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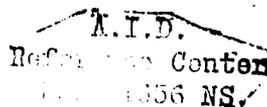
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AN EVALUATION OF THE
INTERNATIONAL TRAINING PROGRAM
OF THE PLANNED PARENTHOOD
ASSOCIATION OF THE CHICAGO AREA



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AN EVALUATION OF THE INTERNATIONAL TRAINING PROGRAM
OF THE PLANNED PARENTHOOD ASSOCIATION
OF THE CHICAGO AREA

I. INTRODUCTION

USAID supports a wide variety of international training programs in population and family planning, which are carried out through agencies and institutions both within the U.S. and abroad. The overall goal of such training is to increase the capacity of lesser-developed countries to implement national family-planning programs. Such programs in turn, have the effect of improving maternal and child health and reducing population growth to a level consistent with orderly economic growth and social programs.

Specific training objectives necessary to meet this goal have been established by USAID Office of Population. These objectives include:

1. Increasing the pool of available manpower in order to carry out family planning programs abroad, including both the training of trainers and training of persons new to the field;
2. Upgrading of the skills of professionals already involved in family planning program delivery; and
3. Training of professionals occupying positions where an understanding of population dynamics is essential, (e.g., ministry officials concerned with national economic planning).

Because of wide variations in training needs among countries at various stages of national family planning program development, USAID has employed a variety of methods and programs to carry out its international training programs. This report is an evaluation of one such program carried out by the Training and Research Center of the Planned Parenthood Association of the Chicago Area.

The report covers the two-year period from 1975 to present. The evaluation was carried out by the authors between October 17-28, 1977 and November 7-11, 1977 in both Chicago and Washington, D.C. The consultant scope of work as specified by USAID consists of the following:

1. Compliance of the contractor (PPACA) with the provisions of the contract scope of work;

2. Content and quality of current training activities;
3. Relevance of training activities to USAID objectives;
4. Recommendations on future training programs of TRC.

Not included within the scope of this evaluation are questions related to financial management of the project nor the important question of the pertinence of Chicago training to participants' work in their home environments. The latter could not be easily addressed except by inference from data obtained from the participants while in the U.S.

The evaluation methods employed consisted first of a review of relevant project documents (contracts, reports, proposals, etc.) followed by interviews with key USAID officials in the Offices of Population and International Training. Site visits were made to Chicago where Training Center staff, consultants, and participants were interviewed and training sessions in progress were observed. (Appendices A and B.)

II. BACKGROUND

The background of PPACA's international training efforts has been summarized by PPACA as follows:

"The Planned Parenthood Association/Chicago Area entered into its original contract with AID/Washington, NESAs branch, in 1968. This initial program was designed to provide training for international participants in the development of basic family-planning skills.

The program was structured to meet a variety of training needs described as essential at the time. Included were informal medical instructions and clinical observations for physicians, nurses and nurse-midwives; budget and management theory for administrators; communication design and material production for communication officers; and outreach, community development and demonstrations for mobile clinic operations. The training program complemented the efforts of local developing countries (LDCs) in the development and execution of "Five Year" plans for family planning. Participants were generally of "line staff" categories, and in general without specific objectives.

The offices, programs and clinics of the PPACA served as the training laboratories and specific field facilities were established for on-the-job experiences. In addition to core project personnel, the entire PPACA staff lent its expertise to the training requirements. Resources with metropolitan Chicago were available to complement the basic training effort.

The program was dependent upon the recruitment efforts of AID/Washington and by contract, limited to serve only those participants referred or assigned by the contractor. Because of the low participant volume and the difficulty in simultaneously training participants from various disciplines, the subsequent contract provided separately scheduled courses for physicians, nurses/nurse-midwives, administrators, social workers and field workers. This effort was not successful and, therefore, abandoned because of low participant response and AID/Washington's apparent inability to pursue vigorous recruitment. Also, the conditions of the contract did not permit recruitment on the part of PPACA.

To offset the aforementioned difficulty, to strengthen the program and to ensure maximum relevance, a training faculty was recruited and appropriate curricula were developed which would meet the needs of participants as they arose.

As the needs of participants were manifest or as local developing countries' training/manpower needs were known, curricula and faculty were designed, secured or adjusted. As the needs of participants changed, the program was changed."

In 1972 PPACA was awarded its second contract with USAID. Though specific programs have changed since that time, the contract itself has not been rewritten. Nearly 2,000 international participants have received training at PPACA over the last nine years, many of whom occupy positions of importance to national population policy and family planning program development in their home countries. Over the period of this evaluation 347 participants received training at PPACA.

III. SUMMARY OF MAJOR FINDINGS AND RECOMMENDATIONS

This evaluation substantially confirms previous in-house USAID evaluations of the PPACA International Training Program.

A. FINDINGS

1. The program is in compliance with the contract scope of work.
2. Training is of a high quality; staff and consultants are competent professionals sensitive to cross-cultural differences among participants.
3. Training is consistent with overall USAID goals and objectives.
4. Rapid flexibility of response to USAID's requests for highly individualized and specialized training is a unique strength of the TRC which is probably not available elsewhere.
5. The content of the training appears to be appropriate to the real needs of the participants.
6. The TRC staff have demonstrated innovativeness and willingness to expend extra energy in meeting new program needs.

B. RECOMMENDATIONS

1. The training contract between USAID and PPACA should be renewed expiration in 1978 at a level of funding substantially the same as currently exists.
2. The new contract should be revised to incorporate the following changes:
 - a. Specification of objectives (see Part IV);
 - b. Description of major content areas of training ranked according to agreed-upon priorities;
 - c. Inclusion of calendarized work plan for the duration of the project; and
 - d. Inclusion of a block program on non-clinical distribution of contraceptives.

3. USAID should revise its operating procedures as follows:
 - a. Provide a formal procedure for review of new training proposals;
 - b. Provide more careful scheduling of participants to various training locations throughout the country in order to maximize expertise and avoid duplication of effort;
 - c. Provide PPACA with more advance information about participants and their training objectives prior to arrival in Chicago;
 - d. Provide participants with more information on the type of training to be received in Chicago prior to arrival.
4. USAID should undertake a large scale impact evaluation of its different international training programs (see Appendix D) in order to establish specific training needs and priorities for PPACA. *see p. 24 unsuccessful attempt by TPL*
5. USAID should provide the opportunity for periodic meetings among the staffs of different training institutions in order to facilitate joint working relationships and to avoid duplication of effort among institutions seeing the same participant.

IV. CONTRACT COMPLIANCE

A. CONTRACT SCOPE OF WORK

PPACA Training Center activities are conducted under contract AID/csd-3421. The agreement between USAID and PPACA set forth in this contract was first initiated in May 1, 1972 and has been extended every year since. The current contract expires on February 28, 1978. A total of \$638,608 has been obligated under the contract since its inception. The project budget averages about \$100,000/year, almost 60 percent of which is in salaries with the remainder split between overhead and direct costs. Permanent full-time staff consists of a Director (Andre Singleton), a Training Specialist (Larry Gulian), and an Administrative Assistant (Geneva Jones). The part-time staff includes a Communications Specialist (Brian Copp) and a Health Educator/Trainer (Betty Perez). The staff divides its time between administrative/support functions and instructional responsibilities.

Major sections of the contract consist of objectives, statement of work, personnel, reports and various other sections pertaining to logistics and financial management of the project.

B. FINDINGS

1. The PPACA appears to be in full compliance with substantive provisions of contract AID/csd-3421. Activities described under the statement of work have been carried out in accordance with prescribed guidelines, reports have been delivered to appropriate USAID offices and logistical responsibilities of the contractor in handling participants have been well taken care of. Internal USAID audits and evaluations conducted since 1972 support this conclusion.
2. Notwithstanding the above, the contract has not been revised since 1972 and must now be considered obsolete.

C. RECOMMENDATIONS

The training contract between USAID and PPACA should be rewritten to reflect current activities as well as to allow for future training program development in areas recognized by USAID as important to population planning abroad.

D. PROGRAM CAPACITY AND ACCOUNTABILITY

There does not now exist a means to evaluate whether the Training Center is under-utilized or over subscribed. Training center staff claim that under current funding, no new block programs are possible, but that an increase in enrollment in current short-term programs is possible by as much as 25 to 30 percent.

Obviously, the extra effort required to include new participants within pre-scheduled programs is much less than that required to develop new programs altogether. Nevertheless, it would certainly be possible with present staff for PPACA to develop new programs in important and timely areas (such as non-clinical distribution of contraceptives) at the expense of less important activities. One of the major difficulties in this connection is that PPACA has not developed means (such as time studies) to determine how training staff time is now being utilized. The evaluators impression is that, on balance, training staff is under-utilized. Furthermore, staff are sometimes utilized in very time-consuming activities with only minor potential return. For example, the evaluators met with one participant (Mr. Joe Sackie, a physician's assistant from a small rural health district in Liberia) for whom a three-month special program had been developed which required an enormous expenditure of time from members of PPACA training staff. Although Mr. Sackie undoubtedly benefitted greatly from this experience, it could be argued that the investment was not worth the effort, since an investment of the same amount of time and money in a larger group for a shorter period of time would probably result in a much greater impact on the ultimate objective of reduction of national fertility rates. This is not to deny or denigrate the value of individual participant programming to meet special needs. This activity is the single greatest asset of PPACA's training program. Nevertheless, it should be tempered somewhat in order to maximize the use of the PPACA's resources. Minimum criteria for individual participant enrollment should be established by USAID which would required USAID missions to justify potential training impact on national population policy objectives, while allowing PPACA the option of group participants or denying them altogether when the outcome appears miniscule as compared to the effort required to produce the training.

Nor does there exist within the current contract a means to evaluate the relative worth of various training activities. Presumably, some appropriate means of prioritizing training activities could be developed. The following represents the evaluators' ranking of present training activities based upon subjective interpretations of USAID's objectives and PPACA's performance:

<u>Training Activity</u>	<u>Ideal Rank</u>	<u>Actual Rank</u>
a. Individual, specialized programming*	High	High
b. Training of trainers	High	Medium
c. Management and administration	High	High
d. Communication	Medium	High
e. Medical Update	High	High
f. Family planning program development**	High	Medium
g. Adolescent fertility management	High	High
h. Non-clinical distribution of contraceptives	High	Not operational
i. Developing regional capacities	High	Not operational

*The rank level, however, varies directly with the number of persons and their position in their home country. The aforementioned three-month special program for one physician assistant from rural Liberia is enormously time-consuming and expensive and is a much lower priority than would be such a program for five department chiefs of that country's National Family Planning Program.

**Actually, this activity is much better described as an Introduction to Population and Family Planning Concepts and Methods. Program Development as such is dealt with under Management and Administration.

One could infer from the above table that the Training Center has placed too much emphasis on communications, adolescent fertility management, and specialized programs and inadequate emphasis on training of trainers and non-clinical distribution of contraceptives. However, it must be stressed again that this conclusion is highly subjective and may have little or no validity, depending upon USAID's view of how PPACA fits into its overall worldwide training plan. (It may be, for example, that training of trainers is carried out adequately elsewhere). The point is that classification standards should be developed that will enable both PPACA and USAID to allocate training resources to areas having the greatest impact in meeting agreed-upon objective. This becomes increasingly important as training activities expand into new areas, thus reducing the capability of PPACA for flexible rapid response to new demands.

V. PPACA/TRC TRAINING ACTIVITIES

A. WHAT IS TRAINING?

During briefings at USAID Office of Population and Office of International Training, the training function of the Training and Research Center (TRC) of Planned Parenthood, Chicago was discussed. Closer scrutiny of the actual programs at the TRC suggest that training is not the only activity undertaken by the organization. Three separate and distinct functions of the Training and Research Center have been identified. These functions are: 1) orientation and/or consultation; 2) training; and 3) education.

These different functions are very often distinguished by the length of time of the activity. For example, orientation and/or consultation for participant is usually of 1-3 days duration. The participant may be given a brief overview to the population problems of his or her country and some of the means currently employed to curb high growth rates. Medical update information is very often imparted in the orientation/consultation manner during which the physician, nurse, or midwife can become familiar with family planning methods and delivery of services. The overall purpose of orientation/consultation is usually to familiarize participants with new and current concepts in population and family planning in order to enrich their vocabulary of health issues and incorporate such issues into the broader scope of health-service delivery.

On the other hand, time is not the only criterion used to distinguish between orientation, training, and education. It is possible, after all, to spend three days learning intrauterine device insertions and become proficient at this activity. Rather, the distinction between orientation and training is the learning of a particular skill which can be translated into action. Thus, observation of an adolescent family planning clinic for two days will orient the participant to the problems inherent in such an operation. However, two days spent in planning a teen clinic for the participant's home country will provide the skills for planning, administration, management, and evaluation.

