1. Dominican Community Based Distribution (CBD) Program (PIN 6000/6162)

This project aims to give CBD coverage to rural areas not served by government or other family planning program. Originally, it was modelled after the one described above for Colombia.

Because of poor performance (21 percent of targeted acceptors in the first seven months of 1977), major changes were made, of which the following are noted: (from a letter from Pathfinder/Boston to AID/W of August 30, 1977).

1. Rather than receive a portion of the income from sales, distributors would be paid fifty cents for each new pill acceptor and ten cents for each acceptor who remains in the program one year. Each distributor to have goal of attracting 15 new acceptors per month.

2. Contraceptives are given to clients, not sold as previously.

Assessment

Table 2b-LA shows that the project is meeting its goals at a cost of a little more than $6 per woman year plus commodities. This seems to be a worthwhile investment even if there is some over-reporting.

Visits were made to only two distribution points--one a male school teacher and the other a woman who was not at home but whose records were produced by a lady doctor who had her office in the same building.

The male distributor lived on a rural side road, was alert, and seemed fully capable of his role except that one wonders if women will freely go to a male distributor. He told us the number of active users on his list. Perusal of the basic record sheets, using a liberal definition of active user, gave about 3/4 of his number who seemed to qualify as active users. Also, there was a rather large number of initial acceptors who did not return for more supplies. A similar finding resulted from examination of the records of the distributor who was not at home; here the stated number of active users was given by the lady doctor who lived in the same house and may not have been accurate. These two observations were pointed out to the Project coordinator who said that one should not use the distributors' estimate of active users but rather the official reports prepared by the motivators.

A program which gives contraceptives at no charge and provides cash incentives for new acceptors is also providing an incentive for giving pills to individuals who are not bona fide acceptors in the sense of intending to be continuous users. This observation is not to be interpreted as a suggestion that over-reporting exists, only that the question should be investigated. This could be accomplished by examining the original records of a 15 to 25 percent sample of the 131 distributors and comparing these with the reports.

The question of whether or not contraceptives could be sold for a minimal charge (at least sufficient to act as an incentive to distributors) was discussed with Dr. Delgado Bellini. The issue is complicated by government policy to provide contraceptives free of charge in its clinics; however, a similar difference in government and CBD policy exists in Colombia where a large number of patients prefer the CBD supply route.

RECOMMENDATIONS

1. A small scale study should be made of the CBD program to include the question of whether the current incentive system leads to over-reporting.

2. Consideration be given

   a. to the feasibility of again making a small charge for contraceptives,

   b. to the use of a sign or flag over the door of such distribution point.

2. Drug Store Employers Training in Family Planning PIN 6026/6197

Organized by the Asociation Farmaceutica Dominicana and the Asociacion Nacional de Duenos de Formacia; as the title implies the project is designed to give employees of pharmacies who attend the training classes an exposure to family planning concepts and basic information on contraception and contraceptives. See Table 2b-LA.

Assessment

A Sunday training session in Santiago was observed. The trainees were 31 young men and women, middle class, alert, attentive. The program was well organized; the material was presented by three excellent speakers clearly and with simple but excellent illustrations; the content was superior. The session ran from 0800 hours until nearly 1800 hours with a lunch break of slightly over an hour and two other 20 minute breaks. This was beyond the attention span abilities of many, if not most, of the audience.
One also wondered if the large amount of moderately detailed material was perhaps too great for some in the class.

Each participant was asked to answer a questionnaire testing knowledge of family planning at the start and again at the end of the one day training session. Analysis of this indicates some temporary increase in information.

RECOMMENDATIONS

1. A small scale study of the drugstore employees training program in family planning should be made to evaluate the amount of information retained over a period of several weeks or months and the effect on drugstore sales of and knowledge about contraception.

2. Consideration should be given to providing each trainee with written material on contraceptive technology so that they may review this after the end of the course and have it as a reference.*

3. Consideration should be given to providing each graduate of this course with a display box showing the major contraceptives with suitable legends, with the condition that it be used in his or her pharmacy.

