

UNCLASSIFIED CLASSIFICATION  
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Control  
Symbol U-447

1. PROJECT TITLE Family Planning Training for Paramedical/ Auxiliary, and Community (PAC) Personnel (Contract AID/DSPE-C-0060) Development Associates, Inc. (DA)			2. PROJECT NUMBER 932-0644	3. MISSION/AID/W OFFICE S&T/POP/IT 000191
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 85-1 11-19-84			<input type="checkbox"/> REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION	
5. KEY PROJECT IMPLEMENTATION DATES		6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 79	B. Final Obligation Expected FY 84	C. Final Input Delivery FY 84	A. Total \$ 12,497,319	From (month/yr.) 9/79
			B. U.S. \$ 12,497,319	To (month/yr.) 12/83
Date of Evaluation Review Jan. 10-Feb. 8, 1984				

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
Emphasis in a follow-on project will address the major recommendations in this Evaluation Report, i.e., evaluation; priority training of managers/supervisors/ and training of trainers; strengthening of institutional capability; materials development and dissemination.	ST/POP/IT in collaboration with Regional Bureau  PD-AAS-259 ISN 45477	9/30/84

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input checked="" type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. <input type="checkbox"/> Continue Project Without Change
B. <input checked="" type="checkbox"/> Change Project Design and/or
<input type="checkbox"/> Change Implementation Plan
C. <input type="checkbox"/> Discontinue Project

11. PROJECT OFFICER AND MOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

ST/POP/IT, Charlotte Ureksoy  
ST/POP/IT, Anne Aarnes, Chief  
AM/foz A.A.  
11/8/84

12. Mission/AID/W Office Director Approval

Signature <i>Steven W. Sinding</i>
Typed Name Steven W. Sinding, S&T/POP
Date 11/19/84

## PROJECT EVALUATION SUMMARY (PES) – PART II

The following topics are to be covered in a brief narrative statement (averaging about 200 words or half a page per item) and attached to the printed PES facasheet. Each topic should have an underlined heading. If a topic is not pertinent to a particular evaluation, list the topic and state: "Not pertinent at this time". The Summary (Item 13) should always be included, and should not exceed 200 words.

13. **SUMMARY** - Summarize the current project situation, mentioning progress in relation to design, prospects of achieving the purpose and goal, major problems encountered, etc.
14. **EVALUATION METHODOLOGY** - What was the reason for the evaluation, e.g., clarify project design, measure progress, verify program/project hypotheses, improve implementation, assess a pilot phase, prepare budget, etc? Where appropriate, refer to the Evaluation Plan in the Project Paper. Describe the methods used for this evaluation, including the study design, scope, cost, techniques of data collection, analysis and data sources. Identify agencies and key individuals (host, other donor, public, AID) participating and contributing.
15. **EXTERNAL FACTORS** - Identify and discuss major changes in project setting, including socio-economic conditions and host government priorities, which have an impact on the project. Examine continuing validity of assumptions.
16. **INPUTS** - Are there any problems with commodities, technical services, training or other inputs as to quality, quantity, timeliness, etc? Any changes needed in the type or amount of inputs to produce outputs?
17. **OUTPUTS** - Measure actual progress against projected output targets in current project design or implementation plan. Use tabular format if desired. Comment on significant management experiences. If outputs are not on target, discuss causes (e.g., problems with inputs, implementation assumptions). Are any changes needed in the outputs to achieve purpose?
18. **PURPOSE** - Quote approved project purpose. Cite progress toward each End of Project Status (EOPS) condition. When can achievement be expected? Is the set of EOPS conditions still considered a good description of what will exist when the purpose is achieved? Discuss the causes of any shortfalls in terms of the causal linkage between outputs and purpose or external factors.
19. **GOAL/SUBGOAL** - Quote approved goal, and subgoal, where relevant, to which the project contributes. Describe status by citing evidence available to date from specified indicators, and by mentioning the progress of other contributory projects. To what extent can progress toward goal/subgoal be attributed to purpose achievement, to other projects, to other causal factors? If progress is less than satisfactory, explore the reasons, e.g., purpose inadequate for hypothesized impact, new external factors affect purpose-subgoal/goal linkage.
20. **BENEFICIARIES** - Identify the direct and indirect beneficiaries of this project in terms of criteria in Sec. 102(d) of the FAA (e.g., a. increase small-farm, labor-intensive agricultural productivity; b. reduce infant mortality; c. control population growth; d. promote greater equality in income; e. reduce rates of unemployment and underemployment). Summarize data on the nature of benefits and the identity and number of those benefitting, even if some aspects were reported in preceding questions on output, purpose, or subgoal/goal. For AID/W projects, assess likelihood that results of projects will be used in LDC's.
21. **UNPLANNED EFFECTS** - Has the project had any unexpected results or impact, such as changes in social structure, environment, health, technical or economic situation? Are these effects advantageous or not? Do they require any change in project design or execution?
22. **LESSONS LEARNED** - What advice can you give a colleague about development strategy, e.g., how to tackle a similar development problem or to manage a similar project in another country? What can be suggested for follow-on in this country? Similarly, do you have any suggestions about evaluation methodology?
23. **SPECIAL COMMENTS OR REMARKS** - Include any significant policy or program management implications. Also list titles of attachments and number of pages.