Education is the last differentiation made among the activities of the TRC and may be defined as the imparting of the concepts and substance of a particular subject

area. Education is the necessary foundation upon which meaningful and relevant training programs are built. In many instances, participants of the Training and Research Center's programs have already been "educated" in the appropriate areas for further training. For instance, physicians and midwives coming to the TRC to learn IUD insertions do not need to be instructed in the anatomy and physiology of the female reproductive tract. These subjects were an important part of the education of these health professionals. However, these same individuals coming to the TRC for the Adolescent Fertility Regulation Workshop may not be familiar with subjects such as "Adolescent Growth and Development" or "Demographic and Social Consequences of Adolescent Fertility." Thus, in these instances the participants must be educated as to what the issues are, and then trained to translate these concepts into action oriented behavior.

The staff at the Training and Research Center seem to be aware of these training distinctions. Although the type of activity the participant will experience is pre-arranged elsewhere, the TRC makes every effort to tailor the activity to the background and experience of the participant. The participant's needs in terms of orientation, training, and education seem to be taken into account.

B. SUBJECT AREAS

Training offered by the TRC takes two basic approaches. The first consists of individually-tailored programs which cut across subject areas depending upon the particular needs of the participant. The second is the "canned" or block training approach where uniform instruction is offered to a group of participants interested in a specific subject area such as adolescent fertility.

The matrix of subject areas offered by the TRC can be seen in Appendix C. This matrix is intended to be all inclusive but is not intended to suggest that all of the concepts and issues listed in a particular category are covered for every participant in every training session. Quite to the contrary, very often many of the areas listed are omitted from the training program because the participant is already familiar with the subject. With the limited time often available to the TRC, duplication of effort would be extremely wasteful.

The presentation of the matrix is also not meant to suggest that all of the training topics are offered in block courses. The adolescent fertility management workshop and seminars in management and administration are the only topics offered in one-month block form. Communications, training of trainers, family planning program development, and medical update are designed for participants on an individual basis. In addition, participants at the TRC for individual training may join a block group for one or more sessions depending on the relevance of the topics. Thus, the training program is not nearly as rigid or formalized as suggested by the matrix.

The duration and depth of coverage of any one of these information areas is flexible to the needs of the participants. Medical update information and family planning program development sessions are always tailored to the needs of the participants. These sessions may last from one day to six months depending upon the arrangements made in-country. On the other hand, the remaining subject areas may be taught in pre-arranged month-long seminars or individually tailored courses. Thus, participants may be recruited to attend workshops on communications, management and administration, training of trainees, or adolescent fertility management while these subjects may also be incorporated, more superficially, as part of other training sessions.

One of the strong points and unique aspects of the training program at the TRC is the individual tailoring of programs to the needs of the participants. The staff at the TRC are responsive to the requests of the Office of International Training for specific programs for participants, but also take an active role in modifying program content after preliminary discussions with participants.

A good example of this type of program coordination can be seen in training schedules of five Ghanaian nurses who were participants at the TRC during the month of November, 1977 (see Appendix F). From the schedules it can be seen that many different types of training were scheduled for the nurses during their visit. In addition to the communications and training skills they wanted to obtain, the nurses also participated

in several of the adolescent fertility sessions, which were running concurrently. Furthermore, from discussions with the nurses, it was ascertained that the TRC had modified the training program at the request of the participants to include less medical update (with which they had been saturated in Baltimore and Atlanta) and more training skills. Thus, the TRC was able to meet the needs of these nurses and provide more meaningful training than would have been possible in other programs.

From the information provided us by the TRC it was not possible to enumerate what percentage of the total training was made by each of the different types of training. (See Appendix E.) This lack stems from the fact that it has been common for most participants to experience more than one type of training during their stay at the TRC. Thus, the frequencies in each of the categories in Appendix E are not mutually exclusive. More detailed information is needed as to type and length of training experienced by participants from different regions of the world.

C. DURATION OF TRAINING

Although orientation/consultation types of training were estimated by the staff at the TRC to be only five percent of the training load, sessions lasting only from one to five working days comprised the majority of sessions (54 percent), with training of a one- to two-day duration accounting for 40 percent of the total training. The bulk of this short-term training during the period July, 1975 through September, 1977 was undertaken for medical or allied health personnel (about 40 percent). Administrators and education/communication personnel categories accounted for about 25 percent each of the one-week or less training.

The occurrence of the frequent short-term training was of concern to the evaluators. In further discussions with the staff it was ascertained that almost half of the one-to-two-day consultations were accounted for by international students who were already in the Chicago area. Most of these participants came from the nine-week management and administration seminar sponsored by Dr. Donald Bogue at the University of Chicago. Thus, the training of these participants did not require additional funds from AID and the presence of these participants in the statistics of the program productivity are misleading.

It should be pointed out here as well that the TRC is not responsible for the selection of the participants or the duration of their training. These decisions are the responsibility on the AID Missions in accordance with Office of Population policies on training. Thus, even if 40 percent of the training at the TRC is of a one-to-two-day duration, the TRC is only responding to the requests of AID. The capacity to implement more long-term, in-depth training exists at the TRC and it needs only to be tapped.

Training sessions of 16-20 working days comprised about one-quarter of the training with almost three times as much of such training occurring in the time period from 1976 to 1977. This difference is due mostly to the adolescent Fertility Management Workshop offered in May, 1977. As this workshop continues to be offered, it would be expected that the frequency of one-month training will increase. Most block programs are now offered only once per year. (See Tables 1 and 2.)

It would be of interest to evaluate what type of training each category of professionals is likely to come for at the TRC. For instance, if medical personnel were most likely to attend the TRC for medical update information, formal training is most likely to be occurring. However, if medical personnel are attending seminars in management or adolescent fertility we might assume that education and training was occurring. Which situation would be more profitable for the field of family planning? It is difficult to speculate and arguments could be proposed for both approaches. Such information would be helpful in determining the direction of the training program.

D. IN-HOUSE EVALUATION OF TRAINING

Provisions are made in-house to evaluate the on-going training. The type of evaluation undertaken varies with the extent of training. For training lasting less than one week, the participants are interviewed personally and asked to give a verbal evaluation. For training lasting more than one week a written evaluation is elicited from the participants. Long-term training (one month or more) has several evaluations built-in to the program.

The written evaluations address themselves to both content and relevance issues. The participants are asked to evaluate the presentation of "theory," the opportunity for idea interchange, and the abilities of the session leaders as well as the appropriateness of the topics for the home situation. Apparently, this type of evaluation has led to changes in the seminars--both following and during the course. This points to the flexibility and responsiveness of the staff in providing the participants with relevant content.

On the other hand, since the majority of the training is provided for one week or less, the majority of the training is also not evaluated in written form. This may lead to bias in the interpretation of the favorable evaluation responses for the long-term training. In addition, the TRC is faced with the ever-present possibility that favorable evaluations were submitted out of courtesy rather than constructive criticism. These issues need further attention and consideration by the staff at the TRC.

Long-term evaluation of the Training programs, in terms of its relevancy and impact to the participant's home environment, presents an even greater problem. The diversity of types of training, duration of training, and backgrounds of participants in the training programs makes meaningful evaluation extremely difficult. The TRC has made some attempts at this type of evaluation. The results will be discussed at length in the section on Impact of Training.

E. PARTICIPANT AND PROGRAM SELECTION

The actual selection of the participants for the PPACA training programs occurs mainly in the specific developing country, rather than in Washington, D.C. It appears that a variety of mechanisms are employed for these purposes. The participants may request the training themselves, the governments concerned may identify the appropriate personnel for training, or AID missions personnel could suggest such training. In any event, the administrative procedures are always the same. The AID mission sends a PIO/P to Washington to request training and the Office of International Training and the TRC at PPACA make the appropriate arrangements.

These procedures, however, often are incomplete and lead to confusion and frustration on the part of the TRC staff. For example, the TRC is frequently notified of the arrival of a participant only two to three days ahead of time and is expected to develop a meaningful training experience on short notice. In addition, it is not unusual for the TRC not to be notified of the training objectives of the participant, the position to which the participant will be returning, or the other training sessions the participant will be attending in the United States. Thus, the preliminary information available to the TRC for the coordination of a training program is less than optimum.

On the other hand, once the participants have arrived in Chicago the TRC makes further efforts to tailor more effectively the training programs. The prepared schedules are discussed with participants and often adjusted according to the participant's stated needs and interest. Furthermore, in discussions with the participants, it was evident that they were receiving similar types of training at several different training sites. Similar discussions with the training staff pointed to the fact that the staff was unfamiliar with the types of training occurring at other AID-funded training centers. Thus, there appears to be some duplication of effort and repetition of training which ideally should be avoided. With better communications between training centers and OIT, the TRC can avoid this duplication and better serve the objectives of the individual participants. (Detailed procedures describing this process as well as handling such logistical matters as hotel reservations, transportation, etc., are described in PPACA's "Procedural Handbook for International Participants".) (See Appendix G.)

F. USE OF CONSULTANTS

The training and Research Center of PPACA makes extensive use of consultants in the training programs. Most of the consultants are in the Chicago area and are utilized for the short-term training programs in management, medical update and communication. Consultants with expertise in specific subject areas are solicited from all over the U.S. for the longer block programs such as adolescent fertility management. Of the core staff members, Brian Copp is mainly responsible for teaching communications, Betty Perez has responsibility for training the trainers, and Andre Singleton and Larry Gulian primarily coordinate and administrate the programs.

During our visit, we had the opportunity to meet with or observe several of the consultants to the program. One such consultant was Dr. Joanne Cannon, who is a local consultant for the management and communications training and is a major asset to the program. She is dynamic, bright, and extremely sensitive to the needs of foreign students. Her extensive participation in the program adds to its strength.

Dr. Louis Keith is Medical Director of PPACA and is also a consultant to the program. Dr. Keith often organizes training programs for the medical personnel coming through the program as well as directly participating in some of the training himself. His contacts in the medical community in Chicago are extremely helpful in planning medical update training sessions.

We were disappointed, however, in the "Adolescent Growth and Development" session led by Dr. William Simon. Although Dr. Simon is eminently qualified in the subject which he was teaching, it became apparent that he was unfamiliar with teaching foreign students. He spoke very rapidly, used slang terms and sociological jargon, and did not encourage discussions about the concepts he was presenting.

It is to the credit of the TRC staff that they recognized these deficiencies and took action immediately to rectify the situation. The staff spoke with Dr. Simon directly about some of the problems the participants were having in understanding the language and concepts. Andre Singleton took an active role in summarizing questions and material presented and on the second day, he participated in the training itself. We were pleased to learn that at the end of the second day, Dr. Simon's support among the students had increased significantly and the training was running smoothly again.

G. COURSE CONTENT

It is difficult to comment on the quality of the content of all of the training courses since we were able to observe only a small portion of the training activities. However, we have some impressions about what we did see and the learning environment. In addition, we have some written impressions of the adolescent fertility seminar from the participants.

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The learning environment is a pleasant one and is enhanced by the attentiveness of the staff to personal amenities. The rooms are carpeted, warm, and cheery. The seats are comfortable and arranged in seminar, not lecture, format. The staff provides coffee and tea throughout the day and has purchased passes for the participants for the building cafeteria which is convenient clean and inexpensive.

Although the adolescent fertility seminar was only in its second week, the participants had several important points to make. The participants expressed the desire for more cross-cultural interactions between the participants in the group. The TRC staff recognized this need and addressed itself well to the latter question. The provision of cross-cultural examples in the training sessions, however, is the responsibility of the consultants and needs further emphasis. It has been suggested by one of the consultants, Mary Jane Snyder, that the staff provide for the consultants a briefing before their sessions concerning who the participants are, where they came from, and what some of the population and health problems are in their home countries. This cross-cultural perspective on the problems would greatly enhance the learning experience of the participants.

Most of the other comments were uniformly positive. Although several participants thought the concepts presented were very theoretical, most thought that the issues were relevant to their home situation. We think the impressions of the participants is best summarized by one of the more articulate participants:

"Adolescent fertility has not yet reached problematic proportions in my country. However, with the process of industrialization and the mobility of manpower (female), the extended family system is disintegrating both structurally and functionally. Hence, if nothing is done now by way of information and education of all the possible consequences of early pregnancies to our youths, who incidentally account for about 40% of our population, I fear that we may face a problem of adolescent fertility in the near future. Hence this seminar workshop will definitely be of great help to me in devising programs in terms of (sex) education and information and other subjects related to these topics."

H. RECOMMENDATIONS:

1. The individual tailoring of courses to the needs of the participants should be continued. Although the block course in adolescent fertility is innovative for an international training program and block courses, in general, offer more substantive information, the flexibility of the training program at the TRC can readily provide individualized training to meet the needs of the participants which may significantly add to the impact of training.
2. More lead time, when possible, should be provided to the TRC for preparation of training programs. Too often, little notice is given of the arrival of a participant and training schedules are assembled hastily. This can lead to a less-than-optimum experience, since the most qualified consultants may not be available on such short notice.
3. More information about the participant should be provided to the TRC staff before the arrival of the participant. In order to properly tailor the individual training programs, the staff needs to know the training objectives of the participants, some educational background information, and the type of job the participant will be returning to. Although this information is often provided, there have been several instances where the lack of this information has caused problems for both the staff and the participants.
4. Participants should be provided with more information about the Chicago program and the nature of the training they are to receive there. Both the staff and the participants expressed the need for this type of information before arrival. Preparation for training would enhance the impact of training.
5. A mechanism should be established whereby the directors of the various AID training programs and AID personnel could meet and discuss the current and future activities of their organizations. Currently, there seems to be some duplication of effort in training (e.g., in medical techniques) and not enough interaction for the development of new ideas for training. Several training organizations working together toward the same goal are bound to be more creative and effective than those working in isolation.

