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DATE SENT MAY 5, 1978

FROM - AMEMBASSY MANAGUA

SUBJECT - FAMILY PLANNING SERVICES - 524-0139 EVALUATION REPORT

REFERENCE -

FOR : LA/DP, EVALUATION AND POP/LA

1. Attached are four copies of the Evaluation Report for Family Planning Services Project.

2. The documents referenced in this report are not included because POP/LA has copies of all these reports.

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Attachments to LA 5/22/78

PAGE 1 OF PAGES 1

DRAFTED BY	OFFICE	PHONE NO.	DATE	APPROVED BY:
Anselmo E. Bernal	HFPS	340	5/4/78	Barry Sidman, Director USAID

AID AND OTHER CLEARANCES
Harry Wilkinson:
Gussie Daniels:
Kenneth S. Johnson:

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PROJECT EVALUATION SUMMARY
(Submit to MO/PAV after each project evaluation)

1. Mission or AID/W Office Name	2. Project Number
USAID/Nicaragua	524-0139

3. Project Title

Family Planning Services

4. Key project dates (fiscal years)	5. Total U.S. funding - life of project (does not include Central Funds)
a. Project Agreement Signed a) TQ 76-6 9/24/76 b)77-3 1/29/77 b. Final Obligation a) 6/30/78 b) 3/31/78 c. Final input delivered	$1,163,000

6. Evaluation number as listed in Eval. Schedule	7. Period covered by this evaluation	8. Date of this Evaluation Review
78-2	FROM: 1/77 (Month/year) TO: 1/78 (Month/year)	3/10/78 month/day/year

9. Action Decisions Reached at Evaluation Review, including items needing further study (Note--This list does not constitute an action request to AID/W. Use telegrams, airgram, SPARS, etc., for action)	10. Officer or Unit responsible for follow-up	11. Date action to be completed
1. Follow-on activities related to the development and negotiation of a ProAg which was signed on March 9, 1978 and which incorporated the agreed upon evaluative results of the Mission review of the CDC and APHA evaluations. As well, the Clinical Services (A) aspects of the total project need further review.	Anselmo Bernal, Population Officer	Pro-Ag signed by end of March, 1978
2. Rewrite project logframe to reflect realistic accomplishments over the remainder of the project.	A. Bernal/G. Daniels	June 15, 1978
3. Arrange for evaluation of Clinical Services (A) aspects of project.	A. Bernal/P. Feeney	July 1978
4. Draft letter to Director, MCH/FP Services which transmits a copy in the Spanish language of the evaluation report, and requests a meeting to discuss findings and proposes a schedule for implementation of agreed upon recommendations.	A. Bernal/P. Feeney	June 1,1978

12. Signatures:

Project Officer	Mission or AID/W Office Director
Signature: Anselmo E. Bernal	Signature: H. Wilkinson
Typed name: Anselmo E. Bernal	Typed name: HARRY G. WILKINSON
Date: 13 April 1978	Date: April 20, 78

Cleared by: G. Daniels G. Daniels
P. Feeney P. Feeney

13. Summary

A. Clinical Services

In 1977 92 MOH Centers offered family planning, an increase of 22.8 percent from the 71 health centers offering the service the year before. The project design calls for 106 health centers to offer family planning by the end of 1977. This was achieved through a combination of 92 MOH health centers and 14 non-MOH clinics which offer family planning services. Through December 1977 the project had benefitted approximately 63,000 fertile aged females who are active users of family planning methods in the organized program or approximately 84% of the projected number of active users in the organized program by the end of the project. During 1977 a number of physicians (50), nurses (25), and nurse auxiliaries (50), received basic training in family planning while physicians (20), nurses (50), and auxiliaries (50) participated in refresher programs (continuing education). The Clinical Services program received a sufficient quantity of contraceptives to stock the 92 clinics of the Ministry of Public Health as well as 8 health centers of the Social Security System (INSS), 2 Moravian Mission clinics, 1 Demographic Association clinic and 3 private clinics. A survey in the rural area of Boaco (KAP model) served as a basis to determine the attainments of the program.

