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FINAL REPORT
Training for LAC Personnel
in the
Latin America/Caribbean Region
Contract DSP/C-0060
October 1, 1979-December 31, 1984

Submitted to:
AGENCY FOR INTERNATIONAL DEVELOPMENT
DS/POP/IT
WASHINGTON, D.C. 20523

Submitted by:
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INTRODUCTION

This report covers the services rendered and activities performed by Development Associates, Inc., under Contract DSPE-C-0060 between September 30, 1979, and December 31, 1984. This contract's first three months overlapped with the last three months of its predecessor contract AID/pha-C-1149, while its last three months overlapped with Development Associates' current contract DPE-3031-C-00-4078-00. There has thus been continuity in the provision of family planning training in the Latin America/Caribbean (LAC) region since April, 1972, when we began this work under our first contract with AID for family planning training in the LAC region.

Contract DSPE-C-0060 mandated the training of paramedical, auxiliary and community (PAC) personnel for family planning service improvement in Latin America and the Caribbean. Additionally, the contract's general objectives included:

- improving the capacity and capability of family planning training providers and working at changing conditions and attitudes that currently still inhibit the willingness or ability to make maximum use of PAC personnel;
- developing and upgrading PAC training systems so that LAC countries will have sufficient capability to plan and/or implement their own PAC training programs; and
- attempting to integrate family planning training and content with closely related maternal and child health topics, when appropriate.

An amendment toward the end of the contract's third year provided for the inclusion of nutrition-breastfeeding promotion in appropriate family planning training activities.

As will be seen in this report, training provided under this contract covers a wide variety of formats, methods, settings and personnel. It ranged from intensive skill training courses for paramedical and auxiliary personnel and for workers in

community-based contraceptive distribution (CBD) programs, to conferences and meetings of political and professional association functionaries, designed to change conditions and attitudes inhibiting maximum use of PAC personnel. Last, but not least, the project staff promoted the training of trainers and family planning managers and administrators.

Most training was provided under subcontracts with in-country training providers, and some through regional training institutions. In both cases, training institutions received extensive and intensive technical assistance, and key institution staffmembers were sponsored to attend special training programs and/or observe effective, established programs within the region. As the project progressed, increasing in-country training capability in most target countries obviated the need for continued regional training so that much of the latter was phased out during the contract's last two years. Thus, at the end of this contract, training capability is well developed in many of the institutions and entities with which we have been working now for over twelve years.

Development Associates believes that this project has not only made a substantial contribution to the promotion, expansion and improvement of family planning services throughout Latin American and the Caribbean, but also has furthered the use of paramedical and auxiliary personnel in clinical aspects of family planning service delivery. It has also contributed significantly to the creation and/or strengthening of numerous family planning service and training providers throughout the region.

Throughout this project we maintained close liaison with target country governmental and private agencies, organizations and institutions that play some role in their countries' population/family planning programs. Likewise, Development Associates' project staff maintained close liaison with all USAID missions in bilateral and U.S. embassies in non-bilateral target countries. On this point, the report of the AID/W evaluation of this project in early 1984 stated, "The AID field officers look upon Development Associates' staff as valuable resources on whom they count as members of a country team."

It is hoped that this project has contributed its share to the complex and multifaceted task of slowing down population growth in the LAC region. How Development Associates went about implementing the contract is the subject of this final report.

I. HIGHLIGHTS

During the life of this contract, which mandated the training of 18,585 PAC personnel directly and an additional 36,000 second-generation PAC personnel, a total of 82,272 PAC workers received training as first, second, third and in some instances even fourth generation trainees.* Other significant highlights of this contract are:

- o Trainees and grantees originated from 23 Latin American countries and most Caribbean Islands.
- o 81,291 (98.8%) received training in their own countries.
- o 822 (1%) were trained in third countries (regional training).
- o 159 (0.2%) received training, attended conferences or observed programs in the U.S.A.
- o Grantees participated in over three thousand different programs (courses, seminars, series, of courses, workshops, individual observation training, conferences, professional congresses, etc.).
- o We negotiated and signed a total of 368 contracts with 92 training providers. Volume of contracting per training provider ranged from 53 contracts (with BEMFAM, Brazil) to one with various smaller institutions and agencies in several countries.
- o Twenty-one contracts for training projects included a nutrition-breast-feeding component.
- o This contract contributed substantially to the formation of national family planning federations in Mexico and Brazil. In the latter country we likewise sponsored the founding and subsequent meetings of the Parliamentary Group for the Study of Population and Development (GPEPD).
- o Along with the provision of training, the project staff promoted institutional growth and strengthening of regional and in-country institutions.

The tables on the following pages summarize the numbers and kinds of participants trained under PAC I.

* This total includes only those second and subsequent generation trainees whose training was directly supported through Development Associates' PAC I subcontracts with Latin American/Caribbean organizations. We estimate that at least 25,000 additional persons received second and subsequent generation training which took place without direct support from PAC I funds.

II. STATISTICAL SUMMARIES*

*In addition to statistical summaries for the entire project period, summaries for the project's final nine months are likewise presented, since this period had not been covered by an earlier progress report.

AID/DSPE-C-0060
 Participants Trained During the Period
 April 1 - December 31, 1984

COUNTRY	TOTAL	In-Country Training	Third Country Training	US Training
Argentina				
Barbados	26	25	1	
Bolivia	353	342	11	
Brazil	6,339	6,302	36	1
Chile				
Colombia	304	292	11	1
Costa Rica				
Dominican Republic	652	647	5	
Eastern Caribbean				
Ecuador	252	240	12	
El Salvador	87	75	10	2
Guatemala	149	144	3	2
Guyana				
Haiti				
Honduras	103	101	1	1
Jamaica	70	67		3
Mexico	435	401	12	22
Nicaragua				
Panama	1		1	
Paraguay	944	937	7	
Peru	511	494	13	4
Trinidad/Tobago				
Uruguay				
Venezuela				
TOTAL	10,226	10,067	123	36

AID/DSPE-C-0060

Participants Trained During the Period

October 1, 1979 - December 31, 1984

COUNTRY	TOTAL	In-Country Training	Third Country Training	US Training
Argentina	1,097	1,079	17	1
Barbados	271	270	1	
Bolivia	796	760	36	
Brazil	21,068	20,882	163	23
Chile	105	100	4	1
Colombia	3,829	3,788	36	5
Costa Rica	482	454	24	4
Dominican Republic	3,314	3,269	41	4
Eastern Caribbean	15		14	1
Ecuador	787	719	60	8
El Salvador	868	806	57	5
Guatemala	3,620	3,559	50	11
Guyana	3		3	
Haiti	178	178		
Honduras	537	486	49	2
Jamaica	115	92	7	16
Mexico	28,450	28,347	40	63
Nicaragua	4,465	4,459	6	
Panama	190	167	18	5
Paraguay	8,053	8,010	40	3
Peru	3,713	3,629	79	5
Trinidad/Tobago	3		1	2
Uruguay	303	228	75	
Venezuela	10	9	1	
TOTAL	82,272	81,291	822	159

AID/DSPE-C-0060

Participant's Area of Work

April 1 - December 31, 1984

COUNTRY	TOTAL	RURAL	URBAN	PROVINCIAL	NATIONAL
Argentina					
Barbados	26	9	17		
Bolivia	353	163	189	1	
Brazil	6,339	2,640	3,392	56	251
Chile					
Colombia	304		280		24
Costa Rica					
Dom. Rep.	652	529	80		43
Ea. Caribbean					
Ecuador	252	91	157	4	
El Salvador	87		83	1	3
Guatemala	149	51	86	9	3
Guyana					
Haiti					
Honduras	103		102		1
Jamaica	70	29	38		3
Mexico	435	53	356	11	15
Nicaragua					
Panama	1		1		
Paraguay	944	347	595		2
Peru	511	372	133	3	3
Trin/Tob.					
Uruguay					
Venezuela					
TOTAL	10,226	4,284	5,509	85	348

AID/DSPE-C-0060

Participant's Area of Work

October 1, 1979 - December 31, 1984

COUNTRY	TOTAL	RURAL	URBAN	PROVINCIAL	NATIONAL
Argentina	1,097	45	52	958	42
Barbados	271	66	185		20
Bolivia	796	394	396	4	2
Brazil	21,068	11,540	7,985	687	856
Chile	105	15	48		42
Colombia	3,829	1,687	1,495	484	163
Costa Rica	482	313	122	28	19
Dom. Rep.	3,314	1,770	1,428	34	82
Ea. Caribbean	15		1		14
Ecuador	787	322	409	11	45
El Salvador	868	112	737	11	8
Guatemala	3,620	1,877	1,642	28	73
Guyana	3		1	1	1
Haiti	178	106	55	2	15
Honduras	537	205	207	44	81
Jamaica	115	42	55	1	17
Mexico	28,450	169	27,960	268	53
Nicaragua	4,465	44	4,420		1
Panama	190	2	180		8
Paraguay	8,053	5,393	2,645	11	4
Peru	3,713	1,564	1,948	59	142
Trin/Tob.	3		1		2
Uruguay	303	71	232		
Venezuela	10		7		3
TOTAL	82,272	25,737	52,211	2,631	1,693

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PARTICIPANT'S OCCUPATION

April 1 - December 31, 1984

C O U N T R Y	TOTAL	SERVICE DELIVERY						COMMUNITY WORKERS				TRAINERS		COMMUNITY INFLUENTIALS			ADMIN.	OTHER
		MDS	Nursing Personnel	CBD Workers	TBAs	CRS/Pharm.	Other Allied Health	*Promoters Type I	*Promoters Type II	Social Workers	Teachers	Clinical	Non-Clinical	Journ. and Media	Political Func.	Comm. & Union Leaders		
Argentina																		
Barbados	26			25														1
Bolivia	353		13			5		306					5			20		4
Brazil	6,339	65	836	261	396	3	88	1,844	1,409	185	558	13	67		1	344	263	6
Chile																		
Colombia	304		263					1					4					36
Costa Rica																		
Dominican Republic	652			260				242			35	8	2			102		3
Eastern Caribbean																		
Ecuador	252	13	76				12	11		3		4	3			119		11
El Salvador	87		2								75		5					5
Guatemala	149		57	82								2	5					3
Guyana																		
Haiti																		
Honduras	103										73							30
Jamaica	70			25				42					2					1
Mexico	435	25						330	1	2	20	9	5					43
Nicaragua																		
Panama	1																	1
Paraguay	944	6	307					308			63		15			241		4
Peru	511		48	323				123		2		2	8					5
Trinidad & Tobago																		
Uruguay																		
Venezuela																		
TOTAL	10,226	109	1,602	976	396	8	100	3,207	1,410	192	824	38	121		1	826	410	6

* Promoters: Type I - Received more than 8 hours of training.
 Type II - Received 8 hours or less training

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PARTICIPANT'S OCCUPATION

October 1, 1979 - December 31, 1984

C O U N T R Y	TOTAL	SERVICE DELIVERY						COMMUNITY WORKERS				TRAINERS		COMMUNITY INFLUENTIALS			ADMIN.	OTHER
		MDS	Nursing Per- sonnel	CBD Workers	TBAs	CRS/ Pharm.	Other Allied Health	* Pro- motors Type I	* Pro- motors Type II	Social Workers	Teachers	Clini- cal	Non- Clinical	Journ. and Media	Politi- cal Func.	Comm. & Union Leaders	Admin/ Manage- ment	
Argentina	1,097	2	917					60		14	5		2		42	45	10	
Barbados	271			25				135								106	5	
Bolivia	796	113	71			5		427		1	132	1	9	1		20	16	
Brazil	21,068	458	3,054	3,384	3,029	77	346	2,806	1,876	504	1,131	79	351	8	740	2,240	978	7
Chile	105	1	10										48	42			4	
Colombia	3,829	46	1,640	1,136			41	205		24	2	93	162	36	1	1	442	
Costa Rica	482	191	81				13	11		116			2	1			67	
Dominican Republic	3,314		19	1,098			2	375	1,216	20	42	16	20	4		428	74	
Eastern Caribbean	15		2					8		2			2				1	
Ecuador	787	22	301	1			15	88		5		56	20			218	61	
El Salvador	868	4	176					331	22	5	211	2	12		39		66	
Guatemala	3,620	214	288	815	396		187	1,384		21	16	6	32	27		141	93	
Guyana	3							1			2							
Haiti	178	23	100									20	14				8	13
Honduras	537	12	43		2			204		2	73	2	1	3		143	52	
Jamaica	115			50				42			1		2		4		16	
Mexico	28,450	275	325	114			784	347	24,245	166	338	368	28	2	90	1,038	328	2
Nicaragua	4,465		1	25				64	4,229		141		1	4				
Panama	190	36	47				17			11			26	42	1		9	1
Paraguay	8,053	409	1,041	64		61		3,090		103	2,388		55		1	835	6	
Peru	3,713	440	668	396		1	116	1,161		414	158	22	46	1	1	3	286	
Trinidad & Tobago	3																2	1
Uruguay	303	1	3					235								63	1	
Venezuela	10		1					1					5		1		2	
TOTAL	82,272	2,247	8,788	7,108	3,427	144	1,521	10,975	31,588	1,408	4,640	665	838	171	920	5,281	2,527	24

* Promoters: Type I - Received more than 8 hours of training.
Type II - Received 8 hours or less training

AID/DSPE-C-0060
 TYPE OF TRAINING PROVIDED
 April 1 - December 31, 1984

COUNTRY	TOTAL	SERVICE DELIVERY				Adolescent CBD	INFORMATION/EDUCATION				Curriculum Develop/ Materials	TOT	Mgmt./ Supervi- sion/ Eval.	OTHER
		CLINICAL		NON-CLINICAL			MOTIVATION		Community Education Promotion	Adol. Sex Education				
		Practice	Theory	CBD	CRS		Policy Develop.	Program Support						
Argentina														
Barbados	26		25										1	
Bolivia	353		2	42				304			3	2		
Brazil	6,339	96	1,147	245			224	531	1,678	2,121	34	49	84	130
Chile														
Colombia	304		267			1		1					34	1
Costa Rica														
Dominican Republic	652		45	260					344				3	
Eastern Caribbean														
Ecuador	252	20	1	25				119			4	2	5	76
El Salvador	87	2	4							75			6	
Guatemala	149					82						5	62	
Guyana														
Haiti														
Honduras	103							51	50				2	
Jamaica	70			42					25	2			1	
Mexico	435		10			2	4		50	300	7	2	59	11
Nicaragua														
Panama	1													
Paraguay	944	2	326						241	371	1		3	
Peru	511	48	2	446						2		5	8	
Trinidad/Tobago														
Uruguay														
Venezuela														
TOTAL	10,226	168	1,829	1,060		85	228	701	2,593	2,871	46	66	271	208

AID/DSPE-C-0060
 TYPE OF TRAINING PROVIDED
 October 1 1979 - December 31, 1984

COUNTRY	TOTAL	SERVICE DELIVERY				Adolescent CBD	INFORMATION/EDUCATION				Curriculum Develop/ Materials	TOT	Mgmt./ Supervision/ Eval.	OTHER
		CLINICAL		NON-CLINICAL			MOTIVATION		Community Education Promotion	Adol. Sex Education				
		Practice	Theory	CBD	CRS		Policy Develop.	Program Support						
Argentina	1,097		917	40			41	42	42		14	1		
Barbados	271		25					142	20	83		1		
Bolivia	796	127	103	136					366	46	1	8	9	
Brazil	21,068	965	6,758	4,426			1,221	1,495	2,411	2,373	50	406	607	357
Chile	105						1		42		2	57	1	2
Colombia	3,829	160	925	1,976		1	1	39	1		1	235	352	138
Costa Rica	482	7	335	4					1	75	3	41	12	4
Dominican Republic	3,314		64	1,098			4	385	345	1,305	5	58	45	5
Eastern Caribbean	15												14	1
Ecuador	787	85	9	55				149	261		66	12	70	80
El Salvador	868	11	184	15			2		487	97	3	10	59	
Guatemala	3,620	54	576	700		1,238	46	137	270	1	175	70	321	32
Guyana	3									2			1	
Haiti	178	34	136										7	1
Honduras	537	8					32	335	50	26	3	50	16	17
Jamaica	115		27	42			2		25	2			11	6
Mexico	28,450		51	857		2	4	14,784	11,505	901	153	27	137	29
Nicaragua	4,465			25		64				4,375		1		
Panama	190	2	43				43	3		1	1	26	69	2
Paraguay	8,053	499	1,026	120	61			1,082	1,936	2,048	765	510	4	2
Peru	3,713	217	605	1,397				75	330	843	60	41	136	9
Trinidad/Tobago	3												3	
Uruguay	303							2	63			238		
Venezuela	10			9			1							
TOTAL	82,272	2,169	11,784	10,900	61	1,305	1,398	18,670	18,154	12,178	1,288	1,804	1,876	685

AID/DSPE-C-0060

Participants by their Agency Affiliation

April 1 - December 31, 1984

COUNTRY	TOTAL	PUBLIC SECTOR						PRIVATE SECTOR								
		Nat'l FH Board	MOH	SS	Other Gov't Health	Legislatures	Other Gov't	IPPF	Pvt. Health & FP	Pvt. I & E	Coops & Unions	Univ. & Prof. School	Prof. Asso.	Youth Org. + Schools	Mixed Pub. & Pvt.	Other Pvt.
Argentina																
Barbados	26							25		1						
Bolivia	353							41	310	2						
Brazil	6,339				133	1	1	312	3,000	6		175	249	2,276	181	5
Chile																
Colombia	304		3	263				7	8	2					21	
Costa Rica																
Dominican Republic	652	3	470					42	102			35				
Eastern Caribbean																
Ecuador	252							2	63			30			157	
El Salvador	87		2					8		2				75		
Guatemala	149		60					4	83	1						
Guyana																1
Haiti																
Honduras	103							25						78		
Jamaica	70	1	2												67	
Mexico	435		4	4			14	3	351		50	7				2
Nicaragua																
Panama	1							1								
Paraguay	944		3					33	87	591				63	166	1
Peru	511		11		1			447	48	2		2				
Trinidad/Tobago																
Uruguay																
Venezuela																
TOTAL	10,226	4	555	267	134	1	15	950	4,052	607	50	249	249	2,492	592	9

AID/DSPE-C-0060

Participants by their Agency Affiliation
October 1, 1979 - December 31, 1984

COUNTRY	TOTAL	PUBLIC SECTOR						PRIVATE SECTOR								
		Nat'l Ff Board	MOH	SS	Other Gov't Health	Legisla- tures	Other Gov't	IPPF	Pvt. Health & FP	Pvt. I & E	Coops & Unions	Univ. & Prof. School	Prof. Asso.	Youth Org. + Schools	Mixed Pub. & Pvt.	Other P:t.
Argentina	1,097		16				61	41	1	17		958				3
Barbados	271							75		1	112			83		
Bolivia	796			2			95	85	467	2		1		38	106	
Brazil	21,068	10	46	4	268	371	564	3,988	9,832	126	5	1,065	276	2,323	1,539	651
Chile	105		2					51	1			9	42			
Colombia	3,829		1,615	1,721	3		127	245	18	47		9	3		37	4
Costa Rica	482		217	248			1	13	1	1		1				
Dominican Republic	3,314	81	924				338	594	102	5		41		1,040	137	2
Eastern Caribbean	15		10					5								
Ecuador	787	1	69	13	13		9	57	188	30	4	122	10		237	34
El Salvador	868		16	132			18	280	2	4		14		259	88	55
Guatemala	3,620		868	2	19		35	1,018	183	23	22	44	25	1,086	249	46
Guyana	3						1	1				1				
Haiti	178		87						7			34				50
Honduras	537		48				62	222	14		109	1		78		3
Jamaica	115	6	8			1	3	3				2			92	
Mexico	28,450	1	117	5	864		1,162	10	953	263	365	7,039		6,291	1,510	9,870
Nicaragua	4,465							2,523						1,942		
Panama	190			104				52			25	6				3
Paraguay	8,053		6	1	63	1	786	159	296	931	265	3,578	64	940	261	702
Peru	3,713		732	840	112		141	450	296	62	3	250			129	698
Trinidad/Tobago	3		1					1				1				
Uruguay	303		1					1		235		1	2			63
Venezuela	10		3						5			1				
TOTAL	82,272	99	4,786	3,072	1,342	374	3,453	9,874	12,366	1,747	910	13,178	422	14,080	4,385	12,184

AID/DSPE-C-0060
Participants by Type of Course
April 1 - December 31, 1984

COUNTRY	TOTAL	Pre-Service	In-Service	Community Educ.& Others	Workshop/Seminar	Conference/Meeting	Observation Trip
Argentina							
Barbados	26		25		1		
Bolivia	353		5	342	2		4
Brazil	6,339	1,986	1,697	2,009	152	492	3
Chile							
Colombia	304		268		12	24	
Costa Rica							
Dominican Republic	652	35	252	362	3		
Eastern Caribbean							
Ecuador	252	25	81	73	69		4
El Salvador	87		81		4	2	
Guatemala	149		144		3	2	
Guyana							
Haiti							
Honduras	103		50	23	29	1	
Jamaica	70		42		25		3
Mexico	435	280	111	20	5	6	13
Nicaragua							
Panama	1				1		
Paraguay	944	3	388	549	3		1
Peru	511	42	459		4	4	2
Trinidad/Tobago							
Uruguay							
Venezuela							
TOTAL	10,226	2,371	3,603	3,378	313	531	30

AID/DSPE-C-0060
 Participants by Type of Course
 April 1, 1982* - December 31, 1984

COUNTRY	TOTAL	Pre-Service	In-Service	Community Educ. & Others	Workshop/ Seminar	Conference/ Meeting	Observation Trip
Argentina	41			41			
Barbados	139	57	81		1		
Bolivia	755		266	482	2		5
Brazil	15,457	4,273	7,436	2,273	742	714	19
Chile	2		1			1	
Colombia	2,671		2,582		12	76	1
Costa Rica	380		374		5	1	
Dominican Republic	1,706	35	1,198	468	4		1
Eastern Caribbean							
Ecuador	641	96	230	133	146	28	8
El Salvador	841	48	647	136	4	2	4
Guatemala	1,662	217	1,171	198	28	48	
Guyana	2				2		
Haiti	163		163				
Honduras	411	3	55	295	57	1	
Jamaica	100		67		25	4	4
Mexico	19,465	627	596	18,044	150	31	17
Nicaragua	1,968		26	1,942			
Panama	71		48	21	1	1	
Paraguay	5,173	1,870	736	2,563	3		1
Peru	2,463	252	1,773	308	79	48	3
Trinidad/Tobago	1					1	
Uruguay							
Venezuela	1					1	
TOTAL	54,113	7,478	17,450	26,904	1,261	957	63

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

Participants by Agency Providing the Training
April 1 - December 31, 1984

COUNTRY	TOTAL	PUBLIC SECTOR					PRIVATE SECTOR						
		Nat'l FP Board	MOH	SS	Other Gov't Health	Other Gov't	IPPF	Pvt. Health & FP	Pvt. I & E	Coops & Unions	Univ. & Prof. Schools	Prof. Asso.	Other Pvt.
Argentina													
Barbados	26						25						1
Bolivia	353						44	307					2
Brazil	6,339				1	1,411	503	3,678	189		50	443	65
Chile													
Colombia	304		1	263		1	4	22					13
Costa Rica													
Dominican Republic	652	504					145						3
Eastern Caribbean													
Ecuador	252						3	177			47	20	5
El Salvador	87						81						6
Guatemala	149		48				5	91					5
Guyana													
Haiti													
Honduras	103						101						2
Jamaica	70	1						67					2
Mexico	435		50				2	348			13	2	20
Nicaragua													
Panama	1												1
Paraguay	944						184	76	590		3		91
Peru	511		6				453	44					8
Trinidad/Tobago													
Uruguay													
Venezuela													
TOTAL	10,226	505	105	263		1,412	1,550	4,810	779		113	465	224

Participants by Agency Providing the Training

October 1, 1979 - December 31, 1984

COUNTRY	TOTAL	PUBLIC SECTOR					PRIVATE SECTOR						
		Nat'l FP Board	MOH	SS	Other Gov't Health	Other Gov't	IPPF	Pvt. Health & FP	Pvt. I & E	Coops & Unions	Univ. & Prof. Schools	Prof. Asso.	Other Pvt.
Argentina	1,097						1,080		14				3
Barbados	271						270						1
Bolivia	796						343	448			1		4
Brazil	21,068		4		90	1,411	6,244	11,625	783		175	571	165
Chile	105			1			90	1	1		12		
Colombia	3,829	25	1,706	762		1	252	56	991		5		31
Costa Rica	482			119			352	1	3		4		3
Dominican Republic	3,314	1,028	4	1			2,259	4	1		11		6
Eastern Caribbean	15						1				14		
Ecuador	787		2				60	460	27		177	50	11
El Salvador	868			125			709	6	1		20		7
Guatemala	3,620		120				2,149	1,304			12		35
Guyana	3						2						1
Haiti	178		121					7					50
Honduras	537		2				526				3		6
Jamaica	115	1			2		6	92	1		7	1	5
Mexico	28,450		27,233		5	2	10	1,072			61	3	64
Nicaragua	4,465						4,465						
Panama	190			105			75				5		5
Paraguay	8,053		512				1,671	126	3,453	515	1,195		581
Peru	3,713		1,011	1,692	1	75	477	282	32		130		13
Trinidad/Tobago	3			1					1		1		
Uruguay	303						64		235		4		
Venezuela	10						1	5	4				
TOTAL	82,272	1,054	30,715	2,806	98	1,489	21,106	15,489	5,547	515	1,837	625	991

AID/DSPE-C-0060

Mean Length of Training by Type of Training

April 1 - December 31, 1984

TYPE OF TRAINING	N° OF TRAINEES	N° OF DAYS	LENGTH OF TRAINING
			Mean Number of Days per Trainee
Technical Clinical Practice (Physicians)	2	40	20.0
Technical Clinical Practice (Nurses/Nurse Midwives)	166	2,938	17.7
Technical Clinical Theory	1,829	5,171	2.8
Technical Non-Clinical-CBD	1,060	3,805	3.6
Technical Non-Clinical-CRS	-	-	-
Adolescent CBD	85	343	4.0
Motivation: Policy Development	228	590	2.6
Motivation: Program Support	701	2,494	3.6
Community: Education/Promotion	2,693	6,081	2.3
Adolescent Sex Education	2,871	6,738	2.3
Curriculum Development/Materials	46	210	4.6
Training of Trainers	66	700	10.6
Management/Supervision/Evaluation	271	1,345	5.0
Other	208	537	2.6
T O T A L	10,226	30,992	

AID/DSPE-C-0060

Length of Training by Country During the Period

April 1 - December 31, 1984

COUNTRY	Number of Participants	Total Training Days	Average Length of Training (days)*
Argentina			
Barbados	26	61	2.4
Bolivia	353	1,134	3.0
Brazil	6,339	15,499	2.4
Chile			
Colombia	304	1,161	3.8
Costa Rica			
Dominican Republic	652	2,753	4.2
Eastern Caribbean			
Ecuador	252	1,371	5.4
El Salvador	87	262	3.0
Guatemala	149	992	6.6
Guyana			
Haiti			
Honduras	103	324	3.1
Jamaica	70	375	5.3
Mexico	435	1,685	4.0
Nicaragua			
Panama	1	5	5.0
Paraguay	944	3,346	3.5
Peru	511	2,026	4.0
Trinidad/Tobago			
Uruguay			
Venezuela			
T O T A L	10,226	30,994	3.0

*A training day represents eight instructional hours.

Technical Assistance Provided by Development Associates
April 1 - December 31, 1984

COUNTRY	For Project Development	For Curriculum/ Materials Dev.	For Courses Implementation	For Course Evaluation
	No. of courses	No. of courses	No. of courses	No. of courses
Argentina				
Barbados				
Bolivia	1	1	1	
Brazil	43	28	4	7
Chile				
Colombia				
Costa Rica				
Dominican Republic	2	2	2	2
Eastern Caribbean				
Ecuador	4	4	2	2
El Salvador				
Guatemala				
Guyana				
Haiti				
Honduras				
Jamaica	1	1	1	1
Mexico				
Nicaragua				
Panama				
Paraguay	3	3	3	
Peru	1	1		
Trinidad/Tobago				
Uruguay				
Venezuela				
U.S.				
TOTAL	55	40	13	12

Technical Assistance Provided by Development Associates

October 1, 1983* - December 31, 1984

COUNTRY	For Project Development	For Curriculum/ Materials Dev.	For Courses Implementation	For Course Evaluation
	No. of courses	No. of courses	No. of courses	No. of courses
Argentina				
Barbados				
Bolivia	1	1	1	
Brazil	196	187	7	35
Chile				
Colombia				
Costa Rica				
Dominican Republic	2	2	8	10
Eastern Caribbean				
Ecuador	4	4	2	2
El Salvador	2	2	2	2
Guatemala				
Guyana				
Haiti	2	2	2	2
Honduras				
Jamaica	1	1	1	1
Mexico	4	4	4	4
Nicaragua				
Panama				
Paraguay	3	3	3	
Peru	1	1		
Trinidad/Tobago				
Uruguay				
Venezuela				
U.S.				
TOTAL	216	207	30	57

AID/DSPE-C-0060
 NUTRITION PARTICIPANTS REPORTED
 April 1, 1984 - December 31, 1984

COUNTRY	TOTAL TRAINEES	AREA OF WORK		TYPE OF TRAINING		TRAINING AGENCY		TA		OCCUPATION
		Rural	Urban	Nut/FP	Nut. Only	Name	Type	yes	no	
Bolivia	75	70	5		75	FEPADE	PVO	x		Promoters
Brazil	2,302	2,284	18	2,283	19	SAMEAC	PVO	x		Aux.Nurses, TBAs Adol/Promoters & Teachers & Inst.*
	25		25	25		CEPECS	PVO	x		Trainers & Nurses
	60	7	53		60	BEMFAM	IPPF	x		CBD Workers
Ecuador	73	73		73		CEMOPLAF	PVO	x		Comm. Leaders
	32	5	27		32	Universidad Catolica	Univ.	x		Nurse-Trainers
Guatemala	16	16			16	APROFAM	IPPF	x		CBD Workers
Paraguay	88			88		Liga Paraguaya	PVO	x		Comm. Leaders
	75	75		75		Mision de Amistad	PVO		x	Promoters
	37	10	27		37	IICS	PVO		x	Nurses, Social Wks. & Nurse-Midwives
Peru	216	2	214		216	ALAFARPE	PVO		x	Promoters
	40		40		40	Carmen de La Legua	PVO	x		CBD Workers
Regional	13	2	11	13		Development Associates	private		x	Trainers
TOTAL	3,052									

*Occupation	N°									
Auxiliary Nurses	14									
TBAs	396									
Adolescent Promoters	1,490									
Teachers	383									
Trainers/Instructors	19									

AID/DSPE-C-0060
NUTRITION PARTICIPANTS REPORTED
October 1, 1982 - December 31, 1984

COUNTRY	TOTAL TRAINEES	AREA OF WORK		TYPE OF TRAINING		TRAINING AGENCY		TA		OCCUPATION
		Rural	Urban	Nut/FP	Nut. Only	Name	Type	yes	no	
Bolivia	109	99	10		109	FEPADE	PVO	x		Promoters
Brazil	5,151	5,102	49	5,132	19	SAMEAC	PVO	x		*
	25		25	25		CEPECS	PVO	x		Trainers & Nurses
	60	7	53		60	BEMFAM	IPPF	x		CBD Workers
Ecuador	112	85	27	112		CEMOPLAF	PVO	x		Comm. Leaders
	32	5	27		32	Universidad Catolica	Univ.	x		Nurse-Trainers
Guatemala	32	32			32	APROFAM	IPPF	x		CBD Workers
Paraguay	578	305	273	578		Liga Paraguaya	PVO	x		Comm. Leaders
	75	75		75		Mision de Amistad	PVO	x		Promoters
	37	10	27		37	IICS	PVO		x	Nurses, Social Wks. & Nurse-Midwives
Peru	216	2	214		216	ALAFARPE	PVO		x	Promoters
	40		40		40	Carmen de La Legua	PVO	x		CBD Workers
Regional	13	2	11	13		Development Associates	private		x	Trainers
T O T A L	6,480									
*Occupation	N°									
Auxiliary Nurses	180									
TBAs	1,712									
Adolescent Promoters	2,619									
Health Workers	64									
Teachers	398									
Community Leaders	159									
Trainers-Instructors	19									

III. PROJECT IMPLEMENTATION AND EMPHASES

The successful implementation of this project depended on a variety of mutually reinforcing components. The major ones of these are being discussed in the following sections, the last of which (III-G) deals with institutionalization of training capability in the region. All activities summarized in the earlier sections below (A - F) are essential elements in the institutionalization process which this project began and which is receiving added emphasis under this project's successor contract (PAC II).