### 13. SUMMARY

The Evaluation Team has concluded in the Report (page v-vii) the following with respect to strengths and weaknesses of the DA PAC Project:

#### Strengths

"DA is clearly working with the major family planning service providers in the countries visited; they have been good at identifying and nurturing outstanding individuals and agencies to strengthen the family planning movement; they have provided important support for improvement of the quality of training for PAC and other family planning workers in bilateral and non-bilateral countries. The staff shows dedication and earnestness to the job beyond contract requirements. They are strong, competent and well integrated, with good Spanish language skills and adequate capability in Portuguese.

"The review team received universally favorable views of DA from A.I.D. Mission officers and client agencies who reported that:

"DA believes in and respects the organizations with which it works; it is responsive and flexible; it is quick to provide feedback and make decisions; it is the least bureaucratic of intermediary agencies with which client agencies deal re: subcontracts, reports, and other paperwork; it is excellent on logistics and reimbursement; it has excellent staff communications and relations in the field and the staff are accessible and in frequent contact."

#### Weaknesses

"The contract places an undue emphasis on quantity of people to be trained without incorporating sufficient quality control incentive; standards of quality control in training designs are less than might be expected or hoped for;

"DA's reluctance to follow standard definitions of training (as compared to information-giving, orientation, motivation or education) should be challenged. The consequence of this non-standard definition is number inflation in terms of individuals reported as 'trained,' as opposed to individuals given some motivational orientation or other instruction.

"There is a lack of articulation of long-term program strategy for training in countries where DA works, although DA staff are able to provide convincing rationales when queried; program decision-making is in effect separated from budget decision-making. The A.I.D. field population officers (with DA help) are in effect deciding the training plan for a given country, and the A.I.D./W. offices are supposed to be deciding detailed budgets; DA is the only formal connection between the two. Thus, the project monitor and contract office lack an adequate rationale for their decisions.

"The PAC focus of the contract is excessively narrow, thereby constraining the potential impact DA efforts might have; nevertheless, by taking advantage of the 'creating a favorable climate' rubric, many successful broader purpose activities have been undertaken; the PAC constraints on the contract have been a barrier to DA in the development of a coherent training plan within some agencies. PAC training has moved forward without including training for physicians, who have subsequently been impediments by prohibiting trainees from exercising their skills.

Needs assessments have largely been done by client agencies, often acting within the PAC constraints rather than taking a broader look at agency training needs. These assessments are of variable quality and we believe they deserve tightening through DA technical assistance.

"The DA staff is stretched to its limits, if not overextended, especially in light of the shortcomings in their operations which the review team identified, and the recommendations made in this report."

Summary Recommendations regarding Needs Assessment, Resource Allocation Process, Training Designs, Institutionalization, Staffing, and a Future Contract (pages xiii-xv of the Report), are included as Attachment 1 to this PES. (These are more fully explored on pages 44-50 of the Evaluation Report).

Overall, the Team concluded that even though some aspects of contractor performance could be strengthened, DA was doing a very creditable job in responding well to needs of the missions in countries in the LAC region.

#### 14. EVALUATION METHODOLOGY

The Evaluation Team consisted of three members:

Robert Blomberg, Dr. P.H. Health Education (Family Planning - Team Leader. Specialist in family planning training and program evaluation;

Edna Quinn, CNM, M.S., Ph.D. candidate in Health Education. Specialist in nursing and clinic services;

E. Edward Rizzo, A.B.D., Political Science. Specialist in management and institutional development.

The team spent approximately four weeks in January-February 1984, evaluating Development Associates, Inc. (DA) activities by visiting A.I.D./W., DA's offices in Arlington, Virginia, and five LAC countries in which DA has supported population/family planning training, and interviewed former A.I.D. population officers for Colombia and Mexico. This evaluation took place at the beginning of the final year of a five-year contract for the training of paramedical, auxiliary and community (PAC) family planning personnel in the Latin America and Caribbean region.

(The Contract had been scheduled for an external evaluation in September 1982; however, since the project was proceeding without major problems/issues, and in view of fiscal and staff constraints at that time in A.I.D./W., that evaluation was not conducted.)

Field visits were made to 24 agencies (see listing of agencies in Attachment 2) in Guatemala, Colombia, Mexico, Peru, and Brazil. The team also visited a sample of trainers and trainees in DA-supported training activities and examined course related materials, observed a sample of classes in progress, including clinical experience for trainees, and on-the-job performance of personnel, trained under DA auspices, who were working in family planning settings.

In addition, A.I.D. Country Population Officers in countries not visited by the Evaluation Team were offered the opportunity to reply to the basic questions in the Scope of Work (see pages 1-3 of the Evaluation.) Replies were received from Population Officers in Costa Rica, the Dominican Republic, Ecuador, Haiti, Honduras, Jamaica and Paraguay. Their comments are contained in Appendix H of the Evaluation Report.

#### 15. EXTERNAL FACTORS

Certain political considerations, opposition to family planning, and strife situations in the LAC region have intermittently affected the implementation of planned training activities under the contract, i.e., in Brazil, Nicaragua, El Salvador, Guatemala, and Bolivia. Assumptions contained in project paper continue to be valid.