B. Training of the Parteras

By the end of 1977, 605 rural parteras had completed a training course in maternal and child health and family planning. The midwives are trained to provide low-cost health and family planning services in remote areas of Nicaragua. The parteras learn the use of a simple health kit comprised of contraceptives, selected health supplies and obstetrical equipment. Nearly thirty-three percent of the expected number of parteras to be trained during the life of the project (2,000) has been realized. By the end of 1977, 900 parteras had been programmed to be trained. This indicates a shortfall of 295, although it is not delineated in the log-frame under Outputs.

A team of MOH instructors consisting of a nurse and auxiliary nurse travelled to various rural areas to recruit and train the parteras. The training curriculum was developed/tested/revised during the year. In mid-1977 an AID financed CDC consultant directed a survey in Boaco which serves as baseline data from which changes due to the parteras' activities can be measured. Subsequently, after reviewing the program, Dec.5-14, 1977, the CDC Evaluating Team's assessment determined that there is an absence of field supervision of both the parteras and the nurse auxiliaries who are intended to supervise the parteras' efforts.

14. Evaluation Methodology and Review

This was a regular annual evaluation. It was carried out in accordance with the Mission Evaluation Plan contained in FY 1979 ABS. The evaluation for Part B Training of the Parteras was carried out during

eight days (Dec. 5-14, 1977) by three consultants, two from CDC in Atlanta, Georgia "Year-End Evaluation of the Project, Community Based Distribution of Contraceptives and Selected Health Supplies" and one from the American Public Health Association (AID/PHA/C-1100 Contract) "First Year Evaluation: Community Based Distribution of Contraceptives and Selected Health Supplies by Empirical Midwives". The data was collected from interviews with Nicaraguan program staff. As well, the data generated by the program reporting system was reviewed and one day was spent in field work visiting 2 participating clinics and 2 trained parteras.

With respect to Part A Clinic Services of the project the data was gathered from the reporting system in conjunction with Dr. Francisco Gutierrez, Director of the Ministry of Public Health's Maternal and Child Health and Family Planning Program. To date there has not been an "outside" evaluation made specifically examining Part A.

The Mission Evaluation Review was held 1/27/78 attended by 9 AID/N officers and an AID/W population officer. The subsequent Evaluation Review session attended by US officers together with the host country project manager and his assistant was held 1/31/78. A follow-up session with the Nicaraguans was held 3/2/78. Action decisions to be taken which pertain to the management of the project were divided between those which pertain to the Clinical Services and those concerned with Training of Parteras (indigenous midwives). For the purpose of this summary item A will pertain to clinic services and item B to training of the parteras. (See attached Center for Disease Control, DHEW report of 1/20/78 and the APHA Report of 1/20/78).

15. Evaluation findings about external factors

With the exception of continued stability in the countryside, the assumptions in the logical framework remain valid. During the year there was major change in the MOH. Dr. Gutierrez, the Director of Family Planning for the MOH, was assigned the additional responsibility for directing both Maternal and Child Health and Family Planning when these departments were merged in 1977.

16. Evaluation findings about Goal/Subgoal

The sector goal of this project is (a) to reduce the national fertility rate and improve the health level for women and infant children primarily in the rural areas and (b) approximately 25% of the fertile age women actively contracepting with decreased maternal and infant mortality and morbidity. Progress towards attainment of each measure of goal achievement (underlined) follows:

1. Crude birth rate reduction from approximately 45/1,000 to approximately 35/1,000 by 1980.

Since data on crude birth rate (CBR), population growth rate

and other demographic information in Nicaragua is so varied and deficient, the Mission in 1974 requested the services of a statistics advisor from CDC (Leo Morris) to analyse available information and link targets with scientifically valid estimates. He derived a CBR of 44.3/1,000 from the number of births in 1972 (86,553). Regarding this rate as the most recent and the most dependable, it was concluded that to achieve a crude birth rate of 40/1,000 in 1977 would require active user rate of 77,000 acceptors through the public and private sector. The acceptor rate in 1977 of 63,000 through the organized public sector programs and the partera program demonstrates a shortfall of approximately 12,000 acceptors. However, if progress of new acceptors continues at the present rate, there is a good possibility that the target of 35/1,000 by 1980 will be reached.