6. The Office of Population needs to develop simple guidelines for the reporting of yearly training statistics. These might include an in-depth breakdown of the one-to-five-day training sessions (e.g., who the participants were and where they came from) and a more detailed analysis of the types of training activities experienced by different professional groups of participants. This would give both the TRC and AID a better idea of the direction of their training activities.

VI. THE IMPACT OF TRAINING

A. FINDINGS

In order to properly evaluate the impact of the training program, it is necessary to first enumerate the objectives of the programs. In the original contract, USAID was interested in increasing the pool of persons responsible for population and family planning issues worldwide. By virtue of the fact that the TRC has been involved with the orientation, training, or education of more than 2,000 participants, it is safe to assume that there are available at least some additional personnel today in the field of family planning.

However, assessment of only the number of trainees can be quite misleading. The more important issues in training relate to the ultimate outcome of these activities in terms of work productivity of the participants and effect on fertility and population policy. For instance, if 100 physicians from developing countries come to Chicago for training in IUD insertions and then enter private practice upon returning home, the impact on the fertility rate of their countries would be questionable. On the other hand, training of perhaps 25 nurse-midwives in methods of family planning may have a great effect on contraceptive use, especially in rural areas. Therefore, the issues of who was trained for what, among other variables, needs to be further explored.

Perhaps the most important, but also most difficult issue that needs to be addressed in this evaluation is the usefulness in the home situation of the skills learned in the United States. Assuming that all of the in-house evaluations of the course content have been made by the participants and assuming that the bulk of the materials have been successfully assimilated by the participants, the question still remains as to the relevance and usefulness of the learned skills, Understanding the variety of professionals coming to the TRC and the variety of training objectives to be met, this type of evaluation would be difficult at best. Add to this the problem of field follow-up overseas and the task of scientifically evaluating impact, and the task becomes even more difficult.

Nonetheless, the TRC did attempt a follow-up study by questionnaire in 1975 of 300 previous participants around the world. In this study, the TRC attempted to address not only the issues of relevance and usefulness, but also the issues of participant background, selection, and present position. The response rate to the questionnaire was very low (about 10 percent) which precluded analysis of the results. Thus, the first attempt at long-term evaluation was largely unsuccessful.

If USAID and the TRC in Chicago desire to evaluate these impact issues, it is evident that an evaluation scheme needs to be developed. Such a scheme might include a prospective random selection of participants considering their professional backgrounds, major type of training experienced, region of the world, and duration of training. More specific and comprehensive information as to process of selection and expected position on return to their homes could be selectively collected. The follow-up of these participants could then be effected by the AID missions in the countries represented. In this way, good in-depth baseline information could be obtained upon which a meaningful evaluation could be built.

Another way in which the impact of training could more quickly be measured is by a retrospective follow-up of participants in their home countries. Although there is bound to be more difficulty in locating participants for whom specific information was not collected, the advantage of this type of evaluation is that it could be implemented rapidly. Thus, in a short period of time, information as to usefulness of the training could be obtained which could eventually help to identify the crucial data to be emphasized in a prospective collection of information. A scheme for the retrospective type of evaluation is described in Appendix D.

Recently, an attempt at impact evaluation was made by the TRC through the African trip of Andre Singleton. The purpose of his trip, as stated in the trip report (See Appendix H) was to:

- "(1) evaluate the results of training received at the Training and Research Center and elsewhere in the United States;

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- (2) determine unmet training needs;
 - (3) observe work conditions, methodologies, and facilities; and
 - (4) meet with mission officials, appropriate ministers, their representatives and other donor agency officials, i.e., United Nations Development Project."

Formal collection of information (i.e., a questionnaire) was planned for the past participants. However, once in the various countries this type of evaluation was deemed inappropriate.

Subjective impressions only can be gleaned from Mr. Singleton's report and from discussions with him about it. The more substantive issues of relevance and usefulness seemed to have been less emphasized by the participants than were the administrative issues. Thus, the issues of participant selection, change of positions upon return, and lack of flexibility of government organizations were repeatedly referred to as major areas of frustration.

B. RECOMMENDATIONS

1. A plan for the evaluation of the PPACA/TRC training program should be established. This plan should be a coordinated effort between the staff at the TRC and AID to ensure that the objectives of both organizations are incorporated. The evaluation plan should address the concerns of relevancy and usefulness of the training in the United States, as well as the quality and content of the courses at the TRC.
2. The current evaluation of the TRC was limited to the assessment of the quality of the program and was implemented without the benefit of reviewing comparable training programs. In order to evaluate how the PPACA/TRC fits into the training objectives of USAID, a general evaluation of all AID training programs in population and family planning should be undertaken. A training program of high quality which does not meet the overall objectives of international training can be considered to be irrelevant.

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VII. NEW TRAINING PROPOSALS

A. PROCESS

One of the objectives of the TRC is to provide education and training which is timely and relevant to the field of population and family planning. By definition, then, the scope of the training sessions as well as the content need to be reviewed and assessed periodically with new recommendations made for new needs. This regulation is not specified in the contract. However, the TRC on several occasions has taken the initiative in proposing new topics for services to be offered.

An example of one such innovation is the development of the Adolescent Fertility Management Seminar. The workshop was conceived and developed with the cooperation of the Office of International Training and was undertaken in May, 1977. Other proposals the TRC have submitted include:

- (1) A seminar and workshop in the non-clinical distribution of contraception;
- (2) Proposal for the training of international nurses-midwives;
- (3) Training population and family planning professionals in cross-cultural adaptation of family planning approaches and techniques;
- (4) Proposal for an African regional training center;
- (5) Proposal for the coordination of training activities for AID participants.

All of the proposals submitted have not been approved or acted upon by USAID, Office of Population, which has primary responsibility for this task. Whether the refusals were because of questionable relevance of the materials, quality of the proposal, or budgeting constraints was not specified to the staff at the TRC. This lack of communication on the part of both AID and the TRC points to the need for the reassessment of the proposal review process. Discussions on the weaknesses and strengths of each of the proposals might have led to a more profitable exchange of ideas, subsequent revisions, and implementation.

B. CONTENT

A review of the proposals submitted suggest that the TRC is interested in a wide variety of training activities. However, the topics proposed may not all be equally relevant, comprehensive, or feasible. For example, the proposed seminar on non-clinical distribution systems appears to be not only relevant for participants from developing countries who are designing delivery systems, but unique as well. It would be difficult to find similar non-academic training on the approaches to non-clinical distribution, with a particular emphasis on planning such a program, elsewhere in the U.S. Thus, implementation of such a workshop would provide expertise in a relatively new approach to family planning which is gaining importance in developing countries today.

On the other hand, the proposal for the training of international nurse-midwives is probably less unique than most of the other training programs suggested. In the first place, the types of personnel to be trained were not specified in the proposal. Thus, the trainees may already be certified nurse-midwives in their home country or they may be lower level nurses seeking education and training in family planning. Designing a program for these two types of health professionals alone would take a considerable amount of time and require a considerable amount of flexibility on the part of the hospitals, clinics, and trainers.

Secondly, there is the problem in this type of training in the limitation of "laying-on-of-hands" during the training process. It is one thing for physicians and nurses trained in gynecological care (i.e., familiar with breast, pelvic, abdomen, and speculum exams) to perform IUD insertions on "dummies", to observe insertions in women, and translate this process to actual situations. It is another matter to teach those techniques and expect students to become proficient without even having examined one human patient. This type of training could be done best, perhaps, in-country where the legal restrictions would not prohibit the clinical experiences with actual patients.

Finally, the uniqueness of this type of program is questionable. Several universities across the United States have comprehensive training programs for certified nurse-midwives. And, there centers which offer training in some of the basic family planning techniques to lower-level personnel. Downstate Medical Center and the Margaret Sanger Center are two programs which offer short-term training in family planning service delivery for international personnel. In addition, there are many institutions overseas where these health professionals can receive similar and high-quality training. Thus, implementation of such a training program could be not only expensive but also a duplication of effort.

The third proposal for a new training curriculum was the teaching of cross-cultural considerations in family planning service delivery. The topic is an important one that does not receive enough attention. However, it is questionable if such a seminar is needed to the extent outlined in the proposals as a separate program. Perhaps the purpose of this type of education would best be served by incorporating cross-cultural perspectives as part of the other training programs undertaken at the TRC.

The staff at the TRC, as have many other training professionals, acknowledged the need and the desirability of developing training centers overseas in countries within easy access (both geographically and culturally) to a variety of participants. Such a regional training center under the auspices of PPACA has been proposed for Africa by the TRC. The details of this proposal can be found in Appendix I.

There appear to be several advantages and disadvantages to the establishment of a regional training center in Africa. The advantages are, of course, reduced costs of training, culturally relevant training, and increased numbers and types of participants trained. The disadvantages at this time, however, seem to outweigh the advantages.

The first question which can be raised about such an endeavor is: Why the Planned Parenthood Association of Chicago? Both the International Planned Parenthood

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Federation and the Family Planning International Assistance Program of the Planned Parenthood Federation of America are currently involved in training in Africa. The PPACA has no previous experience working overseas or related experiences involved with such training. Similarly, PPACA has no contacts in the African countries nor within cooperative organizations (e.g., UNICEF) from which to establish a base. Without such contacts development of a regional training center would be very difficult.

Other problems inherent in any such undertaking are, of course, vast political and cultural differences between African nations. These problems would not be confined to PPACA/TRC involvement but are likely to interfere in general with regional training operations. Thus, there needs to be a considerable amount of further study into the question of regional training. Although at this time there may be several constraints to implementation, the movement to regional training is important and should be given attention in the near future. Furthermore, based on Chicago's experience in training, the role of PPACA should be considered.

The last of the proposals for the expansion of effort on the part of the TRC was for the direct programming of training for selected participants (See Appendix I). The idea for such an endeavor grew out of the difficulty that the TRC sometimes faces with the design and itinerary of training programs of various participants. With the coordination of orientation and program arrangements in Chicago, some of the administrative problems USAID faces in Washington could be alleviated while the training objectives of USAID could be maintained.

However, although the proposal would be helpful to AID in its administrative functions, this project would be burdensome on the TRC staff. Indeed, new staff would certainly have to be hired, more space would be needed, and adjustments in the contract would have to be made. The concept of a central organization to coordinate family planning training is a good one. However, it appears that a considerable amount of thought needs to be given to the movement of these functions outside of USAID.

C. RECOMMENDATIONS

1. The proposal for a seminar on the non-clinical distribution of contraception should be supported as a training program at the TRC. The topic is timely and relevant and needs attention in non-academic circles.
2. The proposal for the training of international nurse-midwives at the TRC should not be supported at this time, mainly because it would be a duplication of similar work elsewhere. If, however, it was found that other programs are more inflexible to the needs of this type of training, PPACA/TRC should then be given consideration as a resource organization.
3. The proposal for the "Training of Population and Family Planning Professionals in Cross-cultural Adaptation of Family Planning Approaches and Techniques" is an innovative idea but probably should not be taught as a separate seminar. Incorporation of this topic into all of the training programs at the TRC, however, should be given consideration. In addition, the ability of the TRC to provide this type of training for all AID participants should be recognized.
4. The proposals for the Regional Training Center in Africa and the Coordination of Training Activities for AID participants should be given further consideration. Although the proposals are too preliminary to act upon at this moment, discussions with the TRC staff could provide the necessary clarifications and specifications for expansion.
5. A formal process for the review of proposals should be established. Under the present system, it is not unusual for the TRC not to be notified as to the status of proposals submitted to AID. In addition, there are no procedures established for discussion over the various points and issues in the proposals with the TRC staff. This lack of communication could, unfortunately, lead to the rejection of proposals over minor issues which open channels of communication could avoid.

VIII. CONCLUSION

Despite necessary limitations of time and resources which precluded an in-depth analysis of such important issues as impact of participant training, the evaluators are convinced that PPACA's International Training Program meets an important need for the training of family planning professionals from abroad. The PPACA program is particularly outstanding in its ability to respond rapidly with high quality training programs which are individually tailored to meet participant needs. The evaluators were told of instances by both training center consultants and participants themselves, in which the latter were first sent by USAID for extended periods of time to other training institutions in the U.S. before finally getting what they wanted most from PPACA. This quality of individual programming should remain the backbone of PPACA's activities as future programs are developed.

Certainly, there is room for improvement of the PPACA training program. Internal staff management should be improved, reporting procedures made more relevant, and outside consultants better briefed. But these are minor deficiencies of what otherwise appears to be a very high quality program. Furthermore, PPACA training staff appears to very open in soliciting and accepting suggestions for improvement from both participants and other outside sources.