A. In-Country/Third Country Training

As pointed out earlier, the overwhelming percentage of training provided under this contract took place in the target countries themselves. Having developed and implemented two preceding family planning training projects in the LAC region over a period of more than seven years, we were in the fortunate position to start this project with a solid group of in-country and regional training institutions which we were able to further develop and strengthen in order to help them provide most of the training called for under PAC I. In fact, in-country training capability improved to such an extent that third-country or regional training became increasingly less necessary and most of it was phased out after project year three.

Following are summaries of the principal activities carried out by Development Associates in Latin America and the Caribbean region.

Argentina

A modest number of activities was sponsored under this contract during its first two years, after which we were directed to cease working in Argentina. In 1980 and 1981, under five contracts with AAPF, the IPPF affiliate, several hundred nursing students and 30 paramedical workers received instruction in family planning theory, family planning motivators were trained for work in rural areas, and mid-level functionaries from provincial governments attended a family planning motivation promotion course.

Bolivia

Training for Bolivians under this project primarily involved support for two private institutions, COF, the IPPF affiliate, and FEPADE, a general development PVO in Cochabamba. When the PAC I project began in October of 1979, Development Associates was instructed by the AID Mission not to support any in-country training activities due to the political sensitivity of family planning. Thus, in the first year of the project only a small number of Bolivians were trained in regional courses, including ten auxiliary nurses from COF in a course specially designed for them by PROFAMILIA of Colombia. In the second project year, all support for Bolivia was suspended due to a military coup.

Subsequently, Development Associates has supported both in-country and regional training for Bolivians, including a series of courses for FEPADE designed to train their Quechua-speaking health promoters in family planning and sex education promotion. Extensive technical assistance was given to FEPADE for this effort, as the agency had no prior experience in family planning.

Training projects with COF included clinical training for physicians, then the only service-providers in Bolivia, and subsequently training for rural teachers and for auxiliary nurses in sex education and CBD. A needs assessment in rural areas conducted jointly by COF and Development Associates staff in the fourth project year resulted in an experimental training project for the Santa Cruz area with community leaders, pharmacists and auxiliary nurses. A quasi-social marketing effort is planned as a follow-up to this training.

Several Bolivians attended international TOT and supervision courses at APROFAM of Guatemala, and an APROFAM trainer assisted with implementation of two follow-up training courses in Bolivia, one for each of the two institutions previously named. Agency directors from both agencies attended Development Associates' regional management training workshops on resource development and cost-effective program management.

In the fifth year of the project technical assistance was provided to CEVIFA, an NFP organization, at the request of the AID Mission. Two staff from CEVIFA also participated in an international training course in NFP sponsored by Development Associates in Paraguay.

Brazil

Throughout the life of this contract Brazil was the highest priority and consequently received major emphasis in all aspects of the contract's mandate. This resulted in over 45% of the project's total participant costs being spent in Brazil or for Brazilians. One hundred and fifty-two, or over 40%, of all contracts were negotiated and signed with 17 Brazilian training providers, under which a total of 21,068 Brazilians were trained or participated in promotional or motivational programs. However, 58% (12,149) of these received training in various aspects of service delivery, so that the 1984 APHA evaluation report could state, "It is probable that most PAC providers in Brazil trained since 1979 were trained through Development Associates-supported organizations."

These bare statistics do not reflect the extensive and intensive technical assistance provided by project staff and consultants to create, upgrade and institutionalize high quality training capability in most family planning training provider agencies. These statistics also do not show our endeavors in getting family planning included in the curricula of nursing and auxiliary nursing schools, and our support of the drive to have state and national professional nurses' associations endorse the nurse's role in family planning service provision. Nor do they show our involvement in the creation and development of the Parliamentary Group for the Study of Population and Development (GPEPD) and our role in and support of the growth of the Brazilian Association of Family Planning Entities (ABEPF).

Work under this contract coincided with a crucial phase of family planning development in Brazil. Whereas in 1979 only a handful of family planning agencies existed that provided services to significant numbers of clients, in

1984 their numbers had grown to over 200 (some 125 of which are affiliated with ABEPF). Furthermore, in 1979 the federal government was, at best, indifferent to family planning and population questions, while by 1984 entities of the federal government started taking first steps towards the provision of services, after President Figueiredo in early 1983 had called for a national population policy.

Although training focused on service delivery personnel (nurses, auxiliary nurses, attendantes, CBD workers, TBAs and physicians), another priority during the life of this contract was the support of BEMFAM's efforts to create and strengthen the Parliamentary Group (GPEPD) whose primary objective has been to create a favorable political climate and political situation in which family planning can flourish. We had sponsored the original meeting at which the GPEPD constituted itself and all subsequent meetings until 1983 when it was felt the climate had sufficiently improved so that scarce project funds could be channeled into more service delivery-connected training.

Throughout the contract period we likewise supported and fostered the development of the Brazilian Association of Family Planning Entities (ABEPF), originally created through the initiative of CPAIMC. In addition to sponsoring the annual ABEPF meetings, we provided technical assistance with the production of a family planning procedures manual and, since ABEPF became an operating entity in early 1983, contracted for the provision of a variety of training events for paramedical and administrative personnel. We anticipate working with ABEPF to provide most of the management/supervision training in Brazil under the successor contract.

Concomitant with the provision of training were our efforts to institutionalize the training capability of the major family planning service and training providers and, in some instances, make substantial contributions to the creation of new institutions. This was achieved through systematic, repeated technical assistance as well as sponsorship of key administrators and training system managers and trainers to appropriate training courses and/or to observe model programs and institutions in other countries or other parts of Brazil.

Consequently, institutionalized training capability for PAC personnel exists now in Brazil in the following institutions for the listed categories of personnel:

- BEMFAM: - CBD workers and managers
- CPA IMC: - Clinical service personnel
- Trainers
- ABEPP: - Administrators, supervisors, managers
- CAEMI: - Clinical service personnel
- Trainers
- CEPECS: - Clinical service personnel
- Nursing and auxiliary nursing school faculty
- SAMEAC: - TBAs and nursing school faculty
- CPRH: - Clinical service personnel
- CLAM: - Clinical service and community personnel

Although these institutions have developed training capability for the listed categories of PAC personnel and administrators/supervisors, additional assistance and support is required to upgrade various aspects of their training management and delivery systems. Equally important, all will depend in the foreseeable future on donor and intermediary funding for the bulk of their training activities.

Finally, during the contract's second half, efforts were mounted to have family planning subject matter included in the regular curricula of nursing and auxiliary nursing schools. In addition to training 14 Brazilian nursing and auxiliary nursing school instructors in family planning curriculum and course design at the Centro Docente in Santiago, Chile, we worked directly with ten schools in Brazil with varying degrees of success because of still-existing opposition to the teaching of family planning in the schools' regular courses. To counteract such opposition, we sponsored the training of some key functionaries of the national nurses association in natural family planning and contracted with CPA IMC for a national nurses' meeting at which the role of nurses in family planning was promoted. These efforts promise to come to fuller fruition under the successor contract DPE-3031-C-4078-00.

Chile

Whereas training of Chileans and contracting for training with APROFA, the IPPF affiliate, had to cease after this contract's second year, training at the Centro Docente de Investigaciones y Prevencion en Reproduccion Humana (formerly the Centro Docente de Planificacion Familiar Integral) of nurses and midwives from other Latin American countries could continue. During the second year, the length of the three courses under a second contract was extended to eight weeks, after an evaluation by our clinical training and TA specialist had determined that six weeks was insufficient time to also include a training-of-trainers component.

Since sufficient clinical training capability had been developed in the other Latin American countries from where participants had been selected, this type of training was phased out during Year III. It was replaced by a series of four-week courses in curriculum development and course design for instructors from midwifery, nursing and auxiliary nursing schools, of which two were implemented in Year III and one in Year IV, with twelve participants per course. The Centro Docente training coordinator (who is likewise the chief midwife at the national university's maternity hospital and had been for over ten years the President of the Chilean Midwives Association), was retained as a consultant to give technical assistance in Brazil and Peru.

Colombia

Because of Colombia's very successful and sophisticated private family planning service delivery system already in place at the beginning of PAC I, Development Associates' efforts in the country were focused on the public sector and on taking advantage of Colombia as a regional training site. Consequently, in-country training for private sector services was limited to a small number of refresher training courses for PROFAMILIA CBD supervisors, promoters and coordinators and for promoters of the surgical program. In the public sector Development Associates conducted two large multi-year projects to assist the government's efforts to introduce and expand family planning services through

its clinics, hospitals and primary health care systems. Early in the life of PAC I the Colombian Social Security Institute (ICSS) reversed its earlier opposition to the provision of family planning services and began a large service delivery program. In support of that effort Development Associates subcontracted with the Asociacion Colombiana para el Estudio de la Poblacion (ACEP) to provide funding and technical assistance to the ICSS in training paramedical personnel, supervisors and managers of the Social Security family planning program.

The major thrust of the Ministry of Health's increased family planning efforts was a significant expansion of their surgical contraception services and the conversion of the primary health care system into a combined PHC/CBD program throughout most of the country's rural areas. In support of the latter effort, Development Associates undertook a three-year effort with the MOH to train ministry training teams and to provide direct training to over 1300 PHC promoters to become family planning educators/promoters and contraceptive distributors. Unfortunately, although the project completed nearly all of the training called for in the original objectives, the MOH director resigned in January 1984 and the future status of the rural family planning program was left in doubt for at least the near future.

As it had under the previous population training contract for the LAC region, Development Associates continued to support, for the first three years of PAC I, the periodic meetings of the Inter-institutional Coordinating Committee representing the various private and public sector family planning programs in the country.

PROFAMILIA played an important role as a regional training center under PAC I. During the first half of the project's life, PROFAMILIA continued to offer international courses for clinical nurses through its regional training center. These courses were largely supported by Development Associates until a point was reached in 1982 when sufficient numbers of trained nurses and nurse-trainers existed in most of the key LAC countries to enable them to undertake national (in-country) training programs of their own. However,

PROFAMILIA and its very capable staff continued to provide training and technical assistance to the region through individual observation/training programs for regional participants, as consultants in other countries, and as trainers for Development Associates workshops in resource development, cost-effective management, and CBD program service delivery.

Costa Rica

The type and level of Development Associates-supported training activity in the country varied widely over the five-year period. At the beginning of PAC I the Costa Rican government was hostile to family planning, and training support was largely limited to grants for Costa Ricans to attend international training. Staff from the Asociacion Demografica Costarricense (ADC), the IPPF affiliate participated in management, adolescent fertility, I&E, and CBD program evaluation workshops and courses offered by various U.S. and third-country institutions. Grants were also given to six regional nursing supervisors of the Caja Costarricense de Seguro Social (CCSS) to attend clinical training courses at PROFAMILIA of Colombia to improve service delivery supervision in the principal provider agency of the country.

By the end of the second project year the political climate began to improve in the country in anticipation of a change in government. As a result, Development Associates was able to initiate in-country training activities both through the Caja and through the ADC.

The social work division of the CCSS completed a series of five courses for 114 social workers and social work assistants. The ADC completed a series of five seminars for the MOH and CCSS service delivery personnel. These seminars included a review and evaluation of the current state of public sector family planning programs in Costa Rica, an assessment of training needs, and an update on contraceptive technology.

In the fourth program year a major training activity coordinated by Development Associates and jointly sponsored by CCSS, FPIA, the Pathfinder Fund, the AID Missions of Panama and El Salvador, and Development Associates involved a

five-day international workshop on sex education programs for adolescents. Participants represented youth sex education programs in Mexico, Guatemala, El Salvador, Nicaragua, Costa Rica, Panama and the Dominican Republic.

In this same year Development Associates also assisted the AID mission with a training needs assessment in preparation for a bilateral agreement to be negotiated with the new government. Technical assistance was provided to the Center for Training and Research of the Caja in conjunction with project preparation.

In the final program year, with the new bilateral in place, Development Associates phased out project activity in this country. The participation of the ADC administrator in Development Associates' Resource Development workshop was the only training support given in the fifth year, although information on regional courses was sent to the AID Mission for their nomination and direct support of Costa Rican candidates.

Dominican Republic

Based on the training priorities previously identified and strategies designed to meet the needs of both the public and private sectors, Development Associates PAC I activities focused on three main areas: continued sponsorship of international training, development of in-country training capabilities, and support for coordinated training projects for personnel at all levels in family planning programs.

In the private sector support to PROFAMILIA has been provided for training adolescent and community leaders. Under various contracts 600 rural community promoters and regional personnel and 300 promoters, distributors and support personnel working in CBD programs, and 150 women community leaders were trained in family planning and sex education. PROFAMILIA also worked intensively with urban youth club members and adolescent leaders. Several hundred adolescent leaders have been trained in sex education, family planning, venereal disease prevention and communication skills. During their training leaders are being prepared to discuss and provide family planning and sex education information to their youth clubs and other peer groups.

Public sector support to CONAPOFA was provided for a considerable number of in-country training courses and observation trips. We provided a wide range of technical assistance to each training activity. CONAPOFA targeted its training towards community health workers, rural health promoters and nursing professors. Over five hundred community health workers in the MOH's rural health program received family planning and motivation training from CONAPOFA. These courses are part of an overall effort to train all (approximately 5,000) community health workers in family planning. Supervisors and trainers who participated in the APROFAM TOT course in Guatemala are providing the community training for CONAPOFA. Extensive training has also been offered to the supervisors and promoters of the Atencion Rural Dispersa (ARD) program.

An exciting new training effort has recently been initiated by CONAPOFA for the Dominican Republic nursing schools. Previously, CONAPOFA provided the country's nursing schools with family planning and sex education content training and training techniques. However, CONAPOFA recently provided two, two-week curriculum development courses for almost all of the country's nursing professors. Since the family planning subject matter has long been accepted in the nursing schools, it is hoped that the nurses recently trained will be able now to offer the course without CONAPOFA assistance. We provided considerable TA in both the family planning and curriculum development aspects of the courses.

Finally, various staff members from both PROFAMILIA and CONAPOFA attended regional conferences and workshops and participated in specific observation trips.

Eastern Caribbean

Contract activities in the Eastern Caribbean/Region and in Barbados were primarily supplemental to training activities funded through bilateral funds and other intermediaries.

Contracts were signed only with the Barbados Family Planning Association (BFPA). They covered a number of courses in family life education training for a total of 100 youth leaders, two courses to train 55 BFPA staff and related agencies' personnel, and a seminar for mid-level managers from the industrial sector.

From the rest of the region we sponsored 13 participants in a course on fertility management at the University of the West Indies, Jamaica Campus. In addition, the director of the St. Kitts Family Planning Association was sponsored for an observation trip to the USA.

Our materials development and sex education specialist gave TA to the Caribbean Family Planning Affiliation (CFPA) in Antigua with the preparation of a six-week course to prepare teachers from throughout the region as sex educators. Subsequently, she participated in the course as a trainer. Development Associates furnished all needed training materials for the course as well as 240 copies of the text Changing Bodies - Changing Lives for the use of sex education teachers throughout the region.

Ecuador

Development Associates' training efforts in Ecuador have focused primarily on increasing the family planning skills of nurse-midwives, enhancing the acceptance of family planning services by training community leaders and outreach workers, encouraging the development and implementation of pre-service family planning curricula, and improving the management skills of public and private sector program directors and administrators. The development of natural family planning services has been another significant emphasis.

Nurse-midwives attended clinical training at the Centro Docente, in Santiago, Chile; and the Colegio de Obstetricas de Pichincha, the professional association of nurse-midwives, subsequently conducted a series of four-week clinical courses for its members. A total of 75 nurse-midwives received clinical skills training during the period.

CEMOPLAF conducted training for more than 150 community leaders for the purpose of increasing local acceptance and support for its rapidly-expanding service delivery program. APROFE also conducted one course for its "collaborating professionals" who conduct community education activities. The nurse midwifery program at the Central University in Quito conducted training for its faculty and students in community-based family planning. Trainers from each of these programs attended the TOT courses at APROFAM in Guatemala prior to conducting these activities, and the Central University received additional technical assistance from the APROFAM training and administrative staff.

Nurse-midwife faculty from universities in Quito and Guayaquil attended a family planning curriculum development course at Centro Docente and subsequently received technical assistance from Centro Docente faculty in designing curricula for these pre-service training institutions. Nursing faculty from the Catholic University in Quito attended the same course at Centro Docente, followed by technical assistance from Development Associates' Clinical Training Specialist. Four of these faculty members also visited universities in Costa Rica and Colombia to become familiar with various ways in which family planning can be incorporated into pre-service MCH training.

With CEPAR, Development Associates sponsored a one-week general management course for directors and administrators of family planning programs from CEMOPLAF, APROFE, the Ministry of Health, Social Security and the Armed Forces. Additional management training was conducted regionally: three nurse-midwives received training in family planning communications at the University of Chicago; two Social Security officials went to Mexico to become familiar with the Mexican Social Security service delivery system; four public and private sector officials attended a data analysis workshop; two private sector program directors participated in conferences on local resource development and cost-effective management; and two executive directors attended a conference on developing and managing natural family planning services.

In addition, eight Ecuadoreans received NFP training at LARFPC in Los Angeles, and one attended an NFP course in Paraguay. CEMOPLAF conducted a course on NFP for its staff and representatives of diocesan programs.

El Salvador

Despite the severe political turmoil that has plagued El Salvador in recent years, Development Associates has been able to conduct, during intermittent periods of relative calm, several in-country training activities and to work with the key private and public sector agencies to provide them with technical and financial assistance to further their efforts to provide family planning service and education. In-country training events have included contraceptive update and community outreach training for paramedical personnel and their supervisors from the Social Security Institute (ISSS) and a series of courses in sex education and family planning education for promoters/educators from public and private sector agencies. Additionally, a number of Salvadorans participated in regional and some U.S. training activities during the five years of the project. Staff of the Salvadoran Demographic Association (ADS) participated in the University of Chicago family planning communications course, the APSM (Mexico) courses for social workers, a CBD workshop in Guatemala and the self-sufficiency workshop in San Andres given by Development Associates. Ministry of Health nurses were given clinical skills training in Colombia and in Guatemala, and nursing school instructors attended the curriculum development course in Chile. Additionally, personnel from the ISSS attended one of the APROFAM TOT courses.

In the project's final year, Development Associates negotiated a contract with the MOH and CALMA to train Ministry and other health agency paramedical personnel to provide more complete and accurate information and instruction to women on breastfeeding and other aspects of infant nutrition. However, the project was delayed pending review by the newly-elected government. By the time startup was finally authorized by the GOES, it was too late to complete the work under PAC I.

Guatemala

A substantial amount of support was given to this country under PAC I, directed primarily at the IPPF affiliate, APROFAM, the Ministry of Health and the sex education association, AGES. A variety of other institutions received training through the APROFAM project.

At the beginning of PAC I the APROFAM training unit was devoting all its attention to the training of this agency's CBD workers. By the end of the five-year period, APROFAM had become an important international training center cited as a model for the region by the APHA team which evaluated PAC I in the LAC region.

Long-term technical assistance over the life of the project resulted in the development of new courses in training-of-trainers for non-clinical programs and in the supervision of field workers. These were first tested within APROFAM and then offered nationally in Guatemala before being offered internationally. By the end of PAC II, APROFAM had offered four international TOT courses and two international supervision courses, and APROFAM trainers had provided follow-up assistance to eight countries in the region. They also conducted dozens of in-country courses for public and private sector agencies, and published a training exercises manual that is widely used throughout the region.

Although Development Associates maintained technical assistance to APROFAM throughout PAC I, financial support for the institution's training activities was largely phased out by late 1983. Training for medical students and medical school faculty was transferred to JHPIEGO early in PAC I. The remainder of domestic training activities were transferred to bilateral support in late 1983. In 1984 Development Associates financial support was limited to publication of a second edition of APROFAM's training manual and to sponsorship of Guatemalans in international events and courses.

Assistance to the Ministry of Health in the first years of the project was aimed at developing in-house capability to provide clinical training for nurses. Trainers were prepared at the PROFAMILIA course in Colombia and the director of that program assisted with the design and development of the Guatemala program as a Development Associates consultant. Unfortunately, changes in government policy brought the clinical training program to a halt in 1983. A follow-up evaluation showed a general lack of ministry support for family planning that made it difficult for many of the nurses to put into

practice what they had learned. The principal problems were a lack of contraceptive supplies, a lack of equipment, and resistance on the part of physicians to extended role-nursing.

Changes in government policy likewise terminated a Development Associates effort targeted at schools of nursing and auxiliary nursing. These institutions are under the Ministry of Health in Guatemala. Three nursing school directors were trained in curriculum development at the Centro Docente of Chile. Development Associates provided follow-up technical assistance to this group on the design of a curriculum development workshop for faculty from all nursing institutions in the country. Unfortunately, shortly before the workshop was to take place in the spring of 1983 the Ministry put a freeze on new donor-financed projects for the year and the activity was cancelled.

Toward the end of 1983 a new unit was created within the Ministry of Health to implement the AID bilateral for family planning. Development Associates provided technical assistance on training strategy for this new program and on materials development. It now seems likely that both the curriculum development effort for pre-service institutions and the clinical training program for nurses will be reactivated through the MOH family planning unit in 1985/86.

The sex education association, AGES, received support from Development Associates for its training and service delivery program for youth during the first three and a half years of PAC I. By mutual agreement with USAID, this project was transferred to bilateral support in mid-1983. The AGES staff has continued to participate in regional training events sponsored by Development Associates.

Apart from the direct technical, material and financial support provided to the three in-country institutions described above, Development Associates also sponsored a significant number of Guatemalans from these and other agencies to international training events. We also collaborated on sub-regional projects held in Guatemala such as series of workshops on the evaluation of CBD programs and field training for participants in an international I, E, & C course offered by the University of Chicago.

Guyana

Only three people from Guyana were trained by Development Associates during the PAC I project, largely due to the availability of training and technical assistance support from IPPF/WHR and the mission bilateral project. All three participants were trained in the region: two attended a family life education course for teachers given by the Caribbean Family Planning Affiliation (CFPA) in Antigua, and one person from the Guyana Responsible Parenthood Association participated in an Adolescent Fertility Management Course in Jamaica.

Haiti

During the life of this contract heavy emphasis was put on the inclusion of family planning into the curricula of nursing and auxiliary nursing schools. Until 1982 we provided extensive TA to the Haitian National Bureau of Nursing on family planning curriculum development for these schools, as well as with the preparation and implementation of two, two-week courses with 15 participants each.

After a reorganization in the Ministry of Health, we worked with the Departement de la Santé Publique et de la Population, Direction des Soins Infirmiers, in the preparation and implementation of a workshop on advanced teaching skills for 21 faculty members from nursing and auxiliary nursing schools on integrating family planning into the MCH curriculum. Under another subcontract, 51 district nurses with program responsibilities received ten days of family planning training and subsequent follow-up. During this contract's extension, a consultant expert started developing family planning training modules for use in Haiti.

The only other entity with which we worked during this contract is the Association des Oeuvres Privées de Santé, the coordinating organization of the health-related private voluntary organizations in Haiti. We assisted with developing a seminar on integrating family planning into their health services, which was implemented under our sponsorship for 50 participants in late 1982.

Honduras

Due to the large bilateral population program and considerable assistance from other intermediaries, this project provided minimal support in Honduras. Efforts focused mainly on ASHONPLAFA, the IPPF affiliate, the telecommunications union, the MOH and the MOE.

ASHONPLAFA received considerable technical and financial assistance to provide training for auxiliary nurses, community promoters and leaders, rural training directors, school administrators and counselors. This effort strengthened ASHONPLAFA's base of operation and enabled them to expand their CBD program. We also provided extensive technical assistance to develop the CBD training curriculum and new I&E community strategies, and cooperated in an assessment of the clinical training programs. Additionally, numerous ASHONPLAFA staff participated in various regional and observational trips.

Ten members of the telecommunications union were trained in a course prepared by APROFAM of Guatemala and sponsored by Development Associates. As a result of this training, the union requested technical assistance from Development Associates in the development of a training and education project designed to reach the 3,000 members of the union and their families with family planning information, education and services.

We provided additional technical and financial assistance to the MOH and MOE to strengthen their family planning training capabilities. Assistance for the MOH involved both clinical and non-clinical regional observation trips. The MOH received less support than might be expected due to the presidential elections in November, 1981, which left family planning policy undetermined for a considerable length of time.

Overall, the major family planning institutions in Honduras have been supported with training and considerable TA.

Jamaica

A substantial portion of Development Associates' assistance to Jamaica during the five-year period has been for international travel for participants in U.S. and third country courses and observation trips. These include:

Observation Trips: One MOHEC administrator to the Dominican Republic and Planned Parenthood/Chicago; two National Family Planning Board members to Colombia.

Adolescent Fertility: Two JFPA staff to the Planned Parenthood/Chicago program; two NFPB staff to Planned Parenthood/Maryland programs; two Ministry of Education officials to a family life education course at Planned Parenthood/Maryland.

Other: A UWI demographer to an international meeting on population planning; the JFPA director to study evaluation at CDC; the Nursing Supervisor of MOHEC to a course at Columbia University; an MOA staff member to a population communication course at the University of Chicago; the Population Planner from the National Planning Agency to the University of Michigan; two NFPB members to a Population Council meeting in New York; a Jamaican parliamentarian to a conference in Brazil on national legislation; the NFPB Evaluation Officer to CDC.

Under contract with Development Associates, the University of the West Indies gave an adolescent fertility course for participants from throughout the Caribbean. USAID/Jamaica sponsored the local participants.

Through Operation Friendship, Development Associates sponsored three courses for outreach workers, with participants from public and private sector programs. Substantial technical assistance in developing and implementing the training was provided by Development Associates consultants.

Mexico

Development Associates' overall strategy for Mexico during the life of PAC I involved three principal areas of effort: training and technical assistance in the creation, expansion and strengthening of the Federation of Private Mexican Family Planning Associations (FEMAP) and for the staff of its affiliate members; assistance to the public sector family planning programs to expand their services; and finally, preparation of pre-service paramedical training institutions to introduce family planning subjects into their curricula.

To assist FEMAP, considerable on-site technical assistance and both in-country and third country/U.S. training was provided to Federation staff in organizational development, project management and planning, personnel supervision, financial management, CBD service delivery, promotion and supervision, training of trainers, adolescent sex education and service delivery, and self-sufficiency/resource development. Specific courses attended by FEMAP staff included the APROFAM TOT and supervision courses, the University of California family planning management course, Development Associates' workshops on self-sufficiency, cost-effective management, CBD training, and CORA's adolescent service delivery training. This intensive effort has contributed substantially to the institutionalization of training capability within FEMAP with the result that during the past year-and-a-half it has been providing in-country training for affiliate members' staff in program management, sex education/family planning promotion, CBD promotion and supervision. The Federation membership has grown from five founding member agencies in 1980 to 18 active programs by the end of 1984.

Despite the severe economic crisis of the Mexican government during the life of PAC I, the GOM continued to invest substantial resources in its nationwide effort to expand and improve family planning services. To help support that effort, Development Associates assisted the Ministry of Health (SSA/Directorate of Family Planning) in giving family planning motivation courses to factory workers, school teachers, unions, community groups and student associations in the Federal District.

The project staff also supported the SSA in conducting workshops for campesino union leaders to promote family planning education and services, and supported the training of state-level family planning coordinators at the Santa Cruz management courses. Additionally, a group of national and state-level officials from the national family welfare agency (DIF) was given an intensive specially-designed program planning and implementation course by James Bowman Associates in San Francisco.

Development Associates began, under PAC I, a country-wide effort to introduce family planning topics into the curricula of schools of nursing. This effort started with a contract with the Universidad Juarez of the State of Durango to offer three courses for nursing school instructors from the northern states. Subsequently, we sponsored a nation-wide meeting of medical school deans and rectors to solicit their cooperation in fostering family planning curriculum development in medical and nursing schools. Finally, an observation trip was arranged for a group of officials from the Mexican Federation of Faculties and Schools of Nursing so they could learn about successful nursing school programs in Costa Rica and Colombia in preparation for an anticipated curriculum development project to be implemented under PAC II.

Nicaragua

Given the political turmoil and strained relations with the United States during the past five years, it was not possible to become very active in providing family planning training in the country. Several early efforts to collaborate with the Government MCH program never got off the ground. Project staff were able to work with the Nicaraguan Demographic Association (ADN) to train 500 adolescent promoters in the State of Managua, but attempts to provide follow-up training for trainers and supervisors were thwarted.

Panama

During the last five years family planning activities in Panama have focused on third country training supplemented with modest in-country training. This is due to both the strong bilateral program as well as the low priority Panama had as a target country.

Various APLAFA staffmembers were the recipients of most of the third country training grants. The types of training varied. Individual APLAFA staffmembers were trained at Chicago's Planned Parenthood, Development Associates' CBD seminar held in Guatemala, CEDPA's management course, PROFAMILIA's clinical courses in Colombia, the University of California's Sex Education Workshop, and the Development Associates-sponsored resource development workshop in San Andres, Colombia. Other training recipients included the Director of the MCH division of the Social Security Institute and the Chief of the Urology Department who observed vasectomy programs in Puerto Rico and Guatemala, and union trainers who attended APROFAM's TOT courses in Guatemala.