2. Total number of active users of family planning services in the organized program.

1975 - 36,000; 1976 - 50,000;
1977 - 75,000,* 1978 - 110,000;**
1979 - 132,000;**

*Includes 4,800 expected from parteras' clients in 1977.
**Includes 30,000 expected from the private sector and parteras' clients (16,800 in 1978 and 26,400 in 1979).

As defined in this evaluation, organized family planning programs are those operated by the MOH, INSS, and several private organizations involved in family planning activities.

As stated in the logical framework total acceptors for 1978 and 1979 include an estimated 30,000 acceptors from the private sector. This part of the logical framework will be revised to reflect private sector acceptors and public acceptors participants in the program.

The target for 1977 of 75,000 acceptors in organized programs was not achieved due in part to the fact that recruitment of family planning acceptors through trained parteras has been slower than anticipated. Reporting is also behind schedule but proposed changes in the program should bring about improvements in the next two years.

3. Decreased (a) infant mortality per 1,000 and (b) maternal mortality per 100,000

	1975	1976	1977	1978	1979
a.	125	120	115	105	100
b.	200	190	180	160	150

Infant and maternal mortality in 1975, was estimated at 125 and 200 respectively. To measure impact at this level information

through census figures or sample surveys would be necessary. Census information will not be available until after 1980 when the next census will be taken. Achievement of targets at this level is also dependant on actions by other health and family planning programs aside from the actions contemplated through the project (See assumptions column).

4. Approximate number of deliveries attended by midwives yearly who will receive family planning information/motivation (000s):

1976	1977	1978	1979
7	80	80	80

This target is unreasonable and will be revised in an amended logical framework. It is estimated that the total number of births in Nicaragua per year are in the order of around 80/90,000. Of this number about 20/25,000 births are attended at hospital and the remainder either by parteras or members of the family.

5. Approximate percentage of fertile age women as active users of family planning services.

1976	1977	1978	1979	1980
11%	16%	23%	27%	30%

The Population Reference Bureau estimates that in mid 1977 the population of Nicaragua was 2.3 million. The MOH figures were 470,537 fertile age women in 1977. With 63,000 active acceptors in the organized programs the percentage of fertile age women contracepting in 1977 would be 13.4%. (In normal populations approximately 10% of the women are infertile and 30% are not sexually active.)

Information on the number of births attended by parteras is slowly being collected by the MOH and this information will be analyzed before deciding on a new target.

6. MOH/FP will have the capability to conduct studies, surveys, and research on family planning activities.

MOH/FP has the capacity to conduct studies and surveys on a limited scale. Further exposure in these areas and in research would be advisable. However, personnel is limited and at the moment they spend most of their time compiling (manually) the quarterly reports on family planning statistics from health centers and parteras. The MOH has in process a study which shows that the relative distribution of acceptors by age and year enrolled in the program from 1970-1975 has changed considerably by age groups. For example, acceptors under 20 years of age increased from 0.8% in 1970 to 18.0% in 1975. The age group 20-24

saw an increase from 12.9% to 34.8% during the period.

7. Approximately 720,000 people will have access to MCH/FP services delivered through midwives (parteras)

This calculation was based on the assumption that each trained partera would have an outreach to 60 households, each with an average of 6 people who could benefit in one way or another from her services (2,000 x 60 x 6). With 605 parteras trained in 1977 the number of potential beneficiaries could be 217,800 (605 x 60 x 6).