In the opinion of the evaluators, the real question is not whether the PPACA international training program should continue (it should) but rather, what form should it assume? That question can only be answered by USAID as it lines up emerging needs against available resources. We have made some suggestions in this report (e.g., retain strong emphasis on individual programming; develop a new block program in non-clinical distribution of contraceptives) and PPACA training staff has made others (development of African Regional Training Programs; development of a system for improved participant scheduling and logistical support). These suggestions should receive careful consideration as USAID deliberates next year's training contract with PPACA.

APPENDIX A

LIST OF PERSONS INTERVIEWED

AID

Dr. Gerald Winfield, PHA/POP/TI
Dr. John Edlefsen, PHA/POP/TI
Mr. James Massie, PHA/POP/TI
Dr. Otto Schaler, SER/IT
Mr. Thomas Ward, SER/IT
Ms. Mary Bouldin, SER/IT
Mr. William Bair, PHA/POP/LA/AFR
Mr. John Peabody, PHA/POP/AFR
Mr. Harry Harris, PHA/POP/FPSD

PPACA/TRC

Mr. Michael Fryer, President
Mr. Andre Singleton, U.P. TRC
Mr. Brian Copp, Associate Director
Mr. Larry Gulian, Associate Director
Ms. Betty Perez, Associate Director
Ms. Patricia Scott, Dir. Statewide Training
Dr. Louis Keith, Medical Director
Ms. Marcie Love, Chairman, Board of Directors

TRC CONSULTANTS

Dr. Jo Ann Cannon, Associate Professor, SPA, UI
Dr. William Simon, University of Houston
Dr. Donald Bogue, University of Chicago
Ms. Mary Jane Snyder, MJ Enterprises

PARTICIPANTS

Mr. Joe Sackie, P.A., Liberia
Terrance Goldson, Dir. of Admin. Ministry of Health,
Jamaica
Ramnarainsing Dabysing, Education Officer, Mauritius
Ms. Joyce Kabisa, Reg. Nurse, University Teaching
Hospital in Lusaka, Zambia
Dr. Harith Ali, Chief Obstetrician and Gynecologist,
Sudan
Joan Biship, Sr., Medical Social Worker, Trinidad
Noellie Phiri, Worker Supervisor, Family Planning
Welfare Association of Zambia

Dr. Mohamed Salish, Obstetrician and Gynecologist at
Was-Medani Hospital in Sudan
Saadet Ulker, Ph.D., Instructor at the Hacettepe
University School of Nursing in Ankara, Turkey
Rosalind Horace, Program Coordinator with the
Ministry of Education in Sanniquellie, Liberia
Muriel Marshall, Public Health Nurse County
Supervisor with the Ministry of Health and
Social Welfare in Monrovia, Liberia
Margaret McShine, Nursing Officer in the Population
Program with the Ministry of Health in Trinidad
and Tobago
Dr. Enriqueta Sumano de Silva, Pediatrician at the
Children's Hospital in Mexico City, Mexico
Carmen Barroso de Lafuente, Ph.D., Psychologist at
the Medical Psychological Institute in Asuncion,
Paraguay
Dr. Mohamed Mesbahi, Assistant Chief, CHU Averroes
Hospital in Casablanca, Morocco
Indurjeet Jugessur, Founding Member and Chairman of
the Mauritius Family Planning Association
Heerandranath Randoyal, Vice Chairman of the Mauritius
Family Planning Association
Frances Jinlack, Ministry of Health and Social Welfare,
Liberia
Esther Moore, Ministry of Health and Social Welfare,
Liberia
Virginia Moreqane, Biographical, Botswana
Grace Busang, Biographical, Botswana
John R. Malido, Biographical, Lesotho
Enid Campbell, Biographical, Jamaica
Felicity Aymer, Biographical, Jamaica
K. Shuja-Ud-Din, M.D., Biographical, Kenya
Ms. Charlotte Swatson, Ghana
Ms. Evelyn Craldoe, Ghana
Ms. Susanna Wright-Hanson, Ghana
Ms. Sarah Martinson, Ghana
Ms. Mavis Amonoo-Acquah, Ghana

TRAINING & RESEARCH CENTER

55 East Jackson Blvd.
Chicago, IL. 60604

ADOLESCENT FERTILITY MANAGEMENT

seminar-workshop

October 31 - November 30, 1977

PLANNED PARENTHOOD ASSOC.

Chicago Area

TRAINING AND RESEARCH CENTER

PLANNED PARENTHOOD ASSOCIATION - CHICAGO AREA

Adolescent Fertility Management PARTICIPANT ORIENTATION

October 31, 1977

- 9:00 a. m. Meet staff escorts in lobby of the Allerton Hotel
(Betty Perez/Larry Gulian)
- 9:30 - 9:45 Coffee and Sweets
- 9:45 - 10:15 Welcome and Introductions
Andre' Singleton, Vice President
Training and Research Center
- 10:15 - 10:30 Michael A. Fryer, President
Planned Parenthood - Chicago
- 10:30 - 11:00 Sound-On-Slide Presentation, Agency Structure
and Services
Brian E. Copp, Associate Director
International Training Division
- 11:00 - 11:15 Break
- 11:15 - 11:45 Orientation to the City of Chicago
Larry Gulian, Associate Director
Betty Perez, Associate Director
International Training Division
- 11:45 - 12:15 Tour of Planned Parenthood Facilities
Staff Guides
- 12:15 - 12:30 Briefing: Workshop/Seminar Format
Andre' Singleton
- 12:30 - 1:30 Catered Luncheon
- 1:45 - 3:00 Walking tour of Downtown Chicago
(itinerary to be announced)
- Return to Hotel

PLANNED PARENTHOOD ASSOCIATION - CHICAGO AREA

Adolescent Fertility Management

ANALYSIS OF THE PROBLEM

AY, November 1

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- | | |
|----------------------|---|
| 9:00 - 9:30 | Coffee |
| 9:30 - 9:45 | Greetings and Introductions
Andre' Singleton, Vice President
Training and Research Center |
| 9:45 - 11:00 | Dialogue - Early Childbearing: World and National Trends
Keyes McManus, Deputy Assistant
Secretary for Population and
Humanitarian Assistance
U. S. Agency For International
Development, Washington, D. C. |
| 11:00 - 11:10 | Break |
| 11:10 - 12:30 | Medical Risks of Early Pregnancy
Louis Keith, M. D., F. A. C. O. G.
Medical Director, PPACA |
| 12:30 - 1:30 | Luncheon |
| 1:30 - 3:00 | Demographic Impact of Early Childbearing
Akwasi Jumfuo, Director
Institutional Research, Central
YMCA Community College
Chicago, Illinois |
| 3:00 - 4:30 | Workshop: Adolescent Profiles - Differences and Commonalities
Patricia Scott, Director - Statewide
Training, Training and Research |

Adolescent Fertility Management -2-

WEDNESDAY, November 2

9:30 - 4:30

Workshop: Perceptions, Values and Expectations
 Jo Ann Cannon, Dr. PH
 Assistant Professor, Health
 Resources Management, Graduate
 School of Public Health, University
 of Illinois at the Medical Center

Pat Scott, TRC

THURSDAY, November 3

9:30 - 4:30

Workshop: Social Consequences of Early Childbearing
 Frank Furstenberg, Ph.D.
 Associate Professor of Sociology
 Center for Population Research
 University of Pennsylvania
 Philadelphia, Pennsylvania

FRIDAY, November 4

9:30 - 4:30

Adolescent Roles, Sexuality, Parenting
 Donn Byrne, Ph.D., Professor
 Department of Psychological Sciences
 Purdue University
 W. Lafayette, Indiana

ADOLESCENT GROWTH & DEVELOPMENT

MONDAY, November 7

9:30 - 4:30

Workshop: Adolescent Growth and Development
 William Simon, Ph. D.
 Department of Sociology
 University of Houston
 Houston, Texas

TUESDAY, November 8

9:30 - 4:00

Workshop: Communicating With Adolescents About
 Sex

Dr. William Simon

Adolescent Fertility Management -4-

TUESDAY, November 15

9:30 - 4:30 **Demographic Analysis and Use of Data**
Akwasi Jumfuoh

Brian Copp

3:30 - 6:00 **Observation: Adolescent Services Clinic**
(selected participants)

WEDNESDAY, November 16

9:30 - 4:30 **Media Approaches for Reaching & Engaging Youth**
Kathi Kamen, M. A.
Program Associate
Population Institute
San Francisco, California

THURSDAY, November 17

10:00 - 12:00 **Planned Parenthood - Chicago Traveling Rap**
"That's What It Is", a one act drama designed
to reach adolescents with a message about
sexual responsibility

Curt Colbert, Director
Education Thru Theatre Association
(ETTA)

Darryl Hale, PPACA

3:30 - 6:00 **Observation: Adolescent Services Clinic**
(selected participants)

FRIDAY, November 18

9:30 - 4:30 **Adolescent Program Development: An American**
Experience

Kathie Markert, Executive Director
LINKS, North Shore Youth Health
Service

FACILITATOR TECHNIQUES; METHODS & SKILLS

MONDAY, November 21

9:30 - 4:30 **Cross-Cultural Analysis - Adolescent Fertility**
Thomas Poffenberger, Ed. D.
Department of Population Planning
School of Public Health
University of Michigan, Ann Arbor

3:30 - 6:00 **Observation: Adolescent Services Clinic**
(selected participants)

TUESDAY, November 22

9:30 - 4:30 **Communication Skills - Counseling, Human Relations**
Change Agency Skills Development
Joseph Levin, Ed. D.
Associate Professor
Health Care Service
School of Public Health
University of Illinois

Earl Durham, MSW
Professor of Social Work
School of Social Service Administration
University of Chicago

3:30 - 6:00 **Observation: Adolescent Services Clinic**
(selected participants)

WEDNESDAY, November 23

9:30 - 4:30 **Strategies For Reaching Youth**
Leadership Development
Motivation and Engagement Techniques
Joseph Levin

Earl Durham

THURSDAY & FRIDAY
November 24 & 25

THANKSGIVING HOLIDAYS - no seminar

Adolescent Fertility Management -6-

REVIEW AND PRESENTATIONS

MONDAY, November 28

9:30 - 4:30	Program Review Program Development (Refinement)
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TUESDAY, November 29

9:30 - 4:30	Presentation of Program Models Individual Participants
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WEDNESDAY, November 30

10:00 - 12:00	Closing and Graduation
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12:00 - 2:00	Luncheon
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TRAINING AND RESEARCH CENTER

PLANNED PARENTHOOD ASSOCIATION - CHICAGO AREA

Participants: Adolescent Fertility
Oct. 31-Nov. 30,
1977

Ramnarainsing Dabysing

is an Information and Education Officer for the Mauritius Family Planning Association (MFPA). He is responsible for devising and implementing programs on motivation, education, and information on a national level. Mr. Dabysing is a founding member of the MFPA and will be working on a youth oriented education program.

Joyce Kabisa

is a Registered Nurse Midwife in charge of family planning clinics at the University Teaching Hospital in Lusaka, Zambia. Her responsibilities include management, supervision, and organizing of both the hospital clinic and other area family planning facilities. Ms. Kabisa is also working on health education program planning for adolescents.

Harith Ali, M. D.

is the Director, Chief Obstetrician and Gynecologist at a leading maternity hospital in Khartoum, Sudan. His duties include administration and teaching in maternal/child health, family planning, obstetrics, and gynecology.

Joan Bishop

is the Senior Medical Social Worker at General Hospital, Trinidad. In addition to functioning as a team leader she provides various counseling services to patients including adolescents with unwanted pregnancies. Mrs. Bishop is also a member of the Population Council of Trinidad.

Noellie Phiri

is Worker Supervisor with the Family Planning Welfare Association of Zambia. Her responsibilities include management of family planning clinics, and interagency training and coordination. Ms. Phiri conducts seminars on family planning and office management.

Participants: Adolescent Fertility
October 31 -November 30, 1977

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Mohamed Salih, M. D.

is an Obstetrician and Gynecologist at Wad-Medani Hospital in Sudan. His duties include management of obstetric and gynecologic emergencies and the maintenance of pre-natal and post-natal care. Additionally, Dr. Salih administers family planning clinics in the hospital and community.

Saadet Ulker, Ph. D.

is an Instructor at the Hacettepe University School of Nursing in Ankara, Turkey. Her responsibilities include teaching medical-surgical nursing to undergraduates and teaching physiopathology to graduate students. Upon Dr. Ulker's return she will participate as a nursing advisor to a research group of Planned Parenthood, Turkey.

Rosalind Horace

is a Program Coordinator with the Ministry of Education in Sanniquellie, Liberia. Her current responsibilities include providing counseling services to parents and students.