Development Associates sponsored very few in-country training activities in Panama. We funded the APLAFA-coordinated Sixth and Seventh Annual National Seminar for Journalists, a five-day seminar in supervision and evaluation for the Social Security Institute family planning staff and the Patronato Juventud Rural to provide a two-week TOT course for 24 regional training personnel from four agencies working with rural communities.

Paraguay

At the beginning of this contract there was serious doubt whether PAC training could be sponsored in Paraguay, because President Stroessner had, in mid-1979, decreed the cessation of all family planning activities through entities of the Ministry of Health and Social Welfare. But as it turned out, family planning services continued to be offered through more than a dozen private, semi-public and public agencies and organizations. Thus, we were able to sponsor a wide variety of PAC training activities through six training providers. Part of our strategy was to foster public pressure for the resumption of family planning services through MOH entities.

Consequently, during the duration of this contract we signed a total of 21 contracts under which PAC personnel received training. A large percentage of the trainees were teachers and student teachers who took part in short courses on family planning, human reproduction and sex education. However, substantial numbers of nursing and auxiliary nursing personnel received at least theoretical training in family planning, as did some 50 CBD workers.

We continued training instructors from the schools of midwifery, nursing, auxiliary nursing and mid-level midwifery at the Centro Docente, Santiago. This resulted in the inclusion of family planning in the regular curricula at these four pre-service institutions. In the case of the school of midwifery, the time devoted to family planning theory and practice amounts to 70 hours.

During the contract's first two years we sponsored the theoretical and practical training in family planning of all final-year medical students at the National University. Unfortunately, we did not receive permission to continue contracting with PDRH (Program for the Teaching of Human Reproduction) for these crucial courses as they did not quite fit our contract's mandate. Pathfinder subsequently could fill only part of the continuing demand.

With the technical assistance of an NFP expert from Chile, CEPEP offered one five-day NFP course for Paraguayan medical and paramedical personnel, and in mid-1984 hosted an international course for participants from eight Latin American countries.

At this writing it appears as though the MOH is about to resume providing family planning services.

Peru

During this five-year period, Development Associates has attempted to refocus its efforts periodically, depending on the status of USAID/Peru bilateral agreements and the capabilities and needs of various Peruvian institutions. In general, our activities have been directed toward increasing the family planning skills of nurses and nurse-midwives, expanding the coverage of the Ministry of Health and Social Security, strengthening CBD programs, and developing management skills of directors and administrators of private programs.

With regard to clinical training for nurses and nurse-midwives, six from the MOH and four from Social Security attended courses at Centro Docente in Chile, four from the MOH were trained at Profamilia/Colombia, 90 nurse-midwife

interns received clinical training from the Centro Medico Carmen de la Legua, and ten were trained by the Department of Ob-Gyn at the Hospital San Juan de Dios. Two Peruvians also attended the curriculum development course at Centro Docente.

Overall, the progress of the Ministry of Health in family planning has been extremely slow. During this period, Development Associates has worked with several MOH regions, however, including the following: one regional seminar to review plans for implementing family planning; a series of ten courses in the Ordenorte Region for paramedical staff, supervisors, and community promoters; a series of ten courses in the Lima Metropolitan Region for nurses and nurse-midwives; and training for paramedical staff and supervisors in the Callao Region in CBD.

Under two separate contracts with Social Security, Development Associates provided substantial technical assistance and funding to train medical and paramedical personnel of the IPSS program as well as for IPSS representatives who conduct information and education sessions in factories and make referrals to the Social Security system.

As part of the effort to strengthen CBD programs, USAID/Lima, ALAFARPE/Profamilia, and Development Associates jointly organized and sponsored a workshop for representatives from public and private agencies interested in starting CBD programs. Subsequently, several Peruvians attended the international APROFAM TOT course, to enable them to train CBD workers in their own institutions. We also have supported CBD training with the Centro Medico Carmen de la Legua, ALAFARPE/Profamilia, and INPPARES. These institutions, all of which work primarily in Lima and the surrounding area, provided training to their CBD workers and supervisors.

Our primary work in Peru related to upgrading management skills involved Peruvians attending international courses, including a data management course, a workshop on developing local resources, and another on cost-effective management. In addition, officials from both private and government programs

went on observation trips to several countries in the region and participated in numerous international meetings. Through two contracts, one with ALAFARPE/Profamilia and the other with the Secretaria de Coordinacion, Development Associates sponsored a series of coordinating meetings designed to increase the quality of the numerous small programs and collaboration between the public and private sectors.

Uruguay

As in the case of Argentina, project activities, which were minimal to start with, ceased after Year II of this contract. Only one contract had been signed with AUPFIRH, the IPPF-affiliate, to train adolescent promoters in rural areas, and two contracts with CENAPLANF for the training of 40 NFP instructors and 160 married couple educators in the Billings Method.

B. U.S. Training

As a reflection of the degree to which Development Associates had already institutionalized training capability at the regional and in-country levels under previous population training contracts, U.S. training received very little emphasis under PAC I. As mentioned earlier in this report, only 0.2% of all participants under PAC I received their training in the United States. Those activities that were sponsored included one final family planning management course at Development Associates' training center in Denver (a number of such courses had been given to LAC participants under the predecessor contracts), public and private sector officials from Mexico who attended the family planning management courses at the University of California's Santa Cruz center, participants from the English-speaking Caribbean at the Adolescent Fertility Management courses in Chicago, several persons trained at the CEFPA management, supervision and evaluation courses, and the participation of NFP program staff from Ecuador, Brazil, Dominican Republic, Guatemala and Paraguay in the Los Angeles Regional Family Planning Council's natural family planning course. Additionally, a number of specially-designed observation/training activities were arranged by project staff for policy makers, program directors and administrators.

C. Regional Training

During this five-year period, Development Associates sponsored regional training in the following categories:

o Clinical Training

Clinical training for nurses and nurse-midwives was conducted through the Centro Docente in Chile and Profamilia in Colombia. Substantial technical assistance was provided by our Clinical Training Specialist in developing these activities, in which approximately seventy-five participants from Brazil, Colombia, Chile, Peru, Ecuador, Panama, Honduras, El Salvador, Guatemala, and the Dominican Republic were trained. Because of the availability of high-quality clinical training in most countries in the region it was decided that regional level training in this area should be much reduced. Beginning in the fourth year of the contract, clinical training was shifted from the regional to the in-country level.

o Curriculum Development

The Centro Docente gave three courses in pre-service curriculum development for faculty members of schools of nursing, auxiliary nursing and nurse-midwifery. This training has led to the development of family planning curricula in several countries in the region, including Brazil, Ecuador, Peru, Guatemala and the Dominican Republic. Further technical assistance will be needed in the majority of countries to continue with this process.

o Management Training

In the general area of management training, Development Associates sponsored the following regional activities:

- a workshop for public and private sector administrators on using survey data as a program planning tool;
- a conference on the use of traditional birth attendants as family planning providers;
- a workshop on development of local resources to support private family planning institutions;
- a seminar on cost-effective management of family planning programs; and
- two courses on supervision for personnel from public and private sector institutions on supervision of CBD program.

Management training continues to be a priority in the region and should receive considerable attention under the subsequent contract.

o Training of Trainers

Regional TOT courses were given by APROFAM/Guatemala. The focus of these courses was to prepare trainers of community level personnel from public and private service delivery institutions throughout the region. Intensive technical assistance was provided to the APROFAM training unit to develop, implement, and evaluate these courses.

o Natural Family Planning Training

After AID directed contractors to include promotion of natural family planning (NFP) in training programs, we offered and arranged the following international events:

- To begin a dialogue and explore ways of cooperation, a three-day international workshop on various aspects of NFP was offered in Cali, Colombia, for administrators of all-method and NFP service providers, as well as representatives of the Catholic Church, from throughout Latin America.
- A six-day course on NFP patient education was offered for 40 participants from various Latin American countries in cooperation with CEPEP, in Asuncion, Paraguay.
- Two Paraguayans and one Brazilian were trained as NFP (Billings Method) instructors at the Natural Family Planning Center, Pontifical Catholic University, Santiago, Chile.

D. Technical Assistance

Technical assistance received strong emphasis throughout the life of the PAC I project. Over the five-year period, Development Associates staff and consultants provided TA to more than 60 institutions in 19 countries, with some institutions receiving repeated assistance for a prolonged period.

A listing of institutions receiving assistance can be found at the end of this section. These include public sector ministries of health in six countries and social security institutes in five countries as well as ten IPPF affiliates, twelve universities, and more than 30 Health/FP PVOs, professional associations and others.

The primary aim of technical assistance offered has been to institutionalize training capability. Over the life of PAC I, Development Associates phased out regional training centers for service delivery skills as sufficient technical

capability was developed in the countries served by the project to handle local needs for this type of training. In-country clinical skills programs for nurses and nurse-midwives received extensive technical assistance under PAC I.

A curriculum development effort for pre-service institutions began with the provision of technical assistance to the CDIPRH (Centro Docente) of Chile in the development of a new international course for faculty of pre-service institutions. Follow-up technical assistance was provided to course participants resulting in the development, upgrading or expansion of the family planning curricula of schools of nursing, auxiliary nursing and nurse-midwifery in several target countries.

Technical assistance was provided to APROFAM, the IPPF affiliate in Guatemala, with the development of a new international TOT course, which was then offered four times under PAC I. The multiplier effect of these courses has been substantial with more than 8,000 second-generation trainees accounted for under Development Associates contracts alone. Many of those trained as trainers at APROFAM provide training in programs with bilateral or other intermediary support, so the actual number of second generation trainees is much higher. High priority was also given under PAC I to the development of the two new federations of private family planning agencies in Brazil and Mexico. Further development of their technical capability in training, particularly in management training, will be a priority for technical assistance efforts in the future.

It is worthy of note that training and technical assistance provided by Development Associates over the past five years resulted not only in the creation of new and improved training programs, but in several countries in the creation of new family planning service agencies. In each instance, initial Development Associates support involved the agency in family planning. Examples are CAEMI of Brazil, FEPADE of Bolivia, the Colegio de Obstetricas of Peru, the Escuela de Obstetricas of Quito, Ecuador, AGES of Guatemala, and FEMAP of Mexico. Highlights of the results of technical assistance provided under PAC I are presented below.

Bolivia

Intensive technical assistance combined with grants to Bolivians to attend international TOT courses has resulted in a substantially improved training capacity within the IPPF affiliate, COF, and the development of a family planning training program in a general development PVO, FEPADE, which had no previous involvement or experience in family planning.

Brazil

Brazil, the country receiving the highest percentage of the project's participant funds and with the largest number of training providers in any country in the LAC region, also received a correspondingly high percentage of TA.

In the five-year period, 15 training providers in Brazil received TA with the development and in some cases implementation of their family planning training programs. In most cases, repeated TA was coupled with the training of the training providers' staffs at the Centro Docente in Santiago, Chile, Profamilia in Colombia, and more recently at CPAIMC in Rio de Janeiro.

The most outstanding example of TA as a crucial factor in the creation and development of a family planning training provider is CAEMI (until two years ago CAED), Campinas, S.P. When the former Dean of the PUCC (Pontifical Catholic University of Campinas) and some of her professors decided to set up their own family planning service and training agency, the Development Associates country officer helped them with their planning and with obtaining a Pathfinder grant. Subsequently, the Development Associates clinical TA specialist, as well as a consultant clinical TA specialist, provided extensive and intensive TA with training and course design and curriculum development. Concurrently, CAEMI instructors were trained as trainers at the Centro Docente, Santiago, and CAEMI's Director/President was sponsored to observe and study model paramedical training programs in Chile and Colombia, and subsequently adolescent programs in Guatemala and Mexico. Three years after CAEMI started operations its training program was judged, after a formal evaluation, one of the best in the region.

The massive and effective program at SAMEAC, Fortaleza, Ceara, to train TBAs in family planning is the direct result of our clinical TA specialist's and the country officer's persuading SAMEAC's director that it is desirable and feasible to use TBAs in various aspects of family planning and to train them accordingly. Subsequently, intensive TA was provided in course design and curriculum development, as well as with proposal and budget development.

At about the time of the effective date of the PAC I contract, CPAIMC began its continuing series of paramedical and auxiliary training programs. Though better prepared to offer such training, the CPAIMC staff still required repeated TA, based on formal and informal evaluation and monitoring, to improve the programs' effectiveness. CPAIMC instructors were likewise trained at the Centro Docente. Late in 1984, CPAIMC began training instructors at schools of nursing and auxiliary nursing.

Repeated and intensive TA resulted in a program in Curitiba, Paraná, under which auxiliary nurses and nursing school instructors have been trained at the Evangelical Nursing School. In this case TA was not only provided by our clinical TA specialist and country officer, but likewise by a Brazilian nurse who had attended one of the curriculum development courses at the Centro Docente.

Dominican Republic

A series of technical assistance efforts in the Dominican Republic developed improved training and supervisory capacity within CONAPOFA, the national family planning coordinating agency of the Ministry of Health. It is anticipated that with limited additional technical assistance under PAC II CONAPOFA will have institutionalized family planning training and can meet staff training needs without further TA.

Ecuador

Technical assistance given to graduates of Centro Docente courses in Chile greatly expanded clinical training opportunities for nurse-midwives of this

country. The schools of nurse-midwifery of national universities in Quito and Guayaquil are upgrading family planning curricula, and a professional association of nurse-midwives in the Quito region now provides high quality clinical training to its members.

APROFE, the IPPF affiliate, received technical assistance in developing and implementing training for "collaborating professionals" who provide community education. CEMOPLAF, a private family planning service provider, received assistance in developing monitoring and evaluation procedures for their community leader training. Social Security Campesino was assisted in curriculum development for training physicians and auxiliary nurses. The School of Nurse-Midwifery received technical assistance in developing and implementing training in support of their CBD program.

Guatemala

Intensive technical assistance over the life of this project to the IPPF affiliate, APROFAM, developed the capacity of the training unit, formed to train CBD workers, to that of an international training and technical assistance resource for the region. International TOT and supervision courses were created during the period and APROFAM trainers provided technical assistance to numerous institutions in other countries as Development Associates consultants.

Technical assistance provided to the Ministry of Health, combined with grants to train ministry instructors at the Profamilia international training center in Colombia, produced a high-quality clinical training program for MOH nurses.

Haiti

A long-term technical assistance effort in this country focused on upgrading the MCH/FP curriculum of the schools of nursing and improving the teaching skills of nursing faculty throughout the country. A second phase of technical assistance to upgrade the skills of inservice MCH/FP staff of the Division D'Hygiene Familiale began toward the end of PAC I.

Jamaica

For the past three years, Development Associates consultants assisted Operation Friendship with carrying out courses for youth outreach workers. The assistance has strengthened the institution's ability to carry out training and has developed a core group of trainers who will be able to provide similar training on an on-going basis in this country. The National Family Planning Board received technical assistance in developing a five-year national training plan and in assessing needs for management training.

Mexico

Development Associates' technical assistance to FEMAP in organizational development, supervision, financial management, board-staff relationships, resource development, CBD training design and curriculum design was instrumental in developing this new organization which currently represents 18 private family planning programs in the country. Substantial continued assistance will be needed under PAC II as this organization adds new affiliate agencies and further develops its in-house training capabilities.

Peru

Technical assistance provided to the College of Nurse-Midwives, a professional organization, resulted in the development of a clinical training program for members of the college, and eventually the establishment of a service site. Although Development Associates did not provide assistance in establishing a clinic, the initial assistance helped the college organize its overall project, which now operates independently as a training and service organization.

AID/DSPE-C-0060

Country	Institutions Receiving Technical Assistance	Type of Institution
Argentina	None	
Barbados	None	
Bolivia	COF FEPADE	IPPF Affiliate PVO
Brazil	BEMFAM CAEMI/Caroinas CMI/Sao Paulo CPAIMC/Rio CEPECS/Belo Horizonte SMEAC/Fortaleza ABEPF CLAM/Londrina Sao Paulo School of Medicine Federal University of Bahia Escola Evangelica de Auxiliares de Enfermagem Universidade de Curitiba Federal University of Parana Universidade Paulista Hospital Sofia Feldman	IPPF Affiliate Pvt. F.P. Agency Pvt. F.P. Agency Pvt. F.P. Agency University-affiliated health provider University-affiliated health provider Pvt. Federation Pvt. F.P. agency Federal University Federal University Pvt. Nursing School Federal University Federal University Pvt. University Pvt. (Community-based Hospital)
Chile	CDIPRH	Federal University
Colombia	Profamilia	IPPF Affiliate
Costa Rica	Caja Costarricense de Seguro Social	Social Security Institute
Dominican Rep.	CONAPOFA	Ministry of Health

(Continued)

Country	Institutions Receiving Technical Assistance	Type of Institution
Eastern Caribbean	CFPA/Antigua	IPPF Association
Ecuador	CEPAR CEMOPLAF APROFE Colegio de Obstetricas de Pichincha Social Security Campesino School of Nurse-Midwifery - Quito School of Nurse-Midwifery - Guayaquil Catholic University School of Nursing	Pvt. F.P. Agency Pvt. F.P. Agency IPPF Affiliate Professional Assoc. SS Institute National University National University Quito University
El Salvador	Instituto Salvadoreno de Seguro Social Asociacion Demografica Salvadorena	SS Institute IPPF Affiliate
Guatemala	APROFAM AGES DIMIF, UPF National School of Nursing	IPPF Affiliate Pvt. FP agency Ministry of Health Ministry of Health
Guyana	None	
Haiti	Division d'Hygiene Familial Bureau of Nursing	Ministry of Health Ministry of Health
Honduras	ASHONPLAFA Ministry of Health SITRATELH	IPPF Affiliate MOH Labor union
Jamaica	NFPB University of the West Indies Operation Friendship	Ministry of Health Regional University Pvt. Health agency
Mexico	University of Durango Mexican Federation of Faculties & Schools of Nursing FEMAP CMI/Ciudad Juarez	State University Professional Association Federation of Private FP Agencies Pvt. FP Agency

(Continued)

Country	Institutions Receiving Technical Assistance	Type of Institution
Nicaragua	ADN	IPPF Affiliate
Panama	CTRP Caja de Seguro Social	Labor union SS Institute
Panama	PANAJURU FEDPA	Youth Organization/ Cooperative
Paraguay	Nursing School School of Midwifery CEPEP Society of Public Health Midwives CENFAE LPDR	National University National University IPPF Affiliate Professional Assoc. National School of Auxiliary Nurses Pvt. Association
Peru	IPSS ALAFARPE Colegio de Obstetricas Hospital Daniel Carrion Carmen de la Legua Universidad San Marcos MOH Libertad Region MOH Ancash Region MOH Cajamarca Region MOH Lima Region MOH Sur Medio Region Instituto Marcelino	Social Security Pvt. FP Agency Professional Assoc. University Hospital Pvt. Agency Public University Ministry of Health Ministry of Health Ministry of Health Ministry of Health Ministry of Health Pvt. FP Agency
Trinidad/Tobago	None	
Uruguay	None	
Venezuela	None	

E. Training Materials

Training materials development, coordination and distribution continues to be an important priority for the implementation of successful family planning training in the LAC region. Development Associates has made considerable progress in materials production coordination and distribution over the past five years with notable effort in the recent nine months.

To address the importance of training materials coordination throughout the five-year period, Development Associates hired a materials coordinator who systematically identified agencies in need of assistance and defined the kinds of assistance necessary. A survey of all family planning agencies working with Development Associates throughout the LAC region identified the severe deficit of Spanish and Portuguese training materials, especially in the areas of contraceptive technology, sex education for teenagers, house-to-house promotion and working with community groups.

To meet these priority areas as well as others, such as adequate Spanish and Portuguese reference materials for nursing schools, MOHs and private family planning institutions, Development Associates has coordinated and distributed thousands of pieces of materials. A detailed list is available for review at our office. However, the following is a summary of Development Associates' materials distribution activities over the last five years.

Brazil

During the last five years Development Associates provided the following:

- o The Portuguese translation Contraceptive Technology as Planejamento Familiar and the printing of 6000 copies. Most of these were distributed by CPAIMC and ABEPF. The chapter on abortion was omitted in the translation.
- o The Portuguese translation of Ostergard's Women's Health Care Specialist manual into Portuguese, of which 1,950 copies were distributed through CPAIMC.
- o Sex education materials for CAEMI, for adaptation to the courses for adolescent promoters.
- o The production and distribution of 5000 copies of Family Planning: Its Effect on the Health of Women and Children to ABEPF members and key political and opinion leaders.

- o A set of reference materials for CEPECS training and staff use in preparing courses for nurses and auxiliary nursing personnel.
- o Within the last nine months a variety of training of trainer materials on community programs and leadership building, as well as natural family planning materials for CPAIMC.
- o Appropriate APHA family planning clearinghouse materials for CEPECS.

Bolivia

- o A large variety of sex education books and pamphlets was distributed to FEPADE for its work with youth groups and to COF for the training of labor union workers and community groups.
- o During the contract's last nine months, COF and FEPADE each received copies of ten different books on teaching methodologies and technical aspects of contraception. The Centro de la Vida Familiar received eleven different types of teaching manuals and reference materials on natural family planning.

Dominican Republic

- o Development Associates distributed a variety of reference materials for staff use in designing training programs for CONAPOFA health personnel.
- o Copies of several books on contraceptive technology, sex education and training methodology were sent to CONAPOFA to assist with developing its training programs for nurses and community health workers.
- o Profamilia received periodic information (newsletters, annotated bibliographies, pamphlets, etc.) on sex education for its adolescent and adult training programs.
- o During this project's last nine months CONAPOFA and PROFAMILIA received a variety of teaching textbook reference materials on women's health care, effective teaching techniques and teaching exercises.

Ecuador

- o CEMOPLAF received a variety of family planning and nutrition books in preparation for its joint nutrition/family planning training project with MAP International for indigenous communities.
- o A large number of materials on sex education and on working with community groups was provided to APROFE for its course for community outreach "collaborating professionals." The Colegio de Obstetricas de Pinchincha received multiple copies of books on contraceptive technology for its clinical training courses. Two Catholic Universities' nursing school representatives, while meeting with Development Associates staff in Washington, selected a variety of nursing curriculum design materials from our resource center.

- o During the contract's last nine months the Universidad Catolica received all appropriate APHA clearinghouse materials.

El Salvador

- o Development Associates provided the Caja de Seguro Social/El Salvador with a variety of training and sex education materials for a series of courses for family planning personnel staff and consultants.

Eastern Caribbean

- o Development Associates conducted an extensive review of materials appropriate for the CFPA courses to prepare teachers as sex educators. Many resource materials were sent to CFPA and multiple copies of appropriate books and pamphlets were provided for the trainees, including 240 copies of the text Changing Bodies - Changing Lives.

Guatemala

- o APROFAM received a set of reference materials on natural family planning for joint program development with two other Guatemalan institutions.
- o The MOH received a complete set of training and reference materials to be used in the development of training programs for all levels of personnel.
- o One hundred fifty copies of two textbooks were provided for the nurses trained at the MCH Division of the MOH.
- o Development Associates funded the printing and regional distribution of over two thousand copies of the second edition of the Participatory Training Exercises Adapted for Family Planning Courses. This manual has been shared with IPPF/London to be considered for worldwide distribution.

Haiti

- o Development Associates provided a large number of books on contraceptive technology and family planning/MCH to Haiti for use in the family planning course for nursing school faculty. Additional reference materials were distributed for implementation of the family planning curriculum in their nursing schools.
- o A Development Associates consultant developed training modules for use in the nursing TOT courses.
- o During this contract's last quarter the development of additional family planning training modules was initiated.

Honduras

- o ASHONPLAFA received and distributed a large selection of books and manuals appropriate for training community workers and their supervisors.
- o Technical assistance for the development of a reference and training materials library was provided to ASHONPLAFA.

Jamaica

- o In the preparation of family planning community outreach courses, Development Associates distributed materials on contraceptive technology, sex education and community outreach to trainees for use in their institutions.
- o Operation Friendship received many training materials, including films, books, pamphlets and flipcharts for training community outreach workers.

Mexico

- o FEMAP received a variety of teaching reference books.

Paraguay

- o The Mision de Amistad received all appropriate family planning training materials from the APHA clearinghouse.
- o The Liga Paraguaya received breastfeeding and family planning materials.

Peru

- o Centro Medico Carmen de la Legua received a large variety and number of training materials on community outreach, primary health, family planning, sex education, and materials specific to midwives.
- o ALAFARPE received a variety of training materials on practical aspects of midwifery, primary health and community outreach, and sex education.
- o INPPARES also received midwifery manuals and training materials on primary health care, sex education, and family planning.
- o During this project's last nine months the three aforementioned Peruvian agencies received the appropriate training and family planning materials from the APHA clearinghouse.
- o The MOH received family planning, sex education and other materials for its training activities.

The above summarizes the direct distribution of training and reference materials to all LAC countries in which Development Associates has worked during the last five years. However, voluminous amounts of materials were distributed by Development Associates at regional conferences and workshops. Development Associates also coordinated the sharing of interagency materials at regional conferences and workshops. Over the past five years, materials have been distributed at the following events:

- o Workshop on Resource Development for Private Family Planning Agencies (San Andres, Colombia).

- o Training and Utilization of TBAs in Family Planning Programs (Fortaleza, Brazil).
- o Data Analysis Workshop (Paipa, Colombia).
- o Regional Meeting on Management Training (Cartagena, Colombia).
- o International Workshop on Adolescent Sex Education Programs (San Jose, Costa Rica).
- o Regional Conference on Developing and Implementing NFP Programs (Cali, Colombia).
- o Regional Natural Family Planning Course (Asuncion, Paraguay).
- o Cost-Effective Management of Private Family Planning Programs (Mexico City, Mexico).
- o Training Systems for Community-Based Distribution Workers (Miami, Florida).

F. Evaluation

Throughout the period of this contract Development Associates has placed a strong emphasis on evaluation. This has included routine evaluations of training activities, field assessment of the training conducted by particular institutions, and special evaluations of the impact of certain kinds of training or training approaches.

All subcontractors were required to evaluate their training activities and incorporate this information into their final reports. Following are samples of these evaluations:

- o FEPADE (Bolivia) conducted a course on the use of participative teaching methodology for their community promoters. FEPADE's philosophy is that these promoters are responsible for adult education in their communities and should be capable of providing that education in a manner that will be most conducive to general community development. The content of the four-day workshop was developed accordingly. In evaluating the workshop, FEPADE found that the promoters' ability to use participative teaching methodologies had substantially increased and that virtually all of the promoters were convinced that this was the most effective form of adult education. However, during the workshop the promoters themselves had some difficulty in sharing their ideas, questioning others, and participating in discussions. The FEPADE staff attributed this primarily to the fact that this was the first time the promoters had ever attended an activity of this sort and were accustomed to a very traditional lecture form of training, a situation which is not at all uncommon, particularly in rural areas of many developing countries. They decided to reinforce the training by conducting "participatory" follow-up visits and meetings.

- o DIPLAF (Mexico) evaluated its training of more than 27,000 people in brief informational sessions regarding family planning and responsible parenthood. The focus of the evaluation was primarily on the administrative aspects of this program. It is clear that a large-scale program of this nature, which involved training the trainers and contracting with them to conduct sessions with diverse community groups once in a two-year period, requires a full-time program coordinator and substantial advance planning to permit the most effective use of personnel. It is also important to incorporate an on-going evaluation into the program of activities so that, from the very beginning adjustments can be made in administration content of sessions, training methodologies and materials in a timely fashion.
- o CLAM (Londrina, Brasil) evaluated its five-day course on family planning and preventive medicine which was attended by 24 community leaders from various professions. The purpose of the evaluation was to determine the appropriateness of the "preventive medicine" approach in promoting family planning. The results of the evaluation indicate that the participants' perception of family planning and their willingness to support CLAM's program in the community were quite positive, primarily because they perceived family planning as a component of health care. At the same time, however, it appeared that their interest in family planning was slightly diverted by their concern for other related health areas. CLAM is considering various options for further training, including providing more written materials on related health issues, devoting the same amount of time to the topics as in the previous workshop, or expanding the length of the workshop.
- o Centro Medico Carmen de la Legua (Peru) conducted a post-training evaluation of its pre-service clinical training for nurse-midwife interns. On finding that approximately one-third of the participants needed additional supervised practice in IUD insertion, the Centro Medico arranged another week of training for these participants. They also have a mechanism for giving on-going assistance to the participants and providing contraceptives for participants who do not have them in their institutions.
- o The Centro Medico de Orientacion y Planificacion Familiar (Ecuador) conducted a field evaluation of its community leader training in a coastal area where it was opening a new clinic with related community services. As a concluding activity in the course, CEMOPLAF had worked with each trainee to develop a "collaboration plan," outlining the trainees' planned outreach work for the next six months and identifying the support needed from CEMOPLAF to accomplish this work. Proposed activities included domiciliary visits, meetings with community groups, and referrals to clinics. Trainees requested educational materials and referral coupons from CEMOPLAF staff as well as access to CEMOPLAF staff as resource persons as needed. Six months after the training, the CEMOPLAF staff made observation/interview visits to each of the participants. The participants' retrospective assessment of their training was extremely positive, and retention of the information covered in the course was approximately 90%. Fifty-five percent of the participants had completed their collaboration plans, and another 30% had

completed the majority of their projected activities. Ninety percent of the participants agreed to develop and implement a subsequent six-month collaboration plan. All participants requested additional educational materials, most of which were supplied during the observation visit. In the final report, CEMOPLAF noted that the follow-up evaluation itself was a very positive factor in the continued work of the community leaders: "The participants expressed both pleasure and surprise at being visited in their own communities by representatives of the institution, who demonstrated an interest in their work and in the development of the community." Apparently, it is extremely rare for professionals from outside the community to make such visits and indicate any real interest in the needs and activities of the community.

Based on the data collected during the evaluation as well as from its own clinic records, CEMOPLAF has exceeded its service delivery goal by more than 50% during the first six months' post-training and is planning to open a small clinic to serve the needs of the communities further away from the primary clinic site. It attributes the community support for its activities largely to the training of the community leaders.

- o The Centro Paraguayo de Estudios de Poblacion evaluated its course for 30 educators who work with the Ministry of Education. The evaluation consisted of both oral and written assessments by the trainers and participants. Based on the results of the assessment, CEPEP decided to
 - give less emphasis in future courses to demographic issues and more to the concept of responsible parenthood in a changing society;
 - include more information on how to involve parents in sex education activities, not only because of the cultural context of Paraguay but also because of parents' needs for responsible parenthood/family planning education; and
 - conduct a series of follow-up meetings with groups of participants jointly with functionaries from CEPEP and the curriculum department of the Ministry of Education to develop sex education curricula that address the issues noted above.
- o FEPADE (Bolivia) had given a course for promoters in January, 1983, with Development Associates' Training of Trainers Specialist as the primary trainer. This training followed a similar course that had been given in August, 1982, to prepare FEPADE's health promoters to provide community education in family planning.