The joint GON/USAID partera training project began in late 1976 as a natural expansion of the largely urban oriented health center family planning program in place at that time. The objective of the project was to train 2,000 parteras over a three year period who would work to improve maternal and infant health through improved family planning and health services, principally in rural areas. Although the project has succeeded in training more than 600 parteras and providing them with simple medical and family planning supplies, the number of new contraceptors enrolled to date has been minimal and has not yet had any perceptible impact on reducing the fertility rate. The result has been a continuation of a population growth rate (3.4% per annum) which is one of the highest in Latin America and possibly in the world. This finding, when combined with the low number of contraceptors per partera and the need to improve certain operational elements of the project, has caused major replanning of training, information, supervision and record keeping (See attached reports.) We expect that the effects of the project on fertility should be measurable over time and not within the first year of /implementation.

17. Purpose

The purpose of this project is to provide improved family planning and maternal/child health services through traditional (health centers) and non-traditional (community based parteras) means. The progress towards attainment of each end of project condition is measured against the following original elements:

1. Improved and expanded family planning and maternal and child health services being provided in all government health centers on an integrated basis

Family planning services are now being provided at 92 GON-operated health centers. This figure represents about 71% of the total GON-operated health centers in the country, all of which provide maternal and child health (MCH) services. The lack of data on MCH activities points up the need for analysis of health and MCH programs to determine the extent to which integration of MCH/FP services is being attained. Such a survey which could focus on the health aspects of the project would be a useful element to either carry out prior to the next evaluation or as part of the next evaluation.

2. Approximately 140 health centers in the country offering family planning services - MOH-130, INSS-8, ADN-1, and MMG-2, other private-3.

Family planning services are presently being offered at 92 MOH clinics. The INSS, Nicaragua Demographic Association and the MMG continue to provide a variety of family planning services. This EOP is clearly still attainable by the time the project terminates. Currently 106 or approximately 76% of projected number of health centers to offer services has been achieved. What will be of great importance over the next two years will be close monitoring to assure that the number of health centers offering family planning services does not slip further behind schedule and that the MOH begins in the near future to make up for the deficit.

3. Health Centers providing services for patients referred by parteras and supervision, supply and counseling of parteras.

Although the program has been in existence for two years and 605 rural parteras had received training by the end of 1977, the support component has not yet been made fully operational due to a number of factors, principally lack of partera kits, inadequate field supervision and shortages of essential supplies for the kits. In addition, data collection and analysis, resource planning and retraining needs to be improved in order to more accurately gauge the progress of the project.

Although it was not possible to make a complete analysis of the relationship between parteras and health centers at the time of this evaluation, there is ample preliminary evidence which indicates that the number of contraceptors per partera (2-4) is low. At this point a briefing on the referral system is part of the partera training course. To what extent it is used by parteras is difficult to determine in the absence of a survey of parteras or analysis of data from health centers. This is an aspect of the program which should be reviewed to determine how best to make better use of parteras in the referral system so that some progress can be made on this objective in sufficient time to judge its effectiveness prior to the end of the project.

With regard to supervision, counseling and supply of parteras, analysis and recommendations concerning these aspects are treated in Dr. James Heily's report (copy attached). The FY 1978 Pro Ag contains provisions to implement changes such as expansion of training teams to include clinic auxiliaries or partera supervisors, increased and improved recruitment of parteras, expanded use of media, improved inventory and supply measures, etc. which should improve the operation of the project.

4. Approximately 60,000 active users enrolled in family planning through health centers.

At the end of 1977 there were approximately 63,000 active contra-

ceptors enrolled in organized family planning programs. This represented approximately 13.4% of the fertile age women. Deficiencies in the reporting system may actually overstate the number of active contraceptors by including, for example, persons who do not use family planning methods on a regular basis. The Ministry will be encouraged to improve the accuracy of its reporting for both private and public sector programs.

The logframe will be revised here to reflect consistency with No.2 of the Goal Level which indicates 132,000 at EOP. After accounting for 30,000 active users in the private sector and 26,400 users reached by parteras the remainder is 75,600 and not 60,000.