#### 16. INPUTS

##### Funding:

Planned project funding for life of project is \$12,497,319. As of September 30, 1983 (48 of 60 months, or 80% complete), the project had received \$10,129,461, or 81% of total project funds. It is anticipated that the project will receive additional incremental funding of approximately \$850,000 over the next year to bring it to approximately 88% of total contract funds.

##### Staffing:

Staffing has consisted of seven senior professionals, two of which are part-time and are not based in the Washington area. Country program assignments are designated to the five Washington-based officers. All staff are bilingual in Spanish or Portuguese, with varying years of experience in the LAC region. DA has utilized effectively from time to time non-project IA staff for project activities, such as a multi-lingual senior associate with health and family planning experience in LDCs.

Approximately 42 institutions in 14 countries and the Eastern Caribbean have received technical assistance through DA staff and consultants over the past four years. These consist of private family planning agencies/IPPF affiliates, professional associations, national universities/affiliated health providers, Ministries of Health, social security institutes, schools of auxiliary nurses, and youth organizations/cooperatives.

##### Consultants:

Approximately 38 consultants (with a variety of assignments to at least 16 Latin American/Caribbean countries, and in the U.S. and other regions) have been utilized by DA on this project since its beginning through September 1983. These consultants represent a range of special skills needed in implementation of the project (especially for regional workshops/conferences), complementing project staff. Some have been utilized on several occasions, since this has the advantage of their being familiar with the contract mandate and goals. A number of the consultants have provided unpaid assistance in the organizational activities associated with the development of the Mexican Association of Private Family Planning Agencies (FEMAP), and with the initiation of new agencies.

## Management/Administration:

Since DA has had previous experience with A.I.D. contracts and is familiar with the requirements for appropriate implementation, they are able to proceed without delay regarding A.I.D.'s various offices, bureaus, and functional breakdowns. They maintain current statistics on trainees and financial data and are able to furnish this information on short notice. Progress and trip reports, as required by the contract, have been compiled and furnished to the Technical Office. Progress reports cover six months of project activities in several categories and are useful management tools. Trip reports are submitted within approximately one month of the completed travel and contain information regarding work accomplished and future training plans. The contract has been implemented through the first four years in an efficient manner; relationships with Mission staffs and host country colleagues appear to be collaborative, cordial, and mutually reinforcing. (See Appendix H, Evaluation Report.)

## 17. OUTPUTS

Data provided by the contractor (Attachment 3, pages 1-6) indicate that numbers of people far in excess of those called for in the contract have been trained. Between October, 1979 and September, 1983 (four years of the five-year contract) 64,252 enrollees from 24 countries received some kind of training or orientation under the contract. (These are not completely unduplicated numbers, since some individuals attended refresher courses or may have attended more than one training activity.) It should also be noted that many of these trainees received training of less than one day; in some cases orientation-like sessions of a few hours.

About 25% of trainees were from rural areas; about 12% were trained for clinical service delivery and an additional 16% were trained for community based distribution (CBD) work, bringing the total of trainees in service delivery to 28% (N=18,287) of all those trained in four years. In addition, 1,092 received training of trainers (TOT) training; 1,406 received training in management, supervision, or evaluation. The vast majority of the remaining (64%) attended motivational or educational workshops or seminars of some type.

Other outputs of the project included needs assessments, development of country program strategies, and development of training designs and training materials. DA generally met quantitative targets for needs assessments and country program strategies.

The Team's findings regarding the adequacy of needs assessments, country program strategy, quality of training designs/objectives/selection of trainees/materials and recommendations may be reviewed in Section II, Findings and Conclusions, Parts One - Five of the Evaluation Report.

## 18. PURPOSE

"To strengthen and expand LDC action agencies that provide or assist in making family planning services available, with emphasis on the rural and urban poor, by extending and enhancing the effectiveness of in-service training for paramedical (non-physician), auxiliary and community (PAC) personnel; by improving the capacity of relevant pre-service training systems; and by working to change those conditions that inhibit the willingness or ability of service systems to make maximum use of PAC personnel."

## 19. GOAL/SUBGOAL

Overall Goal - Slow population growth in the developing countries to improve the health and well being of the rural and urban poor and to protect the gains, real and potential, of modernization and development.

Sector Goal - LDC family planning and family health programs are providing protection from unwanted pregnancy for families with women of reproductive age by making the information and means needed for family planning easily available, and 65-70 per cent of all couples are practicing family planning by effective means.

## 20. BENEFICIARIES

The 64,252 workers and other trainees are the major direct beneficiaries (see Attachment 3) under the contract; however, the indirect beneficiaries include thousands of reproductive age poor women and men who have access to accurate information and safe and effective family planning methods as a direct result of more and better trained LAC PAC family planning workers. It should be noted that the majority (approximately 70%) of persons trained under the contract are women. Other beneficiaries of this program are private and public training institutions; private, voluntary family planning associations; and family planning training components of a variety of organizations and agencies; and pre-service schools for nurses.