Muriel Marshall

is a Public Health Nurse County Supervisor with the Ministry of Health and Social Welfare in Monrovia, Liberia. Her responsibilities include family planning clinic staff supervision, nurse training in family planning and collecting statistics for improving community nursing services. Ms. Marshall is also involved with staff supervision regarding family life education in the schools.

Margaret McShine

is a Nursing Officer in the Population Program with the Ministry of Health in Trinidad and Tobago. She is responsible for developing, conducting, and evaluating in-service education and training programs for all categories of nursing personnel nation-wide. Ms. McShine is also working on a project to integrate family planning services into the existing maternal and child health clinics.

Participants: Adolescent Fertility
October 31-November 30, 1977

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Enriqueta Sumano de Silva, M. D.

is a Pediatrician at the Children's Hospital in Mexico City, Mexico. Her responsibilities include providing counseling and contraceptive services to adolescents. Dr. de Silva has studied adolescent medicine and is also an obstetrician-gynecologist.

Carmen Barroso de Lafuente, Ph. D.

is a Psychologist at the Medical Psychological Institute in Asuncion, Colombia. Her present work is behavior modification therapy with children and adolescents. When Dr. Lafuente returns to Colombia she will be doing research and program planning on adolescent sexual attitudes and behavior for the Paraguayan Center for Population Study.

Mohamed Mesbahi, M. D.

is the Assistant Chief, CHU Averroes Hospital in Casablanca, Morocco. His responsibilities include the management of high risk pre and post natal patients.

Indurjeet Jugessur

is a founding member and Chairman of the Mauritius Family Planning Association.

Heerandranath Ramdoyal

is Vice Chairman of the Mauritius Family Planning Association.

Frances Jinlack

is with the Ministry of Health and Social Welfare, Liberia.

Esther Moore

is with the Ministry of Health and Social Welfare, Liberia.

Participants: Adolescent Fertility
October 31-November 30, 1977

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Virginia Moreqane

Botswana. Biographical data unavailable at this writing.

Grace Busang

Botswana. Biographical data unavailable at this writing.

John R. Malido

Lesotho. Biographical data unavailable at this writing.

Enid Campbell

Jamaica. Biographical data unavailable at this writing.

Felicite Aymer

Jamaica. Biographical data unavailable at this writing.

K. Shuja-Ud-Din, M. D.

Kenya. Biographical data unavailable at this writing.

TRC/gj

Matrix of PPACA/TRC Training Programs

**PLANNED PARENTHOOD ASSOCIATION
CHICAGO AREA**

**INTERNATIONAL
Training and F**

COMPONENTS AREAS	CAPACITY IN PLACE AND IMPLEMENTED			
	COMMUNICATION	MEDICAL UPDATE	MANAGEMENT AND ADMINISTRATION	FAMILY PROGRAM
PROGRAM OBJECTIVES	To enable participants to plan and analyse the development, execution and evaluation of health/family planning communication programs in terms of goals, human resources, hardware, software and means available in particular socio-cultural contexts.	To expand and/or update knowledge and skills or techniques in specific subjects as requested.	To assist participants in the analysis and understanding of the theoretical and practical applications of concepts essential to managerial and organization effectiveness.	To increase the planning concept well as, technical effective family planning in a rural
CONTENT *(Represents a capacity within each topic area from which components may be drawn for training programs of varying time-spans for individuals or groups.)	<u>Theoretical</u> Communication Theory and Analysis Human Behavior Theories Attitude and Behavior Change Communication Uses and Effects <u>Application</u> Low-cost Communication Approaches Communication Planning and Strategies Public Relations, Advertising and Use of Commercial Resources Communication Research and Evaluation Effecting Change and Adaptation Inter-personal Communication and Counseling Group and Community Communication Mass-media Communication Audio-visual Materials and Methods	<u>Voluntary Surgical Contraception</u> Laparoscopy Laparotomy Mini-Laparotomy Culdoscopy Falop Ring Sterilization Hysterectomy Vasectomy New Surgical Techniques and Hardware <u>Family Planning Clinic Procedures</u> History/Physical Examination IUD Insertion and Removal Oral Contraceptives Hormone Therapy <u>Other</u> Maternal and Child Health Nutrition Contraceptive Technology and Research	<u>Management Concepts</u> Functions of Management Organizational Effectiveness; Systems Approach Family Planning and Health Delivery Systems <u>Planning</u> Organizational Goals and Objectives Planning and Decision-making Methods <u>Organizing</u> Formal Organization Structure Integrating Strategy and Structure <u>Directing</u> Understanding/Motivating Staff Effective Communication Delegating Responsibilities Conducting Effective Meetings Organization Change Initiation <u>Controlling</u> Review/Program Evaluation Budgeting Concepts and Standards Operational Control Management Information Systems <u>Practical Application Strategies</u> Rural and Urban Settings Introduction to Marketing and Distribution Systems	<u>Introduction to Family Planning and Clinic Systems</u> Follow-up on MCH and Fae Nutrition and Non-clinical Family Planning and Urban Areas <u>Health Education</u> Client Education Research Materials Male Education Program Outreach Human Sexual Counseling Cultural Adolescent Sex Program Program Education Psychology Medical Population Dynamics Growth Pattern Effects of Population
TECHNIQUES AND TOOLS	Group Discussion Lecture Discussion Brainstorming Role playing Simulation Audio-visual Materials Case Studies Handouts Projects (group and individual) Field Visits	Case Studies Tutorial Case Histories Hospital Rounds Surgical Observations Teaching Models: OB/GYN, Breast Film, Slides Research Data Problematic Consultation	Group Discussion Lecture/Discussion Field Visits Brainstorming Role playing Simulation Audio-visual Materials Case Studies Handouts Field Placements Projects (group and individual)	Group Discussion Workshop Problem-solving Role play Field Observation
AUDIENCE	Administrators Health Services Personnel Information Officers Media Staff Communication Officers	Physicians Nurses Midwives	Administrators Physicians Nurses Educators	Medical Personnel Educators Researchers Health Officers Communication Officers

PROGRAM SUPPORT RESOURCES (In addition to primary resources provided by the staff and departments of PPACA.)	<u>HOSPITALS</u> University of Illinois Medical Center Rush-Presbyterian St. Luke's Hospital University of Chicago Hospitals Michael Reese Hospital Mt. Sinai Medical Center Cook County Hospital Illinois Masonic Hospital	<u>FAMILY PLANNING CENTERS</u> 53 rural and urban family planning projects throughout the State of Illinois	<u>AGENCIES, ASSOCIATIONS, SOCIETIES AND ORGANIZATIONS</u> American Medical Association American Hospital Association Illinois Nurses Association Illinois League for Nursing Visiting Nurses Association American Dietetic Association International College of Surgeons American College of OB/GYN American National Red Cross Mid-America Chapter Illinois Family Planning Council Model Cities West Side Health Planning Organization Uptown Community Redevelopment South Chicago Urban Progress State of Illinois Laboratories Illinois Department of Public Health
	<u>HEALTH CENTERS</u> Fifth City Health Outpost Uptown Neighborhood Health Center Chicago Board of Health Cook County Board of Health Mile Square Neighborhood Health Center Daniel Hale Williams Neighborhood Health Center Infant Welfare Society Altgelt Urban Progress Center	<u>UNIVERSITIES</u> University of Chicago Community and Family Study Center Graduate School of Education University of Illinois School of Medicine School of Public Health School of Nursing School of Business Administration PLATO Computer Terminal Northwestern University Wesley Passavant School of Nursing McGaw Medical Center Prentice Women's Hospital and Maternity Center Indiana University Audio-Visual Center University of Connecticut	

46a

EVALUATION OF THE IMPACT OF TRAINING

I. Problem:

Time constraints have made it impossible to include an evaluation of the impact of training at PPACA/TRC upon the participant's home environment. Such an assessment could only be accomplished through the use of field visits overseas. Yet, the question of how the participant uses his or her training is without doubt the most important question of all. Training does not exist in a vacuum. The only important measure of its success is its effect, in this case, its contribution to participant countries' efforts to improve the health of its population while reducing excess fertility rates. A training program that benefits the participant alone is virtually meaningless.

This issue of measuring the impact of training goes beyond PPACA/TRC. It raises questions basic to overall policy regarding USAID-subsidized international training programs.

- 1) Is USAID-subsidized training meeting its current objectives?
- 2) Are those objectives meaningful in today's rapidly changing environment?
- 3) Are training graduates using their new skills?
If not, why not?
- 4) How can U.S.AID training efforts be made more effective, especially with regard to:
 - a) Training done in country rather than the U.S. and types of training most appropriate for each.

- 2 -

- b) Methods of recruitment, coordination and implementation.

II. Proposal:

It is proposed that USAID undertake an evaluation of the impact and effectiveness of its international training programs.

III. Approach:

The evaluation team would take the following approach:

A. Consultation with USAID officials in Washington to:

1. Specify USAID training objectives
2. Gain an understanding of the scope of current USAID supported training activities as well as the mechanisms used for recruitment and coordination.
3. Select U.S. based international training programs for analysis and comparison.
(e.g. PPACA and Development Associates.)
4. Agree upon evaluation criteria

(Such criteria would include at a minimum following:

- quality of training
(What was learned)?
- quality of participants
(Are participants directly involved in family planning in their country

- 3 -

or are they are in a position influence policy?

- compatibility of training with population policies in participant's country (Can the training be implemented now or in the foreseeable future?)
- need for training (Could the training have been done as well or better in country?)

5. Develop Participant Questionnaire

- B. Site visits to domestic training programs previously selected to gain understanding of training content and operating procedures.
- C. Field investigations to preselected countries overseas in order to gather information in issues presented in evaluation criteria.

Results:

The end result of this evaluation would be a set of recommendations that should assist USAID in answering the following questions regarding international family planning training activities carried out in the U.S.

- 4 -

- 1) Is the training being used?
- 2) Is the training relevant to U.S.AID population objectives?
- 3) Is the training relevant to needs as well as population policies and family planning practices of the participant's home country?
- 4) Could the training be done as well in country?
- 5) What changes in USAID international training policies and practices would make training more effective and relevant?
- 6) Are there needs for new training activities and, if so, what are they and how should they be implemented?

PARTICIPANT PROFILES

July, 1976 - September, 1977

PROFESSION	SEX		TYPE OF TRAINING								LENGTH OF TRAINING						
	Male	Female	Administration	Communication	Family Planning Program Development	Medical Update	Training of Trainers	Adolescent Fertility	Combination	Other	1 - 5 days	6 - 10 days	11 - 15 days	16 - 20 days	21 - 30 days	31 - 40 days	41 & over
Administrators	21	6	18	8	7	1		4	10	5	13	2	1	10	0	0	1
Communicators	5	3	4	6	0	0	0	1	4	3	3	3	0	0	0	1	1
Medical (physicians, nurses, midwives)	15	21	19	13	4	15	3	9	14	6	18	3	1	12	5	0	0
Allied Health Professionals	2	3	4	4	0	0	0	1	3	3	1	3	0	1	0	0	0
Educators	10	2	7	7	0	0	0	2	6	2	9	0	0	3	0	0	0
Researchers	0	0															
Social Workers	1	1	1	1	1	0	0	0	1	1	2	0	0	0	0	0	0
Students	2	0	1	0	0	0	0	1	1	1	1	0	0	1	0	0	0
Unknown	2	0	1	2	1	0	0	0	2	0	2	0	0	0	0	0	0
Totals	58	40	55	41	13	16	3	18	41	27	49	11	2	34	5	1	2

PROFESSION	SEX		TYPE OF TRAINING								LENGTH OF TRAINING						
	Male	Female	Administration	Communication	Family Planning Program Development	Medical Update	Training of Trainers	Adolescent Fertility	Combination	Other	1 - 5 days	6 - 10 days	11 - 15 days	16 - 20 days	21 - 30 days	31 - 40 days	41 & over
ASIA																	
Administrators	27	5	20	19	4			1	4	13	17	2	2	11			
Communicators	0	1	1	1					1		1						
Medical (physicians, nurses, midwives)	5	6	3	3	2	3		1	1	2	6		1	4			
Allied Health Professionals	4	2	3	3	1					2	3	1	1	1			
Educators	8	6	8	7	1					7	12			2			
Researchers	2	0	1	1				1	1		1			1			
Social Workers	0	1			1						1						
Students																	
Unknown																	
Totals	46	21	36	33	9	3		3	7	24	41	3	4	19			

PROFESSION	SEX		TYPE OF TRAINING								LENGTH OF TRAINING						
	Male	Female	Administration	Communication	Family Planning Program Development	Medical Update	Trainings of Trainers	Adolescent Fertility	Combination	Other	1 - 5 days	6 - 10 days	11 - 15 days	16 - 20 days	21 - 30 days	31 - 40 days	41 & over
Administrators	1	1	1	2					1		2						
Communicators	1	1	1	1	1				1		2						
Medical (physicians, nurses, midwives)	1	4		3		3	3	3	3	3	2					3	
Allied Health Professionals																	
Educators	2	6	1	3	1			2		1	3			5			
Researchers	1		1	1					1		1						
Social Workers	1							1						1			
Students	1	1	1	1					1		2						
Unknown																	
Totals	8	13	5	11	2	3	3	6	7	4	12			5		3	