Because FEPADE was concerned about the promoters' ability, even after their initial training, to provide accurate information and successfully recruit family planning clients, it was decided that a physician would actually conduct the "charlas" with assistance from the promoters. After several "practice sessions," the promoters would then be able to give these presentations with only occasional physician support. The numerical objectives were that the promoters trained would give "charlas" to 200 women between August and December of 1982. In the post-training evaluation which FEPADE conducted in December, it was discovered that only 50% of the anticipated number of "charlas" had been given. It appeared that

the primary problem was that the physician was only able to work with the promoters during the weekend, when most of them were unavailable. Therefore, immediately after the January course, another physician was given this responsibility.

In this evaluation, conducted in May, it was clear that the additional training and the staff change had had a very positive effect. Between January and April, the promoters had given "charlas" to 480 women. The quality of their presentations was excellent, and their skill in motivating and referring clients for family planning services was far beyond what FEPADE had expected. It is interesting to note that FEPADE had been very concerned about openly discussing family planning in the indigenous communities at that time because, with mayoral elections scheduled for December, there were many politicians campaigning in the area who might have used the opportunity to attack family planning and FEPADE. The promoters, however, had not seen this as a problem. Rather, the report stated, "for the promoters, it appears that family planning is simply something which ought to be available, and they do not concern themselves with the preconceived ideas or fears that we have regarding the politicians or other potentially negative groups." In fact, the majority of the promoters were requesting additional materials and training and want to move forward to community distribution.

In assessing its training options for the future, FEPADE decided to concentrate on training promoters and members of the credit cooperative "Libertad," which has 1,300 members. At this time, there are no plans for further training for rural teachers, which also had been supported by Development Associates. This is because of a low level of activity on the part of the teachers following their training, due partly to the fact that very few of them live in the communities in which they teach and are therefore less available to and less accepted by the community than are the health promoters.

- o The Colegio de Obstetricas de Pichincha (Ecuador) evaluated the clinical training needs of their former trainees through field observations and interviews. They determined that the primary needs were additional information on oral contraceptives and assistance with "problem cases" involving OCs, and the establishment of a more efficient supply system for contraceptives. Based on this information, the Colegio prepared a refresher course to address these issues and included more information on oral contraceptives in subsequent clinical courses. Various ways to improve the contraceptive supply system are being considered.
- o Operation Friendship (Jamaica) conducted a field evaluation of the 1982 community outreach workshop. The results of this evaluation, which included both interviews and observations, were used to determine the objectives and content of the 1983 workshop.

Specifically, it was determined that supervisors of outreach workers needed to be included in the workshop and that a core group of trainees needed to receive additional training-of-trainers assistance, preparing them to reinforce the knowledge and skills of the workshop participants on an on-going basis. Both of these recommendations were incorporated into the 1983 workshop.

In addition, field assessments were conducted of the training provided by particular institutions. For example:

- o A Development Associates staffmember conducted a follow-up evaluation of Guatemalan nurses trained at Profamilia in Colombia. The seven nurses from DIMIF of the Ministry of Health, trained under Development Associates sponsorship, were found to be actively working in family planning and all seven had teaching responsibilities in this field. The five former trainees from the Military Hospital prepared a written report on their extensive educational and referral activities. Unfortunately, limited facilities at the hospital have restricted their clinical practice. However, both the nurses and the director of the OB/Gyn Department look forward to the early completion of the new Central Military Hospital, which will have ample space for an expanded clinical and education service, including training programs for health personnel from other military facilities.
- o A Development Associates staffmember evaluated a Profamilia (Colombia) course for nurses in November, 1980. While this course was not conducted under Development Associates subcontract, Development Associates supported the majority of its participants through scholarships, travel and per diem. The evaluation indicated a need for improvement in clinical skills evaluation. As a result, in March-April, 1981, technical assistance was provided to the Profamilia training staff by our clinical training specialist.
- o A follow-up evaluation of courses sponsored by the Ministry of Health of Colombia for its family planning teams in various regions of the country was conducted by Development Associates' representative in Colombia.
- o A follow-up evaluation of the APROFAM international TOT course given in September, 1981, was conducted with the collaboration of the APROFAM training staff. Development Associates designed and mailed a questionnaire to each of the participants in the course to assess its impact on their post-training activities and to identify needs for additional assistance.
- o An evaluation of the curriculum development course for faculty members of schools of nursing and nurse-midwifery at the Centro Docente de Investigaciones y Prevencion en Reproduccion Humana in Chile was conducted by Development Associates' clinical training specialist, who had provided extensive technical assistance in preparing this course. She also identified the participants' need for additional technical assistance in developing and implementing family planning curricula.
- o A field assessment of SAMEAC's training of TBAs and community workers (Brazil), which involved extensive interviewing of the training staff and the trainees, was conducted by Development Associates' Clinical Training Specialist. Based on the evaluation, Development Associates continued support for this training with the recommendation that post-training supervisory visits focus on continued upgrading of the trainees' skills and that selection of participants for future training take into consideration the characteristics of the most productive community workers (ex-trainees).

- o An evaluation of the community outreach workshop with Operation Friendship (Jamaica) was conducted by Development Associates consultants. The objectives and content of this workshop were determined by the results of a follow-up assessment of a similar 1982 workshop (see below). The primary trainers were Development Associates consultants, in collaboration with Operation Friendship staff. Trainees were outreach workers from various public and private sector agencies. The evaluation strategies included pre/post-knowledge tests, a final written evaluation in which the participants assessed the training, and an oral evaluation in which participants and their supervisors met with the trainers to discuss the training and the ways in which it will be applied.
- o Development Associates' Clinical Training Specialist conducted a field evaluation of CAEMI's clinical training for nurses with CAEMI (Brazil). The training consisted of six-week courses, for six to eight participants each, including both clinical and theoretical training in family planning. The decision to continue or discontinue funding for this training was to be made on the basis of the evaluation results. Prior to the field evaluation, CAEMI had sent questionnaires, designed by Development Associates and adapted by CAEMI, to each of the participants in the 1982 training. During the field evaluation, these results were tabulated and interviews and observations were conducted with the former trainees. In addition, the evaluator interviewed participants and instructors in the course that was being given during her visit, attended the course and visited the clinical training sites, interviewed patients who received services from CAEMI trainees, and observed clinic and community education sessions. The evaluation results were very positive, and the recommendation was made to continue and expand support for clinical training with CAEMI.

Development Associates, in collaboration with AID/Washington, identified several types of training for which evaluations needed to be conducted. Following are the examples of the evaluations of these activities:

- o A follow-up evaluation of training for nurses and nurse-midwives at three international training centers was conducted through a mail survey. The purpose of this evaluation is to assess the impact of training on the clinical, supervisory and teaching/training activities of the participants.
- o An evaluation of the training for various levels of CBD workers provided by APROFAM/Guatemala, MOH/Colombia, and BEMFAM/Brazil was conducted. The purpose of this evaluation was to identify issues in CBD training and to assess the strengths and weaknesses of the approaches of three institutions to these issues.

Development Associates believes that there remains a substantial need on the part of many of our subcontractors for assistance in evaluating the appropriateness, quality and impact of their training program. To meet this

need, we have prepared an evaluation guide to be used by our staff and subcontractors in designing evaluations of training activities, and we plan to conduct a workshop on evaluation of training to build further expertise in this area under the successor contract.

G. Institutionalization of Training in the Region

"Development Associates had a significant impact on institutionalization of training. It has:

- a. strengthened pre-existing training institutions, both international/regional centers and within country models;
- b. supported the development of new training models; and
- c. supported the introduction of FP into nursing curricula."

There could be no more fitting introduction to this section on institutionalization of training than the above quote from the APHA report on the evaluation of this project which was carried out by an expert team from January 10 to February 8, 1984. Throughout the life of this contract our project staff has promoted and nurtured institutionalization and strengthening of family planning training capability throughout the region.

Institutionalization of training capability is a long, drawn-out, multi-faceted process which must be coupled with general institutional development and strengthening to have a lasting effect. Typically, Development Associates' efforts to create or strengthen family planning training institutions have involved training as well as technical assistance, frequently a combination of both, supplemented by well-designed observation programs for key institution staffs. In general, Development Associates staff worked with the staff of a current or potential training provider to identify individuals to be trained as trainers in regional courses, or current trainers who needed additional skills, for example, to expand the scope of their educational activities. Such training in many cases was supplemented and followed up with technical assistance in curriculum development, course design, training management, and

other areas of importance. At the same time, Development Associates contracted with the assisted institution for the implementation of actual training programs for which additional technical assistance was provided with participant selection criteria, training materials, evaluation design, as well as training administration and management. In some cases, project staff and consultants assisted with the training delivery (see Section III-D "Technical Assistance").

The following listings are a sample of the institutions which have created or improved family planning training programs as a result of our activities under this contract.

o New Institutions Providing Family Planning Training

FEPADE	Bolivia
ABEPF	Brazil
CAEMI	Brazil
Hospital Sofia Feldman	Brazil
Colegio de Obstetricas	Peru
Colegio de Obstetricas	Ecuador
AGES	Guatemala
CFPA	Antigua
FEMAP	Mexico
Centro de Orientacion Familiar	Mexico
Centro Socio-Cultural de Nogales	Mexico
Pro-Superacion Familiar Neoleonesa	Mexico
Superacion Familiar de Celaya	Mexico
Bienestar Familiar de Coatzacoalcos	Mexico

o Pre-existing Training Institutions That Have Begun Family Planning Training

SAMEAC	Brazil
Evangelical Nursing School	Brazil
Central University, Guayaquil	Ecuador
Central University, Quito	Ecuador
Social Security Campesino	Ecuador
Salvadorean Social Security Institute	El Salvador
Ministry of Health	Guatemala
Division of Nursing, MOH	Haiti
Operation Friendship	Jamaica
National Family Planning Board	Jamaica

Universidad Juarez	Mexico
Panamanian Social Security Institute	Panama
CTRP	Panama
Panajuru	Panama
School for Mid-Level Midwives	Paraguay

o Pre-existing Training Institutions That Have Strengthened
Capability for Providing Family Planning Training

Barbados FP Association	Barbados
COF	Bolivia
CPAIMC	Brazil
CMI-PF	Brazil
CEPECS	Brazil
CLAM	Brazil
Sao Paulo School of Medicine	Brazil
Federal University of Bahia	Brazil
Paulista University	Brazil
State University of Ceara	Brazil
University of Fortaleza	Brazil
Federal School of Nursing, Ceara	Brazil
Centro Docente	Chile
PROFAMILIA	Colombia
Caja Costarricense de Seguro Soaial	Costa Rica
CONAPOFA	Dominican Republic
PROFAMILIA	Dominican Republic
CEMOPFAF	Ecuador
APROFE	Ecuador
ADS	El Salvador
APROFAM	Guatemala
ASHONPLAFA	Honduras
National Family Planning Board	Jamaica
CMI-PF	Mexico
ADN	Nicaragua
Centro Medico Carmen de la Legua	Peru
ALAFARPE	Peru
CEPEP	Paraguay
Mision de Amistad	Paraguay
CENFAE	Paraguay
National Univ. School of Nursing	Paraguay
National Univ. School of Midwifery	Paraguay
IICS	Paraguay

Enhanced training and training management capability exists now in all of the above-listed institutions. This is not to say that they do not require further assistance to improve various aspects of their capability. Most do. And probably all of them, except some schools of nursing, auxiliary nursing and midwifery, do require further financial assistance for the implementation of significant levels of training.

IV. NUTRITION

In the final two years of the PAC I project, Development Associates added a nutrition component to selected family planning training programs in the region under an amendment to the family planning contract. Under this subproject nutrition training programs were developed with thirteen agencies in seven LAC region countries. Summaries of project experience in these seven countries are presented below. All projects developed were in the private sector, and the agencies involved represented a broad range of institutions involved in the family planning field, including universities, IPPF affiliates and health/FP PVOs.

Although many of the nutrition training projects were developed only this past year and are too new for a realistic assessment of results, the overall experience with the integration of nutrition education into family planning programs can be described as highly positive. Family planning agencies demonstrated a strong interest in nutrition and the ability to incorporate nutrition education into ongoing activities without disruption of family planning work. Further, a nutrition component was seen in a number of cases as facilitating family planning promotion work as it offered a combination that was well accepted at the community level.

Technical assistance was offered to all subcontractors initiating nutrition sub-projects, and each received Spanish-language materials from Development Associates and from the APHA Clearinghouse. In addition, Development Associates developed a package of training materials emphasizing nutrition/family planning interrelationships which will be distributed by the end of December, 1984. Copies of the draft materials were distributed to representatives of eleven of the thirteen agencies at an international workshop held in Guatemala in September, 1984.

All nutrition subcontractors submitted evaluations of training conducted as required by Development Associates subcontracts. However, only two follow-up evaluations were carried out, one in Ecuador and another in Guatemala. These are described in the section on evaluation below.

Bolivia

A nutrition training project for rural health promoters was initiated in January, 1984, with FEPADE, a general development PVO in Cochabamba. Development Associates sponsored four training courses for the rural health promoters and the services of a technical advisor who assisted with all phases of project development and with preparation of a proposal for the continuation of the nutrition project under Title III funding. In September, 1984, the project was transferred to Title III support for a three-year implementation phase.

The primary purpose of this project was to upgrade current nutrition activities of this PVO. As a result of the training and technical assistance offered, FEPADE now has a nutrition manual for the health promoters, a greatly improved growth monitoring system and nutrition education program which is active in thirty Quechua-speaking communities.

Brazil

Three Brazilian institutions conducted nutrition training under the subproject: SAMEAC, a primary health care program in Northeastern Brazil; CEPECS, a professional training institution in Belo Horizonte; and BEMFAM, the IPPF affiliate.

The SAMEAC project in Fortaleza was the first of the nutrition projects developed under this amendment. Targeted primarily at traditional birth attendants, the project also trained substantial numbers of paramedical personnel under three separate nutrition/family planning contracts. Fifty percent of the training was devoted to nutrition and breastfeeding promotion in each case.

In April, 1983, the nutrition component was evaluated by Dra. Patricia Marin Spring of UNICEF, Brasilia. She concluded that "the curriculum and amount of time dedicated to the initial training is adequate. The manuals are excellent. I have never seen such good ones for illiterates." Unfortunately, a lack of funds prevented a follow-up evaluation of the results of this project, originally planned for the summer of 1984.

The CEPECS program in Belo Horizonte carried out two family planning training programs for nurses and auxiliary nurses with a nutrition component included in the curriculum. Technical assistance was provided by Dra. Marin Spring and by Janice Kissig, Development Associates' clinical training specialist. The first nutrition/family planning training program provided in-service training to nurses, and the second was directed at instructors from nursing and auxiliary nursing schools with emphasis on curriculum development.

The third project in Brazil was developed toward the end of the contract period with BEMFAM, the IPPF affiliate. This involved a three-day course on nutrition and breastfeeding promotion for 60 family planning post personnel already trained in family planning. Again, Dra. Marin Spring provided technical assistance on curriculum development and the identification of training materials.

Ecuador

The Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF), a private family planning service agency with thirteen clinics in ten provinces of Ecuador, conducted a series of combined nutrition/family planning training courses for community leaders in the area of their clinic sites. Two of these courses were directed at leaders of indigenous communities and were conducted in collaboration with MAP international. Three Bolivians from FEPADE participated in one of the indigenous leader courses.

Following the training, community leaders provided community education and made appropriate referrals to CEMOPLAF clinics and public health facilities. An evaluation of subsequent activities of the trainees was conducted by CEMOPLAF and is described under the evaluation section.

Another nutrition project in Ecuador involved training for thirty nursing supervisors from the regional offices of the Ministry of Health. The training was provided by the school of nursing of the Catholic University of Quito with technical assistance from a Development Associates staff specialist and a consultant nurse-midwife from the Universidad del Valle of Cali/Colombia with advanced training in nutrition.

The Catholic University course was originally planned as an integrated nutrition/family planning course of two weeks' duration, one week on each subject. However, University officials subsequently decided that it was not politically feasible for them to offer a family planning course. Thus, in final form the course was devoted almost entirely to nutrition with reference to the nutritional benefits of child spacing as a vehicle for including some family planning content. The consultant from the Universidad del Valle assisted as a course instructor.

El Salvador

Two subcontracts were placed in El Salvador to provide for nutrition and breastfeeding promotion training for 700 Ministry of Health staff associated with the MCH/FP program. One was with the Ministry to support direct training costs, and the other for technical assistance from CALMA, a private nutrition agency formerly affiliated with La Leche League. A series of problems, first with civil unrest, and later with bureaucratic tangles, led finally to cancellation of this project in the fall of 1984. The advance payments to the Ministry of Health were returned to Development Associates and a new contract was negotiated with CALMA for an unrelated activity.

The second CALMA contract, being completed in December, 1984, concerns technical review and editing of nutrition training materials prepared by Development Associates, and design of a community-level educational brochure to help field workers communicate family planning/nutrition interrelationships in their educational activities.

Guatemala

A nutrition education project was developed with the IPPF affiliate, APROFAM, in collaboration with technical advisors provided by the Instituto de Nutricion de Centro America y Panama (INCAP). Two courses were given to APROFAM's bilingual indigenous communicators under subcontract with Development Associates, and a third has subsequently been offered with other funding. Arrangements have also been made to incorporate a food distribution component in one area of program operations on a trial basis. This may be expanded in the future to other areas

in coordination with local PVOs handling donated foods. A follow-up evaluation was conducted in August. Results of this effort are discussed in the section on evaluation below.

A second nutrition contract was placed with APROFAM in the summer of 1984 for administrative support for an international workshop for trainers from Development Associates nutrition subprojects. Under this contract APROFAM handled local arrangements for the workshop and provided administrative support.

Paraguay

Three institutions in Paraguay participated in nutrition training subprojects, the Paraguayan League for Women's Rights (LPDM), the Mission de Amistad, and the Health Sciences Research Institute (IICS). All three are private institutions.

The LPDM project provided training to organized women's groups and traditional birth attendants in the interior of the country. Course content was divided equally among family planning and nutrition subjects with a strong emphasis on the promotion of breastfeeding in the latter area. Arrangements were made locally with personnel of Ministry of Health service units to provide follow-up to those trained as motivators.

Dra. Patricia Marin Spring of UNICEF, Brasilia, provided seven days of technical assistance to the LPDM's training staff, reviewing curricula and providing suggestions for improvements. She also monitored one of the LDPM courses, assisting with some of the presentations.

A second nutrition project in Paraguay provided 182 hours of in-service training to sixty health promoters of the Mision de Amistad, a health PVO. Thirty-six hours of the training were devoted to nutrition and breastfeeding promotion, including an emphasis on local food production for rural areas.

A local health research and training institution, IICS, long active in training professional health workers in family planning, provided a supplementary course for nurses, nurse-midwives and social workers in breastfeeding promotion and

infant nutrition with support from Development Associates. Course participants were service delivery personnel from other Paraguayan health institutions, primarily public sector.

Peru

Development Associates supported two nutrition projects in Peru, both developed during the second year of the project. The first of these, with the Centro Medico Carmen de La Legua (APROSAMI), provided training to family planning promoters on breastfeeding promotion, maternal/infant nutrition and preparation of donated foods. Donated foods were obtained through an agreement with OFASA, an official distribution agency.

The second project, with ALAFARPE (now PROFAMILIA), an MCH/FP service organization, was directed at providing nutrition education to mothers clubs associated with the agency. Family planning promoters were trained late in 1984 to promote breastfeeding and instruct mother's groups on weaning foods and maternal nutrition. Prior to this the promoters had been trained to identify malnourished children and refer them to PROFAMILIA clinics for medical attention. The training provided under the nutrition subproject expanded the scope of their nutrition work, emphasizing preventive activities.

Both projects in Peru operate in marginal urban areas of the city of Lima, and offer general MCH care as well as family planning. Family planning services are also offered through community distributors in each case.

Regional Training

In September, 1984, Development Associates held a workshop in Guatemala for trainers from the nutrition subprojects developed over the past two years. Eleven of the thirteen agencies with nutrition subprojects were represented at the five-day activity which was organized in collaboration with APROFAM and INCAP. A copy of the summary report on the workshop is presented in Appendix D.

At the end of the workshop the participants strongly recommended that basic information on nutrition/family planning relationships and on contraceptive/nutrition interactions be a routine part of the training of all family planning workers. Further, the group expressed the opinion that nutrition education could easily be integrated into family planning service programs. Nutrition services such as growth monitoring, food distribution, and ORT were considered appropriate for integrated MCH programs, depending on programmatic objectives, but generally were viewed as too complex for routine incorporation into family planning service delivery activities.

It can be anticipated that most of the programs represented will continue to be active in nutrition education with or without additional support. However, the workshop did reveal additional training needs, primarily in the evaluation of nutrition education activities and in the application of participatory training methodologies to nutrition instruction.

Materials Development

Early in the development of the nutrition subproject Development Associates began a search for teaching materials which would help family planning workers understand the close relationship which exists between child spacing practices and the nutritional status of mothers and their children. We were also concerned with identifying teaching materials regarding the nutritional implications of the use of specific contraceptive methods.

The materia's identification process produced a substantial amount of high quality reference material in the nutrition field in the subject areas of greatest concern: breastfeeding promotion and maternal/infant nutrition. No teaching materials were located in the two areas previously named, although substantial documentation of nutrition/family planning interrelationships existed in research reports. To fill this apparent gap in teaching materials, Development Associates hired a consultant in 1984 to produce a set of teaching materials for distribution to nutrition projects.

The draft materials were completed in the summer of 1984 and were reviewed by the participants in the international workshop held in Guatemala. Recommendations made by the participants were subsequently incorporated into the scope of work of a contract placed with CALMA of El Salvador for final review and editing of the materials. As previously mentioned, a final version in Spanish will be available for regional distribution in early 1985.

Evaluation

As mentioned previously, Development Associates routinely requires that subcontractors evaluate training activities and assists them in designing appropriate evaluation tools. However, in the case of the nutrition subcomponent we were particularly interested in assessing the application of nutrition knowledge by family planning workers following their formal training. Two follow-up evaluations were thus included in nutrition subcontracts, one in the APROFAM contract in Guatemala, and the other in the CEMOPLAF contract in Ecuador. A planned field evaluation of the SAMEAC nutrition training for TBAs had to be dropped for lack of funds.

APROFAM conducted its follow-up evaluation of the nutrition training project for its indigenous communicators in August of 1984. More than 400 interviews were conducted in indigenous communities in the highlands. Unfortunately, the results were unusable due to a number of circumstances.

Originally, APROFAM intended to interview only clients known to have had contact with the agency's indigenous promoters. The interviewing was begun using client lists. However, the field interviewers found it exceedingly difficult to locate clients in the dispersed rural communities serviced by the project where addresses were non-existent. Thus a programmatic decision was made to take a random sample of community residents using registers of inhabitants obtained from local authorities.

Unfortunately, the experience of the indigenous communities in Guatemala in recent years with outsiders armed with lists is that of having their sons

conscripted for the military or fathers and sons tracked down as suspected guerrillas. Thus, only 25% of those interviewed reported any contact with an APROFAM indigenous promoter, a percentage considered low by APROFAM evaluators.

The small number of people admitting contact with an APROFAM promoter and the fact that they had only a few months of work in nutrition resulted in a very small number who reported receiving nutrition advice from this source. The sample finally obtained was too small to have any significance.

Discussions with APROFAM evaluation staff regarding the results of the survey led to an agreement to repeat the evaluation at some future date, but to conduct it in close coordination with indigenous communicator staff to alleviate the problems encountered.

A follow-up evaluation, seven months after the training, was conducted by CEMOPLAF/Ecuador, with the 39 community leaders who participated in the combined family planning/nutrition course. CEMOPLAF social workers interviewed the participants in their own communities regarding their nutrition education and promotion activities, their plans for the coming months and their needs for additional assistance from CEMOPLAF. Regarding the participants' self-assessment of their ability to provide nutrition education in their communities, 85% were confident of their ability in the area of infant nutrition and complementary feeding, 70% in maternal nutrition, 83% in nutrition for pregnant women, and 65% in the relationship between family planning and breastfeeding. Sixty percent had referred other community members to nutrition services, and 40% had not, primarily because there were no services available in their communities.

Thirty four of the 39 stated that they planned to continue working in nutrition education and promotion. All of these needed community education materials, some of which were given to them by the CEMOPLAF staff during the interviews.

In addition, CEMOPLAF has noted other results of this nutrition training. For example, at a health fair in Guamo, the former participants prepared a display on family planning and nutrition. Also, several community groups were organized to

promote family planning and nutrition, and the patient education staff of the CEMOPLAF clinics began to incorporate more information on nutrition as an effective mechanism for promoting family planning.

In mid-December, 1984, CEMOPLAF conducted a follow-up assessment of the family planning/nutrition training in two indigenous areas. The evaluation report will be summarized and distributed under separate cover.

V. PROJECT MANAGEMENT

The overall success of PAC I in terms of the project outputs documented in this report, and as measured by AID in both its internal management evaluations and the external AID/APHA evaluation conducted in early 1984, is attributable in large part to the project's management system, the highly experienced and capable staff that makes it work, and the firm's corporate policy environment which allows the contract to be operated with maximum flexibility and without unnecessary internal bureaucratic burdens. The PAC I management system is a more evolved and refined version of the management approach which was successfully developed under the two predecessor contracts for population training in the LAC region.

Important features of this management system include:

- o Country Officers. All PAC I activities in a given country are under the direction of a single country officer who develops projects, negotiates subcontracts, provides monitoring, conducts needs assessments, develops country strategies, maintains liaison with the mission and cooperating agencies and coordinates all technical assistance, in-country and regional training.
- o All Washington-based professional staffmembers have a dual role on the project which combines either a technical or managerial function with country officer responsibility for one or more countries. This gives each person a comprehensive and in-depth knowledge of training and technical assistance inputs for an entire country program and helps make him/her better able to make technical and managerial judgments with regard to his/her assigned tasks in the rest of the region.
- o Streamlined administrative procedures. The project staff has evolved over the past twelve years a highly efficient set of participant and project management procedures, forms, and systems which permit a high level of productivity, minimum staff time consumed in paperwork, and quick response to the need for timely implementation of training activities.

VI. COOPERATION WITH AID

Certainly one of the important reasons for the success of this project has been the overall spirit of cooperation and collaboration which has existed between project staff and AID officials at both the Washington and mission levels. The population officers and AID affairs officers throughout the region have worked closely with the PAC I staff to coordinate the overall population assistance effort, helping to make sure that our strategy for each country is consistent with the overall needs and priorities of the country and that our efforts complement the activities of other cooperating agencies, the bilateral programs and assistance from international organizations. Similarly, we have benefitted from the guidance and experience of the LAC Bureau and the various divisions of the Office of Population in Washington in developing strategies and planning activities with multi-agency funding and programmatic arrangements.

Although project staff have generally enjoyed very positive and helpful support from the times project monitors assigned to PAC I, each of these monitors would have benefited from increased opportunities to visit ongoing training activities in the region to gain knowledge and insight into the specific and unique features of family planning service delivery in the region. It is regrettable that AID allocates so little money to provide essential travel for its staff.

VII. PROBLEMS ENCOUNTERED

It is gratifying that we can introduce this section by quoting the introductory paragraph from the corresponding section of the final report for the predecessor contract AID/pha-C-1149 which covered the period 1 December 1976 - 31 December 1979:

"Development Associates is happy to be able to repeat the statement which opened the "Problems Encountered" section of the final report on Contract AID/1a-707: 'Considering the scope and magnitude of this project, the large number of grantees trained under it, and experimental and innovative elements of the work performed, there have been amazingly few problems associated with the contract's activities.'"

There were, however, some problems that had an influence on the project. Some of these were inherent in the contract's mandate and language, others stemmed from administrative requirements. None of these, though, had significant impact or presented a serious obstacle to the overall successful implementation of this project.

Among the problems encountered that affected contract performance in some respects were the following:

o Needs Assessment

The contract's requirements regarding initial needs assessments were so demanding, detailed and largely irrelevant to the project's objectives, that they proved unfulfillable. After devoting 16 person/months of professional staff time to attempting to compile the required data and information, during which time only a fraction of these could be gathered, AID agreed the process was not workable and changed the contract provision.

The contract's requirements concerning needs assessment also did not distinguish between high priority countries and low priority (and low budget) countries, so that initially more valuable staff time had to be spent trying to do needs assessments in low budget countries than the low amounts of project funds allocated to these countries justified.

o Narrow Focus of Contract

Unfortunately, some key recommendations in the evaluation report on predecessor contract AID/pha-C-1149 regarding the range and types of training and related activities which were to be fundable under a subsequent contract, were disregarded.

For instance, the contract stipulated that no physicians were to be clinically trained in this program "unless they are functioning in a PAC training (emphasis added) role in their respective institutions." This became a problem because it is unrealistic to expect a physician supervisor without family planning skills and knowledge to make optimal use of paramedical and auxiliary personnel with clinical family planning training. Under previous contracts, which had no such restrictions, we frequently succeeded in getting clinical family planning projects started by providing supervising physicians with clinical training before or while their paramedical and auxiliary staffs were also trained. Most other intermediaries do not offer or sponsor the type of physician training that is most appropriate in such cases.

Another case concerns the training of medical students. Although we received approval during the contract's first two years to sponsor the training in family planning practice and theory of some 250 final-year medical students annually in Paraguay (at less than \$10,000 a year), in subsequent years such approval was withheld as training of this category was not within the scope of the contract.

Fortunately, our three successive project monitors interpreted the contract's provisions liberally by giving a approval for population awareness training of journalists and parliamentarians as part of an effort to create a favorable climate for service delivery.

o Approval Process for Regional Training

The approval of individual participants by AID/Washington adds an unnecessary delay and paperwork burden to the participant management system. It is our opinion that such approval should properly be left to the contractor who, in any case, clears such invitations with the population officer or U.S. Embassy in the countries of participants' origin. Further, proposed participants changed occasionally or their names were submitted sometimes as late as the day before the start of the training event, often for quite legitimate reasons. Having to obtain AID/Washington approval in each case became a time-consuming bureaucratic problem.

o Access to Commodities

Quite frequently we encountered situations in which clinical training was severely restricted by shortages or even lack of contraceptive supplies. Reasons for such situations ranged from shipments being delayed because of donor/intermediary tardiness, to bureaucratic inertia on the part of local customs authorities. As a stopgap remedy, traveling project staff occasionally carried needed supplies--mainly IUDs--which they received via the project monitor, in their suitcases to the agencies in need.

o Information Sharing and Coordination

The lack of formal, systematic sharing of experiences and ideas among PAC contractors, as well as lack of coordination between PAC and other population/family planning training intermediaries was felt to be a hindrance to optimal project implementation.

o Inadequate Participant Per Diem Rates

Because AID/IT-authorized in-country and third country per diem rates continued to be inadequate in many cases, in spite of years of our pleading to revise them upwards, we requested and received written authorization to pay per diem up to the amounts authorized for U.S. personnel, to participants who meet the criteria set forth in AID Handbook 10, Chapter 25, paragraph 3.c. (3) (Top Policy Makers, Executives and Administrators National Level and/or National Impact; and Second Level and/or Non-National Impact).