## 21. UNPLANNED EFFECTS

### Nutrition Component

Since this program contributes to the Agency goals of population reduction as well as improvement in maternal/child health, the most notable unplanned effect was the adding a nutrition component to regular family planning training programs for family planning personnel (including traditional birth attendants and rural health promoters) through DA's subcontractors.

Discussions were begun in mid-1982 between the Office of Nutrition, Office of Population, and DA staffs, and as a result, an additional \$199,950 of nutrition funds were added to the DA contract beginning in FY 1983. As of September, 1983, subcontractors in Bolivia, Brazil, Ecuador, Guatemala and Paraguay have indicated interest in offering nutrition training to family planning workers. Efforts were also underway to schedule training in El Salvador, however, training was not implemented due to extended delays caused by staff changes in the government, and strife situations in rural areas. Technical assistance by UNICEF consultants for project and curriculum development has been given in Bolivia, Brazil, Peru.

Collection and review of existing materials was begun by DA in 1983 as well as distribution of a variety of materials to subcontractors. A regional Training of Trainers (TOT) workshop is being planned for September 1984. DA anticipates that the total amount of nutrition funds will be expended during the remaining months of the contract, and that more requests will come from other countries in the region. To date, in excess of 3,300 persons have been trained, mainly in Brazil and Paraguay.

## Institution Building

The Evaluation Team noted in its Report, "In coordination with the respective AID mission population officers in Mexico and Brazil, DA (or follow-on contractor) should continue to focus on institutions with training capability within each country (e.g. FEMAP or ABEFF) and make a concerted effort to develop their training capability/quality to a par with that of APROFAM in Guatemala. These should be centers of excellence in training, ultimately to become TOT [training of trainers] centers and a technical assistance resource for training to other entities."

Even though the development of institutions was not a primary target of this PAC training contract, it should be noted that the above mentioned institutions have become viable, to a great extent, through the extensive technical assistance and funding of key projects by DA.

Other organizations which have developed family planning training programs with initial DA support are CAEMI, Brazil; FEPADE, Bolivia.

## 22. LESSONS LEARNED

The Team recommended that a follow on contract should differ in the following ways:

- should be broadened to address institution building and organizational development, while continuing to focus on training;
- range and types of training and related technical assistance activities which are fundable should be broadened;
- greater emphasis should be placed on training of and technical assistance for administrators in private sector programs;
- funding should be provided for training evaluation studies and trainee follow-up activities conducted by the subcontractors, where appropriate;
- more frequent use of external reviews. To that end, a portion of the funds budgeted for the next contract should be set aside for independent judgments as needed.

## 23. SPECIAL COMMENTS/REMARKS

The Team concluded in Part Four, Impact on the Delivery of FP/MCH Services, that even though it is difficult to apportion credit for expansion of services, "DA training has had a positive impact on service delivery in terms of number of clients served and accessibility of services, since each successfully trained and supported [CBD] worker represents a new point of service delivery."

## Attachments:

1. Summary Recommendations
2. Institutions Visited/Individuals Contacted
3. Statistical Data re Categories/Numbers of Trainees (as of 9/30/83)

## SUMMARY RECOMMENDATIONS

Needs Assessment

The process of needs assessment carried out by LAC client agencies should be improved through increased technical assistance through more frequent monitoring by the contractor and AID/W, by establishing training standards and by periodic evaluations of the quality of such assessments.

Resource Allocation Process

To remedy the present split in responsibilities for program, budget and subcontract decisions, the Mission Population Officers should provide written concurrence on these actions to AID/W. DA staff should assist in the formulation of the strategy for contract-funded training activities to be supported, as well as carrying out the execution phases of the program and subcontracts. The Population Training Division should shift to a technical monitoring function with emphasis on quality assurance rather than contract approvals. This will require more in-depth reviews of some programs rather than a pro forma review of all subcontracts.

To remedy the lack of information that relates training activities to AID program objectives in-country, a brief, simple strategy statement format should be developed for use by the AID Mission Population Officer to inform the Central Population Office of their in-country strategy. A team-building process, integrated with the new responsibilities suggested above, should be undertaken at the time the new contract period begins in FY85. Suitable variations in the above can be introduced where the level of the country effort is too small to warrant a formal country planning effort.

Training Designs

The contractor should increase the amount of technical assistance, follow-up of the trainees, and number of training evaluations undertaken in order to improve the quality of the training supported in the long-term.

The trainee selection process needs to be improved, particularly for clinical training at national and third country levels, through proposed mechanisms aimed at increasing the likelihood that the training will be utilized.

More training materials should be provided for courses of all types, especially for training of trainers. A help in this regard would be a training module on how to develop low-cost patient education materials for use by clinics and trainers.

## Institutionalization

The thrust of the contract should be broadened from PAC training to institutional development in order to give client agencies the help they need to expand more rapidly and stably. Priority should be given to strengthening national federations of private family planning entities, and to assisting the training units within such federations to become centers of excellence for their member agencies.