5. <u>In-service training/education an established function of agencies involved in family planning.</u>

During 1977 the ADN through a contract with the MOH offered basic and refresher courses in family planning to physicians, nurses and auxiliaries. One purpose of these courses was to increase the sensitivity of these personnel to the importance of family planning programs and to further develop a functioning supervisory system for midwives in rural areas and other maternal/child care personnel. This training has been largely provided by the MOH, with the ADN providing a limited number of training courses through its association with the International Planned Parenthood Federation. Although personnel from INSS have participated in training activities, the Institute has not mounted a separate training program in family planning. At this point it seems fairly clear that in terms of efficiency of the use of human and financial resources, training in family planning should continue to be the responsibility of the MOH, supplemented as necessary by other publically financed health organizations such as INSS.

6. <u>A system in place, at all family planning delivery points handling referrals of family planning acceptors to appropriate advanced techniques/services.</u>

Very little progress has been achieved in area to date beyond that which was already in place at the time the project was initiated. At that time family planning acceptors at the clinic level had access to information pertaining to a wide-range of services ranging from the simple (condoms) to the complex (pills). As the number of health centers offering Family Planning services has increased the same type of information is being offered to an expanding number of families. Over the past two years a major effort has been made to broaden participation in the program through training of parteras and sale of contraceptive supplies in rural areas by these parteras. At present, results have fallen short of expectations. Parteras are given instructions during training to refer both complicated pregnancies and contraceptive services not available through the partera (IUDs for example). Hence, the referral system which is currently in place is capable of meeting most requirements. What is lacking at this time is some sort of check on how the referral

system is functioning at all levels to ensure that persons in both urban and rural areas have access to information on family planning. This deficiency is to be partially remedied in 1978 by focusing more attention on information and education as well as improved supervision of parteras.

7. Approximately 1,800 parteras providing family planning services; approximately 43,000 active family planning users; approximately 50-60,000 children under four years of age provided basic health care attended by midwives.

To date approximately 605 parteras have been trained to provide low-cost health care and family planning. It has been difficult to measure that impact. Supervision of parteras, training of health center personnel, increased publicity activities and improved record keeping will be undertaken in 1978 to increase the effectiveness of the program. (See attached consultant reports for specific descriptions).

8. Approximately 500 active contraceptors per average health center.

With 106 MOH-operated and other health centers offering family planning services to approximately 63,000 active users amounts to an average of 594.33 active contraceptors per health center. Naturally, these figures are skewed in terms of heavily populated urban areas.

In summary, there has been some progress toward achievement of the project purpose in the sense that combined MCH/FP services are being provided in 106 health centers, and parteras are being trained. There are, however, several operational aspects of the project which require correction to improve its impact and effectiveness.

18. Outputs (Objectively Verifiable Indicators)

1. Ministry of Health will introduce FP services to 26 additional health centers in 1977, 30 in 1978 and 8 in 1979 for a total of 64 new service points.

Family Planning Services were introduced in 21 additional Ministry of Public Health centers (21 new service points) through 1977.

Clinics Offering Family Planning Services

At Origin of project		1976	1977
MOH	64	71	92
INSS (Social Security)	8	8	8
Moravian Mission	2	2	2
ADN (Demographic Association)	6*	1	1
Private	3	3	3
Total	83	85	106

five of the ADN Clinics were transferred to the MOH Health Center System and are reflected in the MOH category in the 1976 and 1977 columns above.

The above table reflects a shortfall of 5 health centers or approximately 20% of the expected output of 26 additional health centers offering family planning by the end of 1977. An additional 30 health centers were planned to offer the services in 1978. It is currently estimated that in 1978 six (6) additional MOH centers will offer family planning for a total of 112. The deficit/projected shortfall is due to uncertainty during project planning relative to how rapidly the MOH could provide personnel and commodities. However, the projected number of new service points during the project remains the same. We will monitor the MOH's progress toward expansion of the program through the health centers with particular attention to this in the next evaluation.

The log frame will be revised at No.2 of the purpose level to demonstrate approximately 147 clinics instead of 140. (83 health centers at origin of project + 26 + 30 + 8 yearly increases.)

2. On the average, 30 graduates from the Medical School will receive training in family planning yearly.

In 1977 the fifty (50) new Medical School graduates who received training in family planning exceeded the expected output of 30.