However, low in-country or third country per diem rates continue to be a problem for personnel below the categories listed above who are to participate in in-country or third country training, because participant per diem rates in many countries in the LAC region are still totally inadequate. On several occasions this has put us in the difficult position of trying to explain to course/seminar participants why they are receiving per diem which can be as little as 40% of that being given to other attendees at the same training event who are on "invitational travel status" (with direct Mission funding), and are getting the same training at the same professional level as the participants.

o Inventory of Manpower Training

The detailed "Inventory of Manpower Training," compiled by the Technical Information Service, Carolina Population Center, and the Center for Population Activities under an earlier AID contract, lists persons in LDCs having received two weeks' (or longer) training in population/family planning. Unfortunately, the compilation covers only the period prior to June, 1978. It would have been helpful to have had such an inventory for the subsequent years. It would have facilitated identifying resource personnel for in-country training and avoided potential duplication.

VIII. RECOMMENDATIONS

Most of the following recommendations address the problems encountered that were discussed in the preceding section. Their implementation and that of some others should contribute to improved contract implementation and impact of LAC/PAC II.

o Needs Assessment

No formal needs assessment should be required in countries for which project expenditures are budgeted at \$10,000 or less.

o Physician Training

If project staff and AID missions or U.S. embassies feel it is appropriate and furthers the implementation of the country strategy, LAC/PAC II should be permitted to arrange for non-surgical training of physicians who are not functioning in a PAC training role in their respective institutions.

o Non-PAC Personnel Training

Many training needs arise that are not directly related to the use of PAC personnel but which are quite important in the development of family planning programs. LAC/PAC II should have the flexibility to meet those needs if there are no other funding sources.

o Regional Training Approval Process

AID/Washington should review and approve proposed regional training activities and events. Responsibility for approval of individual participants in such activities and events should rest with AID missions or embassies in coordination with the LAC/PAC project staff.

o Access to Commodities

The LAC/PAC II project should have access to contraceptive supplies for provision to training providers who have no reliable access source or who are not receiving needed supplies in a timely fashion.

o Information Sharing

AID ST/POP/IT should facilitate the sharing of information among PAC II contractors and with other contractors and grantees involved in family planning in the region.

o Per Diem Rates

AID ST/POP/IT should request AID/IT to review at least twice a year the maintenance allowances for third country training (Appendix E, AID Handbook 10) and increase them so that they approach the level of rates authorized for U.S. personnel.

o Manpower Training Inventory

The 1978 "Inventory of Manpower Training" should be updated. It is recommended that a software program be developed that would allow PAC II contractors (and other intermediaries, as well as AID) to key in a name which then would display all regional and in-country training that particular person has received.

o Delegation of Subcontract Approval

The project monitor in ST/POP/IT should be authorized by the Contracts Office to approve subcontracts up to \$25,000.

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APPENDICES

- A. List of Courses: April 1 - December 31, 1984*
- B. Staff/Consultant Travel
- C. CBD Training Evaluation
- D. Nutrition Workshop Report

* The list of courses for the project's last nine months is included because this period had not been covered by an earlier progress report.

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

April 1, 1984 - December 31, 1984

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
<u>INTERNATIONAL TRAINING</u>							
5358	Social Workers and Promoter Educator	Organization of an Adolescent Program	CORA, Mexico	05/21-25/84		3	40h
5359	Administrators	Conference on Natural Family Planning	Development Associates, Colombia	07/11-13/84	x	32	24h
5545	Nurse-Trainers, Trainers & Physician	Training of Trainers	APROFAM, Guatemala	08/06-24/84		17	120h
5550	Administrators	Cost Effectiveness Workshop	Development Associates, Mexico	07/30-08/03/84	x	27	40h
5551	Administrators and Trainers-Instructors	CBD Working Meeting	Development Associates, Miami, U.S.A	08/27-31/84	x	14	40h
5552	Physician and Nurse-Midwife	Natural Family Planning Instructors Training	Pontifical Catholic U. of Chile, Chile	07/02-13/84	x	1	80h
				07/02-08/10/84	x	1	240h
5566	Administrators, Social Worker, Physician & Nurse	Int'l Nutrition Trainers Workshop	Development Associates, Guatemala	09/17-21/84	x	13	40h

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 SUMMARY OF TRAINING
 DEVELOPMENT ASSOCIATES
 DIVISION OF POPULATION PROGRAMS
 AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
						NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5578	Administrators, & Political Functionary	Conference on Populat. and Development for Women Leader of L.A.	IPPF, Costa Rica	07/18-20/84		6	24h
5583	Administrator	Int'l Conference on Population & Strateg. Planning Seminar	The Population Institute, Mexico	08/06-13/84		1	56h
5585	Administrator	Developing & Implementing FP Communication Programs	Planned Parenthood of Maryland, U.S.A.	08/13-09/11/84		1	160h
5587	Trainers/ Instructors	Natural Family Planning	CEPEP, Paraguay	08/29-09/04/84	x	41	40h
5588	Executive Director	Int'l Conference on Population & Strateg. Planning Seminar	The Population Institute, Mexico	08/06-13/84		1	48h
5589	Nurses	Clinical Skills Training	APROFAM, Guatemala	08/27-09/09/84	x	2	120h
5591	Director	Strategic Planning and Management Course	ABEPF, Brazil	09/03-05/84		1	24h
5593	Trainers	Sex Education & FP Curricula in Secondary Schools	Planned Parenthood of MD, and Falls Church & Washington, D.C. Schools	09/26-10/10/84	x	2	80h

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 SUMMARY OF TRAINING
 DEVELOPMENT ASSOCIATES
 DIVISION OF POPULATION PROGRAMS
 AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5663	Trainer, Adm. & Physician-Trainer	Adolescent Program Seminar	CORA, Mexico	11/19-12/07/84		1	120h
				12/03-07		2	40h
5664	Nurse-Trainer	TOT in Natural Family Planning	Pontifical Catholic U. of Chile, Chile	11/05-12/14/84	x	1	240h
5665	Administrator	2nd Interamerican Conf. on Health Education	Direccion General de Ed. Para la Salud, Mexico	11/05-09/84		1	40h
5667	Promoter	American Public Health Association Annual Meeting	APHA, California, U.S.A.	11/11-13/84		1	24h
5676	Adm. Trainers-Inst. & Phys.	FP Methods and Programs	Jim Bowman Associates, California, U.S.A.	11/29-12/08/84	x	10	64h
5322	Administrators	FP Management/TOT and Family Life Education	University of California, California, U.S.A.	06/18-08/10/84		6	320h
<u>OBSE R VATION TRIPS</u>							
5553	Administrator	Observation Trip	Pontifical Catholic U. of Chile, Chile	07/02-03/84	x	1	16h
5562	Promoters and Administrator	Observation Trip	CEMOPLAF, Ecuador and Carmen de La Legua & MOH, Peru	07/25-08/03/84	x	3	64h

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SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	DESIGNED FOR DA		
					COURSE	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5582	Social Workers	Observation Trip	FEMAP and CORA, Mexico	07/30-08/03/84	x	2	40h
5590	Nurse-Trainers	Observation Trip on FP Curriculum Devel.	National School of Nursing Costa Rica and Universidad del Valle, Colombia	09/10-21/84	x	11	80h
5592	General Coordinator	Observation Trip	APROFAM, Guatemala	09/23-27/84	x	1	24h
5596	Trainer	Observation Trip	CPAIME, Brazil	09/24-25/84	x	1	16h
5597	Administrators	Observation Trip	Various; Washington, D.C., Baltimore and New York	10/02-06/84 10/02-10/84	x	1 1	48h 64h
<u>IN-COUNTRY TRAINING</u>							
3598	Community Leaders	Group Dynamics and FP	CEMOPLAF, Ecuador	10/14-17/82*	x	46	29h
4059	Community Leaders	Seminar on CBD Programs	BEMFAM, Brazil	03/13-17/84	x	79	24h
4117	Nurses	FP Service Providers Training	CPAIME, Brazil	06/11-29/83*	x	10	120h

*Not previously recorded

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
4316	Administrators	Family Planning	CPAIMC, Brazil	11/28-12/02/83*	x	11	40h
4317	Administrators	Family Planning	CPAIMC, Brazil	01/09-13/84*	x	14	40h
4335	Nurse-Midwives	Family Planning	Centro Medico Carmen de La Legua	11/15/83-02/29/84*	x	42	110h
4368	Adolescent/ Distributors	Sex Education and FP	AGES, Guatemala	07/23-27/83*	x	82	32h
4374	Nurse-Midwives	FP Refresher Training Course & Evaluation	Colegio de Obstetricas de Pichincha, Ecuador	12/17/83*	x	18	8h
4384	Community Leaders	FP and Nutrition	LPDM, Paraguay	05/16-19/84	x	88	24h
4417	Nurses	Follow-up Evaluation of Clinical Training	MOH, Guatemala	10/27-12/10/83*	x	57	80h
4448	CBD Workers	FP Workshop	Operation Friendship, Jamaica	09/11-16/83*	x	25	40h
5104	CBD Workers	Nutrition & FP Training	APROFAM, Guatemala	05/21-25/84	x	16	36h
5107	Promoters	Family Planning	CONAPOFA, D.R.	02/21-23/84*	x	25	20h
5108	Promoters	Family Planning	CONAPOFA, D.R.	02/15-17/84*	x	24	21h

*Not previously recorded

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SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5109	Promoters	Family Planning	CONAPOFA, D.R.	03/13-15/84*	x	26	20h
5110	Promoters	Family Planning	CONAPOFA, D.R.	03/14-16/84*	x	23	20h
5111	Promoters	Family Planning	CONAPOFA, D.R.	04/11-13/84	x	23	20h
5112	Promoters	Family Planning	CONAPOFA, D.R.	04/16-18/84	x	25	20h
5113	Promoters	Family Planning	CONAPOFA, D.R.	05/02-04/84	x	23	21h
5114	Promoters	Family Planning	CONAPOFA, D.R.	05/14-16/84	x	24	20h
5115	Promoters	Family Planning	CONAPOFA, D.R.	05/21-23/84	x	22	21h
5116	Promoters	Family Planning	CONAPOFA, D.R.	06/04-06/84	x	31	20h
5124	Auxiliary Nurse	Family Planning	CPAIMEC, Brazil	01/09-02/20/84*	x	1	240h
5125	Physician	Family Planning	CPAIMEC, Brazil	04/02-05/16/84	x	1	240h
5126	Nurses	Family Planning	Dept. Sante Publique et de la Pop., Haiti	11/21-12/01/83*	x	51	60h
5129	Comm. Leaders	FP and Responsible Parenthood	Profamilia, D.R.	05/14-19/84	x	37	48h
5130	Comm. Leaders	FP and Responsible Parenthood	Profamilia, D.R.	06/11-16/84	x	29	48h

*Not previously recorded

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5131	Comm. Leaders	FP and Responsible Parenthood	Profamilia, D.R.	07/09-13/84	x	36	40h
5163	Social Workers and Social Workers Stud.	FP Community Outreach	CPAIMC, Brazil	07/16-26/84	x	16	32h
5166	Teachers and Leaders	Adolescent FP and Sexuality Seminar	CPAIMC, Brazil	07/15/84	x	14	8h
5167	Teachers and Leaders	Adolescent FP and Sexuality Seminar	CPAIMC, Brazil	07/21-22/84	x	12	8h
5168	Teachers and Leaders	Adolescent FP and Sexuality Seminar	CPAIMC, Brazil	07/30-31/84	x	22	8h
5171	Promoters	Family Planning	DIPLAF, Mexico	07/23-29/84	x	50	50h
5174	Nurses	Family Planning	ABEPF, Brazil	05/07-06/01/84	x	12	160h
5175	Nurses	Family Planning	ABEPF, Brazil	06/04-29/84	x	12	160h
5177	Administrators	Seminar on Development of Staff & Patient Education Materials	ABEPF, Brazil	06/06-08/84	x	10	18h
5179	Administrators	Family Planning	CPAIMC, Brazil	05/21-25/84	x	12	40h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES			
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5180	Administrators	Family Planning	CPAIME, Brazil	06/25-29/84	x	11	40h
5183	Nurses	Family Planning	CPAIME, Brazil	04/02-27/84	x	7	160h
5184	Aux. Nurses	Family Planning	CPAIME, Brazil	05/07-11/84	x	6	40h
5185	Nurses	Family Planning	CPAIME, Brazil	07/02-27/84	x	9	160h
5187	Aux. Nurses	Training in Physical & Gynecological Exams of FP Patients	CPAIME, Brazil	07/09-20/84	x	6	80h
5189	Aux. Nurses	Family Planning	CPAIME, Brazil	01/02-07/31/84*	x	125	16h
5194	Health Workers	Family Planning	Hospital Sofia Feldman, Brazil	04/02-05/08/84	x	4	200h
5195	Health Workers	Family Planning	Hospital Sofia Feldman, Brazil	05/21-06/08/84	x	12	100h
5196	Health Workers	Family Planning	Hospital Sofia Feldman, Brazil	06/18-08/17/84	x	4	160h
5198	Nurses	FP Theory and Practice	CAEMI, Brazil	03/12-04/23/84*	x	6	240h
5199	Nurses	FP Theory and Practice	CAEMI, Brazil	05/07-06/15/84	x	6	240h
5200	Promoters	Sex Education & FP	CAEMI, Brazil	07/02-07/27/84	x	20	80h

*Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5201	Promoters	Sex Education & FP	CAEMI, Brazil	07/16-20/84	x	20	40h
5202	Promoters	Sex Education & FP	CAEMI, Brazil	07/23-27/84	x	20	40h
5204	Promoters	Sex Education & FP	CAEMI, Brazil	03/19-04/13/84*	x	19	80h
5205	Promoters	Sex Education & FP	CAEMI, Brazil	04/09-05/10/84	x	12	80h
5207	Comm. Leaders	Refresher Training in a Rural CBD Program	Mision de Amistad, Paraguay	02/04-07/28/84*	x	75	104h
5209	Aux. Nurses	FP & Curriculum Design	Colegio Evangelico de Enfermagem, Brazil	04/09-30/84	x	12	60h
5210	Aux. Nurses	FP & Curriculum Design	Colegio Evangelico de Enfermagem, Brazil	05/14-23/84	x	6	30h
5211	Aux. Nurses	FP & Curriculum Design	Colegio Evangelico de Enfermagem, Brazil	06/04-19/84	x	31	30h
5215	Promoters	Sex Education	FEPADE, Bolivia	03/22-24/84*	x	25	18h
5216	Promoters	Sex Education	FEPADE, Bolivia	03/26-28/84*	x	20	12h
5217	Promoters	Sex Education	FEPADE, Bolivia	04/08-10/84	x	28	12h
5218	Promoters	Sex Education	FEPADE, Bolivia	04/23-25/84	x	27	24h

*Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					NUMBER OF PARTICIPANTS	LENGTH OF COURSE	
5219	Promoters	Sex Education	FEPADE, Bolivia	04/26-28/84	x	23	24h
5220	Promoters	Sex Education	FEPADE, Bolivia	06/18-20/84	x	21	12h
5221	Promoters	Sex Education	FEPADE, Bolivia	07/23-25/84	x	25	24h
5222	Promoters	Sex Education	FEPADE, Bolivia	07/26-28/84	x	23	24h
5223	Promoters	Sex Education	FEPADE, Bolivia	09/05-07/84	x	33	24h
5224	Promoters	Sex Education	FEPADE, Bolivia	12/05-07/84	x	26	24h
5225	Promoters	Sex Education	FEPADE, Bolivia	12/10-12/84	x	26	24h
5226	Promoters	Nutrition Training	FEPADE, Bolivia	02/06-10/84	x	34	40h
5227	Promoters	Nutrition Training	FEPADE, Bolivia	03/26-30/84	x	32	40h
5228	Promoters	Nutrition Training	FEPADE, Bolivia	06/07-09/84	x	33	21h
5229	Promoters	Nutrition Training	FEPADE, Bolivia	07/04/84	x	10	8h
5231	Nurses	FP, Human Reproduction and Sex Education	IICS, Paraguay	03/27-04/10/84*	x	27	12h
5232	Aux. Nurses	FP, Human Reproduction and Sex Education	IICS, Paraguay	04/23-27/84	x	72	10h

*Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5233	Aux. Nurses	FP, Human Reproduction and Sex Education	IICS, Paraguay	05/28-06/01/84	x	80	10h
5234	Promoters	FP, Human Reproduction and Sex Education	IICS, Paraguay	06/07-08/84	x	308	20h
5235	Nurses	FP, Human Reproduction and Sex Education	IICS, Paraguay	07/03-05/84	x	103	12h
5239	Comm. Leaders	Seminar on the Findings & Implications of the Survey of Maternal-Ch Health & FP	BEMFAM, Brazil	05/20-24/84	x	52	24h
5240	Comm. Leaders	Seminar on the Findings & Implications of the Survey of Maternal-Ch Health & FP	BEMFAM, Brazil	07/18-20/84	x	51	20h
5243	Physicians, Promoters, Aux. Nurses, Adm., Nurse-Midwives & Social Work.	FP Seminar	CEMOPLAF, Ecuador	02/03-05/84	x	58	30h
5244	Nurse-midwives	Family Planning	Colegio de Obstetricas de Pichincha, Ecuador	04/10-05/14/84	x	10	160h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5245	Nurse-midwives	Family Planning	Colegio de Obstetricas de Pichincha, Ecuador	06/21-07/13/84	x	10	160h
5247	Social Worker, Trainers-Inst., Nurses & Phy.	Family Planning	CPCRH, Brazil	03/12-16/84*	x	57	20h
5248	Teachers, Phy. & Social Work.	Family Planning	CPCRH, Brazil	04/09-13/84	x	58	20h
5249	Teachers, Phy. Social Workers & Nurses	Family Planning	CPCRH, Brazil	05/07-11/84	x	39	20h
5251	Nurses	Family Planning	CEPECS, Brazil	04/02-13/84	x	45	44h
5252	Social Workers	Family Planning	CEPECS, Brazil	05/07-18/84	x	53	44h
5253	Aux. Nurses	Family Planning	CEPECS, Brazil	06/04-15/84	x	30	44h
5254	Trainers	Nutrition Training	CEPECS, Brazil	07/16-27/84	x	15	80h
5255	Nurses	CBD Programs	ABEPF, Brazil	07/16-15/84	x	20	64h
5257	Nurses	Family Planning	ACEP, Colombia	04/11-13/84	x	27	32h
5258	Nurses	Family Planning	ACEP, Colombia	04/25-27/84	x	26	32h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	DESIGNED FOR DATA		
					COURSE	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5259	Nurses	Family Planning	ACEP, Colombia	05/16-18/84	x	34	32h
5260	Nurses	Family Planning	ACEP, Colombia	05/30-06/01/84	x	32	32h
5261	Nurses	Family Planning	ACEP, Colombia	09/05-07/84	x	26	32h
5262	Nurses	Family Planning	ACEP, Colombia	09/06-08/84	x	28	32h
5263	Nurses	Family Planning	ACEP, Colombia	09/19-21/84	x	29	32h
5264	Nurses	Family Planning	ACEP, Colombia	09/27-29/84	x	33	32h
5265	Nurses	Family Planning	ACEP, Colombia	11/07-09/84	x	28	32h
5274	Adolescent-Promoters	FP Promotion	CLAM, Brazil	06/02-03/84	x	149	22h
5275	Teachers	FP Promotion	CLAM, Brazil	06/27-28	x	116	7h
5276	Comm. Leaders	FP Promotion	CLAM, Brazil	08/11-12/84	x	153	12h
5278	Adolescent-Promoters	Family Life Education Training	Barbados FP Association, Barbados	03/22-04/13/84*	x	26	8h
5279	Teachers	Sex Education & FP	CEPEP, Paraguay	09/10-16/84	x	63	56h
5280/ 5283	Teachers	FP Primary Health and Nutrition	SAMEAC, Brazil	4 courses conducted during 03/10-28/84*	x	44	32h

* Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5284	Aux. Nurses	FP, Primary Health & Nutrition	SAMEAC, Brazil	03/30-04/05/84*	x	14	56h
5285/ 5286	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 03/23-04/29/84*	x	37	32h
5287/ 5288	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 04/14-25/84	x	45	16h
5289	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	05/12/84	x	73	8h
5290	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/02-05/84	x	10	32h
5291	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	05/26-27/84	x	42	16h
5292	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	05/19-22/84	x	18	32h
5293/ 5294	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 05/17-18/84	x	36	16h
5295	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	05/26/84	x	18	8h

*Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNATED FOR DATA		
					COURSE DESIGNATED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5296/ 5298	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	3 courses con- ducted during 05/28-06/10/84	x	118	16h
5299/ 5301	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	3 courses con- ducted during 06/16-23/84	x	54	8h
5302	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	05/14-06/10/84	x	14	32h
5303/ 5314	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	12 courses con- ducted during 05/11-06/25/84	x	472	8h
5315	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/23-26	x	20	32h
5519/ 5522	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	4 courses con- ducted on 01/21/84*	x	55	8h
5523	Teachers & Ad. Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	02/11-13/84*	x	25	24h
5524	Teachers & Ad. Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	02/15-16/84*	x	104	16h

*Not previously recorded

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5525	Teachers & Ad. Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	02/24-26/84*	x	38	24h
5526	Teachers & Ad. Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	02/25-26/84*	x	48	16h
5598/ 5604	Adolescent/ Promoters	FP, Primary Health & Nutrition	SAMEAC, Brazil	7 courses conducted during 05/26-07/15/84	x	488	8h
5605/ 5607	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	3 courses conducted during 07/05-12/84	x	39	16h
5608	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/10-17/84	x	20	32h
5609/ 5610	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 06/12-07/13/84	x	46	16h
5611	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/19-22/84	x	10	32h
5612	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/20/21/84	x	6	16h
5613/ 5614	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted on 06/25/84	x	16	8h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5615	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/25-26/84	x	6	16h
5616	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/26/84	x	10	8h
5617/ 5619	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	3 courses conducted during 06/26-28/84	x	21	16h
5620	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/28/84	x	7	8h
5621/ 5629	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	9 courses conducted during 06/28-30/84	x	66	16h
5630	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	06/30/84	x	8	8h
5631	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/01-02/84	x	8	16h
5632	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/03/84	x	4	8h
5633/ 5635	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	3 courses conducted during 07/03-06/84	x	31	16h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5636/ 5637	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 07/06-07/84	x	21	8h
5638	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/06-07/84	x	8	16h
5639	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/07/84	x	2	8h
5640	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/07-08/84	x	7	16h
5641	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/07-10/84	x	11	32h
5642/ 5651	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	10 courses conducted during 07/08-16/84	x	77	16h
5652	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/15/84	x	14	8h
5653	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/18-21/84	x	20	32h
5654	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/19-20/84	x	9	16h

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					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5655/ 5656	Faith Healers	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted on 07/19/84	x	14	8h
5657/ 5658	TBAs	FP, Primary Health & Nutrition	SAMEAC, Brazil	2 courses conducted during 06/20-30/84	x	14	16h
5659	Teachers	FP, Primary Health & Nutrition	SAMEAC, Brazil	07/21-24/84	x	15	32h
5318	Teachers	FP and Sex Education	ADS, El Salvador	07/23-27/84	x	29	20h
5319	Teachers	FP and Sex Education	ADS, El Salvador	08/20-24/84	x	25	20h
5320	Teachers	FP and Sex Education	ADS, El Salvador	09/24-28/84	x	21	20h
5323	Comm. Leaders	Nutrition & FP Seminars	CEMOPLAF, Ecuador	04/25-29/84	x	31	45h
5324	Comm. Leaders	Nutrition & FP Seminars	CEMOPLAF, Ecuador	07/26-29/84	x	42	36h
5328	Social Workers	Family Planning	CAEMI, Brazil	03/19-04/13/84*	x	12	80h
5329	Nursing Stud.	Family Planning	CAEMI, Brazil	04/09-13/84	x	21	20h
5334	Teachers	Sex Education and FP	CAEMI, Brazil	04/23-05/14/84	x	15	40h
5335	Teachers	Sex Education and FP	CAEMI, Brazil	05/12-06/02/84	x	15	40h

*Not previously recorded

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					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5336	Teachers	Sex Education and FP	CAEMI, Brazil	06/05-25/84	x	15	40h
5337	Nurses	Natural Family Planning	CEPEP, Paraguay	04/30-05/04/84	x	29	37h
5338	Nurse-Trainers	Workshop on Curriculum Development of FP Training Courses	CONAPOFA, D.R.	04/10-12/84	x	8	21h
5339	Nurses & Adm.	Refresher Training	BEMFAM, Brazil	08/26-30/84	x	63	24h
5341	CBD Workers	Family Planning	BEMFAM, Brazil	05/07-11/84	x	51	24h
5342	CBD Workers	Family Planning	BEMFAM, Brazil	05/14-18/84	x	44	24h
5343	CBD Workers	Family Planning	BEMFAM, Brazil	05/21-25/84	x	34	24h
5344	CBD Workers	Family Planning	BEMFAM, Brazil	06/04-08/84	x	57	24h
5345	CBD Workers	Family Planning	BEMFAM, Brazil	06/11-15/84	x	59	24h
5352	Comm. Leaders	Seminar on FP	CPAIMC, Brazil	04/28/84	x	43	4h
5354	Nurses and Physicians	Workshop on Maternal-Child and FP	ABEPF, Brazil	04/25-27/84	x	246	27h
5357	Trainers	Seminar to Develop Training Guidelines & Selection Criteria of Procedures Manuals	ABEPF, Brazil	05/21-25/84	x	4	33h

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					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5360	Physicians & Nurse-Trainer	Observation of Paramed. Community Programs	SAMEAC, CPAIMC & CAEMI, Brazil	04/17-24/84	x	3	40h
5361	Adol/Promoters	Training for Adolescent Promoters	CORA, Mexico	04/02-06/84	x	30	30h
5362	Adol/Promoters	Training for Adolescent Promoters	CORA, Mexico	05/26-06/09/84	x	40	25h
5363	Adol/Promoters	Training for Adolescent Promoters	CORA, Mexico	06/25-29/84	x	40	25h
5364	Adol/Promoters	Training for Adolescent Promoters	CORA, Mexico	06/25-29/84	x	40	25h
5365	Adol/Promoters	Training for Adolescent Promoters	CORA, Mexico	06/25-29/84	x	30	25h
5366	Nurses & Adm.	Seminar on the Nurse's Role in FP	CPAIMC, Brazil	06/11-12/84	x	10	16h
5368	Aux. Nurses, Comm. Leaders & Pharmacists	Family Planning	COF, Bolivia	08/05-10/84	x	38	53h
5369	Adol/Promoters	In-Service Training	Barbados FP Association, Barbados	06/26-07/12/84	x	25	18h

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COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5370	CBD Workers	Family Planning	CONAPOFA, D.R.	07/04-06/84	x	25	20h
5371	CBD Workers	Family Planning	CONAPOFA, D.R.	06/26-28/84	x	21	20h
5372	CBD Workers	Family Planning	CONAPOFA, D.R.	07/17-19/84	x	23	20h
5373	CBD Workers	Family Planning	CONAPOFA, D.R.	07/11-13/84	x	25	20h
5374	CBD Workers	Family Planning	CONAPOFA, D.R.	07/15-17/84	x	24	72h
5375	CBD Workers	Family Planning	CONAPOFA, D.R.	07/16-22/84	x	24	58h
5376	CBD Workers	Family Planning	CONAPOFA, D.R.	07/16-27/84	x	25	58h
5377	CBD Workers	Family Planning	CONAPOFA, D.R.	07/20-30/84	x	30	58h
5378	CBD Workers	Family Planning	CONAPOFA, D.R.	07/20-08/03/84	x	23	58h
5379/ 5398	Adol/Promoters	Seminar on FP and Related Topics	Profamilia, Brazil	20 Seminars conducted during 05/07-06/29/84	x	1409	6h
5399	CBD Workers	Family Planning	INPPARES, Peru	05/23-26/84	x	32	30h
5400	CBD Workers	Family Planning	INPPARES, Peru	05/29-06/06/84	x	26	30h
5401	CBD Workers	Family Planning	INPPARES, Peru	06/12-16/84	x	21	30h

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DIVISION OF POPULATION PROGRAMS
AID/DSEF-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5402	CBD Workers	Family Planning	INPPARES, Peru	06/19-22/84	x	35	30h
5403	CBD Workers	Family Planning	INPPARES, Peru	06/26-30/84	x	30	24h
5404	CBD Workers	Family Planning	INPPARES, Peru	07/09-14/84	x	22	24h
5405	CBD Workers	Family Planning	INPPARES, Peru	07/19-21/84	x	23	24h
5406	CBD Workers	Family Planning	INPPARES, Peru	07/24-26/84	x	31	24h
5407	CBD Workers	Family Planning	INPPARES, Peru	07/30-08/01/84	x	34	24h
5408	CBD Workers	Family Planning	INPPARES, Peru	09/13-15/84	x	14	24h
5409	CBD Workers	Family Planning	INPPARES, Peru	10/30-31/84	x	16	17h
5410	CBD Workers	Family Planning	INPPARES, Peru	11/20-22/84	x	27	24h
5411	Administrators	Family Planning	BEMFAM, Brazil	08/15-19/84	x	29	24h
5412	Administrators	Family Planning	BEMFAM, Brazil	08/27-31/84	x	25	24h
5543	Promoters	Nutrition-Breastfeeding Promotion for FP Work.	IICS, Paraguay	07/16-20/84	x	37	25h
5554	CBD Workers	Nutrition-Breastfeeding Promotion for FP Work.	BEMFAM, Brazil	08/13-15/84	x	60	27h

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5555	Physicians	Implementation & Adm. of CBD Clinical Prog.	ABEFP, Brazil	07/17-18/84	x	20	17h
5556	Comm. Leaders	Family Life Education	ABCA, Brazil	08/19-09/01/84	x	45	80h
5557	Administrators	In-Country Observation Trip	Centros Medico-Infantil y de P.F., Mexico	06/11-15/84	x	2	30h
5558	Nurse-Midwives	Family Planning	Hospital de la Region "Daniel Carrion"	08/20-09/29/84	x	6	174h
5559	Promoters	FP Outreach Workers Workshop	Operation Friendship, Jamaica	07/08-13/84	x	42	40h
5560	Nurse-Midwife & Trainers	Follow-up Seminar to Develop Guidelines & Select Criteria of Procedures Manuals	ABEPF, Brazil	07/02-06/84	x	6	35h
5561	Nurse-Midwives	Seminar on FP Community Outreach & Distribut.	Centro Obstetrico Cipriana Dueñas, Ecuador	07/25-28/84	x	25	35h
5563	Teachers	Family Planning	CONAPOFA, D.R.	06/18-22/84	x	19	32h
5564	Teachers	Curriculum Development in FP	CONAPOFA, D.R.	06/25-07/06/84	x	16	80h
5565	Teachers	Curriculum Development in FP	CONAPOFA, D.R.	07/23-08/03/84	x	25	80h