## Staffing

It is suggested that the contractor increase from the current seven senior staff to a total of eight full-time senior level and two full-time junior level professionals with the following assignments:

Program and Country Management	4
Clinical Training Specialist	1
Non-clinical Training Specialist	1
Evaluation Specialist	1
Management Specialist	1
Junior-level Program Support	1
Junior-level Technical Support	1

The above category of "Program and Country Management" staff includes the corporate officer-in-charge, the project director, the deputy project director and one senior program officer covering several country programs. The eighth senior position provides a management specialist both for training and institutional development assistance. Each of the senior staff members, including those with overall management responsibilities, should continue to have a country program responsibility. This combination is a good way to blend technical focus and country program focus. However, the team suggests that the increased technical workload anticipated for the four specialists be supported by one junior-level technical support staff member and their country program responsibilities supported by one junior-level program support staff member.

In addition to the full-time project staff, it is suggested that AID encourage use of non-project staff where it is more cost-effective to do so.

## Future Contract

There should be a follow-on contract to the current one, and in the view of the evaluation team it should differ in the following ways:

- A. The contract should be broadened to address institution building and organizational development, while continuing to focus on training. Priority should be given to supporting national federations of private family planning entities, such as FEMAP in Mexico and ABEPF in Brazil.
- B. The range of types of training and related technical assistance activities which are fundable under the contract should be broadened.
- C. A greater emphasis should be placed on training of and technical assistance for administrators in private sector programs, such as newly established member associations of FEMAP, ABEPF, and any such agencies in Ecuador, Peru, Bolivia and Paraguay as may develop.
- D. Given the contractor's excellent opportunity and access to diverse training programs, as well as existing staff expertise, the follow-on contract should provide funding for training evaluation studies and trainee follow-up activities conducted by the subcontractors, where appropriate.
- E. More frequent use should be made of external reviews as key problems emerge-- without necessarily waiting a number of years for more complete contract evaluations. To that end, a portion of the funds budgeted for the next contract should be set aside for use by AID/W to provide independent judgements as needed during the course of projects.

APPENDIX A

INSTITUTIONS VISITED AND INDIVIDUALS CONTACTED

United States

AID/W

Steven Sinding, Ph.D., Director, Office of Population  
 Charlotte Ureksoy, S&T/POP/IT  
 Marilynn Schmidt, S&T/POP/IT  
 Anne Aarnes, Chief, Training and Information Division  
 Lenny Kata, SER/CM  
 Dana Vogel, S&T/POP/IT  
 Thomas Donnelly, Chief, Division of Family Planning Services  
 Sam Taylor, AID Population Officer, Mexico

APHA

Myrna Siedman, Chief, Technical Advisory Services  
 Dwyn Dithmer

State Department

Maura Brackett, Latin America Bureau

Development Associates, Inc.

Edward Dennison, Project Director  
 Erich Hofmann, Principal Officer  
 Rose Schneider, Sr. Program Officer  
 Eugenia de Monterroso, TOT Materials Development Officer  
 Victoria Jennings, Ph.D., Evaluation Specialist  
 Janice Kissig, Clinical Training T.A. Specialist  
 Anne Terborgh, Deputy Project Director  
 Manuel DeLucca, Sr. Program Officer

BRAZIL

CPAIME (Rio)

Dr. Helio Aguiñaga, President  
 Ms. Lia Kropsch, Executive Director  
 Ms. Karen Lassner, Director, Department of Information,

Evaluations and Research  
Maria Estela Franco Goncalves, Advisor  
Maria Amalia dos Santos Coelho, Graduate Nurse, Training  
Supervisor  
Otavia Maria Mendes de Almeida, Nursing Supervisor  
Rita de Cassia Vasconcelos da Costa, Nursing Supervisor  
Pedro Mitidieri Pacheco de Aguiar  
Tania de Paula Santana, Nursing Supervisory  
Nine Auxiliary nurses (in training)  
Dr. Jose de Souza Costa, Federal University of Bahia Medical  
School, Bahia visitor  
Ms. Lucimar Ferreira, Outpatient Department Nursing  
Supervisor, Hospital Francisco Assis  
Dr. Eduardo Lavander, Outpatient Department Medical  
Supervisory, Hospital Francisco Assis  
Dr. Marco Antonio da Silveira Oliveira  
Two University nursing students (in training)  
Nelson Virla Gomes  
Technical Nurse, Supervisor of auxiliary nurses, FP  
Clinic, Hospital Francisco de Assis  
Marilea Soares Pinto, Psychologist, Health Promoters  
Supervisory  
Nursing Instructors

SEMFAM (Rio)

Dr. Walter Rodrigues, Executive Director of BEMFAM  
Marcio Schiavo, Director of Training  
Dr. Ney Francisco Pinto Costa, Technical Coordinator for  
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Regina Pugliese, Training Coordinator for State of Rio de  
Janeiro  
Vilma Cruz, Supervisor in State of Rio de Janeiro  
Sr. Jose Milare, Director of Administration  
Dra. Carmen Gomes, Advisor on Family Planning and Programmin  
Dra. Florida Acioli Rodrigues, General Coordinator of  
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ABEPF (Rio)

Denise M. das Chagas Leite, Executive Diretor  
Robert Murray, International Consultant

SAMEAC (Fortaleza)