3. Voluntary Female Sterilization Program (Minilaparotomy) (PIN 6102)

Pathfinder is supporting the program in two hospitals as part of a much larger mini-lap service being provided in a total of about 26 government hospitals and also in other clinics. These latter are subsidized by UNFPA and IPPF. The government has no official position on sterilization: this program is under CONAPOFA; the MOH is also president of CONAPOFA. Pathfinder previously had sent nine Domican doctors to Colombia to be trained in mini-laparotomy. We visited the Hospital Ricardo Limardo in Puerto Plata and talked to the chief of the Ob-Gyn service who had been sent to Colombia for a short training course in mini-laparotomy about 18 months ago. It appears that this hospital is adequately equipped and staffed to provide sterilization services.

Pathfinder subsidizes the hospital and other costs by about $30 per operation. Table 2b-LA indicates that the objectives are being met. Dr. Ranun Carrasco, acting head of CONAPOFA, said that the Pathfinder support of these two hospitals was very important.

*Hatcher, R. A. et al. Contraceptive Technology, 9th Edition, Halsted Press, Division of John Wiley & Sons, 144 pg., has been used as a reference by lay groups of workers in clinics in Maryland. A Spanish edition is available.

RECOMMENDATIONS

None.

4. Armed Forces Condom Distribution Program (PIN 6102)

The purpose of this program was to provide contraception information and services to members of the Armed Forces and also to the National Police. This was to be done at about 50 military and/or police posts each of which has an average complement of 250-350 men.

This program has been previously reviewed and considered to be excellent. Pathfinder's support ended in April 1978. There is a proposal pending to invite senior military medical personnel from other Caribbean and Central American countries to a seminar in Santo Domingo to inform them of the successes and advantages of this program.

Col. Garcia Olivia, Chief of Army Medical Services, said that he has held his current post only since August; that only about 1/3 of the military/police posts had reported on this program since Spring (= the start of the recent election campaign). Dr. Garcia said that such reports would now be requested to be sent promptly. Also, he felt that the program was desirable.

RECOMMENDATIONS

The proposed international seminar for military and medical personnel should be delayed until it can be ascertained that the Dominican program is still functioning at a level suitable for demonstration.

SOURCES

Dr. Bienvenido Delgado Billini, Executive Director of Asociacion Dominicana Pro-Bienstas de la Familia (ADPBF) and Project Director PIN 6000/6162 Community Based Distribution Program

Mr. Raphael Martinez, Project Coordinator PIN 6000/6162

Mr. Hugo Luciano, Supervisor, Northern Area

Dr. Ramon Portes Carrasco, Medical Director and Acting Secretary Consejo Nacional de Poblacion y Familia CONAPOFA

Colonel Garcia Olivia, M.D., Chief, Army Medical Services

Lt. Orlando Gonzales Santos, Coordinator Armed Forces Condom Distribution Program

Dra. Milzupya Portes de Mota, Co-Project Director PIN 6197

Lic Erasmo Rosado, Co-Project Director PIN 6197

Jesus Almanzar, M.D., Chief of Obstetrics and Gynecology, Hospital Ricardo Limardo, Puerto Plata

C. Projects in Honduras

The total population is 3.7 million; the estimated number of women in need of contraception is about 400,000. The population density is $27/Km^2$, but about $130/Km^2$ of arable land.

The principal organization involved in family planning is the Asociacion Hondurena de Planificacion de la Familia (ASHONPLAFA), headed by Sr. Alejandro Flores, Executive Director.

The present government took office after an August 1978 coup. The Minister of Health has told the AID director that he realizes the importance of population growth and favors family planning, but he has not yet responded to an offer of indirect AID assistance and has not yet seen Dr. Flores. Information from several reliable sources indicates that the government is not actively promoting family planning services but is glad to have this done by ASHONPLAFA and other intermediaries. ASHONPLAFA is providing most of the contraceptive services in the country.