PROFESSION	SEX		TYPE OF TRAINING							LENGTH OF TRAINING							
	Male	Female	Administration	Communication	Family Planning Program Development	Medical Update	Training of Trainers	Adolescent Fertility	Combination	Other	1 - 5 days	6 - 10 days	11 - 15 days	16 - 20 days	21 - 30 days	31 - 40 days	41 & over
Administrators		1	1						1	1							
Communicators	1		1	1				1	1	1							
Medical (physicians, nurses, midwives)																	
Allied Health Professionals																	
Educators																	
Researchers																	
Social Workers																	
Students																	
Unknown																	
Totals	1	1	2	1				1	2	2							

PROFESSION	SEX		TYPE OF TRAINING							LENGTH OF TRAINING							
	Male	Female	Administration	Communication	Family Planning Program Development	Medical Update	Training of Trainers	Adolescent Fertility	Combination	Other	1 - 5 days	6 - 10 days	11 - 15 days	16 - 20 days	21 - 30 days	31 - 40 days	41 & over
AUSTRALIA & OCEANIA																	
Administrators		1	1										1				
Communicators																	
Medical (physicians, nurses, midwives)																	
Allied Health Professionals																	
Educators																	
Researchers																	
Social Workers																	
Students																	
Unknown																	
Totals	1	1	1										1				

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING					AGE RANGE					FORMAL EDUCATION					
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Training of Trainers	F.P. Education	Other	Population/Demography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50 +	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown	
SUMMARY: PARTICIPANTS/ALL COUNTRIES																												
Administrators	29	18	20	14	10	0	0	5	2	8	0	12	23	9	4	10	1	7	21	10	2	7	0	4	18	23	2	
Communicators	2	1	1	3	0	0	0	0	0	0	0	1	2	0	0	1	0	1	2	0	0	0	0	0	3	0	0	
Medical (physicians)	20	11	11	12	3	12	0	1	5	3	0	5	27	6	0	8	0	5	17	9	3	7	0	0	0	41	0	
Medical (nurses, midwives, nurse practitioners)	0	24	5	4	2	0	11	6	1	2	2	7	12	3	1	2	6	2	19	3	0	0	0	12	5	7	0	
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)	4	0	0	2	0	0	0	0	0	4	2	4	1	3	0	0	0	4	0	0	0	0	1	1	1	1	0	
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)	18	6	7	6	4	0	0	2	5	9	1	6	16	5	2	2	0	4	10	4	0	6	0	2	8	14	0	
Researchers	0	2	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	2	0	
Social Workers	0	3	0	0	1	0	0	0	0	2	0	0	3	0	0	0	0	0	0	0	0	3	0	0	1	2	0	
Students	3	1	0	0	0	0	0	0	0	4	0	0	3	0	0	0	1	2	0	0	0	2	0	0	0	4	0	
TOTALS	96	66	63	41	20	12	11	14	13	34	5	35	89	26	7	23	8	25	69	26	5	27	1	19	36	94	2	

INTERNATIONAL TRAINING PROGRAM

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING					AGE RANGE					FORMAL EDUCATION					
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Trainings of Trainers	F.P. Education	Other	Population/Demography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50 +	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown	
ASIA																												
Administrators	18	13	15	11	5	0	3	1	3	0	8	13	7	4	6	1	5	15	6	2	3	0	2	14	15	0		
Communicators	1	1	0	2	0	0	0	0	0	0	0	2	0	0	0	0	1	1	0	0	0	0	0	2	0	0		
Medical (physicians)	23	10	11	10	0	12	1	1	0	0	1	19	6	0	8	0	4	11	9	3	6	0	0	0	33	0		
Medical (nurses, midwives, nurse practitioners)	0	5	2	1	0	2	0	0	2	0	2	0	1	1	0	3	1	4	0	0	0	0	0	2	3	0		
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)	11	6	7	4	2	0	1	4	7	1	4	11	3	1	2	0	3	8	3	0	3	0	1	6	10	0		
Researchers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Social Workers	0	3	0	0	1	0	0	0	2	0	0	3	0	0	0	0	0	0	0	0	3	0	0	1	2	0		
Students	2	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	2	0		
TOTALS	55	38	35	28	8	12	2	5	6	16	1	50	17	6	16	4	14	39	18	5	17	0	3	25	65	0		

INTERNATIONAL TRAINING PROGRAM

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING					AGE RANGE					NORMAL EDUCATION				
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Training of Trainers	F.P. Education	Other	Population/ Demography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50 +	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown
Administrators	7	2	3	3	3	0	1	0	2	0	3	6	1	0	2	0	2	4	2	0	1	0	1	4	2	2	
Communicators	1	0	1	1	0	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	
Medical (physicians)	7	1	0	2	3	0	0	4	3	0	4	8	0	0	0	0	1	6	0	0	1	0	0	0	8	0	
Medical (nurses, midwives, nurse practitioners)	0	19	3	3	2	9	6	1	0	2	5	12	2	0	2	3	1	15	3	0	0	0	12	3	4	0	
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)	4	0	0	2	0	0	0	0	4	2	4	1	3	0	0	0	4	0	0	0	0	1	1	1	1	0	
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)	4	0	0	1	2	0	1	0	0	0	1	3	0	1	0	0	1	1	1	0	1	0	1	2	1	0	
Researchers	0	2	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	2	0	
Social Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Students	1	1	0	0	0	0	0	0	2	0	0	1	0	0	0	1	2	0	0	0	0	0	0	0	2	0	
TOTALS	24	25	7	12	10	9	8	5	14	4	18	33	6	1	5	4	11	27	6	0	5	1	15	11	20	2	

INTERNATIONAL TRAINING PROGRAM

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING			AGE RANGE			FORMAL EDUCATION									
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Training of Trainers	F.P. Education	Other	Population/Demography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50+	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown	
NORTH AMERICA																												
Administrators	0	2	1	0	1	0	1	1	0	0	1	0	0	0	2	0	0	0	0	2	0	0	0	1	0	1	0	
Communicators																												
Medical (physicians)																												
Medical (nurses, midwives, nurse practitioners)																												
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)																												
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)	2	0	0	0	0	0	0	1	1	0	1	1	1	0	0	0	0	1	0	0	1	0	0	0	2	0		
Researchers																												
Social Workers																												
Students																												
TOTALS	2	2	1	0	1	0	1	2	1	0	1	1	1	0	2	0	0	1	2	0	1	0	1	0	3	0		

INTERNATIONAL TRAINING PROGRAM

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING					AGE RANGE					FORMAL EDUCATION						
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Training of Trainers	F.P. Education	Other	Population/ Geography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50 +	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown		
SOUTH AMERICA																													
Administrators	3	1	1	0	0	0	0	0	3	0	0	3	1	0	0	0	0	1	0	0	3	0	0	0	4	0			
Communicators																													
Medical (physicians)																													
Medical (nurses, midwives, nurse practitioners)																													
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)																													
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)	1	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0		
Researchers																													
Social Workers																													
Students																													
TOTALS	4	1	1	0	0	0	0	0	4	0	0	4	1	0	0	0	0	1	0	0	4	0	0	0	5	0			

INTERNATIONAL TRAINING PROGRAM

JUNE 1975

PARTICIPANT PROFILE

JUNE 1976

PROFESSIONS	SEX		TYPE OF TRAINING										LENGTH OF TRAINING			AGE RANGE			FORMAL EDUCATION									
	Male	Female	Administration	Communication	F.P. Orientation	Medical (physicians)	Medical (nurses)	Training of Trainers	F.P. Education	Other	Population/Demography	Combination	1-5 days	6-10 days	11-15 days	16-20 days	Over	20-30 years	31-40 years	41-50 years	50 +	Unknown	High School	College - 2 yrs.	College - 4 yrs.	Graduate	Unknown	
EUROPE																												
Administrators	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	
Communicators																												
Medical (physicians)																												
Medical (nurses, midwives, nurse practitioners)																												
Allied Health Professionals (technicians, therapists, pharmacists, sanitation officers, others)																												
Educators (teachers, tutors, lecturers, trainers, health educators, motivators, field workers, male educators)																												
Researchers																												
Social Workers																												
Students																												
TOTALS	1	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0		

INTERNATIONAL TRAINING PROGRAM

PLANNED PARENTHOOD ASSOCIATION - CHICAGO AREA

TRAINING AND RESEARCH CENTER

Program for: Ms. Susanna Wright-Hanson
Ms. Sarah Martinson
Ms. Mavis Amonoo-Acquah
(Ghana)

October 31 - November 23, 1977

MONDAY, October 31

9:00 a. m.	Meet staff escorts in lobby of the Allerton Hotel (Betty Perez, Larry Gulian)
9:30 - 9:45	Coffee & Sweets
9:45 - 10:15	Welcome and Introductions (Andre' Singleton)
10:15 - 10:30	Michael A. Fryer, President Planned Parenthood-Chicago
10:30 - 11:00	Sound-On-Slide Presentation, Agency Structure and Services (Brian Copp)
11:00 - 11:15	Break
11:15 - 11:45	Orientation to the City of Chicago (Larry Gulian, Betty Perez)
11:45 - 12:15	Tour of Planned Parenthood Facilities (staff guides)
12:15 - 12:30	Briefing: Program Format
12:30 - 1:30	Lunch
1:45 - 3:00	Walking tour of Downtown Chicago Return to Hotel

TUESDAY, November 1

9:00 - 9:30	Coffee
9:30 - 9:45	Greetings and Introductions (Andre' Singleton)
9:45 - 11:00	Dialogue - Early Childbearing: World and National Trends (Keyes McManus, Deputy Assistant Secretary for Population and Humanitarian Assistance, U. S. Agency For International Development, Washington, D. C.)
11:00 - 11:10	Break
11:10 - 12:30	Medical Risks of Early Pregnancy (Louis Keith, M. D., F. A. C. O. G. Medical Director, PPACA)
12:30 - 12:45	Program Overview and Needs Assessment (Larry Gulian)
12:45 - 1:15	Lunch
1:30 - 2:30	Seminar: Short Term Counseling and Crisis Intervention Techniques (needs assessment and assignments) (Kay Levin, MSW) International Room
3:00 - 4:30	Conference: Integrating Family Planning Services in a Maternal Child Health Program (Chicago Board of Health, Maternal and Family Planning, Ms. Lillian Lazarski, R.N., Nursing Services Administrative Officer)

WEDNESDAY, November 2

9:30 - 4:30

Workshop: Perceptions, Values and
Expectations
(Dr. Jo Ann Cannon, Assistant Professor,
Health Resources Management, Graduate
School of Public Health, University of Illinois)

THURSDAY, November 3

9:00 - 11:15

Seminar: Short Term Counseling and
Crisis Intervention Techniques
(Kay Levin) International Room

11:15 - 12:30

Lunch

12:30 - 4:00

Seminar: Effective Communication for
Staff Development
Introduction - Reading Assignments
(Brian Copp) International Room

FRIDAY, November 4

9:30 - 12:30

Seminar: Approaches to Training Program
Design: Overview
(Betty Perez) International Room

12:30 - 1:30

Lunch

1:30 - 4:15

Seminar: Approaches to Training Program
Design: Writing Behavioral Objectives
(Betty Perez)

4:15 - 4:45

Conference: Program Feedback & Evaluation
(Larry Gulian)

MONDAY, November 7

9:30 - 4:30

Workshop: Adolescent Growth and
Development
(Dr. William Simon, Department of
Sociology, University of Houston, Texas)

TUESDAY, November 8

9:30 - 12:30

Seminar: Approaches to Training Program
Design - Materials Development, Training
Techniques
(Betty Perez) International Room

12:30 - 1:30

Lunch

1:30 - 4:30

Seminar: Effective Communication for Staff
Development cont'd.
Interpersonal Communication
(Brian Copp) International Room

WEDNESDAY, November 9

9:30 - 12:30

Seminar: Management for Results - An
Approach to Administrative Planning
Presentation/Relevant Work Assignments
(Jo Ann Cannon, Dr. PH) International Room

12:30 - 1:30

Lunch

1:30 - 4:30

Seminar: Management for Results - An
Approach to Administrative Planning
and Problem Solving

THURSDAY, November 10

9:30 - 12:30

Workshop: Adolescent Services and Male
Education - A Planned Parenthood/Chicago
Model
(Darryl Hale, Program Development Specialist,
PPACA)

Program cont'd.