Dr. Galba Araujo, Director  
Dr. Lorenza Araujo

Dra. Silvia Bomfim Hyppolito  
Raimunda Gomes dos Santos (secretary/teacher)  
Francisca Zeneide Guerreiro, Teacher  
Susana Bomfim Borges, Teacher  
Dra. Vilma Holanda Feitosa, Teacher  
Ivoneide Oliveira Vasconcelos, Teacher  
Teresinha Fernandes de Oliveira, Nutritionist/Teacher  
Dr. Dirlene Silveira, PAPS Mobile Unit  
(TBAs) Midwives in five units  
Maria Lucinnide de Paulao Rosa (Pediatric agent) Gaiuba

BEMFAM - State of Ceara

M. Edileusa Calado Luz, Technical Coordinator  
Francisco Roosevelt, Evaluation Sector  
Jose Carlos Fraga, Administrator  
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American Embassy

Office of Social Development Attache Nonato Rocha  
Pathfinder Representative: Dr. Jose S. de Codes

Escola Evangelica de Auxiliares de Enfermagem (Curitiba)

Teodoro Warkentin, Director  
Verea Grande, Professor  
Mirtes Kovaleski, Secretary

Iniversidade Federal do Parana (Curitiba)

Dr. Rosires Pereira de Andrade  
Fatima Said (on loan from Ministry of Health)  
Maria Cecilia, clinical nurse and proposed trainer  
Elcio B. Soares, Assistant Chief of Department of  
Gynecologia

IAEMI (Campinas)

Itamar Martin da Silva - Supervisor of Promoters  
for Adolescents  
Jose Alfred Donizetileal, Psychologist Instructor  
Prof. M. Conceicao Resende, Director

Raquel Whiteman, Manager  
Luisa Maria de Moraes Pinto Teles Machado  
Abigail Bueno  
Dra. Darlea Carvalho da Paixao

CEPECS (Belo Horizonte)

Dr. Alberto Henrique Rocha, Director  
Dr. Antonio Aleixo Neto  
Dr. Roberto Lana Feixoto  
Enfa. Rosemary de Araujo Rios, Nurse Practitioner, Nursing  
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Terezinha Dias de Souza Brito, Prof. of Nursing,  
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Lilia Coelho Lopes  
Eliane de Sa Rabelo

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Dr. Alfonso Santamaria  
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Dr. Luis Daza Parada  
Chief, Maternal and Child  
Health Division

PROFAMILIA

Dr. Miguel Trias  
Executive Director

Sra. Lily de Bucheli  
Director, Division of IEC

Srta. Blanca Cecilia Salinas  
Director  
Training Center

AID/Bogota

Srta. Maria Eugenia Valencia  
Secretary

Corporacion Centro Regional  
de Poblacion

Dr. Guillermo Lopez Escobar  
President

Dr. Alcides Estrada  
Executive Director

#### GUATEMALA

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Mr. Clifford Belcher  
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AGES  
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de Educacion Sexual)

Gustavo Castellanos  
Education Director

Sandra Aguilar  
Research Director

#### MEXICO CIUDAD JUAREZ

(FEMAP) Federacion Mexicana de  
Asociaciones Privadas de  
Planificacion Familiar

Sra. Guadalupe de De La Vega  
President

Sr. Manuel Castillo  
Administrador

Licda. Rebeca Ramos

Dr. Enrique Suarez  
Director, Training Unit

Sra. Natividad Lopez  
Coordinator  
Rural Community Program

Profa. Evangelina Martínez  
Coordinator  
Urban Community Program

PANAMA

USAID/Panama

Mr. Marvin Cernik  
Population and Health Officer

MEXICO

MEXICO CITY

USAID/Mexico

Mr. Samuel Taylor  
AID Representative

Srta. Magdalena Cantu  
Population Assistant

Direccion General de Planificacion  
Familiar  
Secretaria de Salubridad y  
Asistencia

Dr. Manuel Urbina  
Director General

Instituto Mexicano de Seguro  
Social

Dr. Jorge Martinez Manautou  
Chief of Family Planning  
Services

Velasco

Dra. Anameli Monroy de

MONTERREY

Pro-Superacion Familiar  
Neoleonesa, A.C.

Sra. Yolanda Santos de Garza  
Laguera  
President

Dr. Francisco De La Garza  
Medical Director

Srta. Laura Riojas  
Coordinator for Community  
Programs

Lic. Armando Pasillas Villar  
Administrador

PERU

USAID Population Officer Arthur Danort  
Perla Alvarez - Program Analyst

Centro Medico Carmen de La Legua  
Dr. Cesar Guzman - Director  
Tania Ruiz - Coordinator of Training  
Luz Ibarra - Supervisor of CSD  
Six Promoters

ALAFARPE  
Dr. Alfredo Brazzoduro, Director  
Flor Cardozo Rubio, Coordinator of Project  
Clinic Nurses, Auxiliaries

Social Security Institute  
Dr. Hugo Ezebio, Chief of Training  
Amelia Gerstein, Nurse Trainer

AID/OSPE-C-0060  
Participants Trained During the Period  
October 1, 1979 - September 30, 1983