1. Community Based Distribution Program, Honduras (PIN 6152)

This CBD program generally follows the Colombian pattern; contraceptives are sold at a subsidized rate. The program supplies contraceptive means to 45 to 60 percent of the estimated 45,000 to 60,000 contraceptors in the entire country (according to a USAID estimate).

The program is headed by Ms. Gloria Mondragon and her two administrative assistants. The AID mission staff rates the administration as good to superior.

Table 2c-LA shows that the program is roughly on target for its new and active user goals, but has recruited only 70 and 80 percent of the programmed number of distributors and promoters. It appears that the deficit in promoters is a key problem; they are the ones who receuit distributors; the 8 promoters not yet recruited would normally each recruit 15 distributors (= 120) which would solve the shortage of distributors.

Visits were made to six distribution points, five in small rural villages and one in a low income market section of Tequcigalpa as below:

Place	Population*	Distributor	Estimated No. Active Patients	Comment
Telango	5-10	Irma	76	
San Juan de Flores Health Center	5-8	Auxiliary Nurse	55	Health Center
San Juancito		Not at home		
Valley of Angels	4-6	Auxiliary Nurse Reina Cerritas	89	Health Center
7th Day Adventist Hospital		Dr. NcNeil		
Tegucigalpa		Alicia	350	Home

The distance between rural distribution points was 15 to 25 Km. often over rough mountain roads. The pattern is to locate one or more distributors in small market towns.

Only one promoter was seen, Sra. Yolanda Ordonez, in Telango, married, about 30 years old, intelligent, verbal. The distributors that she had recruited appeared competent. She stated that she usually required nearly a half day to check the records, collect payments and give supplies to one

*Population 5-10 indicates 5,000 in town and 10,000 in area.

distributor. The survey team questions whether this amount of time is needed.

The 3 distributors visited in rural districts were 25 to 40 years old, married, enthusiastic about their family planning work, appeared able to keep simple records and had 55 to 90 active users. This relatively small number of users per promoter may be all that can be expected at this early stage of the program and in view of the difficult geographic conditions.

Three quarters of the women on the active user list were under 30 years of age and two thirds had four children or less. Two of the distributors were auxilliary nurses in health centers: They stated that they did not receive contraceptives from the health department but only in their capacity as distributors for ASHONPLAFA.

The one urban distributor, Sra. Alicia, visited in a low income market area of Tegucigalpa, was a superior woman. Her 350 active users give her a monthly income of about 50 lempiras a month.

None of the houses of the distributors were marked in any way to indicate that they were distribution points for contraceptives. All of the distributors said that they would welcome suitable signs to put over their doors. Dr. Flores said he would be favorable to a sign which would carry the message: "Information Center, ASHONPLAFA".

The explanations given for the shortfall in promoters include: the higher salaries offered by the MOH and other agencies; the rigorous travel schedules and the poor public transport in rural areas, and the difficulty of finding women who meet the educational and other requirements. Other possible explanations are the combination of very difficult travel conditions in mountainous rural areas and the difficulty that urbanized female supervisors have in coping with such conditions. The travel needed to recruit, train and supervise promoters would be difficult at any time, more so in wet weather when four wheel drive vehicles are needed. The project has two 4 wheel drive vehicles but Dr. Flores said only one was serviceable most of the time.

Lesser questions, noted below, concern evidence of overly detailed work sheets and the amount of time which one promoter seen spent in checking the records of one distributor. Transportation for promoters: The promoters rely on public transportation which is infrequent, not always reliable and limited in coverage so that they often walk long distances to visit a distributor. This is a general problem which was observed in all rural CBD programs; no easy solution is apparent. It merits study and trial of alternative solutions, e.g., (1) bicycles; (2) motorbikes; (3) assignment of a car and driver on a rotational basis, to facilitate visits to more isolated districts and so supplement the use of public transportation; (4) other.