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DA		
					COURSE DESIGNED FOR DA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5567	Promoters	Nutrition Training	ALAFARPE, Peru	09/10-14/84	x	30	45h
5568	Promoters	Nutrition Training	ALAFARPE, Peru	09/26-28/84	x	26	11h
5569	Promoters	Nutrition Training	ALAFARPE, Peru	11/13-14/84	x	160	8h
5575	Administrators	Strategic Planning & Mgmt. of FP Programs	ABEPF, Brazil	09/02-04/84	x	13	19h
5579	Comm. Leaders	Seminar on FP Related Topics	CEPEP, Paraguay	11/29-12/01/84	x	78	26h
5580	Nurses	Seminar on the Nurse's Role in FP	CPAIMEC, Brazil	08/30-31/84	x	110	18h
5584	Nurse-Midwife	Seminar to Develop Training Guidelines & Selection Criteria of Procedures Manuals	ABEPF, Brazil	08/22-24/84	x	4	26h
5586	Nursing Faculty	Family Health and Nutrition	Universidad Catolica, Ecuador	08/13-24/84	x	32	80h
5594	Physician-Trainers	In-Country Observation Trip of CBD Programs	FEMAP, Ciudad Juarez	09/09-12/84	x	2	26h
5595	Administrators & Physicians	FEMAP's Annual Meeting & Staff Training Workshop	FEMAP, Mexico	09/26-29/84	x	16	28h

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5653	Administrators	Seminar for ABEPF Member Organizations, Administrators & Program Directors	ABEPF, Brazil	12/02-04/84	x	131	18h
5656	Aux. Nurses	Family Planning	CPAIMC, Brazil	10/15-11/27/84	x	8	240h
5657	Aux. Nurses	Family Planning	CPAIMC, Brazil	10/15-12/14/84	x	6	360h
5660	Nurses, Social Workers & Teach	Family Planning	CPRH, Brazil	10/22-26/84	x	36	20h
5661	Nurses, Social Workers & Teach	Family Planning	CPRH, Brazil	11/05-09/84	x	36	20h
5662	Nurses, Social Workers, Teach. & Pharmacists	Family Planning	CPRH, Brazil	12/10-14/84	x	42	20h
5666	Trainers	Basic Training Methods in FP & Maternal Child Nutrition	SAMEAC, Brazil	12/03-14/84	x	19	80w
5668	Comm. Leaders	Seminar on FP	CPAIMC, Brazil	11/24/84	x	35	4h
5669	Adol/Promoters	Seminar about Adol.esc. FP and Sexuality	CPAIMC, Brazil	11/14-16/84	x	40	8h

SUMMARY OF TRAINING
DEVELOPMENT ASSOCIATES
DIVISION OF POPULATION PROGRAMS
AID/DSPE-C-0060

COURSE NUMBER	PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR DATA		
					COURSE DESIGNED FOR DATA	NUMBER OF PARTICIPANTS	LENGTH OF COURSE
5671	Health Workers	FP Promotion, Client Education & Orientat.	CPAIMEC, Brazil	12/09-12/84	x	24	32h
5672	Promoters	Sex Education	FEPADE, Bolivia	12/13-15/84	x	27	24h
5674/ 5675	Patient Motivators	Continuous Patient Educ	CLAM, Brazil	2 courses conducted during 05/01-10/31/84	x	1376	½h
Because of the very short duration of these patient education activities, the participants have not been included in the statistical tables in Section II							
5677	CBD Workers	FP Methods, Responsible Parenthood & Ven.Dis.	PROFAMILIA, D.R.	09/13-14/84	x	20	16h
5678	CBD Workers	FP Methods, Responsible Parenthood & Ven.Dis.	PROFAMILIA, D.R.	09/25-27/84	x	21	22h
5681	Adol/Promoters	Family Planning	CORA, Mexico	08/06-10/84	x	40	25h
5682	Adol/Promoters	Family Planning	CORA, Mexico	08/13-17/84	x	30	25h
5683	Adol/Promoters	Family Planning	CORA, Mexico	8/20-24/84	x	30	25h
5684	Teachers	Family Planning	CORA, Mexico	08/27-31/84	x	30	25h
5685	Promoters	Family Planning	INPPARES, Peru	11/16/84	x	123	8h
5686	Supervisors	Family Planning	INPPARES, Peru	12/10-12/84	x	16	24h

STAFF TRAVEL SUMMARY
OCTOBER 1, 1979 - DECEMBER 31, 1984

COUNTRY	DATES	STAFF MEMBER
Antigua	8/10-11/81	Manuel DeLucca
	12/02-04/81	Manuel DeLucca
	4/05-08/83	Eugenia Monterroso
	8/22-25/83	Eugenia Monterroso
Argentina	12/01-04/79	Erich Hofmann
	11/21-25/80	Erich Hofmann
	11/12-15/81	Erich Hoffman
Barbados	11/13-20/79	Melody Trott
	3/18-22/80	Melody Trott
	8/12-13/81	Manuel DeLucca
	12/05-08/81	Manuel DeLucca
	10/02-05/82	Erich Hofmann
Belize	2/03-05/82	Manuel DeLucca
Bolivia	11/15-19/81	Anne Terborgh
	2/28-3/08/82	Eugenia Monterroso
	5/16-24/82	Eugenia Monterroso
	8/13-22/82	Eugenia Monterroso
	8/19-24/82	Anne Terborgh
	1/12-23/83	Eugenia Monterroso
	2/19-24/83	Anne Terborgh
	2/21-25/83	Rose Schneider

Bolivia	6/20-7/08/83	Eugenia Monterroso
	9/19-23/83	Anne Terborgh
	4/09-14/84	Anne Terborgh
	7/09-19/84	Eugenia Monterroso

Brazil	11/24-14/79	Janice Kissig
	12/12-19/79	Erich Hofmann
	2/25-3/07/80	Janice Kissig
	3/01-22/80	Erich Hofmann
	3/24-31/80	Janice Kissig
	4/01-03/80	Janice Kissig
	5/20-6/05/80	Janice Kissig
	7/25-8/11/80	Erich Hofmann
	10/15-21/80	Janice Kissig
	10/31-11/18/80	Erich Hofmann
	1/15-2/02/81	Janice Kissig
	1/23-2/06/81	Wilbur Knerr
	2/09-20/81	Erich Hofmann
	3/09-30/81	Erich Hofmann
	3/09-17/81	Janice Kissig
	3/10-19/81	Anne Terborgh
	3/11-19/81	Edward Dennison
	3/12-17/81	Isabel de Gomez
	5/21-31/81	Erich Hofmann
	6/23-7/02/81	Janice Kissig
	7/27-8/06/81	Janice Kissig
	8/12-28/81	Erich Hofmann

Brazil (cont.)	10/29-11/08/81	Erich Hofmann
	11/09-20/81	Janice Kissig
	12/09-18/81	Erich Hofmann
	1/30-2/19/82	George Coleman
	3/17-4/07/82	Erich Hofmann
	5/13-26/82	Janice Kissig
	5/23-6/06/82	George Coleman
	7/18-8/03/82	Erich Hofmann
	8/11-25/82	George Coleman
	10/18-11/02/82	Erich Hofmann
	11/28-12/05/82	George Coleman
	12/01-06/82	Erich Hofmann
	2/28-3/21/83	Erich Hofmann
	4/05-20/83	Janice Kissig
	6/14-7/01/83	Janice Kissig
	7/20-8/05/83	Erich Hofmann
	9/14-10/07/83	Janice Kissig
	10/23-11/14/83	Erich Hofmann
	10/24-11/13/83	Janice Kissig
	11/27-12/02/83	Anne Terborgh
	1/16-2/02/84	Janice Kissig
	2/01-20/84	Erich Hofmann
	3/19-31/84	Janice Kissig
	4/26-28/84	Erich Hofmann
	5/06-07/84	Erich Hofmann
	5/12-25/84	George Coleman
	5/13-24/84	Janice Kissig

Brazil (cont.)	7/13-28/84	Janice Kissig
	9/16-25/84	Erich Hofmann
	11/27-12/15/84	Janice Kissig
	12/01-13/84	Erich Hofmann

Chile	11/12-14/79	Edward Dennison
	8/19-24/80	Janice Kissig
	9/22-26/80	Edward Dennison
	11/19-20/81	Erich Hofmann
	3/08-14/82	Janice Kissig
	4/15-21/82	Janice Kissig
	8/09-19/82	Janice Kissig
	10/07-15/82	Janice Kissig
	11/03-04/82	Erich Hofmann
	11/09-14/82	Janice Kissig

Colombia	10/18 /79	Edward Dennison
	2/10-15/80	Anne Terborgh
	7/21-23/80	Erich Hofmann
	7/22-23/80	Anne Terborgh
	11/07-11/80	Janice Kissig
	3/29-4/04/81	Janice Kissig
	6/23-27/81	Edward Dennison
	10/15-27/81	Eugenia Monterroso
	11/04-07/81	Janice Kissig
	5/02-07/82	Edward Dennison
	11/28-29/82	Eugenia Monterroso

Colombia (cont.)	12/06-09/82	George Coleman
	1/10-13/83	Edward Dennison
	10/13-21/83	Victoria Jennings
	10/13-21/83	Magaly Villamizar
	10/15-22/83	Eugenia Monterroso
	10/16-21/83	Edward Dennison
	10/16-21/83	Anne Terborgh
	2/03-05/84	Janice Kissig
	3/20-29/84	George Coleman
	5/08-09/84	Erich Hofmann
	7/08-14/84	Victoria Jennings
	7/08-14/84	Ann Lion
	7/08-14/84	Magaly Villamizar

Costa Rica	6/22-25/80	Anne Terborgh
	11/17-19/80	Anne Terborgh
	8/31-9/01/81	Anne Terborgh
	6/26-7/03/82	Anne Terborgh
	8/11-12/82	Eugenia Monterroso
	9/06-10/82	Eugenia Monterroso
	9/19-10/08/82	Eugenia Monterroso
	10/03-08/82	Anne Terborgh
	11/05-13/82	Anne Terborgh
	11/06-13/82	Eugenia Monterroso
	5/01-05/84	Janice Kissig

Dominican Republic	12/16-20/79	Melody Trott
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Dominican Republic (cont.)	5/07-13/80	Isabel de Gomez
	9/18-25/80	Janice Kissig
	3/01-06/81	Manuel DeLucca
	10/15-23/81	Manuel DeLucca
	2/24-3/02/82	Manuel DeLucca
	4/19-30/82	Manuel DeLucca
	8/17-27/82	Manuel DeLucca
	4/14-22/83	Rose Scheider
	11/27-12/14/83	Rose Scneider
	11/28-12/09/83	Janice Kissig
	3/11-15/84	Manuel DeLucca
	4/08-13/84	Janice Kissig
	7/29-8/04/84	Ann Lion
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Ecuador	10/25-11/01/79	Janice Kissig
	8/17-25/80	Anne Terborgh
	8/29-30/80	Isabel de Gomez
	7/27-8/01/81	Victoria Jennings
	11/16-22/81	Eugenia Monterroso
	11/16-23/81	Victoria Jennings
	1/25-30/82	Janice Kissig
	2/24-27/82	Eugenia Monterroso
	3/15-20/82	Janice Kissig
	3/25-31/82	Eugenia Monterroso
	3/31-4/07/82	Victoria Jennings
	7/08-18/82	Eugenia Monterroso
	7/27-8/05/82	Victoria Jennings

Ecuador (cont.)	10/18-22/82	Eugenia Monterroso
	11/14-23/82	Victoria Jennings
	2/26-3/01/83	Rose Schneider
	3/17-29/83	Victoria Jennings
	6/23-7/05/83	Victoria Jennings
	9/13-16/83	Eugenia Monterroso
	11/06-15/83	Victoria Jennings
	3/30-4/06/84	Victoria Jennings
	3/31-4/06/84	Victoria Jennings
	6/14-24/84	Janice Kissig

El Salvador	6/05-10/81	Manuel DeLucca
	11/06-13/81	Manuel DeLucca
	5/15-21/82	Manuel DeLucca
	7/24-30/82	Manuel DeLucca
	2/28-3/03/83	Eugenia Monterroso
	6/07-09/83	Eugenia Monterroso
	6/07-09/83	Edward Dennison
	11/04-06/83	Eugenia Monterroso
	11/11-13/83	Eugenia Monterroso
	1/22-27/84	Manuel DeLucca

Guatemala	10/22-26/79	Melody Trott
	5/21-29/80	Melody Trott
	6/15-22/80	Janice Kissig
	6/16-21/80	Anne Terborgh
	11/10-16/80	Anne Terborgh

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Guatemala (cont.)	2/09-13/81	Anne Terborgh
	3/28-31/81	Eugenia Monterroso
	4/20-23/81	Anne Terborgh
	5/18-23/81	Victoria Jennings
	8/24-30/81	Anne Terborgh
	1/05-12/82	Anne Terborgh
	2/20-23/82	Eugenia Monterroso
	8/25-9/01/82	Anne Terborgh
	11/04-05/82	Anne Terborgh
	2/09-15/83	Janice Kissig
	5/23-26/83	Anne Terborgh
	7/25-29/83	Anne Terborgh
	10/22-26/83	Anne Terborgh
	2/05-17/84	George Coleman
	2/08-17/84	Anne Terborgh
	8/19-29/84	Janice Kissig
	9/12-22/84	Anne Terborgh
9/16-21/84	Ann Lion	
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Grenada	3/23-27/80	Melody Trott
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Haiti	2/15-19/82	Victoria Jennings
	8/07-10/82	George Coleman
	11/17-21/82	George Coleman
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Honduras	10/18-21/79	Melody Trott

Honduras (cont.)	10/20-26/79	Isabel de Gomez
	5/16-20/80	Melody Trott
	11/14-18/80	Janice Kissig
	12/09-13/80	Janice Kissig
	2/18-25/81	Janice Kissig
	2/23-27/81	Manuel DeLucca
	5/31-6/04/81	Manuel DeLucca
	5/31-6/05/81	Eugenia Monterroso
	7/06-09/81	Manuel DeLucca
	8/05-07/81	Manuel DeLucca
	11/03-05/81	Manuel DeLucca
	2/02 /82	Manuel DeLucca
	5/10-14/82	Manuel DeLucca
	7/21-23/82	Manuel DeLucca
	11/30-12/01/82	Eugenia Monterroso
	1/31-2/05/83	Rose Schneider
	7/14-15/83	Rose Schneider
	8/08-11/83	Eugenia Monterroso
	9/07-19/83	Rose Schneider
	1/17-27/84	Rose Schneider

Hong Kong	11/16-22/83	Edward Dennison
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Jamaica	11/05-09/79	Anne Terborgh
	3/16-17/80	Melody Trott
	9/26-30/80	Janice Kissig
	6/01-05/81	Victoria Jennings

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Jamaica (cont.)	10 07-15/81	Victoria Jennings
	3/01-10/82	Victoria Jennings
	10/13-16/82	Victoria Jennings
	10/27-11/03/83	George Coleman
	3/31-4/14/84	Eugenia Monterroso

Mexico	10/19-26/79	Edward Dennison
	12/19-21/79	Edward Dennison
	1/13-20/80	Janice Kissig
	4/28- 5/02 & 5/05/80	Edward Dennison
	7/11-16/80	Edward Dennison
	8/19-20/80	Edward Dennison
	12/07-12/80	Edward Dennison
	1/26-27/81	Edward Dennison
	3/22-28/81	Salvador Chavez
	4/13-15/81	Edward Dennison
	6/04 /81	Edward Dennison
	6/08-12/81	Eugenia Monterroso
	8/01-05/81	Edward Dennison
	10/27-30/81	Edward Dennison
	1/28, 2/01-02/82	Edward Dennison
	2/16-19/82	Eugenia Monterroso
	3/17-19/82	Edward Dennison
	4/11-18/82	Eugenia Monterroso
	4/12-20/82	Edward Dennison
	6/13-23/82	Janice Kissig

Mexico (cont.)	6/15-17/82	Edward Dennison
	7/28-31/82	Edward Dennison
	8/23-25/82	Edward Dennison
	9/19-30/82	Edward Dennison
	11/20-23/82	Neil McConnell
	12/10-16/82	George Coleman
	1/18-19/83	Edward Dennison
	2/14-17/83	Edward Dennison
	3/14-18/83	Janice Kissig
	4/14-15/83	Edward Dennison
	5/18-20/83	Anne Terborgh
	8/25-26/83	Edward Dennison
	10/20-26/83	George Coleman
	1/25-26/84	Edward Dennison
	3/27-28/84	Edward Dennison
	5/08-11/84	Edward Dennison
	7/27-8/04/84	Eugenia Monterroso
	7/28-31/84	Neil McConnell
	7/28-04/84	Victoria Jennings
	8/15-16/84	Edward Dennison
	9/25-29/84	Edward Dennison
	10/01-02/84	Edward Dennison
	10/22-11/08/84	George Coleman
	10/30-11/06/84	Victoria Jennings
	11/02-08/84	Ann Lion
	11/14-16/84	George Coleman
	12/10-12/84	Edward Dennison

Nicaragua	11/12-13/80	Janice Kissig
	7/06-10/81	Eugenia Monterroso
	11/27 /81	Eugenia Monterroso
	8/09-10/82	Eugenia Monterroso

Panamá	10/18-24/79	Janice Kissig
	2/11-14/80	Melody Trott
	9/21-24/80	Isabel de Gomez
	10/22-30/80	Janice Kissig
	4/01-04/81	Eugenia Monterroso
	7/11-15/81	Eugenia Monterroso
	11/23-26/81	Eugenia Monterroso
	5/25-29/82	Eugenia Monterroso
	1/24-30/83	Rose Schneider
	7/18-22/83	Rose Scheider

Paraguay	12/08-11/79	Erich Hofmann
	8/12-14/80	Erich Hofmann
	11/26-28/80	Erich Hofmann
	6/01-03/81	Erich Hofmann
	9/24-10/05/81	Janice Kissig
	11/09-11/81	Erich Hofmann
	5/22-29/82	Janice Kissig
	8/04-07/82	Erich Hofmann
	3/22-25/83	Erich Hofmann
	11/15-22/83	Erich Hofmann

Paraguay (cont.)	2/21-24/84	Erich Hofmann
	4/29-5/05/84	Erich Hofmann
	8/27-9/04/84	Victoria Jennings
Philippines	6/09-14/81	Janice Kissig
	5/15-23/82	Erich Hofmann
	7/15-8/04/82	Janice Kissig
Peru	11/15-17/79	Edward Dennison
	11/27-12/06/79	Anne Terborgh
	1/21-2/01/80	Janice Kissig
	3/23-29/80	Edward Dennison
	5/26-30/80	Anne Terborgh
	7/14-21/80	Anne Terborgh
	7/18-19/80	Edward Dennison
	8/26-28/80	Anne Terborgh
	10/19-25/80	Anne Terborgh
	6/28-7/03/81	Edward Dennison
	8/21-28/81	Eugenia Monterroso
	11/10-14/81	Anne Terborgh
	1/27-2/03/83	Victoria Jennings
	5/25-31/83	Victoria Jennings
	1/31-2/09/84	Victoria Jennings
5/06-12/84	Janice Kissig	
Switzerland	9/12-25/83	Erich Hofmann

Trinidad	12/09 /81	Manuel DeLucca
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Tunisia	11/04-10/83	George Coleman
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Uruguay	12/05-07/79	Erich Hofmann
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	11/19-20/80	Erich Hofmann
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	11/16-18/81	Erich Hofmann
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APPENDIX C

REPORT ON THE EVALUATION OF CBD TRAINING PROGRAMS IN GUATEMALA, COLOMBIA AND NORTHEAST BRAZIL

I. INTRODUCTION

This report describes the results of an evaluation conducted in Brazil, Colombia, and Guatemala between February and May of 1984. The purpose of the evaluation was to:

- assess the quality of the training being provided under Development Associates subcontracts for community-based distribution workers;
- discover common constraints and problems in providing training to these workers; and
- determine common elements that may assist other programs to develop strategies and training approaches that may lead to improvements in training for community action in family planning.

The institutions visited were APROFAM headquarters and local facilities in Guatemala, the Ministry of Health schools of auxiliary nurses as well as local health centers and posts in Colombia, and the BEMFAM headquarters and Pernambuco State headquarters and training facilities in Brazil.

The evaluation consisted of an assessment of the overall training approach in each country, a review of how each community-based program functions, and, in the case of Guatemala and Brazil, an observation of ongoing training courses offered during the evaluation visit. Colombia had completed its training cycle prior to the visit, so no direct observation of a course session was possible.

A description of each country program, the relationship of CBD workers to other health and family planning services and a brief description of the scope of the evaluation in each country follows.

The remainder of the report includes a summary of the responses obtained from administering standard questionnaires designed respectively for family planning program administrators, training staff, supervisory personnel, and current and former trainees in CBD courses in each of the three countries. The questionnaires

were also issued in Spanish and Portuguese. The completed questionnaires are on file in the Population Division of Development Associates. As noted above, it was not possible to include interviews with current trainees in Colombia.

II. ISSUES RAISED DURING THE EVALUATION

In addition to specific questions administered to trainees, trainers, supervisors and administrators of the several CBD programs in Colombia, Guatemala and Brazil, there were a number of general issues that were kept in mind as the evaluation was developed.

A. Training of New Workers

We wanted to know how different levels of new workers were being trained in large CBD programs. We found during the course of the evaluation very little difference in approach, course content or training methodology among the three countries. Family planning training in the case of Colombia was subsumed within a more general three-and-a-half-month training course for health workers under the Ministry of Health program, whereas in Guatemala and Brazil, the two IPPF affiliates, APROFAM in Guatemala and BEMFAM in Brazil trained CBD staff specifically in family planning. The course content was very similar in these three countries as were the training methodologies.

B. Cost of Training

There were no significant differences in the cost of training for new CBD workers from country to country, if the specific component devoted to family planning is examined in isolation and if variations in per diem among countries and between rural and urban areas are considered. However, the foregoing statement must be viewed with some caution, due to the problem of comparing costs among countries that are in a kaleidoscopic state of foreign exchange fluctuation. The Brazilian cruzeiro lost value in relation to the U.S. dollar at nearly double the acceleration predicted by BEMFAM officials

in developing their cost estimates for donor consideration; such unpredictability obviously obscures attempts to demonstrate cost relationships among the three countries.

C. Effectiveness of Training

From the standpoint of evaluations of their own training made by participants in the three countries, there was no discernible difference in the effectiveness of training provided to new CBD workers in the various national agencies. All comments were positive. Training was viewed as consistently preparing the CBD workers for the requirements of their duties. All countries reported the need, however, for more resources in order to increase the frequency of refresher training, to update knowledge about family planning methods, and to boost morale and provide work incentive.

D. Refresher Training

We wanted to examine what differences exist in the manner in which refresher training is handled for different levels of workers in the various agencies. For the Guatemala APROFAM program, it is clear that refresher training is viewed as very important for distributors, promoters and supervisors. All receive periodic updating through a combination of one-to three-day courses and through regular monthly meetings designed to reinforce training. Guatemala appears to have the most complete training plan and provisions for updating knowledge and skills. Colombia, perhaps due to recent dislocations of staff within the Ministry of Health and a tendency among health policy makers to assign a lower priority to family planning services, but also due to a decrease in resources, has a less active program than Guatemala in refresher training in family planning. Brazil, primarily due to diminished financial resources, has not been able to maintain its intended schedule of refresher training. In all three countries there is a similar concern among program administrators at the local level and training staff at all levels that there will be a reduction in quality of services if resources are not allocated to maintain the optimum training frequency.

From their monthly reports of new acceptors and contraceptives distributed, all three programs indicate that there is a positive reinforcement between refresher training and expanded services. None had studied whether the quality of services was improved through refresher training, but several staffmembers were of the opinion that such a positive relationship existed.

E. Impact of Training

All countries report that they have evidence from analysis of their monthly activities reports that following refresher training there is an increase in service delivery, calculated in contraceptive distribution and numbers of new and continuing clients. All respondents to questions about the relationship of refresher training to improvement in the quality of services and the amount of educational or promotional activity report that refresher training does in fact improve these factors, primarily because the CBD workers feel more confident about their knowledge of family planning methods and their ability to use accepted community education techniques to promote their programs. Whether refresher training affects worker attrition is not as clear as the other above factors. In Brazil, for example, it is political change that causes most worker attrition because the CBD distributor, although a volunteer for family planning services, is usually dependent upon local political support for a salaried position that carries general health care responsibilities. With political changes, even the lowest paid health attendants in Brazil may be dismissed, or be rehired, a condition that results in frequent training of new workers and an increased need for refresher training for former workers who are rehired when their political fortunes improve.

The most dependable system for determining when refresher training is needed seems to be based on supervisory observations of CBD worker performance and monitoring of the program statistics that are collected on a monthly basis. Supervisors in all three countries participate in the process of determining the annual training cycle. More specifically, they also suggest the areas of emphasis to be included in a given training event, because they observe firsthand the strengths and weaknesses of their staff, and can suggest

specific topics for inclusion in a training course. There are other factors that affect the time and purpose of refresher training, however. Community leadership, through a critique of local family planning operations, may suggest areas or topics that should be included in training. The introduction of new policies or new developments in treatment or methods may also precipitate a requirement for refresher training.

F. Alternative Training Approaches

In examining the various training systems and alternatives for providing CBD training in the three countries from the standpoint of staffing and organizational location, certain common trends emerge. All three organizations have central training staffs that develop a uniform training protocol and curriculum that are distributed to regional and local training staffs for guidance in developing the courses. In the case of Colombia, this curriculum has not been changed in a number of years, except for specific policy changes that are circulated and incorporated into the course content locally or become the subject of a one-day meeting or mini-course for updating. Brazil, likewise, has had few training courses in recent years, having had reduced funds for such. Development Associates has provided resources for training in the Northeast of Brazil, which has enabled this area to provide up-to-date training for new CBD distributors in 1984.

There appears to be no particular system that is more efficient than others in regard to training approaches. Rather, each local organization must adapt and react in accordance with local requirements. Certainly, it would be too costly to provide training on a one-to-one basis for all workers. Thus, group training is more economical and provides other benefits such as group interaction, the sharing of experience, the mutual reinforcement of learning together, etc. But there are benefits also from pursuing a flexible approach to training, using other alternatives such as on-the-job and supervisory feedback approaches when these can be applied readily and in response to local circumstances.

G. Supervisor's Role in Training

Brazil and Guatemala have used the service of supervisors as trainers, who serve as resource persons during formal courses and who provide, through meetings of distributors, the opportunity to confront specific common problems and to introduce new information or policy changes. In Colombia, the nurse supervisors of those hospitals that provide supervision for health promoters involved in family planning information and service activities also help during formal courses and through informal on-the-job and periodic meetings to provide training.

The focus on supervision in all three countries is important to accomplishing in-service training. In most cases, the supervisor meets with the CBD distributor, promoter or educator on a monthly basis, making site visits to observe work performance and collecting reportable statistics on the program activities. During these sessions, through demonstration and discussion, the supervisors accomplish upgrading of skills and feedback that helps to strengthen individual performance. These observations by supervisors also lead to training, either formal or informal, to accommodate problems that surface on an individual basis or as a common experience. In Brazil, where political changes often cause rapid turnover in local staff, the BEMFAM/Recife organization has had to rely on extended on-the-job training for supervisory personnel, particularly when sudden personnel changes occur outside of the normal training cycle. The quality of such training is high, but costly; it would be preferable to group trainees periodically for formal course work.

H. Improvements in Training Recommended by Staffs

The administrative, training and supervisory staffs of the training systems of the three countries studied had a number of suggestions for improving training. Perhaps the key issue raised concerned the frequency of training. Most staff felt there had to be more frequent training offered to maintain morale and provide opportunities to keep up to date with new developments in family planning.

Length of time allotted to training was another concern. Training courses should be lengthened to provide more time for absorbing the amount of information offered and to provide practicums, demonstration visits, and more time to understand the dynamics of community assessment prior to planning project activities.

In Colombia, the training curriculum for CBD training had not been revised in a number of years except for specific policy changes that had been incorporated into course contents. It was suggested that the curriculum be carefully reviewed and appropriate changes made.

Audiovisuals need strengthening in all countries. In general, these materials are insufficient in quantity, quality and currency of information. Brazilians especially feel the need to develop in-country capability for the production of audiovisual materials both for training purposes and for community education. Several staffmembers suggested also that to have an inventory of audiovisual materials available in print would encourage better use of these materials. Others indicated that the scarcity of resources to purchase audiovisuals is the constant constraint.

Because the Colombian promotor is trained as a health generalist with family planning capability, the Colombian trainees indicated their need for more practical training in health care procedures and specialized skill training in such areas as birth delivery, first aid, emergency procedures and immunization.

III. SCOPE OF THE EVALUATION BY COUNTRY

A. Guatemala

The first phase of the CBD Training Program Evaluation was an assessment of the status of training activities provided by APROFAM in Guatemala. As stated in the Evaluation Design for this effort, the evaluation visit to Guatemala consisted of:

- o interviews with officials of APROFAM as administrators of the training program (four were interviewed);
- o interviews with trainers of APROFAM (three were interviewed);
- o observation of an ongoing training course (a day was spent with the trainees of a TOT course for APROFAM promoters);
- o interviews with current trainees of that course (five were interviewed);
- o interviews with trainees from courses offered during 1983 (12 from past courses were visited); and
- o interviews with supervisors of former trainees from past courses (six supervisors were interviewed).

B. Colombia

Because there was no training course in session in Colombia during the period of the evaluation, it was not possible to interview current trainees. However, twenty former participants in recent Ministry of Health CBD training courses were interviewed and the results of their views incorporated into the Colombian evaluation.

In addition, as representatives of the administrative staff of Ministry of Health family planning programs in Colombia, interviews were conducted with the Chief Nurse of the Maternal-Child Section of the health service of the department of Risaralda with 135 promoters in her program, and the Chief Nurse of the municipality of Dos Quebradas, who supervises a hospital and seven centers. The training staff of the nurse auxiliaries schools at Santa Rosa and Manizales were interviewed. Two supervisors of promoters at a health post and at the hospital in Fusagasuga provided information on the training and deployment of promoters under their supervision.