COUNTRY	TOTAL	In-Country Training	Third Country Training	US Training
Argentina	1,056	1,038	17	1
Barbados	219	219		
Bolivia	347	324	23	
Brazil	11,090	10,951	120	19
Chile	105	100	4	1
Colombia	3,202	3,174	25	3
Costa Rica	481	454	23	4
Dominican Republic	2,100	2,063	35	2
Eastern Caribbean	15		14	1
Ecuador	409	363	46	
El Salvador	515	470	43	3
Guatemala	3,328	3,279	44	5
Guyana	3		3	
Haiti	113	113		
Honduras	161	113	47	1
Jamaica	43	25	5	13
Mexico	27,709	27,647	23	39
Nicaragua	4,465	4,459	6	
Panama	167	146	16	5
Paraguay	5,376	5,342	33	1
Peru	3,031	2,970	61	
Trinidad/Tobago	3		1	2
Uruguay	303	228	75	
Venezuela	10	9	1	
TOTAL	64,252	63,487	665	100

AID/OSPE-C-0060

Participant's Area of Work

October 1, 1979 - September 30, 1983

COUNTRY	TOTAL	RURAL	URBAN	PROVINCIAL	NATIONAL
Argentina	1,056	45	52	917	42
Barbados	219	57	142		20
Bolivia	347	137	206	3	1
Brazil	11,090	6,075	3,919	631	465
Chile	105	15	48		42
Colombia	3,202	1,366	1,214	484	138
Costa Rica	481	313	122	23	13
Dcm. Rep.	2,100	814	1,214	34	38
Es. Caribbean	15		1		14
Ecuador	409	203	156	7	43
El Salvador	515	112	390	10	4
Guatemala	3,329	1,751	1,492	19	56
Guyana	3		1	1	1
Haiti	113	55	41	2	15
Honduras	161	32	5	44	79
Jamaica	43	13	17	1	12
Mexico	27,709	76	27,342	257	34
Nicaragua	4,465	44	4,420		1
Panama	167	2	158		7
Paraguay	5,376	3,546	1,819	11	
Peru	3,031	1,156	1,681	56	138
Trin/Tob.	3		1		2
Uruguay	303	71	232		
Venezuela	10		7		3
<b>TOTAL</b>	<b>64,252</b>	<b>15,883</b>	<b>44,681</b>	<b>2,505</b>	<b>1,183</b>

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AII/DSPC-C-0060  
 TYPE OF TRAINING PROVIDED  
 October 1, 1979 - September 30, 1983

COUNTRY	TOTAL	SERVICE DELIVERY				Adolescent CRD	INFORMATION/EDUCATION			Curric./ Materials Development	TOT	Hqmt./ Supervision/ Eval.	OTIMP
		CLINICAL		NON-CLINICAL			Motivation	Comm. Educ. Prom.	Adnl. Sex Educ.				
		Practice	Theory	CRD	CRS		Policy Develop.	Program Support					
Argentina	1,056		917	40				42	42		14	1	
Barbados	219							142	20	57			
Bolivia	347	127	101						62	46	5	5	
Brazil	11,090	712	2,661	4,181			857	837	732	193	11	352	412
Chile	105						1		42		2	57	1
Colombia	3,202	160	636	1,676			1	39			1	235	317
Costa Rica	481	7	335	4					1	75	3	41	11
Dominican Republic	2,100			430			4	385	1	1,199	5	58	13
Eastern Caribbean	15											14	1
Ecuador	409	55							215		62	10	63
El Salvador	516	9	55	15			2		351	22	3	7	52
Guatemala	3,328	54	572	564		1,156	46	137	270	1	175	65	256
Guyana	3									2		1	1
Haiti	113	34	71									7	7
Honduras	161	8					32	38			3	50	13
Jamaica	43		25				2					10	6
Mexico	27,709		40	806				14,784	11,455	534	1	25	36
Nicaragua	4,465			25		64				4,375		1	1
Panama	167	2	43				43	3		1	1	5	67
Paraguay	5,376	257	698	120	61			433	853	1,677	764	510	1
Peru	3,031	169	406	902				75	330	841	60	36	123
Trinidad/Tobago	3												3
Uruguay	303							2	63			238	
Venezuela	10			9			1						
TOTAL	64,252	1,594	6,640	8,772	61	1,220	989	16,917	14,437	9,023	1,092	1,709	1,406