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Swatson/Crabbe/Wright-Hanson/
Martinson/Amonoo-Acquah

12:30 - 1:30	Lunch
1:30 - 2:30	Video-Tape Screening: Teen Pregnancy Documentaries (Michael Hirsch, Producer - Channel 11, WTTW, National Public Television, Chicago)
2:30 - 3:15	Participants' Observations, Feedback and Conclusions

FRIDAY, November 11

9:30 - 12:30	Seminar: Effective Communication for Staff Development, cont'd. Interpersonal Communication Behavior (Brian Copp) International Room
12:30 - 1:30	Lunch
1:30 - 4:30	Approaches to Training Program Design, cont'd. Human Relations Exercise (problem-solving, role-playing) Interviewing and Counseling Techniques (Betty Perez) International Room

PROCEDURAL HANDBOOK
FOR
INTERNATIONAL PARTICIPANTS

PROCESSING AID PARTICIPANT FILES

- 1) All incoming AID correspondence is opened by the administrative assistant.
- 2) The administrative assistant processes file by typing folder tab which will include participant's name, country, dates of training, PIO/P # and sponsor.
- 3) Correspondence will be stapled to the left inside folder. Bio-data and PIO/P will be stapled to the right inside folder.
- 4) The administrative assistant will complete the McBee Keysort Card by entering the following information on the face of the card: Name, Current Position, PIO/P #, Country, Place of Employment, Training Dates, Type of Training, Sponsorship and Cooperating Agency, if any. Card is inserted in file without staple.
- 5) All processed files will be given to the director for his familiarity and assignment.
- 6) The administrative assistant will immediately, if appropriate, make hotel reservations for the dates of training advised, giving particular notice to the participant's date of arrival.
- 7) The training officer will develop the training schedule, to completion, two weeks prior to the participant's expected time of arrival. Where this is not practical, the training officer's judgement is to be exercised.
- 8) Two copies of the training schedule will be placed in the participant's folder.
- 9) Immediately following the participant's departure, the file will be given to the administrative assistant who will process the Keysort Card.
- 10) The Keysort Card will be punched for the following: (1) broad category of training; (2) sex; (3) sponsorship; (4) cooperative training; (5) special fund; (6) length of training; (7) geographic region; (8) age; (9) professional area; (10) educational range; (11) government or private employment.
- 11) On the back of Keysort Card will be recorded specific training received and the dates of that training. Example: Management & Administration, 1 May-23 May; Observation, Family Planning Programs, 26 May-30 May.
- 12) All copies of correspondence regarding a participant will be filed in his or her folder. A copy for the general file may be retained at the discretion of the administrative assistant. However, once a precedent is set it should be kept.

**CODING SYSTEM FOR MANUAL DATA PROCESSING
KEYSORT CARDS**

<u>SEX</u>	<u>PROFESSION</u>	<u>LENGTH OF TRAINING</u>
Female 1	Administrator 10	1 to 5 days 18
Male 2	Communicator 11	6 to 10 days 19
	Medical (doctors, nurses, R.N., 12	11 to 15 days 20
	Nurse/Midwife, Nurse Practitioner)	16 to 20 days 21
	Allied Health Professionals 13	21 to 30 days 22
	(Technicians, therapists, pharma- cists, sanitation officers, others)	31 to 40 days 23
	Educators (Teachers/lecturers/tutors, 14	41 and over 24
	Trainers, Health educators, .. motivators (field workers, male ed.)	
	Researchers 15	
	Social Workers 16	
	Students 17	
	Nurses R6	

<u>TYPE OF TRAINING</u>	<u>GEOGRAPHIC REGION</u>	<u>YEAR of TRAINING</u>
Administration 25	Europe L1	1971 L14
Communication 26	Asia L2	1972 L15
Family Planning Orientation 27	Africa L3	1973 L16
(overview of agency programs, short term)	Australia & ... L4	1974 L17
Medical 28	Oceania L5	1975 L18
Training of Trainers 29	South America . L5	1976 L19
Family Planning Education 30	North America . L6	1977 L20
(male education techniques- program design & implemen- tation, client education tech- niques & methodologies, introduction to F.P. - rationale, techniques for community moti- vation and outreach)		
Other 31		
Population/Demography 32		
Combination 33		
	<u>AGE RANGE</u>	<u>FORMAL EDUCATION</u>
	20 - 30 years ... B1	High School ... B17
	31 - 40 years ... B2	College (2).... B18
	41 - 50 years ... B3	College (4).... B19
	51 + B4	Graduate B20
	<u>SPONSORSHIP</u>	<u>EMPLOYMENT</u>
	AID B6	Joint R17
	Other ... B7	Student R18
		Private R19
		Government R20
		Unemployed R21
<u>PRIMARY JOB FUNCTION</u>		
Administrator R1		
Educator R2		
Communicator R3		
	<u>INSUFFICIENT INFORMATION</u>	

Name: Miss Somsanit Wangwun
 PIO/P #: 493-209-1-40711
 Country: Thailand
 Current Position: Head Nurse
 Place of Employment: Maternal and Child Health Center, Khon Kaen (gvt.)
 Type of Training: Clinic Observation & F. P. Nurse Curriculum.
 Training Dates: June 2-30, 1975
 Sponsorship: AID
 Cooperating Agency: None

35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

ANNOUNCEMENTS

Upon receipt of a training request and at least one week prior to the participants' arrival, an announcement is to be prepared by the training officer responsible for the participants' program. The announcement should include the participants name, position, country and scope of training while at the Training and Research Center. Distribution should be made to the following:

- a) President, PPACA
- b) Vice President (Training and Research Center)
- c) TRC Staff-general
- d) General agency staff persons who will have any programmatic contact with the participant(s)
- e) Members of the consultant faculty who will have programmatic involvement
- f) Vice President for IE & C

PACKETS

Packets should include relevant and useful materials. Select them wisely.

You may want to ask yourself these questions:

- _____ does this piece relate in anyway to the program?
- _____ will this piece be useful to the participant in the future?
- _____ does this piece help him understand the city, its points of interest, travel, etc. ?

Do not include materials only as fillers. It is better to have a skimpy, but relevant packet than a fat packet of non-essentials.

PROGRAM DESIGN

- 1) Style in format is important but it cannot replace the real quality of what it describes. Insist upon the best program possible! You can insure this by carefully examining the Target Activity (objectives) described in the PIO/P and then selecting the appropriate faculty combination for implementation.
- 2) Brief faculty on the Target Activity and forward the participant's biographical profile for their review. If a faculty of two or more are used, suggest they meet together or in some way communicate to share ideas and to coordinate their contents.
- 3) Arrange field visits which are complimentary to the basic training. Brief the field visit contact or coordinator on the training objectives in order that they may show understanding of the overall objectives and demonstrate relevant activities or programs.
- 4) Program outlines should describe the activity, the time, date, place and the name of the staff person responsible for that activity. Notes about travel would be helpful.
- 5) Schedule at least one half day of free time. Participant may have relatives or friends they would like to spend time with, they may want to see the city, shop or just rest.
- 6) Program Title
- 7) Behavioral Objectives

/sj

PARTICIPANT ORIENTATIONINTRODUCTIONS:

- 1) In a room and setting especially prepared for the orientation, assemble participants and all members of the training staff who will in any way be working with the participants. Begin with general words of welcome followed by staff introductions indicating positions and in what ways these persons may be working with participants or how they may be of assistance.
- 2) Ask each participant to talk about himself, his family, his job and finally his expectations of training in Chicago.
- 3) Ask the participant about his training before coming to Chicago. Try to determine both the positive and negative aspects of that experience as these will be clues to you of things to avoid or to give greater consideration.

(Do not say we want this information because we wish to avoid. . . . etc. Let it appear that you are genuinely interested in the past experiences of the participant. In this way he will feel freer to talk, more responsive to your concern and will not feel that he is complaining or being put on the spot).

DO NOT LET CONVERSATIONS DRAG!

- 4) Give an orientation to the city of Chicago. You may wish to include the following:
 - a) Population and government;
 - b) Cultural points of interest;
 - c) Professional points of interest;
 - d) Services;
 - e) Transportation;
 - f) Etc.

Special attention should be given to the development of this presentation. Information should be clear, accurate and where possible, supplemented with handouts - would a film on the city be appropriate?

If in this section of the orientation you choose to talk about "safety" in Chicago or if you have been asked about it, deal honestly with the subject but do not frighten participants with recounts of incidents. Be reassuring! Avoid terms like "relatively safe", "that's a safe area", "that's a bad area", "you may feel safe in the Loop area", etc. Treat the subject positively and avoid comparison of city areas.

- 5) Orientation to PPACA should include a handout on the Agency's structure with a verbal review. In this instance we must be sure that we treat structure, not program.
- 6) Clearly explain programs. Be sure to discuss concepts, needs and audiences. **GET THE STATISTICAL DATA YOU NEED!** How many youth were served at the Teen Scene clinics last year? How many pill patients? How many clients per month in all clinics? etc.

The Research Department may be a ready resource for this information.

- 7) Seek to clarify points by asking for participant feedback.
- 8) Ask participants to talk about their structures and programs.
- 9) Closure to this segment is important so be sure to summarize.
- 10) Conclude the orientation with an overview of the Training and Research Center. Highlight International Training by using the sound/slide presentation. Answer questions.

/sj

SELECTED READING

Training officers and all other AID staff are required to read international journals, newsletters, brochures and all other available materials for familiarization.

ESCORTING PARTICIPANTS

- 1) Brief participant in advance on the purpose of the visit, the activities of the agency to be visited and how these activities relate to their training.
- 2) Briefly identify the person(s) they will be meeting and their position(s) and functions.
- 3) Provide a copy of brochure describing the agency's activities if available.
- 4) Brief the participant on the mode of transportation to be used and the approximate cost of such transportation.
- 5) Insure that clear instructions are given regarding the time and place of rendezvous. **BE SURE YOU ARE ON TIME.**
- 6) Never leave participant to face an appointment alone. Remain with him or her through introductions and until you are assured that the host and participant clearly understand the objectives of the visit. Clarify any points which seem fuzzy.
- 7) If you do not remain to return with the participant be sure that directions to their next destination are clear.
- 8) Be on time for all appointments.
- 9) Training officer should assess the participant's ability to cope with conferences on their own and determine the appropriateness of remaining with him throughout the occasion.
- 10) Participants are paid \$35.00 per diem which is to include transportation. We will no longer reimburse participants for travel which is training related unless the travel is excessive. Training officer will decide when travel is excessive.

/gj

HOTEL INFORMATION AND RATES

ST. CLAIR

787-4660

162 East Ohio

Contacts: Steve Skipper (reservations)
Richard Buchanan (front desk)
Peg Barry (ass't. manager - only
for serious problems)

Rates:	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>
Single	\$18	\$95	\$185
Double	21	105	205
Triple	26	110	210

- Notes: 1) Continental Air Transport Bus stops in front of the Sheraton-Chicago Hotel, one half block walk to the St. Clair. Call Continental (454-7800) for departure information.
- 2) Triple refers to two single beds with a cot added to the room.
- 3) Rates do not include 7% tax.
- 4) If participant will be staying for more than five days, use weekly or monthly rate. When using weekly or monthly rates, be certain to request special weekly or monthly rate.

HOTEL INFORMATION AND RATES

ALLERTON

440-1500

701 North Michigan

Contacts: Howard Wray
David Zanjahn

Rates:	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>
Single	\$22	\$143	\$285
Double	27	175	350
Triple	38	205	410

- Notes:
- 1) Continental Air Transport Bus stops in front of hotel. Check Continental (454-7300) or hotel for departure schedule.
 - 2) Kitchenette suites may be available for participants staying one or more months. Inquire as to rates and availability.
 - 3) Rates shown under weekly are for two weeks and are available only for two or more weeks.
 - 4) Rates do not include 7% tax.
 - 5) Triple room refers to 3 single beds.

LG/gj
10/77

APPENDIX II

TRIP REPORT
by
Andre' Singleton
Director, International Training
TRC/PPACA

August 1 - 30, 1977

REF: AID Contract # csd-3421

I am extremely pleased to have had the opportunity to visit with former participants in Liberia, Sierra Leone, Ghana and Nigeria. Unfortunately, due to flight irregularities and other circumstances, I was not able to visit Egypt and The Sudan.

The purpose of my visit was to 1) evaluate the results of training received at the Training and Research Center and elsewhere in the United States; 2) determine unmet training needs; 3) observe work conditions, methodologies and facilities; 4) meet with Mission officials, appropriate Ministers, their representatives and other donor agency officials, i. e. United Nations Development Project.

After seven or more years of contact with African participants, hearing them talk about their countries, reading their reports and other literature about the continent, I felt quite well informed about that part of the world. And, as compared to the average citizen of this country, I believe that was true. Nothing, however, equals the impact of a first-hand experience.

For years I have been working with international participants assisting them with manpower development and strategies to deal with their problems of over-population. However, one's observation of the immense urban migration, scarcity of resources, and troubled economics leads to the conclusion that greater efforts are required by all of those concerned with the quality of life in the developing world.

Transportation has long been targeted as a major obstacle to the distribution of contraceptives. Having strategized, schemed and plotted to get across town to pick up my airline tickets, to say nothing of traveling endless miles over impossible roads to get to a rural health center makes me understand that transportation is a problem in ways no amount of reading could do.

Urbanization, accessibility of services, allocation of scarce resources--all intellectual abstractions compared to the impact of listening to people in their own surroundings talking about these situations and having examples of the problem pointed out during tours of facilities or moving through their cities.