C. Brazil

The focus of the Brazilian phase of this evaluation was the northeast state of Pernambuco, where BEMFAM, the Brazilian IPPF affiliate, was currently carrying out a training program with Development Associates' support to train

approximately 230 distributors and educators in mixed classes of new and experienced CBD workers. Eight current trainees were interviewed during a visit to the training site. Through interviews in Recife, Prazeres and Cabo, in the greater Recife area, an additional fourteen former trainees were interviewed using the standard questionnaire. Four supervisors from the state of Pernambuco responded to a questionnaire about their preparation and the work of distributors, under their supervision. Two members of the training staff of BEMFAM/Recife were interviewed by the evaluator, as were four administrators including the Director of BEMFAM/Recife. At BEMFAM national headquarters in Rio, the Director of the Program Control Department, the Chief of Evaluation and the Advisor for Planning responded to the questionnaire.

IV. THE NATURE OF THE CBD PROGRAM IN EACH COUNTRY

While the basic strategy of the CBD programs of all countries has common elements and objectives, primarily to reach increasing numbers of contraceptive users with an economical program of education and service and using distributors and educators based at the local community level, there are differences among each of the countries visited.

Brazil, for example, deploys its community-based distributors through the administration of a nationwide private family planning association, a pioneer in the introduction of family planning services in that country. The CBD workers are unpaid volunteers for those functions they perform in family planning. They are, however, for the most part, paid workers of a state or local municipal health service in their roles as primary health care workers, this function giving them entree to the communities to perform their duties in family planning. They receive no compensation for their distribution of contraceptives. They are subject to dismissal from their paid employment when the local/political leadership changes with elections.

The Guatemalan CBD distributor is a volunteer who does receive a percentage of income from the sale of contraceptives, which are distributed at very low prices

to community residents. They often have some other means of income, such as running a small store or pharmacy or providing a remunerated service in their community, including such businesses as ceramics, tailoring, etc. Of the three countries studied in this evaluation, Guatemala (APROFAM) appeared to have the most stable and highly-trained professional staff, despite a low salary structure and competition for qualified personnel vis-a-vis other similar organizations within Guatemala.

The Colombian program has now evolved into a mixed education and service activity, part of the country being served at the community level by an arm of the national family planning association PROFAMILIA, with increasingly more of the services being provided through the official Ministry of Health service network. Workers under the latter program are health promoters who receive salaries from the government for their health work and no additional compensation for their family planning activities. A brief description of each country program follows.

A. Brazil CBD Program

The CBD program in Brazil is an extension of BEMFAM's family planning program that began in Brazil in 1965. Realizing the impossibility of reaching sufficient numbers of clients with information and education through normal clinical service facilities, Brazil's private family planning leaders embarked on a major experiment to expand services through the enlisting of community leadership in support of a new community-based effort. BEMFAM began to identify residents of relatively unserved communities in the northeast states who could be trained to provide information on family planning methods and to distribute free contraceptives to community residents. Present service capability in Brazil includes 58 clinics that dispense family planning information and services and over 2000 CBD posts in eight states. Through this network, BEMFAM estimates it has reached over a million-and-a-half new clients and provided more than 10 million visits for new and continuing clientele during the past decade.

The Brazilian CBD distributor performs the family planning role as an unpaid volunteer. They are recruited as people who have an interest in family planning, who have influence in their community and who can make contact with many clients in their area. Though unpaid volunteers in providing family planning information and contraceptives, they are often employed by state and municipal governments in related roles as attendants at health posts or nurse's aides, and thus have a modest base of salary for other related health work. For the most part, they have completed several years of elementary schooling, are literate, are highly motivated and eager to be trained. Their work is supervised by paid BEMFAM supervisors or by nurses employed in government health services and hospital facilities. Estimates of attrition range from 10 to 30% per year, the high estimate occurring in those states where political changes have caused consequent changes in distributors, who, though volunteers in family planning duties, are usually attached to a paid, politically vulnerable post for their non-family planning functions.

B. The CBD Program in Colombia

The CBD program evaluated in Colombia is under the direct control of the Ministry of Health network of services. There is a parallel program operated by the IPPF affiliate, PROFAMILIA. At the departmental level there is a maternal/child service that supervises the training and deployment of salaried promoters who participate in the distribution of information and contraceptives. The promoters work under the nurse supervisor of the hospital, which provides outreach to the community through local centers.

Promoters organize meetings of adults within the community and provide information through brief talks. When possible they use testimonials from current clients and their husbands and are assisted at times by the supervisory nurse.

Contraceptives are stored at a central departmental warehouse. They are drawn out each month by a request submitted by the nurse supervisor from each hospital. Promoters obtain contraceptive supplies each month and submit monthly reports to the nurse supervisors, who use this information for future

drawdowns of supplies and for monitoring the performance of the promoters in terms of contraceptives distributed, new and continuing users serviced, etc. Contraceptives are provided free to all clients.

The promoters receive no income from the distribution of the contraceptives, for they are salaried employees of the Ministry of Health, paid to perform their family planning duties as well as their health education and health care functions.

Those promoters interviewed during their evaluation represent a sample of nearly 200 promoters who were trained during the past year, in two departments of Colombia. No national figures were available as to the total promoter training effort achieved during the past year.

C. The Guatemalan Program

The CBD program of Guatemala began in 1975 in two zones of Guatemala City where there were two APROFAM clinics. There, demand grew beyond capacity of the clinics and led APROFAM to attempt to expand contraceptive use through community distribution. By 1976, after APROFAM had provided training and supervision, the distribution services were reaching 5,000 users per year. Continuing success led to further expansion each year. In 1977, there was an extension of the program from Guatemala urban areas into the rural areas, at first via the peasant leagues and later into integrated health and indigenous programs. Now there are over 1,000 posts from which distributors reach 45,000 users or more. These distributors are supervised by 54 promoters. The program functions in 19 of the 22 departments of Guatemala and reaches many specialized groups by special arrangements including agreements with coffee growers, sugar producers, agricultural cooperatives, consumers cooperatives and evangelical leaders' groups.

The program is coordinated by a well-structured management system headed by an experienced Director of the Non-Clinical Unit (CBD) in Guatemala City at APROFAM headquarters. She directs the functioning of six chiefs of projects,

ten separate CBD projects, and a corps of paid family planning promoters who are trained as supervisors of the great number of distributors. Distributors are non-salaried, but receive commissions on the sales of contraceptives to the community members, and also receive modest support during brief periods of training.

During 1983, the CBD program trained 1,110 distributors, promoters, administrative staff, nurses and personnel from other agencies in the basic course of CBD. Refresher training was provided for twenty-seven.

Auxiliary Programs of APROFAM

APROFAM provides medical support for distributors and promoters who need to refer clients for medical examination or surgery in Guatemala City. In the city, there are 20 medical doctors who are under agreement to provide medical treatment to those referred by APROFAM distributor and promoter staff. These medical doctors receive training from APROFAM in contraception, depo-provera, insertion of IUD's and use of contraceptive methods in general. Moreover, APROFAM has a special program for private medical doctors throughout the nation. There are specially-oriented medical visitors who make rounds, visiting all doctors in order to orient them to the programs of APROFAM. Some of these MD's visited are later provided training in mini-laparoscopy and vasectomy.

There is no written agreement between APROFAM and the Guatemala Ministry of Health staff for client referral, but APROFAM staff on a local level does in fact make referrals from an APROFAM distributor or clinic to a Ministry of Health local doctor.

APROFAM also has three mobile units which make periodic rotations throughout the nation. These units offer family planning services including surgical procedures and IUD insertions. The mobile unit staff may accept MOH patients as well as those referred by APROFAM promoters. Visits are announced to the public by the local promoter of APROFAM.

D. Characteristics of the Trainees

Each country program has slightly different sets of criteria for selection of the local community distributor. In Colombia and Guatemala the community has a strong influence on the choice of the worker. In some cases the community presents a single candidate, in other cases a panel of candidates are presented to the family planning staff from which the ideal is chosen. In Brazil, politics plays a much stronger role and results in some problems from a training standpoint. While the CBD distributor is a volunteer for those family planning responsibilities she performs, she usually receives a salary as a health attendant for performing her health-related duties. She is chosen by the current mayor, prefect or other official in the political district in which she works. When political changes occur, or if the volunteer loses the favor of the political leader, the position is given to someone else. This requires the family planning staff to provide training for the new person either in formal courses or through OJT.

Educational qualifications vary from state to state. Generally, the workers are literate and have completed elementary education. They have not necessarily had training in health or family planning prior to joining the family planning movement.

They have vaguely defined attributes of a community leader. They have an expressed interest in working in family planning and ideally have used at least one method of family planning prior to working at the community level. But this is not always the case; some of the workers interviewed in Guatemala, for example, were young, unmarried women who had developed an interest in the family planning movement and apparently were performing successfully.

A profile of the ideal Colombian promoter was provided by the administrator of the program in Pereira. The promoter should be a leader, well known within the community. She or he should be between 20 and 35 years old, should have completed the fourth year of primary up to the second year of high school. In rural areas, it is difficult to find candidates with an

education at a level higher than this range. Preferably, they should be unmarried and thus free to travel within their areas. Several men work as promoters, particularly in areas of indigenous populations where men are more acceptable to the community in roles as leaders and promoters.

To the extent possible in Guatemala, distributors are married people, permanent residents of the community served, preferably engaged in a business, and able to read and write. They are identified as leaders within the community, who share the support and motivation of the APROFAM program. Age is not a factor (though they must be more than 20 years old), nor is the sex of the distributor specified, although most are women.

Promoters should have considerably more education than the distributors, should be at least a teacher and a graduate of a normal school, and they must be willing to travel and have their own motorcycle or vehicle. Neither marital status nor sex of the promoter is considered a factor for selection.

Of the distributors available each year in Guatemala, five to ten percent will leave before the end of the year's term. This places a burden on APROFAM to continue to recruit, select and train distributors throughout the year and places greater responsibility on the promoters to assist new replacement distributors by on-the-job training, follow-up, supervision and general role support. Promoters are fairly stable: it is estimated that only one or two of the 54 employed by APROFAM will leave service each year.

Performance of the distributors is monitored on a monthly basis by the promoters, and ultimately by the chiefs of project who supervise promoters, using several means of evaluation, including:

- o monthly reports of sales and users recruited; and
- o visits by promoters who observe distributors at work or home visits and at the distribution post.

If the distributor is, in fact, not performing well, the promoter and chief of project agree to search for a replacement within the community and relieve the poorly-performing distributor of his or her duties.

The distributors, after selection, are provided a basic course on family planning, contraceptive distribution and sales promotion, management, reporting requirements, etc. There are some distributors who do not perform successfully during the training period and who are "selected out" of the program. Between six months and a year after the initial training, a refresher course is offered in which basically the same topics are treated, but in more depth than in the basic course.

E. CBD Career Structure

There is no real career "ladder" from distributor to promoter to supervisor, although a very few examples of successful promotion do exist within APROFAM. This absence of a career ladder is due to the higher educational requirements for promoter and supervisory positions which most distributors do not possess. From supervisor to chief of project is possible because usually the supervisor has the educational requirements to be mobile and assume the higher responsibility. In Colombia, for example, it is the trained nurse who is the supervisor, so there is little opportunity for upward movement of the promoter to supervisor, but there does exist opportunity for the nurse supervisor to be promoted to municipal/state-level posts.

V. THE CBD TRAINING PROGRAM - AN OVERVIEW

Those portions of the training courses in all three countries that are specifically concerned with family planning information and education and provision of contraceptive service are quite similar in content and methodology. The differences among the three countries are more obvious in the Colombian context only in the sense that Colombia includes approximately three days of family planning information within a three-and-a-half month course in

primary health care, sanitation, nutrition, etc. In Brazil and Guatemala the entire training course of three days is focused on family planning. Nevertheless, the basic content, perhaps in part dictated by the international funding agencies, consists of similar topics:

- o information on responsible parenthood and family planning in general;
- o the local family planning association and its principles;
- o descriptions of the various family planning methods with information concerning the advantages and disadvantages of each;
- o paperwork management and reporting;
- o techniques of community education;
- o information on how to conduct home visits and client interviews;
- o sex education;
- o community assessment; and
- o procedures for referring clients to other medical services within the existing system.

In the following section, each country training program is described briefly.

A. Guatemala - APROFAM Training

Originally, training of CBD workers was accomplished by APROFAM on an informal basis using promoters and supervisors to provide actual training. The chief of project, with aid from the Director of Non-Clinical Services, prepared the training courses. The promoters and supervisors still perform in-service training when no course is available and also initiate distributors to their roles and responsibilities if they begin participating in the program prior to the availability of a formal training course. Subsequently, the distributor is included in a formal basic course, trained by a team of the APROFAM training unit. To assure a basic core of training expertise, all promoters and supervisors also attend a course in training, provided by the APROFAM training staff.

The training plan for 1984 contains provisions for basic and refresher courses for promoters and distributors and several specialized courses in training, supervision, human relations, audio-visual techniques, etc. Provision is also made for meetings, shorter than training courses, that will be provided in special problem areas or for those distributors who cannot be absent from their other duties, business or domestic, to attend longer workshops or training courses.

Topics covered in the basic and refresher courses, which last about three days, almost always include:

- o APROFAM - the organization and its objectives;
- o responsible parenthood;
- o family planning concepts;
- o contraceptive methods;
- o human reproduction, including information on the Pap smear;
- o techniques of promotion;
- o home visits;
- o the APROFAM referral system; and
- o administration and management requirements.

B. Training in Colombia

Training of the CBD promoters in Colombia is accomplished at the schools for nursing auxiliaries, under the official Ministry of Health network. The course is a three-and-a-half-month training period that includes family planning as a small part of the total information given. The balance of the course is devoted to primary health care, maternal/child health, health education, nutrition, etc. The curriculum was developed by the central Ministry of Health and is submitted to the schools of nursing for implementation. It has not been revised for at least three years, although some local adaptation to promoters' needs has been done at the schools visited. Also, when new policies arrive from the MOH/Bogota, the curriculum is revised to accommodate changes.

The attitude expressed during interviews in Colombia concerning training of supervisors was interesting, in the sense that the nurse is generally the supervisor of promoters and because she has received her formal training as a nurse is considered to have learned all she needs to know about supervision. No special training in supervision of the promoters is given as preparation for assuming responsibilities for the CBD program.

There is an annual plan for training that is based on the needs of the promoters as determined by the recommendations of supervisory observations made during their periodic visits. Feedback from the communities served also is used to provide indications when additional refresher training is needed.

To accommodate groups that contain trainees of diverse educational backgrounds and experiences in health and family planning, the training staff of the two schools of auxiliary nurses studied in this evaluation minimize the differences by dividing the training classes into subgroups for discussion purposes, arranging homogeneous subgroups in accordance with similar education and background.

C. The Current CBD Training Course in Northeast Brazil

Training of CBD workers in Brazil is at several levels: courses for the distributor, the health educator and the supervisor. Training is accomplished by a team of trainers from the state-level BEMFAM organization, using a curriculum that is fairly uniformly employed throughout the eight states participating in the CBD program, because it is developed by the central training staff in Rio and distributed to state training units. States make minor adjustments in course content in accordance with the instructor staff available and to bring it up-to-date between major revisions.

A team is often sent from BEMFAM/Rio to evaluate training in all aspects: training course content, performance of teaching staff and absorption of training information by the participants. Training effectiveness is measured in part by pre- and post-test questionnaires prepared by BEMFAM/Rio and used by state staff. In general, a basic course for distributors lasts three days. Refresher training is also geared to three days for distributors, but new and experienced workers are mixed together in the course, presenting difficulties that are partially resolved by dividing the group into subgroups for intensive discussion and interaction.

The evaluator observed a CBD training course held in Recife, Pernambuco for 23 new and experienced distributors from that state. This course was part of a series of ten supported by funding from Development Associates. Included in the overall series were approximately 230 distributors and educators.

The course included the introduction of concepts about the community served, the interrelationships among the community, the family and local institutions, education about the family, detailed information on family planning methods, community education techniques and local services available, contraceptive management procedures and the provision of services by local distributors and educators.

Generally, the quality of training observed was high. The trainees were encouraged by the atmosphere and training methodology to participate actively in the training process. There was time available for group interaction and for the discussion of important information imparted by lectures and presentations through the use of small subgroups, arranged in accordance with the background and experience of the participants. There was an evident need for more up-to-date audiovisual material, a topic discussed elsewhere in this report.

VI. PROVISIONS FOR EVALUATION OF THE CBD PROGRAM, TRAINING AND STAFF PERFORMANCE

There is considerable variation in the level of effort among the three countries in relation to internal evaluation of the CBD program. Guatemala, with a full-time evaluation staff at APROFAM and perhaps because it is a relatively homogeneous and compact country, seems to have the best organized evaluation system and seems to be able to feed back information fairly rapidly from data-gathering activities into the central staff. Colombia, partly because of changes in the Ministry of Health staff, has not performed formal evaluations in recent years. Brazil, while not expending much energy on direct field evaluation

activities, seems to rely consistently on the interpretation of monthly data filed from regional and state entities to headquarters in Rio for indications of trends and events that would require corrective action in the field. BEMFAM, however, does send headquarters staff to training sites, where careful observation is made of the performance of training and the impact training has on knowledge and skills of the CBD workers. In the following section we differentiate among the various country evaluation approaches.

A. Guatemala - APROFAM's Evaluation System

Within the evaluation and statistical unit of APROFAM, a professional staff monitors the CBD and other programs. With data obtained primarily from monthly operation reports from promoters, but also sometimes from evaluations, this staff helps to reshape the CBD program for greater effectiveness. The evaluation staff reviews program progress with the operational staff and changes program strategies and training when needed to strengthen the training program. There are few regular staff employees available to conduct field interviews. Therefore, the policy is to hire and train outside interviewers for temporary assignments to assist with evaluations.

Other sources of data for evaluations and operations research are sporadic surveys of distributors and the communities served, reports of sales by municipal pharmacies, reports from cooperating physicians throughout the nation, and from MuH centers and health posts which receive contraceptives directly from APROFAM. Data obtained from these various sources and from special ad hoc studies are fed back to the training staff, to the director of the training staff, and to the director of the operating unit.

Evaluation data may dictate the initiation of entire new programs, e.g., the Indigenous Education Program. This effort evolved from the results of a contraception prevalence study, which revealed that there had been little adoption of birth control methods by Indian groups. A study of cultural

impediments indicated, among other findings, that Indians had to be served by their own people, rather than by outsiders. Also, certain concepts had to be confronted, for example, that the more children an Indian couple had, the more labor would be available, and that in old age, children would be the only form of social security. To introduce a family planning project among Indians, therefore, the APROFAM program began to use prestigious Indian couples, native to the area served. These couples were trained in contraceptive methods, interviewing and educational techniques, were provided information materials on contraception, and were furnished contraceptive supplies.

These couples used primary health care services as a point of entry. They dispensed expectorants and fever medicines along with contraceptives. APROFAM is also adding oral rehydration therapy and nutrition services to the portfolio of health services, in efforts to determine the optimum configuration of services.

From the description of the evaluations performed thus far, it is apparent that the mechanism and capabilities exist within APROFAM to maintain a program of evaluation. It is also evident that more frequent, systematic evaluations need to be initiated by APROFAM. In addition, it would be helpful to have data on the relationship of program effectiveness to supervisory arrangements for distributors and promoters and the relationship between worker selection criteria and job performance.

Since 1979, several evaluations of the CBD program have been performed with useful conclusions which have been incorporated into the program. Particularly interesting are observations related to worker selection and training. For example, it has been found that formal training has a significant impact on the productivity of distributors, increasing the number of acceptors threefold in some examples. There seems to be no difference in effectiveness of workers related to their level of education. It is also apparent that more participation by the community in the selection of the community-based distributors means greater effectiveness on the part of the distributor. Women distributors are much more effective than men, partly due

to cultural barriers in rural areas where women are not permitted to discuss sexual matters with males. On the other hand, couples are much more effective than single workers, partly because "the store" is tended more hours per day when two workers are available. Also, a significant increase in productivity is noted among those distributors who are actively using family planning methods themselves.

B. The Colombian Approach to Evaluation

Ongoing evaluation of the performance of the Colombian promoters and the impact of training on the quality of work is made through frequent reports from the nurse supervisors. There has not been a formal evaluation during the past three years at the two training locations visited in Colombia.

Evaluation of the trainees is accomplished through pre- and post-test examinations administered before and after training. Quizzes on each unit covered are also given and graded. The nurse supervisors also made periodic reports on the work performance of their promoter staff. These evaluations are used as one factor in determining when new training is required, but there is not a logical flow between evaluation and training in the Colombia Program as there is in Brazil and Guatemala community distribution programs. The Colombian administrators and training staff feel that evaluation should be done more systematically but indicate that the Ministry of Health does not provide the leadership in this area that would be desirable.

During the course, certain measurable objectives are used to determine the performance of the participants. Such objectives include knowing how to make a home visit. The participants practice through demonstration what should be an ideal visit to various types of clients, including such activities as a well-baby visit, a visit to a pregnant mother or attending to a malnourished child. These demonstrations are monitored by the supervisory and training staff and the results fed back to the trainee for correction of weaknesses and improvement of performance.

Results of trainee performance are provided by the training staff to the nursing supervisor in a report that suggests particular areas where the nurse supervisor can help an individual trainee to become more proficient in her work through post-training practice. It was pointed out, however, that a complete system of evaluation and feedback from supervisors to training staff, though ideal, is really not possible due to shortages of staff in general.

C. Evaluation in Brazil

Evaluation of individual performance of CBD workers in the BEMFAM program is conducted by the regional and by the state offices. Through data accumulated at headquarters it is possible to discern whether there is a drop by region in the number of clients, either new or continuing. This change would be communicated to the state-level BEMFAM staff for follow-up remedial action.

From monthly reports received by state and region from BEMFAM affiliates of their contraceptive sales, home visits, health education activities, new and continuing client activity, etc., the evaluation staff of BEMFAM headquarters in Rio prepares graphics by state. These monthly graphic reports are submitted to the Head of the Department for Program Control in terms of prevalence of contraceptive use, totals by district within the state and the total number of clients. These data and graphic presentations point out the specific areas of malfunctioning of the programs and program areas that need the special attention of state directors.

In BEMFAM/Rio, there is a headquarters training staff that draws on the expertise of the evaluation staff to train the state-level trainers in continual evaluation of training activities. There is still much to be done to develop the state staffs to a level of proficiency in this ongoing evaluation activity, but progress is being made. For instance, there are good examples in the states of the use of programmed learning and feedback to check results of training efforts.

In a recent evaluation, a sample of distributors were interviewed to determine their knowledge of contraceptives. One group of distributors had been trained in formal courses, and the other group had been trained informally. It was apparent that those trained in courses were quite confident and accurate in their responses to questions, while those trained informally were less positive in their responses and less sure about their information concerning family planning methods.

VII. EVALUATION OF CBD TRAINING BY PARTICIPANTS

A. Guatemala

The refresher training course on training for promoters, which was observed in Antigua, Guatemala, on February 9, 1984, was an example of the ideal training environment developed by APROFAM. The course content included a description of APROFAM's objectives, services and linkages to other services, and a section each on family planning, contraceptive methods, responsible parenthood, administration, the philosophy and strategy of community education, home visits and client referral systems. This course was commendable from the standpoint of the active participation by trainees in all discussions and presentations. The participants designed the course outline through a group process of discussion, presentation and consensus.

Five of the participants in this course were interviewed. All five believed that the contents of the course were very appropriate to their needs on the job. The summary tabulation of responses to the questionnaire administered by the evaluator demonstrated that no one felt that there were poorly presented topics. Most participants characterized the trainers as excellent from the standpoint of their knowledge of course content, their communication skills, their responsiveness to questions posed by participants and their abilities to motivate and interest the trainees in their presentations. Most thought that the course was appropriate in length and number of topics presented, and suggested that refresher courses should be included.

None had complaints about the environment the administrative arrangements for the course. There were, however, a few constructive comments concerning how to improve the course. Most thought the course should be longer because they were learning much from the exchanges of information. One trainee suggested that some practical field experience with users would be helpful. Another suggested that more time should be devoted to techniques of public information and that it would be helpful to have reading material to take home for additional background support.

In summary, the trainees of the current Guatemalan course were impressed with the excellent quality of the training staff, described the training materials favorably, thought the general training milieu was "constructive," and believed that the course contents were "very appropriate" to their on-the-job requirements.

Distributors and promoters trained during basic and refresher courses held by APROFAM during the past one-and-a-half years were also interviewed by the evaluator. A total of 12 CBD workers were asked to respond to a prepared questionnaire, which assisted the evaluator in presenting a uniform set of questions for comparison of responses. No attempt was made to separate responses by type of training course in tabulating the questionnaire, principally because all respondents were positive in their comments, i.e., there was no reason for making a differentiation based on type of course.

The 12 CBD workers unanimously described the course content of past training as "very appropriate" to their needs. Virtually all stated that there were no unclear presentations made; only one thought that the presentation on surgical procedures could have been clearer. Comments on the quality of the training staff ranged from good to excellent; there were no responses in the "average" or "deficient" categories. Comments on the training staff concerned such qualities as:

- o trainers' knowledge of course contents;
- o trainers' ability to communicate with the group;
- o their ability to express themselves and respond to questions; and
- o their ability to motivate and interest trainees in their presentations.

Almost all found that the content of the course was good or was very simple or basic. The number of themes or topics offered was about right. Those few who thought the course was too short felt that there should be refresher training offered (three) or that the course should be lengthened (two). None thought that there was any topic which could be eliminated. There were no complaints about the training arrangements.

Those trainees who were new distributors felt secure about their offering community orientation about family planning and the use of various contraceptive methods. None felt insecure about these areas after the training was completed.

Most of the former trainees were able to recall a substantial amount of information on the topics which were given as part of the course, such as:

- o responsibilities of a community distributor;
- o promotion of responsible parenthood and family planning;
- o techniques of education;
- o contraceptive methods;
- o side effects of methods;
- o when and how to refer a user to other services; and
- o administration.

Those topics which helped them most later in their work were (in order of frequency mentioned):

- o contraceptive methods;
- o responsible parenthood;
- o family planning; and
- o referral systems.

Very few (only two of twelve) had experienced situations in their work which had not permitted them to put into practice what they had learned during training. These situations involved religious groups which did not accept contraception and a vague lack of acceptance of family planning until home visits changed the attitudes of women.

Asked specifically about the orientation they give to a client who wants to use pills, most began by inquiring about health status, any contraindications to pill use, menstrual cycle, etc., and explaining the correct timing after menstruation to begin the pill cycle. Other information they provide a user

is to give reassurance about the safety of the pill, and to assure that the user understands all methods and can make a decision as to which method to adopt. If a problem is encountered, the distributor refers the user to an APROFAM staff person, i.e., a supervisor, a nurse, or a doctor.

The former trainees were asked whether or not they felt secure in their work and if they would like to receive more training. All indicated they were secure in their work, but all also indicated they wanted more training. Specific types of training mentioned included in-depth general refresher courses and more information on contraceptive methods, human relations, oral rehydration and better techniques of orientation for users. Most thought that such training could be provided by their supervisors or by a doctor or nurse. The director of the non-clinical program and the training team were also mentioned.

Many of the observations of the APROFAM administrators confirm the comments of other APROFAM staff and the former training participants. For example:

- o There are regularly-scheduled refresher training courses developed on the basis of needs of distributors and promoters and problem areas which develop and need resolution;
- o Training course contents are based on task analysis, monthly reports of distribution staff, discussions with project chiefs and informal evaluations of work performance;
- o Changes in training methods and contents are made (based on evaluations), such as group dynamics which encourage trainee participation and simplification of management systems, recordkeeping, etc.;
- o Length of courses are determined by the amount of time workers are free for training and the educational level of trainees;
- o Supervisors of distributors receive formal refresher training and on-the-job training, and participate in monthly meetings to review operating problems and arrive at solutions; they also benefit from self-learning activities such as assigned reading materials and audiovisual aids;

- o Supervisors of distributors are trained in community education and promotion techniques, supervision methods, training techniques, community analyses and techniques of using local resources, sex education and use of audio-visual aids;
- o Trainers are selected on the basis of prior experience in training personnel, experience in using group dynamics techniques, educational background and personality characteristics, and experience in family planning and identification with its philosophy;
- o There are problems in recruiting trainers because few people meet the established requirements, and because of the low salary scale of APROFAM; and
- o There have been some changes in training staff of a positive nature, however, in that the quality of the training staff has improved.

B Evaluation by Colombian Former Trainees of General Quality of Training Courses Offered

There was unanimous enthusiasm for the appropriateness of the training received relative to the needs of the health promoters interviewed in Colombia. The great majority of them had not received information that they already knew or did not need to know in relation to their work. Only two of the twenty interviewed felt that there were topics that were unclear to them.

Almost all of the twenty characterized the quality of the training staff in the "excellent" and "very good" categories, as far as their knowledge of the course content, their abilities to express themselves to the group and to respond openly to questions presented by the trainees, and their abilities to motivate and interest the group in the materials presented.

None of the trainees found the course to be difficult to understand. About half characterized the courses as very well done, and the other half found the courses to be simple or basic in their content. While some thought that the courses were too short and would have preferred a longer training period, almost 75% graded them as adequate. None would have eliminated any topic from the courses; a very few would have added more training in primary health care and specifically in blood pressure measurement as needed additional topics. Regarding administrative arrangements for the courses, more than 75%

had no complaints to register. A few thought that the transportation arrangements might have been better, one declared the per diem too low and several complained about food and lodging.

There were thirteen new promoters among the trainees interviewed. These were unanimous in their judgment that the orientation offered during training regarding family planning in general, and regarding use of the pill, condom and foam in particular, had made them very secure in their ability to work within the community.

Of the themes covered in the training courses, a number were mentioned specifically in the interview protocol, including the responsibilities of a community distributor, promotion of responsible parenthood and family planning, educational techniques, contraceptive methods, side effects of certain methods, referral of clients to other care, and proper management. Almost all of these trainees had positive recall of these topics. They observed that they remembered most, however, about the techniques of promotion of responsible parenthood and information on contraceptive methods and that these topics had helped them most in their work.

With few exceptions, the promoters interviewed had not encountered situations in their communities that had prevented their putting into practice what they had learned during training. Several indicated that they had encountered opposition to family planning from husbands of clients; several had experienced opposition from evangelical leaders; and one explained that lack of funds prevented some clients from going to see the doctor when special attention was required.

All said that they had gained confidence from the training that enabled them to orient their clients, and particularly emphasized that they had received more knowledge about how to orient the community in family planning. As an example of this, the former trainees were asked during the interview to explain the orientation they give clients concerning the use of the pill. They responded correctly in the sense of including the type of information appropriate to adequate orientation of clients in this respect.

All twenty promoters indicated that they are secure in their work now, but almost all stated that they would nevertheless want to receive more training. Areas of training for the Colombian group differed from those of the other countries, because they are generalist health promoters who provide primary health care in addition to family planning information and services. Therefore, they wanted to receive more training in such techniques as giving injections, delivering babies and administering first aid, as well as receive more indepth knowledge of family planning methods. They indicated that they could receive this training from their supervisors, from the doctor or nurse, from the training staff or, because of its proximity, from the local school of auxiliary nursing.