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AID/DSPF-C-0060

## PARTICIPANT'S OCCUPATION

October 1, 1979 - September 30, 1983

COUNTRY	TOTAL	SERVICE DELIVERY						COMMUNITY WORKERS				TEACHERS		COMMUNITY INFLUENTIAL			ADMIN	OTHER
		NRS	Nursing Personnel	CRD workers	IBAs	CRS/Pharm.	Other Allied Health	Promoters Type I	Promoters Type II	Social Markers	Teachers	Clinical	Non-Clinical	Journ. and Media	Political Func.	Comm. & Union leaders		
Argentina	1,056	2	917				60		14	5		2		1	45	10		
Barbados	219						109								106	4		
Bolivia	347	113	58				121		1	38	1	4	1		10			
Brazil	11,090	390	1,793	3,123	1,317	74	170	722	317	87	66	261	8	604	1,634	523		
Chile	105	1	10									48	42		4			
Colombia	3,202	46	1,377	815			41	204	24	2	93	158	36	1	1	404		
Costa Rica	481	191	81				13	11	116			2	1		56			
Dominican Republic	2,100		2	430			2	27	1,216	20	7	8	16	4	326	42		
Eastern Caribbean	15		2					8		2		2			1			
Ecuador	409	9	185	1			3	31		2		52	9		69	48		
El Salvador	516		55					329	22	2		2	7	39	60			
Guatemala	3,328	214	231	597	390		187	1,384	21	16	4	24	27		141	86		
Guyana	3							1		2								
Haiti	113	23	49									20			8	13		
Honduras	161	12	8		2			1		2		2	1	3	109	21		
Jamaica	43			25						1				4	13			
Mexico	27,709	250	325	63			784	24,244	114	318	359	23	2	90	1,038	97		
Nicaragua	4,465		1	25				64	4,229	141		1	4					
Panama	167	36	47				17			11		5	42	1	7	1		
Paraguay	5,376	203	694	64		61		1,781	103	2,325		38		1	104	2		
Peru	3,031	440	504	73		1	116	989	412	158	20	37	1	1	3	276		
Trinidad & Tobago	3														2	1		
Uruguay	303	1	3					235							63	1		
Venezuela	10		1					1				5		1	2			
TOTAL	64,252	1,931	6,343	5,216	1,715	136	1,333	6,078	29,711	11,161	3,100	627	643	172	743	3,639	1,687	18

\* Promoters: Type I - Received more than 8 hours of training.

Type II - Received 8 hours or less training.

DEVELOPMENT ASSOCIATES, INC.

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AID/USPE-C-0060

Participants by their Agency Affiliation

October 1, 1979 - September 30, 1983

COUNTRY	TOTAL	PUBLIC SECTOR							PRIVATE SECTOR							
		Stat' FR Board	MHI	SS	Other Gov't Health	Legisla- tures	Other Gov't	IPPT	Pvt. Health & FP	Pvt. I & E	Coops & Unions	Univ. & Prof. School	Prof. Asso.	Youth Org. & Schools	Mixed Pub. & Pvt.	Other Pvt.
Argentina	1,056		16				20	41	1	17		950				3
Barbados	219							50			112			57		
Bolivia	347			2			1	43	156			1		38	106	
Brazil	11,090	10	46	3	135	235	562	3,674	3,500	120	5	859	16	1,279	646	
Chile	105		2					51	1			9	42			
Colombia	3,202		1,291	1,458	3		127	237	10	44		9	3	16	4	
Costa Rica	481		217	248			1	12	1	1		1				
Dominican Republic	2,100	33	454				388	143		5		6		934	137	
Eastern Caribbean	15		10					5								
Ecuador	409	1	59	13	13		9	7	121	30	4	62	10	80		
El Salvador	516		14	4			18	271	2	2		14		48	88	55
Guatemala	3,328		808	2	19		35	874	99	22	22	44	25	1,086	249	43
Guyana	3						1	1				1				
Haiti	113		22					7				34				50
Honduras	161		13				2	19	14		109	1				3
Jamaica	43	4	6			1	3	3				1		25		
Mexico	27,709	1	112	1	864		1,147	6	444	263	315	6,887		6,291	1,510	9,868
Nicaragua	4,465							2,523						1,942		
Panama	167			104				50			4	6				3
Paraguay	5,376		3	1	63	1	786	124	209	340	265	2,337	64	877	95	211
Peru	3,031		605	840	111		141	2	194	60	3	248		129	698	
Trinidad/Tobago	3		1					1				1				
Uruguay	303		1					1		235		1	2			63
Venezuela	10		3				1		5			1				
TOTAL	64,252	49	3,683	2,676	1,208	238	3,241	8,130	4,764	1,139	839	11,481	162	11,273	3,714	11,647

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AID/USPE-C-0060  
 Participants by Type of Course  
 April 1, 1982\* - September 30, 1983

COUNTRY	TOTAL	Pre-Service	In-Service	Community Educ. & Others	Workshop/ Seminar	Conference/ Meeting	Observation Trip
Argentina							
Barbados	87	57	30				
Bolivia	306		259	46			1
Brazil	5,479	2,126	2,504	264	575	6	4
Chile	2		1			1	
Colombia	2,044		1,992			51	1
Costa Rica	379		373		5	1	
Dominican Republic	492		490		1		1
Eastern Caribbean							
Ecuador	263	71	99	30	31	28	4
El Salvador	489	48	437				4
Guatemala	1,370	217	885	198	25	45	
Guyana	2				2		
Haiti	98		98				
Honduras	35	3	4		28		
Jamaica	29		25			2	1
Mexico	18,724	347	327	18,024		23	3
Nicaragua	1,968		26	1,942			
Panama	48		47			1	
Paraguay	2,496	1,137	346	1,013			
Peru	1,781	210	1,144	308	75	44	
Trinidad/Tobago	1					1	
Uruguay							
Venezuela	1						
<b>TOTAL</b>	<b>36,094</b>	<b>4,216</b>	<b>9,007</b>	<b>21,825</b>	<b>743</b>	<b>204</b>	<b>19</b>

\*Data not tabulated for training prior to April 1, 1982.

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