3. The number of parteras trained each year will approximate 200 in 1976, 700 in 1977, and 1100 in 1978 for a total of 2000 through 1978.

In 1977 the number of parteras (indigenous midwives) trained was 559. Including both 1976 and 1977, 605 parteras were trained in 37 courses or 67.2% of the expected number of 900 had been trained by the end of 1977. Some overestimation of the capacity of the logistics system necessary to support such a project occurred. For example, training efforts were hampered by the weather and road conditions which affected recruitment. The class size averaged 16.3, whereas preliminary estimations were 20 parteras per class. With the new plan for recruitment (see page 11 paragraph D-1 of CDC report) it is anticipated that in 1978 the average class size will be increased to a maximum of 25 participants. Some delays have occurred relative to commodity procurement and delivery to Nicaragua as well as the commodity distribution from the central office to the rural health centers within Nicaragua.

4. Curriculum for initial 5-6 days training course for parteras approved and in use.

The curriculum of eleven (11) modules/units for the partera training course of five days has been developed, tested, revised and approved. The methodology for an oral examination is outlined for the instructors and audio-visual aids (films, posters, demonstration models-(i.e. baby and umbilical cord) are used extensively in the training course.

5. Educational/motivational material (pamphlets or comic-type booklets) will be produced locally or purchased from RTAC: 9 different type messages, 10,000 copies each.

Educational/motivational material was printed locally with a model from RTAC and will be distributed in 1978. Parteras and health centers will be utilized as distributors. Nine booklets were developed; 10,000 copies of 8 booklets and 25,000 copies of 1 booklet for a total of 105,000 booklets. This exceeds the planned output by 15,000 booklets.

6. Three full time employees and a secretary in operation at the Statistical Division to prepare and analyze statistical reports.

The Department of Evaluation and Statistics of the Family Planning Program of Nicaragua currently consists of three (3) full time employees and a secretary. They prepare monthly reports on family planning user rates from data gathered from the health centers. As well, they prepare four times per year a report "Estadisticas de Servicios de los Programas de Planificación Familiar de Nicaragua" (approximately thirty pages in length). They are also involved in an analysis of family planning acceptors by age groups.

7. Each Health Center will employ at least an auxiliary nurse trained in MCH/FP. Some Centers have an auxiliary nurse, a registered nurse and a physician, depending on the location and size of clinic, and the population served.

During 1977, 100 auxiliaries were trained in family planning. Fifty received basic instruction in family planning in the auxiliary nurse training program. Also, fifty auxiliaries were involved in the continuing education program sponsored by the Demographic Association under a contract with Development Associates International (DAI). They are actively engaged in providing family planning services and most of them are working in rural areas. In early 1978 approximately twelve graduate nurses working in MOH health centers will receive training in MCH/FP in the first effort to fully integrate MCH/FP skills in a continuing education training program. The course curriculum is adapted from training four nurse instructors/received in the DAI sponsored training program at Harbor General Hospital in Los Angeles, California and the training program designed especially for them at the University of Puerto Rico, San Juan, Puerto Rico. The twelve nurses once trained, will be better prepared to supervise the clinical work of the nurse auxiliaries working in health centers. During the next evaluation we will determine the number of health centers with health workers trained in family planning, what type of training they have received and how they are geographically distributed.

8. All health centers will have at least a two months supply of contraceptives available.

The health centers offering family planning services have at least a two months supply of contraceptives available. Reports on contraceptive availability on a health center specific basis are compiled monthly by the nursing personnel. The CDC evaluation points out the need for improved reporting in order to assure the ongoing constant availability of two months supply of contraceptives.

19. Inputs

($000)

AID	TQ	77
Commodities	50	95
Training	45	60
Salaries for Central Office and Regional Staff		202
Evaluation/Surveys	5	40*

*This $40,000 was shifted to the commodities and training categories.

Except for the reprogramming of funds mentioned above the AID inputs assigned to this project were obligated as shown in the obligation schedule contained in the Project Paper.