Assessment

This is a valuable, innovative program, Dr. Flores said that the CBD program was currently being expanded and that no further expansion should be made until the administration and operation had been evaluated.

The question of whether or not middle class, urbanized female supervisors are the best persons to administer the program in the rural areas was raised with both Dr. Flores and Maria de Tanco. Both, on first response, favored the present staffing pattern. It is clear that the present supervisors are intelligent, enthusiastic and have many substantial assets. It is also clear that male supervisors for the rural part of the program would not make home visits or lead group discussions for females. Nevertheless, the work of the supervisors in the rural areas is rough and demanding and much more suited to males than to females.

Another problem which was discussed with Dr. Flores and Maria de Tanco concerns the repetitious nature of work sheets prepared by each promoter. These included lists of 6 to 10 items to be checked when making: (a) a visit to the distributor's home; (b) a group meeting; (c) a visit to a client's home. These instructions were typed and repeated in detail several times on each week's work sheet. Standing orders for such visits are desirable, but this written repetition several times each week appears unnecessary.

RECOMMENDATIONS

1. Honduras CBD program should be continued.

2. Study by an external examiner should be done in about six months to: evaluate the administration including the questions raised in this report; to assess the need for expansion and the capacity and enthusiasm of ASHONPLAFA; to undertake such an expansion.

3. If the above evaluation (2) is favorable, then it is recommended that the goals and the support of the CBD program be substantially expanded over a period of several years.

4. Consideration should be given to the use of signs to designate distribution points as in Colombia.

5. Pathfinder should encourage study of the transportation of promoters in all of its CBD programs and support simple innovative experiments to improve travel arrangements.

2. Honduras Drugstore Employees Training Program

This was completed in October 1977, Table 2c-LA. The curriculum content appeared adequate. A visit was made to one cutrate pharmacy in Tegucigalpa. One of the employees had attended the drugstore training program. The store had about 10 employees who were continuously busy waiting on customers during our 25 minute visit. Over 20 different brands of oral contraceptives were stocked plus injectibles, condoms and foam. There was no display of contraceptives; our informant said the store would use a well designed display. Apparently employees took time to advise customers about their purchases.

SOURCES

Asociacion Hondurena de Plantificacion
de la Familia (ASHONPLAFA)
Sr. Alejandro Flores, Executive Director
Sra. Gloria Mondragon, Director
Community Based Distribution
CBD Program of Contraceptives
Sra. Nevy Janeth Ortiz, Supervisor,
Central Zone, Sur Oriental,
CBD Program

Sra. Esther Maria Flores, Supervisor,
North West Zone CBD Program

Sra. Yolanda Ordonez, Promoter, Telando
and surrounding area

Distributors of CBD program in rural area
around Tegucigalpa
Sra Irma, Telango
Auxiliary Nurse, Health Center, San Juan
de Flores
Sra. Reina Cerritas, Auxiliary Nurse,
Health Center, Vally of Angeles
Sra. Dr. McNeil, Seventh Day Adventist
Hospital
Urban Area - Tegucigalpa
Sra. Alicia

US AID
Mr. John Robinson, Director
Ms. Anita Siegel, Public Health Adviser

D. Projects in Chile

These are listed in Table 2d-LA and generally have been well administered and met their goals. Both are pertinent to the needs of the country and both seem likely to have some carry over as long term effect favorable to family planning.

1. Evaluation of the Mini-lap Operation for Female Sterilization (PIN 3278)

The preliminary analysis is complete. The writing of the report has only just started and is to be completed early in 1979.

Assessment

It seemed reasonable to support one such study in a country like Chile. Little was expected or found that had not been reported in earlier studies. The value is to have local data and so to encourage local gynecologists and surgeons to favor the procedure.