Stereotypes came crashing down around me. The idea that Africa, therefore, all Africans, were poor was set straight by being entertained in the gracious and well appointed homes of my hosts. The somehow lingering thought that the jungle sat crouching on the edges of the cities waiting to reclaim them became laughable in light of the realities.

Planning for and relating to participants in the future will be done in more sensitive and realistic ways as a result of my personal experiences as will that of the entire Center staff.

Trip Report cont'd.

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<u>COUNTRY</u>	<u>AGENCIES VISITED</u>	<u># PARTICIPANTS INTERVIEWED</u>
Liberia	Ministry of Health and Social Welfare	22
	Planned Parenthood Association	10
	USAID Mission	n/a
	JFK Hospital and Medical Center	7

MINISTRY OF HEALTH & SOCIAL WELFARE

A meeting was arranged by the Ministry of Health and Social Welfare for the purpose of conferring with chief officers of the Ministry. Gratitude was expressed for the quality of training conducted by the Training and Research Center and opportunities for training afforded by USAID and other donor agencies. The Ministry regard training as a vital element in the development of skilled manpower in Liberia.

Two observations were brought to my attention. 1) It was observed by members of the group that training activities should be more closely coordinated by the Ministry to ensure the proper selection of participants in accordance with pre-determined training needs. It is not uncommon for workers to apply for training fellowships thru donor agencies in areas not related to their work. 2) It was suggested that in-country training would greatly benefit the Ministry because larger numbers could be trained and top-level personnel who are usually not available for training could be reached.

Trip Report cont'd.

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Following the meeting with Ministry personnel about twelve former participants were assembled for a pleasant reunion. Participants recounted their training experiences, shared information regarding their programs and told how training has enabled them to design and implement innovative approaches to service delivery. Participants pointed out that they are experiencing a decided increase in the number of adolescents and young mothers seeking birth control services. Many felt they could use training in counseling adolescents. Others reported that they were now involved in providing lectures in secondary schools and with religious organizations. Great interest was expressed in Seminars on Adolescent Fertility Management for approaches to the problem of early childbearing. However, most agreed that the scope of the problem, involving as it does the political arena, tradition and cultural structures, does not at present lend itself to solutions on a societal scale. It was agreed that persuading the leaders of "secret societies" was a first step in introducing an awareness of the consequences of early childbearing. This suggested to me that an understanding of community structure and identification of appropriate community leaders would be pivotal to an organized plan for adolescent family planning and sex education in any area.

The Assistant Minister of Social Welfare requested a meeting with me to discuss program concepts for establishing a national program on adolescent fertility concerns in conjunction with the International Year of the Child. The meeting resulted in a decision to select two candidates

Trip Report cont'd.

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to attend the October seminar/workshop on Adolescent Fertility Management being conducted by the Training and Research Center. It was envisioned that these participants would join others who have had similar training, forming a team which would design and implement a national program for Liberia.

PLANNED PARENTHOOD ASSOCIATION OF LIBERIA

At the Planned Parenthood Association of Liberia I met with members of the board of directors and heard the Association's objectives and scope of work. Members from distant branches attended and talked about their programmatic successes and failures. The Association, funded by IPPF, works closely with the Ministry of Health and Social Welfare. They have an active outreach program and operate several clinics in Monrovia and surrounding villages. The Association also staffs a family planning clinic at the JFK Maternity Center. The Association has a modest budget and is constantly seeking opportunities for training fellowships. The identified areas of training were management and administration, program development and communication.

A courtesy call was made to the USAID Mission. Meetings were held with the Training Officer and Chief of Operations to share information on my observations and discussions with the Ministry of Health and the

Trip Report cont'd.

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Planned Parenthood Association of Liberia. When discussing the "in-country" training concept I found Mission officials receptive and supportive.

Visits were made to the JFK Hospital and Maternity Center. I was able to meet many former participants and observe them at their work stations. In general these people expressed satisfaction with their training experiences in the United States and were unable to identify specific areas in which they would recommend change nor topics they wished they had covered.

<u>COUNTRY</u>	<u>AGENCIES VISITED</u>	<u># PARTICIPANTS INTERVIEWED</u>
Sierra Leone	USAID	n/a
	Minister of Development and Economic Planning	
	UNDP	
	Minister of Health	3
	Planned Parenthood Association	11
	Hospitals and Clinics	5

The Planned Parenthood Association of Sierra Leone is the chief agency responsible for the conduct of family planning services in the country. The Association enjoys the support of the Ministeries of Development and Economic Planning, Health, Social Welfare and Rural Development but not in any coordinated fashion. However, the

Trip Report cont'd.

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Planned Parenthood Association appeared to be the catalyst around which all other family planning activities revolve. It is responsible for training nursing students and advises on procedures and policies for the various ministries. Almost all of the participants have been trained in the United States, and while they may work for the Ministry of Health or Social Welfare, are members of the Planned Parenthood Association.

The Minister of Development and Economic Planning expressed great appreciation for the development of local manpower thru training offered in the United States. Similarly the Ministers of Health and Social Welfare attested to the significant contributions of trained personnel in furthering family planning activities. They also spoke of the need for greater government support in the area of family planning.

At an evening meeting comprised of local university staff, PPA and representatives of the various ministries. The growing concern for greater program coordination and integration was expressed. The group felt that the fragmentation of management styles and approaches were inhibitors to an adequate delivery system. They pledged to work closer together in areas of program planning and the mobilization of resources. I felt some responsibility for the group's resolve as I was able to point out the advantages of coordination activities which could insure it. Early childbearing was identified as a concern and the lack of programs and expertise to meet the concern were discussed.

Trip Report cont'd.

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I was guest on local television and was invited to discuss the purpose of my visit to Sierra Leone, the role and activities of the Training and Research Center, population and family planning. A similar interview was conducted for radio.

It is my impression that family planning efforts in Sierra Leone are moving forward and will have a national commitment within the very near future. This was evidenced in my many interviews with top-level government officials and the UNDP representative. UNDP, incidentally, is sponsoring manpower development programs which have strong family planning components.

PPA officials, former participants and government officials were asked whether in-country training would be helpful to them. Without exception the responses were positive. This information was shared with Mr. Howard Thomas of the USAID who affirmed that such an activity would have his support.

<u>COUNTRY</u>	<u>AGENCIES VISITED</u>	<u># PARTICIPANTS INTERVIEWED</u>
Ghana	National F. P. Program	5

Upon arrival in Ghana I was confined to bed for two days because of food poisoning. I am grateful to Dr. and Mrs. Zerzavy for their expert medical care.

While I was unable to visit work sites and agencies as planned, participants came to the hotel.

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It might be expected that they would have only positive things to say about their training and its application. They were, on the contrary, open and frank in their discussions. Some pointed out that because of national priorities they were not called upon to use the training they had received. Others had been transferred to different positions which did not require their training related skills. Conversations with officials from the National Family Planning Program were praiseworthy of many participants who were making substantial contributions as a result of training. It was pointed out by the Training Officer of the NFPP that opportunities for training were not being taken advantage of by principal program officers. Instead those nominated and selected for training benefit personally but make no impact upon programs and activities when they return because they are from positions which do not allow input resulting in desired changes.

Dr. Amar, Director of the National Family Planning Program expressed frustration over the lack of coordination and cooperation between Ministries who are mandated to participate in the family planning effort. The Ministry of Health, for example must be persuaded, but very cautiously, to implement new ideas and services. More importantly, perhaps, is its niggardly allocation of staff for family planning delivery. Coercion, Dr. Amar reports, is necessary with the Ministry of Education for any

support in the introduction of Family Life Education in the schools. Many staff members of the various Ministries are trained as support personnel for family planning but are not always assigned to family planning functions upon the completion of training. The results are that family planning resources are not being used to their fullest potential. This situation is not, however, unique to Ghana. Placing family planning under the Ministry of Finance and Economic Planning insures financial support. On the other hand while family planning is not a part of the Ministry of Health the required support for its total integration into the health services delivery system is not realized.

It is now my understanding that the Ministry of Health is slowly but positively integrating family planning into Maternal and Child Health. This is a good sign.

<u>COUNTRY</u>	<u>AGENCIES VISITED</u>	<u># PARTICIPANTS INTERVIEWED</u>
Nigeria	Family Planning Council	7

Nigeria undoubtedly has a host of problems to contend with. Not the least are an inflated economy, mass urban migration, housing and impossible traffic congestion. There was no evidence of national attention to the quality of life and the need to limit population.

The single agency giving attention to family planning and population was the Family Planning Council. Headquartered in Lagos, the FPC

Trip Report cont'd.

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operates one clinic within a suburb of the city with more concentrated efforts in other cities and villages. I visited the University of Lagos, Institute of Child Health. Family planning is, in this instance, integrated with maternal and child health.

I was able to observe the Institute of Child Health Clinic and its administrative operations. It was rewarding to see administrators trained in the Training and Research Center's Management and Administration course applying techniques and methodologies, with modification, in such successful ways. It was evident that skills acquired at the Center were being applied.

The Family Planning Council is recovering from problems experienced with IPPF and is under a new administration which was not in a position to identify training needs other than Management and Administration and Adolescent Services.

A great deal of work is still to be done in Nigeria. Hopefully the government will lend resources to address the problems of family planning and population within the foreseeable future.

CONCLUSION

Underlying all of the problems of developing nations is the fact that their population grows at a faster rate than they can progress in social, economic and other areas.

While many recognize this fact, there are also conflicting personal, racial and religious traditions which place high values in retaining high population growth levels. These take the form of valuing families of a particular size, a preference for children of one sex over another and a wife or wives of a particular description, (i. e. very young virgins). Contradictions of these natures get carried over into the arena of political decision-making.

Anthropologists call this discontinuity "culture lag", where technology (in this case the knowledge of how to keep people from dying) outstrips the cultural values, such as those mentioned above. The discontinuity appears in the slowness of cultural change which would allow a society to cope with the results of the technological change.

Add to this already complex problem the scarcity of health resource in the developing countries and the urgent demands to deliver health care to the vast numbers in need, and one finds family planning in a position of relatively low priority.

PROPOSED EXPANSION OF EFFORT

The Training and Research Center proposes an expansion of its international training role based on its successful experiences in providing and arranging relevant training programs over the last nine years. Expansion would occur in two directions: in-country regional training-Africa; and direct programming of non-academic or short-term participants in the United States in the areas of population, family planning and health and health communication.

In-country Regional Training-Africa

Arguments for regional training have become stronger in recent years. Costs would probably be reduced, teams might be trained rather than individuals, local trainers could be used, and increased numbers could logically be programmed. The role of the Training and Research Center in an in-country or regional training endeavor would be as an active participant in a sequence of training development stages.

In the first stage, the Training and Research Center would serve primarily as a consultant and organizer. The primary functions to be served would be in the conducting of an objective training needs assessment, the designing of an appropriate training curriculum to meet the assessed needs, and the identification of human and material resources necessary to implement the needed training. Implementation would be a joint endeavor of the concerned institutions and the Training and Research Center consultant staff. Training

Proposed Expansion
'cont'd.

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participants would be recruited from the countries within the region (generally defined as West Africa or East Africa - French speaking West Africa would require additional language personnel). The pilot stage of the project would probably be carried out in one country only, and then be expanded to include other country participation within the region.

The second stage of the project would be the creation of a regional training center with a multi-national training staff. Coordination and consultant roles would be fulfilled by the Training and Research Center training team in conjunction with a regional advisory committee. Trainers, ongoing needs assessment, and curriculum development would now be provided by the staffs of the institutions concerned

In the last stage the Training and Research Center would act solely as a consultant as needed by the regional training center. The total time commitment for the first two stages would be two years with the third stage continuing as long as it is deemed necessary.

Direct Programming of Selected Participants

The Training and Research Center is capable of handling the logistical and program requirements of all international participants coming to this country for short-term training in population, family planning, health, health systems management, and health communication. With careful selection of additional administrative and training staff the Center would be prepared to serve as the

Proposed Expansion
cont'd.

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the resource agency responsible for the design and itinerary of the participants' total programs. Within the specified time frames, programs would be carefully constructed with the participants' training needs and well-being as the key priorities.

Selection and initial travel arrangements would continue to be coordinated by USAID Washington and the local AID Missions; but orientation and the participants' program arrangements would be carried out in Chicago. Such a process would ensure a unified structure and central objective for each participant's program. Total training experience evaluations would be greatly facilitated through a system of in-coming and close-out training assessments. Long-term evaluation would also be enhanced due to the feeling of identification established between the Center and each individual participant.

Understanding the participant's academic and personal needs is a critical aspect of the total training process as learning is affected by both classroom activity and the effectiveness of back-up systems. The Training and Research Center has the capacity, from linkage systems already in place, and experience in the field, necessary to carefully coordinate schedules and program designs with a variety of well qualified institutions throughout the United States.

Such a direct programming arrangement could be implemented immediately on a trial basis. With increased staff requirements, as warranted by new staff time demands, necessary additions to the contract would be negotiated.

/gj