The AID/W financed commodities were procured as scheduled.

20. Other Donor Inputs

Inputs from other donors continue to play an important part in carrying out activities that are funded under the bilateral project. Activities carried on through other donors financing which complement the total Family Planning effort include:

IPPF: Has continued to fund ADN's operation of its model clinic in Managua. Its grants to ADN are to finance commodities, supplies and materials, operating expenses of the one clinic (model), IEC materials/equipment, and community based distribution of contraceptives through 30 trained indigenous midwives.

PATHFINDER: Assisted MOH in training 10 doctors in mini-lap procedures, and ADN in carrying out contraceptive distribution in rural communities.

DAI: Development Associates International has been assisting with training (both in-country and outside) for personnel involved in family planning in all organized programs.. Also, it has provided assistance to ADN to train teachers, and principles in sex education.

PIEGO: Johns Hopkins University, through its Program for International Education in Gynecology and Obstetrics, has trained 10 doctors in laparoscope procedures and has provided the necessary equipment.

AVS: The Association for Voluntary Sterilization is helping INSS and ADN in their program of voluntary sterilization for men and women. The Association has provided assistance to remodel facilities and provides some assistance for operating expenses.

CDC: The Center for Disease Control, through RSSA with AID/POP, has provided numerous person months of technical assistance in support of the MOH family planning program, more specifically the partera phase of the program.

FPIA: Family Planning International Assistance has been very helpful in providing contraceptives (in 1976-77) on short notice when the MOH supplies reached a very low level. FPIA also provided, on short notice, 20 IUD insertion kits required for a training course for MCH specialists.

21. Evaluation findings about Unplanned Effects

The need for continuing promotion of parteras via supervision was underestimated and will require a change in plans. The Ministry will temporarily halt the training recruitment of newly identified parteras. At the initiation of the project there was not a clear idea of the training materials needed. During the process a source was identified and a course of action planned.

Another notable unplanned effect of the project pertains to the expressed need for improved communication methodologies. Simultaneously, AID/W is financing a program to train health educators (PRACS) in Nicaragua. The MCH and Family Planning Division has requested that PRACS develop simple training materials (audio-visual aids) for their use in the rural training programs for parteras. This collaboration should avoid duplication of effort and provide for better allocation of limited resources. This will be incorporated into the new Pro Ag.

22. Changes in Design or Execution

One primary change in the execution of the project is foreseen. It involves the temporary suspension of the training course for parteras in order to involve the field staff (the instructors and nurse auxiliaries assigned to clinics and posts in closest proximity to the partera's community) in the development of the arrangements for supervision of the parteras. CDC strongly recommended that field supervision training for the instructors should begin as soon as possible.

Another proposed modification involves the reassignment of program resources in order to improve the process of partera recruitment which currently is perceived to be too short.

It was also recommended that more program resources be assigned to the program system for reporting the quantity of supplies distributed to parteras and for estimating the number of active contraceptors.

23. Lessons learned

1. There is potential for a tremendous behavioral change expected of the indigenous midwife (partera) who is often illiterate in such a project. In effect, a person who has historically been a provider of personal services (birth attendant) receiving remuneration in the form of food, etc. is called upon to become a "vendor" of pharmaceuticals/supplies. In other words the parteras need to be trained not only in better obstetrical techniques but also in marketing and profit making.

2. It is difficult to recruit/train/supervise effectively with only one team of instructors considering the fact that a large number of previously non-involved persons representing various geographical areas will be recruited, trained and supervised in a short period of time.

3. It is a management challenge to anticipate and order/supply a large number of items (drugs, obstetrical equipment, etc.) necessary to outfit a partera's kit. It takes considerable time and educational process to involve the intermediary staff who must be involved from the beginning of the process since their collaboration is critical to the total operation. In the case of this project a key role is played by the nurse auxiliary who must not only resupply the partera's kit but supervise and anticipate their technical questions in order to offer anticipatory guidance to them. This is important particularly early in the process when the partera is most in need of positive reinforcerent.