2. Chile Family Planning Training Center at Hospital del Salvador (PIN 6110)

This serves a middle-low income population in Eastern Santiago at the hospital and through a number of MCH clinics all of which are under the administration of Professor Luis Tisne. The Center offers a full range of family planning services. Most of the Pathfinder's support was used to bring physicians and midwives from neighboring countries.

Priority was given to those working in official MCH and F.P. Programs. This was the final year of Pathfinder's support; the project is being continued with support from Development Associates and P.A.H.O. The goals have been met. Evidence of an extended effect is an application to conduct similar course in Brazil by two Brazilian physicians who attended the course in Santiago.

SOURCES

Pathfinder Office
Werner Bustamente, M.D., M.P.H.
Enrique Carrasco Beltran, Demographer-Statistician-half time
Secretaries - 1 1/2 full time equivalents

AID/Santiago
Director
Ault Nathaniels, Health and Population Officer

Association PROFAMILIA (APROFA)
Dr. Guillermo Delgado, Executive Director

Dr. Luis Tisne, Professor, Obstetrics and Gynecology, University of Chile and Director, Obstetrics and Gynecology, Hospital del Salvadore Casilla, grantee P.I.N. 6110

Dr. Mario Medel, Assistant Professor, Department of Physiology and Biophysics, School of Medicine, University of Chile and grantee P.I.N. 3278

II. PROJECT RELATED ASSESSMENT FOR LATIN AMERICA

Pertinent assessments are given for each project discussed.

RECOMMENDATIONS

The following are recommendations which relate to project activities in more than one country in Latin America, or to potential project activities having relevance to Latin America as a region.

1. Pathfinder should continue its traditional role of supporting innovative, relatively short term and high risk projects where these are still needed, but also should support larger and longer term projects in countries where this is indicated.

2. Pathfinder should review its community based distribution projects to determine if there is need or opportunity for technical assistance to improve administration or to promote innovative developments.

3. Pathfinder should encourage the CBD programs in the Dominican Republic and in Honduras to provide painted metal signs to designate their distribution points.

4. Pathfinder should review the Training Projects for Drug Store Employees with the purpose of improving pedagogical methods and also to develop a plan to assess the long term impact of this type of training.

5. Consideration should be given to providing each drug store trainee with a simple text book or manual of contraceptive technology and also with a cabinet for the display of contraceptives in drug stores.

Table 2aLA

Pathfinder Projects
Reviewed in Field by AID/PHA Evaluation Team

Name of Project and Country	Objectives Limited to 3	Inputs M $/yr.	Outputs by Objectives & Other	Rating: Management	Rating: Relevance	Rating: Impact	Comments
PIN 6086/6187 Colombia Profamilia Urban Community Based Distribution Program Apr.'77-Apr.'78-Mar.'79	1977-1978 1. 1800 distribution points 2. Sell 1,200,000 3. Information and Education to 120,000	$188	1977-1978 1. 1806 = 100% 2. 1,230,000 cycles = 103% 3. 257,000 = 200%				
	1978-1979 1. 3300 distribution stands 2. Sell 1,296,000 cycles orals	$188	1978-1979 - 1st quarter 1. 2166 stands = 106% 2. 346,000 cycles 106%	+	+	+	
PIN 6109/6219 Progamilia Rural Community Based Distribution Program June '77-May'78-May'79	1977-1978 1. Sell 350,000 cycles orals	$133	1977-1978 1. 225,000 cycles orals = 64% 2. Referred 2,241 for voluntary sterilization 3. Sold 6,200 doz. condoms and 6,400 boxes vaginal suppositories 4. 316 Distribution points May 1978	+	+	+	