C. Brazilian Trainees' Views of the Current Course

Reactions of the eight participants who were interviewed during the week of the training held in Recife were generally positive.

- o Almost all of the current trainees indicated that the content of the training was very appropriate to their needs.
- o Most responded that there was very little information in the course that they already knew.
- o All but one stated that there was no information material presented that was not clear to them.
- o 65% of the group of trainees rated the performance of the training staff as "excellent" in their knowledge of the material presented, in their ability to communicate to the group, in their ability to reply clearly to questions presented and in their ability to motivate the group and interest the participants in their presentations. The remainder indicated that the quality of the trainers in these areas were "very good" or "good."
- o Most felt that the length of the course was appropriate, but a few would have preferred a longer course.
- o None thought that there were areas of training which could be eliminated, and none had specific complaints about the location or administrative arrangements for the training.

A follow-up was conducted of former trainees who had had training during the past several years to test their experiences against the anticipated benefits of training. Interestingly, their ratings were nearly identical to those of the participants currently enrolled in a course.

A "catch-all" question was posed finally to the ex-trainees: "Do you have any suggestion about the training you have received and would like to receive?" A majority responded that they wanted more training and that more reading materials needed to be made available for home study. Other suggestions were:

- o give training every six months;
- o provide information on how to improve the economic situation of women;
- o provide more information on contraception;
- o give more information on spontaneous abortions and causes;
- o provide more audio-visuals; and
- o provide training nearer to the homes of distributors.

VIII. EVALUATION BY THE TRAINING STAFF

In all three countries, the experience of the training staff was tapped as a source of additional perspectives on the CBD training approach.

In Guatemala three of the APROFAM training team staff were interviewed.

Of particular interest to the evaluation was how the formats and contents of courses were determined. All of the trainers indicated that there was a close, continuing relationship between the training unit and the community distribution (non-clinical) program. An annual plan for training was developed based on the needs for specific training courses indicated by CBD staff and other units of APROFAM. To frame a specific course and develop appropriate course contents, information was obtained from several sources, including interviews with the chiefs of project who supervise the APROFAM promoters and analyses of specific tasks of trainees and problems encountered in their working situations. It was also established that the CBD workers needed to be familiar with the APROFAM organization, management responsibilities, contraceptive method and community orientation needs.

The training staff considered the training curriculum appropriate to the needs of the trainees and in accord with their level of education, professional experience and assigned work. The methodology used in the courses had evolved from

earlier reliance on lectures to increasingly more activities involving direct participation of the trainees. Thus, small group discussions, sociodramas, demonstrations, direct contact with users in field, and small workshop discussion groups had replaced the monotonous lectures of earlier training sessions. This ever-increasing trend toward participatory learning was true for all levels of trainees.

The training staff considered that the audiovisual material available from APROFAM for training courses was appropriate for both distributor and promoter training. They also viewed the length of courses as appropriate and added that additional field practice would be beneficial for the promoters.

Evaluation of performance of trainees during training was made possible by describing specific skill and knowledge objectives which could be then subjected to testing in pre- and post-training sessions and through oral examinations. The results of these measures were conveyed to the supervisors of trainees so that they might use the information to design appropriate follow-up supervision and on-the-job training. The training staff is accustomed to exchanging information and observations about trainees along with suggestions for specific supervisory strategies in accord with the trainees' needs as revealed by testing, observation and on-the-job evaluation. The supervisors, in turn, feel more confident that they know the post-training needs of their CBD workers. Specific needs for training were detected by the supervisors in the course of visits to distributors, by review of the monthly reports to detect weak programs, low acceptance rate, etc., and by asking probing questions during the monthly staff meetings, e.g., concerning specific problems encountered, evidence of resistance to family planning, and informational areas which needed strengthening.

The decision as to which trainees to invite to a specific course is based on the needs of each trainee, observation of work performance by supervisors for evidence of weak skills which can be strengthened through training, and discussions of training needs during routine monthly meetings.

There is an informal system of communication between the training team and the supervisors of CBD workers and a rather formal review of the performance of the workers six months after completion of training.

Generally, the trainers felt that APROFAM support for their work was in the good to excellent range. There were no low ratings for any of the related categories which rated APROFAM's authorization to buy training materials and textbooks, provision of audiovisual equipment and materials when needed, making transportation available, and permitting the production of printed materials for training purposes. All comments concerning APROFAM support were positive.

Asked to provide any additional recommendations for improving APROFAM's training, the training staff suggested the following:

- o better follow-up of trainees after training;
- o more frequent training (refresher) for promoters;
- o higher salaries and higher per diem for training staff;
- o more reading materials available throughout the program;
- o more time for trainers to share experiences with trainees; and
- o constant updating of training and orientation techniques with new materials and information.

These findings were generally consistent with the suggestions made by training staff in Brazil and Colombia.

IX. DEVELOPMENT OF CURRICULUM AND TRAINING METHODOLOGY

Curricula developed for the CBD component of training in all three countries come from a number of sources. Basic to each curriculum is an analysis of the tasks to be performed by the distributor or promoter. Information submitted by the supervisor in her rounds of observation of CBD worker performance is considered valuable. In addition, interviews are conducted with potential participants who indicate their background and anticipated knowledge requirements. Additional guidance comes from international agencies which provide financial support and which have guidelines regarding what curriculum should be incorporated into the training program.

In nearly all instances, the participants, supervisors and training staff considered that the curriculum developed for the training in all three countries was very appropriate to the needs for knowledge, skills and information of various levels of workers.

Training methods used included sociodrama techniques, lectures, small group discussions, audiovisual materials and demonstrations of specific procedures and techniques. In some cases, trainees actually went to the field, made domiciliary visits or conducted interviews with clients and were observed by training staff. Feedback from such real-life field demonstrations was considered a valuable part of training in that it tended to correct directly and immediately any weaknesses observed. Lectures generally are considered not as useful for relatively uneducated distributors. A gradual evolution has occurred in all three country situations, away from straight lecture methods to more participatory training opportunities, including sociodrama, small group discussions and demonstration.

The use of audiovisual materials was supported in all situations, but there is a problem of scarcity of appropriate materials as well as a lack of audiovisual equipment. All administrative training staff urged that more resources be provided for the in-country development of audiovisual production, and that the availability of culture-specific audiovisual materials including films and video cassettes for the CBD program be expanded.

X. GENERAL SUGGESTIONS FOR IMPROVING THE TRAINING PROGRAM

In all three countries, the scarcity of audiovisuals in sufficient quantity, with appropriate information and of recent issuance, was emphasized.

The head of program control, Dr. Florida Rodrigues, at BEMFAM headquarters advised that there was a great need for improvement in the availability of audiovisual materials throughout the program. The community education and training activities need videocassettes and playing equipment. The staff needs more information about new materials and techniques. They are planning to do a survey and develop a budget that would lead to exploring more seriously sources

of support for this area. They want to have funds that would enable them to buy films from Brazilian sources and equipment for showing the material bought or developed.

The need is particularly crucial when attempting to improve community education, but there is a lack also of training materials to prepare the supervisory and distributor staff to perform with more confidence and effectiveness. Another area that would benefit from additional audiovisual materials is the new program to reach adolescents with information about birth control.

In Colombia, the administrators and trainers also emphasized the usefulness of a field promoter training manual which could be reviewed during training and carried by the promoter back to the worksite for continual review and reinforcement of the information learned during the course. Another idea that was expressed in both Guatemala and Colombia was the desirability of having reading materials on specific topics to circulate among the workers for homereading. There was evidently a great thirst for knowledge about medical topics related to family planning and maternal and child care that was not being satisfied through present continuing education programs.

Other suggestions for strengthening the training experience were to increase the amount of time allotted for practicums during training, to provide transportation for visits to field sites during training, and to include more training on delivery of babies, vaccination techniques, oral rehydration therapy, common diseases and family planning methods. The CBD administrators also want to upgrade the quality of training through additional training staff and periodic refresher training of trainers.

XI. BENEFITS OF TRAINING

From current trainees and former participants come expressions of benefits resulting from the CBD training received. All current trainees interviewed in the Brazilian program felt that at the conclusion of their course they would be secure in their ability to give orientation in their communities about family planning in general, and more specifically the use of the pill, the condom and,

to a lesser extent, foam and tablets. Although completeness of presentation varied among individuals in the course, their general approach to counseling clients about the use of the pill was correct and they made provisions for considering the health status of the clients in counseling and referral. Their orientation regarding the IUD and possible sterilization was also correct, although due to the cost of such methods in relation to income in the Northeast of Brazil, there was little likelihood that these two methods would be used.

The reaction of former trainees was similar. There was little indication of problems in the community that would impede their putting into practice what they had learned in training. All former trainees had become more confident of their ability to do community education as a result of training. Trainees with experience were considerably more complete in their description of the orientation they gave to clients who wanted to use the pill, for example, than those interviewed during the course of training. All former trainees felt the need for continuing training and believed that all elements in their support organization, including their supervisors, the program director, the training staff and local doctors and nurses should participate in their refresher training.

XII. SUPERVISION WITHIN THE CBD PROGRAMS

Supervision is considered of vital importance in all three countries. The quality of training, whether formal or on-the-job, and supervision are the two most important factors in determining the success of the CBD program. In the Brazilian Northeast program, the supervisors of distributors are paid staffmembers who are trained through formal courses and on-the-job experience to monitor the performance of the distributors. They are better educated than distributors, but are not usually graduates of a professional school. There are two problems with the Brazilian experience: there is a large turnover of supervisors because of an inadequate salary structure; and supervisors are required, due to staff shortages, to monitor the work of too many distributors.

In the Colombian program, supervisors of the health promoters, who are called distributors in Guatemala and Brazil, are the nurse supervisors of the local municipal hospitals. They are paid staff, who enjoy the status and privileges accorded to nurses in the Colombian setting.

In Guatemala, the supervisors are more highly educated community leaders who have completed up to the second year of secondary schooling. They are paid APROFAM staff members.

A. Supervision in Brazil

Considerable importance is given to the quality of supervision for the Brazilian CBD program. Supervisors are salaried employees of the BEMFAM organization. In the past, they have received formal training courses to prepare them for their role. More recently, partly due to declining resources, supervisors have been placed in on-the-job training situations, which last approximately eight weeks, under the coordinated supervision of the program director and the training director.

Supervisors are involved in the planning and implementation of training programs in the BEMFAM organization. Their evaluations of distributors are reviewed for implications of training needs, and their opinions are sought regarding the content of training courses. They also participate as trainers in some courses and are used often as resource persons during the group dynamic and group discussion sessions offered to distributors.

The reputation of the current supervisory staff is high in the Pernambuco area. Supervisors were mentioned as a competent source of training by the former participants. All of them indicated that the supervisors visit them monthly and during these sessions ask the distributors questions about any problems they may have encountered. They indicated that there had never been questions or doubts which their supervisors could not help them with. About half of the distributors attended monthly meetings convened by the supervisors to share new information and resolve common problems. All distributors rated the quality of their supervisors' performance as either excellent or good. Only one distributor indicated that she had been without

a supervisor for some time. Due to a shortage of resources, however, supervisors often must be responsible for too many personnel, thus not having sufficient time in their opinion to spend with each distributor on monthly rounds.

B. Supervision in Colombia

Supervisors in Colombia are the chief nurses of the hospitals from which promoters are deployed to their communities.

Less than half of the promoters are visited by their supervisors on a monthly basis. The rest receive supervision approximately every two to four months. The majority of promoters seemed satisfied with the capability of their supervisors, who question them frequently about any problems they are encountering and in most cases are able to resolve all of their questions. When this is not possible, the supervisors receive assistance from the medical doctor or a high-level staff member. The supervisors in Colombia generally hold monthly meetings of the promoter staff during which they provide information on topics of common concern to the group and question the promoter staff about their work-related problems. The promoters rated the assistance received from their supervisors as either excellent (50%) or good (50%).

Supervisors in Colombia are considered to be fully prepared by virtue of their nursing school training to carry out effectively their roles as supervisors of the CBD program. No special training is given in techniques of supervision. Nurse supervisors are required to attend refresher training (generally two courses per year) on such topics as family planning methods.

C. Supervision in Guatemala

Distributors in the APROFAM Guatemalan program are supervised by promoters who normally visit them once a month. During these supervisory visits, the promoters review the monthly reports on sales and acceptors, ask questions about any problems encountered in their work, and help them to arrive at solutions to problems not by then resolved.

On rare occasions, the supervisor will refer a difficult problem further up the administrative chain of APROFAM for resolution, but usually is able to provide a rapid response to the distributor's need for assistance.

In established programs, the distributors meet once a month with their supervisors, giving them an opportunity to exchange experiences, resolve problems in a group, receive updated family planning information, and see audiovisual presentations. All distributors spoke highly of the quality of supervision received, qualifying their supervisor's assistance as either excellent or good. There generally seemed to be satisfaction among all levels of CBD workers with their administrative support and supervision.

XIII. THE COST OF TRAINING

It is difficult to obtain comparable costs of training among the various country programs, because of the variety of cost factors that are used or ignored from one organization to another. Most training staffs tend to think of cost as including only those expenses directly related to a training event, such as transportation, per diem and training materials. With probing, however, it was possible to obtain a fairly realistic cost for Brazil and Guatemala training of CBD workers by including such items as salaries of participating staff, overhead, etc., in addition to living costs associated with the training period. Because the CBD training in Colombia is a component of a 3-1/2-month general health training program, it was not possible for the training staff to isolate costs for training of the component and compare Colombian training with the other two countries.

Another factor that impedes comparability is the fluctuating exchange rate between the local currency and the U.S. dollar. The dollar rate has been used during this study to provide a constant currency for basis of comparison. But, particularly in Brazil, the exchange rate is changing so rapidly that the BEMFAM staff finds it almost impossible to estimate in advance any reasonable cost based on the dollar, which is the currency most used by external supporting agencies.

As an example, estimates based on an earlier assumption that the cruzeiro would be worth about 1160 to one U.S. dollar by May, 1984, had to be completely disregarded, because the dollar in fact had risen to more than 1600 by that date. Another problem involving calculation of cost is the existence of several exchange rates; the official government rate used for import-export calculations and the unofficial, yet legally acceptable, rate that is characteristic of most transactions that occur in-country. Thus, the following information should be reviewed, with these problems in mind.

The training costs in Guatemala have been systematically reviewed and attempts made to lower costs by using less costly in-house staff and reducing dependence on more expensive external consultants. The present cost per person-day is approximately \$21.00, which is viewed by APROFAM staff as an irreducible minimum. This figure represents direct cost of per diem, transportation, training materials for both trainees and training staff, plus the indirect costs of salaries for administrative and training staff plus 12.8% overhead.

If the external sources of aid for this CBD training were eliminated, training would suffer greatly. APROFAM would have to revert to its former system of decentralizing its operations and would have each distributor trained at home on a one-to-one basis by his/her supervisor. This would be an inefficient approach which would virtually eliminate the benefits of the present group participation process that has produced very satisfactory training for APROFAM to date.

Brazilian estimates of training for the current training effort in Pernambuco are at a level of approximately \$33.00 per day per participant using the same cost factors as were considered for Guatemala. This is considerably higher than the \$21.00 per day estimate for Guatemala, but is largely due to the higher cost of per diem for the participants. This cost could be lowered by holding training at a less expensive site in the interior of Brazil. However, the BEMFAM staff is of the opinion that the location of a training site carries with it additional bonuses from the standpoint of the status and prestige a trainee receives within the community when it is known that he or she will be invited to the state capital for training. BEMFAM theorizes that the additional expense is justified

by the enhanced status of the CBD worker, whose reception at the community level is increased by the prestige and respect engendered by the special training provided by BEMFAM.

Alternatives to group training have been considered but rejected in general as being more costly. For example, there would be no advantage to providing training on an individual basis because of the higher staff costs required to provide training at a multitude of individual sites. Moreover, the advantages of having group interaction, of being able to experience the group dynamics and of using the group to simulate community situations would be lost. In some cases, where there have been sudden losses of supervisory personnel, it has been necessary to provide individual on-the-job training to replacement personnel, but this form of staff development has been considered more costly and less desirable than scheduling a group for training as supervisors for the earlier-mentioned advantages offered by the interaction of personnel within a larger group.

Some supplementary forms of training are possible at lower costs than training in formal groups, such as guided home reading and programmed self-study activities. These should be regarded, however, as truly supplementary to formal training and sustained supervision on a direct basis, and not as a substitute for formal training.

The budget for the training program in Colombia for personnel of the community distribution effort comes from the annual budget of the national plan for rural health. In previous years the support also was derived from PROFAMILIA, the national private family planning agency and from the Johns Hopkins University JHPIEGO program, which provided training in surgical techniques. BEMFAM/Brazil training is supported by Development Associates and FPIA (Family Planning International Assistance). Development Associates, Johns Hopkins and AID are funding agencies for training in Guatemala.

XIV. SUMMARY OF FINDINGS

The results of the evaluation of CBD training in Brazil, Colombia and Guatemala demonstrated that the basic CBD programs have common elements and objectives, but each country has its own way of implementing its programs. Brazil's CBD workers are volunteers in family planning, but are paid by local governments for their other health-related services. The Guatemalan CBD worker is a volunteer, but receives a percentage of income from contraceptive sales. Colombia's CBD program is implemented through two agencies, the Ministry of Health service network and the National Family Planning Association, each with a distinct cadre of workers. Selection of these workers depends largely on the community's choice in Colombia and Guatemala, while in Brazil politics plays a stronger role. This has implications obviously for training, which must be frequent in Brazil (whenever political changes occur).

There is a general thread of common course contents for training of CBD workers in all three countries. In Colombia, however, training for CBD work is interspersed over three-and-one-half months with other health-related training. The common elements among all three countries are responsible parenthood and family planning, principles, objectives and organization of family planning associations, family planning methods, management and reporting, information and education methods, community work, sex education and client referrals. The quality of training is generally high in all three countries and rated appropriate and useful by almost all trainees interviewed. A general problem in all countries is a lack of audiovisual materials, which need to be updated and made culturally applicable in all three countries.

Training staffs are regarded as highly qualified by most trainees interviewed. There is a need for improved and systematic evaluation of training and service components of CBD projects. Technical assistance in this area should be considered by AID and Development Associates, except for Guatemala, which has a professional evaluator in active pursuit of data gathering and feedback mechanisms for program evaluation. Overall benefits of training as evaluated by current trainees and former participants include improved ability to provide

community education in family planning concepts and methods. All trainees wanted more training.

Competent supervision is considered as important as training in determining the success of the CBD programs, but there are problems of staff turnover and inadequate salaries that impede completely effective supervision.

Cost of training does not differ significantly among the three countries, when expenditures are adjusted for variations in per diem and by rural or urban training sites. These factors are difficult to examine, however, due to rapidly fluctuating exchange rates between local currency and the U.S. dollar.

Alternatives to group training, such as individual orientation, programmed study or supervised home readings, are not considered as effective because of the advantages of group interaction. Such alternatives should be used only to complement formal training in groups. Refresher training to update skills, introduce new materials and keep policy changes accessible to CBD workers is viewed as very important by workers and administrative/supervisory staff. All three programs indicate a positive relationship between periodic refresher training and expanded services, from an analysis of their monthly activity reports.

The key recommendations of trainees and administrative staff for improving training include:

1. Provide more frequent training to update workers on new program and policy developments, as well as to boost morale.
2. Allot more time for training, given the amount of information to be absorbed, to provide more time for practicums, demonstrations and community assessments.
3. Strengthen audiovisuals in all countries. Audiovisuals lack quality and cultural relevance, are scarce and are out-of-date. Develop in-country capability to produce training materials, including audiovisuals.

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SUMMARY REPORT

INTERNATIONAL WORKSHOP ON NUTRITION AND FAMILY PLANNING

Conducted by Development Associates
With the Assistance of APROFAM and Collaboration from INCAP

Guatemala
September 17-21, 1984

In September, 1984, Development Associates conducted a workshop for representatives of nutrition projects developed under the LAC Region family planning training project. Nutrition sub-projects were developed beginning in the fall of 1982 as a result of an amendment to Development Associates' family planning contract for this region. The Asociación Pro-Bienestar de la Familia de Guatemala, APROFAM, provided technical and administrative support for the workshop, and the Instituto de Nutrición de Centro America y Panama, INCAP, collaborated with field visits.

The purpose of the workshop was to bring together representatives of all nutrition sub-projects to review experiences, training materials related to family planning/nutrition integration, teaching resources in the field of nutrition, and evaluation of nutrition education. Representatives of eleven agencies from seven LAC region countries attended. A list of participants and facilitators is attached.

The workshop agenda included:

- Reports on the projects developed to-date by the agencies represented;
- Discussion of nutrition education messages being transmitted by the agencies concerning breastfeeding, infant nutrition and weaning, and maternal nutrition;
- Exchanges of educational and training materials used by the various agencies;
- Distribution of training and reference materials collected or prepared by Development Associates;
- Intensive review of family planning/nutrition interrelationships including contraceptive-nutrition interactions, and discussion of ways in which the basic concepts involved could be transmitted to the field level;
- A visit to INCAP to become acquainted with its large collection of reference and teaching materials in the nutrition field;

- A visit to a local nutrition services project developed with INCAP assistance, which demonstrates innovative approaches to growth monitoring and supplemental food distribution;
- An analysis of mechanisms for evaluation of nutrition education interventions;
- An assessment of the feasibility of integrating nutrition services into family planning programs; and
- Recommendations concerning the integration of nutrition education and services into family planning programs.

Findings and conclusions related to each subject area of workshop activity are summarized below:

1. Reports on Projects

The majority of projects are in a very early stage of development. Training has been organized and conducted, but too little time has elapsed in most cases to assess impact. Nutrition subcontractors represent a diversity of private sector agencies from IPPF affiliates such as APROFAM, to integrated MCH/Primary Health Care programs such as the Mision de Amistad de Paraguay and categorical nutrition agencies such as CALMA of El Salvador. All are focusing on maternal-infant nutrition with variations in the complexity of their nutrition programs.

2. Nutrition Education Messages

There was uniform agreement in the group on the nutrition messages they were attempting to transmit to the community. Education on breastfeeding and infant weaning practices were dominant themes. Maternal nutrition received somewhat less attention. Messages were basic and up-to-date. There was consistent agreement on promotion of prolonged breastfeeding, introduction of weaning foods at four to six months, and the need to stress the use of locally available foods to improve diets.

3. Training Materials Distribution

A substantial amount of training, education and reference material related to nutrition and family planning was distributed to workshop participants. These included training materials prepared by Development Associates, a package of reference texts linked to these materials, and nutrition training and education materials produced by the participant's programs for their nutrition education efforts.

4. Family Planning/Nutrition Interrelationships

An entire day of the workshop was devoted to this subject. Activities were related to materials prepared by Development Associates and included a critique of the materials and exercises on transmission of the concepts contained in the materials to community level workers and key groups within the community, including health personnel.

It was evident from the day's discussion that none of the participants had a clear idea of nutrition/family planning interrelationships prior to their participation in the workshop. The subject was introduced with an analysis of obstetrical risks and their relationship to maternal-infant nutrition. Three factors were analyzed in depth:

- Maternal Age
- Birth Interval
- Parity

An exercise involving the translation of the statistical concepts introduced to community-level education sessions illustrated the difficulty of presenting epidemiologic concepts in simple terms to the community.

5. Field visits in collaboration with INCAP

One-half day of the workshop was devoted to a visit to INCAP and to the INCAP-assisted demonstration project in a marginal urban area, the Patronato Pro-Nutricion Infantil. Participants were enthusiastic about the opportunity to explore INCAP teaching and reference materials and found the field visit to the Patronato instructive. Those with service components in their nutrition programs were particularly interested in the Patronato visit. Those concentrating on nutrition education became convinced, if they were not already, of the complexity of nutrition services and the difficulty of introducing the tasks involved into family planning service programs.

6. The evaluation of nutrition education

By chance, the timing of Development Associates' workshop coincided with an INCAP expert meeting on the evaluation of nutrition education. To our regret, all INCAP experts in the subject were involved in the meeting and were unavailable to us for the workshop. A former INCAP advisor with primary responsibility for the Patronato program and an AID-sponsored nutrition/family planning integration project, SINAPS, was invited to discuss the evaluation of nutrition education projects with the trainee group.

In spite of numerous contacts with this individual, including a final confirmation two days before his scheduled session, the expert failed to appear. Thus, the session on evaluation was somewhat improvised.

A hurried substitution by the Director of the Evaluation Unit of APROFAM resulted in expert advice to the group on most of their general questions regarding evaluation. Subsequent group work on mechanisms for evaluating nutrition education interventions resulted in an impressive list of approaches. Materials collected by the original resource person for distribution to the participants were subsequently mailed to them after the workshop.

7. Integration of nutrition services into family planning programs.

Nutrition services were defined as: supplemental food distribution, growth monitoring, ORT and treatment of identified cases of malnutrition. The consensus was that nutrition education and referral are easily integrated into family planning programs, but that services generally require complex support systems that are beyond the scope of most family planning programs. ORT education was considered feasible, as well as distribution of packaged ORS preparations. Growth monitoring and food distribution were seen as far more complex functions that require considerable attention and investment of agency resources.

The group was also asked to consider different levels of involvement in nutrition that they would recommend for family planning workers. The opinion of the group was that all family planning workers should:

- Be informed as to family planning/nutrition interrelationships;
- Know the specific interactions between nutrition and contraceptive methods;
- Be prepared to educate family planning clients regarding these matters; and
- Be able to refer clients to community nutrition education and service organizations.

In addition, the participants recommended a wide range of possible activities for family planning programs with an interest in broadening their nutrition work. These included: general education regarding malnutrition, nutrition, food hygiene and storage, demonstration of the preparation of weaning foods; breastfeeding promotion; community education on the importance of growth monitoring and on the use of ORS; home gardens; small animal production and home economics.

Conclusions

- There appears to be a strong interest among family planning personnel in serving community needs that are closely related to family planning.
- Nutrition is seen as an important felt need in the community and a strong combined entry point for family planning education and service delivery. This is especially true in traditional cultures such as the Indian communities prevalent in several of the countries represented.
- Technical assistance Development Associates has provided on nutrition education messages has been effective. Teaching methodology needs strong reinforcement. Participants were very much on target regarding what to teach. They were insistent regarding the need for instruction on successful teaching methodologies that can be applied to nutrition education. The time limits of the workshop did not permit in-depth exploration of this subject, but it would be worthwhile to provide that information either in a subsequent workshop or as part of our continual materials distribution.
- Participants expressed great interest in knowing more about how to evaluate their nutrition education efforts. Impact evaluation designed to assess changes in dietary practice which result from nutrition education was of special interest.
- Nutrition services were considered too complex for integration into most family planning service programs. The preference was to rely on referral to other established programs that can provide those services.
- Nutrition education, on the other hand, was viewed as an integral and essential component of family planning programs. The group strongly recommended that basic information on nutrition/family planning relationships and on contraceptive/nutrition interactions be a routine part of the training of all family planning workers. They further envisioned a strong role for the family planning worker in basic nutrition education, including the promotion of breastfeeding, education regarding weaning practices and schedules, and education concerning maternal nutrition, with particular reference to the requirements of pregnant and lactating women.

A copy of the workshop agenda is attached.

Workshop Evaluation

Participant response to the workshop was generally highly positive. On a scale of one to five, with five being the highest, ratings of the achievement of workshop objectives ranged between 4.1 and 4.6. A lack of time was cited as the primary reason for failure to fully meet all objectives.

Aspects of the workshop considered most applicable to the participant's work varied widely. Several named all aspects as important whereas others highlighted specific topics such as evaluation, nutrition/family planning relationships, or the exchange of materials and program experiences. The group was unanimous in requesting some type of formal follow-up to the workshop, including a six-month assessment of progress they have made, and a follow-up workshop within a year to address particular areas in depth, such as teaching methodology.

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SEMINARIO/TALLER SOBRE
NUTRICION Y PLANIFICACION FAMILIAR
September 17-21, 1984
Guatemala

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SEMINARIO/TALLER SOBRE
NUTRICION Y PLANIFICACION FAMILIAR
17-21 de Septiembre
- Guatemala -

AGENDA

LUNES, 17 de Septiembre

8:30 - 9:00	Inauguración y revisión de la agenda y los objetivos
9:00 - 9:15	Presentación de participantes
9:15 - 11:35	Presentación de Programas
11:35 - 12:00	Resumen - Presentaciones y Tareas
12:00 - 2:00	ALMUERZO
2:00 - 2:15	Educación sobre nutrición materno-infantil
2:15 - 2:45	Educación sobre: -La lactancia materna -Alimentación complementaria -Alimentación materna
2:45 - 3:30	Informes de grupo y resumen
3:30 - 3:45	CAFE
3:45 - 4:15	Evaluación de los resultados de la enseñanza
4:15 - 5:00	Informes de grupo y resumen
5:00 - 5:30	Exposición de materiales didácticos y de referencia

MARTES, 18 de septiembre

8:30 - 8:45	La inter-relación sobre la nutrición y la planificación familiar
8:45 - 9:05	Identificación de factores de riesgo
9:05 - 9:35	Informes y resúmen
9:35 -10:00	Comunicando la interrelación entre nutrición y P.F. a la comunidad
10:00-10:15	CAFE
10:15-11:15	Continuación de lo anterior
11:15-12:00	Informes y resúmen
12:00- 2:00	ALMUERZO
2:00 - 2:30	Nutrición y métodos anticonceptivos
2:30 - 3:30	Continuación de lo anterior
3:30 - 3:45	CAFE
3:45 - 4:45	Revisión de materiales de Unidad III
4:45 - 5:25	Informes de grupo y resúmen
5:25 - 5:30	Evaluación diaria

MIERCOLES, 19 de septiembre

8:00 -10:00	Conocer recursos docentes en nutrición materno infantil
10:00-12:00	Conocer un proyecto comunitario de nutrición
12:00	TARDE LIBRE

JUEVES, 20 de septiembre

8:00 - 8:30	Recapitulación del día anterior
8:30 -10:30	Evaluación de la educación sobre nutrición
10:30-10:45	CAFE
10:45-11:15	Evaluación de actividades de nutrición de las agencias representadas
11:15-12:00	Evaluación de los proyectos
12:00- 2:00	ALMUERZO
2:00 - 2:45	Informes de Grupo y Resumen
2:45 - 3:15	Introducción: -Integración de servicios de nutrición a programas de planificación familiar
3:15- 4:00	Integración versus Coordinación
4:00 -4:15	CAFE
4:15 - 4:45	Informes de Grupo y Resumen
4:45 - 5:15	Feria de Materiales
5:15 - 5:30	Evaluación diaria

VIERNES, 21 de septiembre

8:30 - 8:45	Resumen de la evaluación diaria
8:45 - 9:30	Análisis de acciones sobre nutrición recomendables para programas de planificación familiar
9:30 -10:15	Informes y Recomendaciones
10:15-10:30	CAFE
10:30-11:30	Objetivos personales
11:30-12:00	Evaluación final
12:30	ALMUERZO - CLAUSURA