Table 2bLA
Pathfinder Projects
Reviewed in Field by AID/PHA Evaluation Team

Name of Project and Country	Objectives Limited to 3	Inputs M $/yr.	Outputs Objectives & Other	Rating: Management	Rating: Relevance	Rating: Impact	Comments
PIN 6000/6162 Dominican Republic Dominican Republic Community Based Distribution Program Jan. 1978-Dec. 1978 Assoc. Dominican Probienstar de la Familia	1. Recruit 10,000 new acceptors-pills 2. Service 8,000 continuing acceptors	$50	Jan.1-Sept.30,1978 1. 8,016 new pill-110% acceptors 2. 11,400 continuing users June 1978 = 130% Note: Total new acceptors of all methods in 9 months = 8886	+	+	+	See text
PIN 6026/6179 Drug Store employees Training in Family Planning Apr. 77-78-Mar.79	1977-78 1. Train 600 drugstore employees in contraception 1978-79 (Started Aug.) 1. Train 500 drugstore employees		1. 635 trained 1. 163 trained as of October 1978 in six courses	+	+	See text	
PIN 6102 Mini-Lap Program Jan. 1,'78-Dec.31,78 Consejo Nacional de Poblacion y Familia (CONAPOFA)	1. Perform 1000 minilap operations in two hospitals a. Hospital Ricardo Limardo in Puerto Plata b. Hospital San Bartolome in Neyba 2. Train nine doctors in mini lap operation		1. Approximately 1000 operations in first 9 months a. About 700 Puerto Plata b. 367 in Neyba	+	+	+	

Table 2cLA

Pathfinder Projects
Reviewed in Field by AID/PHA Evaluation Team

Name of Project and Country	Objectives Limited to 3	Inputs M $/yr.	Outputs by Objectives & Other	Rating: Management	Rating: Relevance	Rating: Impact	Comments
PIN 6152 Honduras Community Based Distribution Program Sept. 30-77-Oct. 1, 1978	1. Increase Number of distributors from 300 to 540 2. Increase number of promoters to 36 by Oct. 1978 3. 23,000 new users of pills 4. 20,000 active users	$189	October 31, 1978 1. 430 distributors as of '78 = 72% 2. 28 promoters = 80% 3. 16,561 as of July 1, 1978; 91% of 9 month goal 4. 25,683 as of July 1, 1978; 128% of 9 month goal	+ See text	+	+	
Honduras Drug Store Employees Training Program May 1977-Oct. 1977	12 courses 360* drugstore employees to be trained		1. 11 courses held* 2. Participants Tegucigalpa 109 Other towns 14 San Pedro Sula 122 Other towns 4 Total 249 = 69%				See text

*The 12th course was scheduled on the day of the August coup and was cancelled.

Table 2d LA

Pathfinder Projects
Reviewed in Field by AID/PHA Evaluation Team

Name of Project and Country	Objectives Limited to 3	Inputs M $/yr.	Outputs by Objectives & Other	Rating: Management	Rating: Relevance	Rating: Impact	Comments
PIN 6110 Chile-Family Planning Training Center Renewal Grantee: Dr. Luis Tisne Hospital del Salvadore Casilla 4123 Santiago May 1, 77 - Apr. 30, 1978	1. Train 10 non-Chilean physicians and 10 non-Chilean midwives 2. Two 15 day courses in surgical family planning procedures for total of 10 Chilean physicians 3. One month course in F.P. including IUD insertion for 10 Chilean midwives 4. Specified training for interns, medical students, student midwives and nurse aides	$40	1.a. Physicians trained Bolivia 3 Brazil 9 Ecuador 1 Peru 2 15 b. Enfirmera & Obstetriz Brazil 3 Ecuador 4 Peru 6 13 c. Others 1 29 2. 47 medical students	+	+	+	
PIN 3278 Mini-laporatomy evaluation Grantee: Mario Medel, M.D. Mar. 1976 - Mar. 1979	1. Perform 600 mini-lap Sterilizations over 2 year period 2. Fill out precoded admission form on each patient. 3. Collect data on length of operation Complications - operative post operative	$1100/yr. in 3 yrs.	1. 513 operations completed Mar. 1978 = 86% 2. Tabulation and analysis of data largely completed by CELADE. Report still to be written. Expects to present it at meeting of Obstetrics and Gynecology in Winter 1979.				See text