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DEVELOPMENT ASSOCIATES

1986 Training Plan for PAC II

LATIN AMERICA/CARIBBEAN REGION

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REGIONAL TRAINING

In support of the PAC II mandate to strengthen regional training institutions, considerable attention will be devoted in PY II to the development of a regional training center for management training, and further assistance will be provided to APROFAM of Guatemala, the regional center for supervision and TOT training. Sub-regional training activities are underway in Portuguese-speaking Brazil, and FEMAP of Mexico will develop national-level courses in PY II in preparation for regional activity in PY III.

o Regional Training Center for TOT and Supervision - APROFAM of Guatemala

In PY II this regional center provided technical assistance to Honduras and Bolivia, and carried out a training needs assessment in Brazil, Bolivia, Peru and Honduras. Early in PY II APROFAM conducted a regional Master TOT course for participants from seven LAC countries.

Although a final decision has not been reached on the volume of regional training activity APROFAM will be able to handle in 1986, tentative plans call for the following:

- Intensive follow-up for participants in the November 1985 Master TOT course, including second-generation reporting, technical assistance for training trainers and training systems design, and an evaluation workshop at the end of the year.
- Collaboration with Development Associates on organization and implementation of the Second Working Group Meeting on CBD Training Systems. In preparation for this meeting Development Associates and APROFAM will jointly develop a draft manual on CBD training systems for review and revision by the Working Group. The manual will focus on concerns identified in the needs assessment conducted during PY I: performance standards, quality control and the design and management of alternative training systems.

- Preliminary work on design of a new course offering for 1987. Two possibilities are being considered: an advanced supervision course and/or a course on the organization and management of CBD programs requested by FPIA.

o Regional Management Training Center - PROFAMILIA of Colombia

In January, 1986, PROFAMILIA of Colombia assisted Development Associates and CDC of Atlanta with implementation of a regional workshop on logistics management. It is anticipated that this will be the first of a series of management training activities that will be developed with this institution under PAC II. Currently, PROFAMILIA is preparing a revised proposal for regional training activities which will be reviewed by Development Associates in early Spring, 1986.

o Sub-regional Training Centers - CPAIMC, CAEMI and ABEPF of Brazil

Long-range plans call for the development of ABEPF as a management training resource for Brazilian programs. However, as the training function at ABEPF is still in the organizational stage, management training activities probably will not be offered until PY III.

Both CAEMI and CPAIMC are currently functioning as sub-regional training resources for Brazilian institutions. CAEMI is concentrating on curriculum development for nursing faculty, and CPAIMC both on nursing faculty and service delivery nurses. An evaluation of the results of training provided by these institutions is planned for PY II. It is expected that this evaluation will be helpful in better defining the role of these institutions in meeting Brazilian training needs and will assist in targeting their training activities in priority areas.

BOLIVIA

Population: 6,200,000¹

Crude Birth Rate: 42¹

Total Fertility Rate: 6.3¹

Rate of Natural Increase: 2.7%¹

Contraceptive Prevalence: 25%²

Country Situation

Development Associates' approach in Bolivia is somewhat different from that applied in other PAC II countries. The family planning picture in Bolivia is complex, with numerous small groups receiving cooperating agency assistance and no one institution sufficiently large to undertake major responsibility for PAC training in the country.

In recent years the government has tolerated family planning in the private sector, but has not developed an official position on this issue nor does it offer services. The government's reserved position, combined with opposition from a powerful Catholic hierarchy, has hindered the growth of private programs. Most service projects rely on person-to-person promotion and seek to maintain a low profile. Cooperation among providers has been limited. The regional diversity of the country and traditional provincialism of the three major geographic groupings (altiplano, valley and lowlands) further complicate the situation, making it difficult for any one institution to emerge as a national leader. Given these constraints and the economic impossibility of developing training capability in numerous small programs, Development Associates has adopted a geographic approach. Thus the long-range effort is to develop training capability in the three major departments which represent the three geographic groupings, and by extension, to the remaining departments according to their natural affiliation with the lead departments.

1. 1985 World Population Data Sheet. Population Reference Bureau

2. Oral communication with Westinghouse and First Draft of 1983 CPS. Over half of the use rate is attributed to NFP and traditional methods. Substantial geographic and urban/rural differences exist in knowledge and use.

Country Goals and Strategy

The overall goal for the PAC II project in Bolivia is to support the expansion of family planning service delivery through trained paramedical and community personnel. Emphasis will be given to community-based distribution systems and development of CBD training capability in key departments of the country.

Goals and strategies for each of the technical areas covered by PAC II are as follows:

1. Management and Supervision

- o Develop the skills of private sector program managers in organizing and managing CBD service programs.

Although some very small efforts have been made in Bolivia to provide services through community workers, the predominant service delivery model is physician-oriented and clinic-based. To develop interest in the community-based approach, Development Associates anticipates limited support for managers to observe CBD programs in other countries. Whenever possible, observation travel will be programmed in conjunction with other travel such as that required for participation in international seminars or workshops. Follow-up technical assistance in CBD program organization and management can be provided as required.

2. Training of Trainers

- o Create in-country technical capability in the training of trainers of community education and service personnel in at least three departments of the country.

Most PAC II assistance in Bolivia will be focused on this goal. The strategy involves the establishment and support of multi-institutional training teams in the three principal cities of the country. The training teams will provide training services for the PVOs they represent as well as other interested groups with a potential role in family planning promotion or services.

3. Service Delivery

- o Expand the number of PVOs operating in marginal urban and rural areas who have staff trained in family planning education and referral.
- o Increase the number of CBD workers delivering services in Bolivia, particularly in rural areas.

Development Associates' strategy is to support the training of family planning workers through the multi-institutional training teams. Highest priority will be given to training activities for CBD workers. In addition, support will be provided to PVOs that train indigenous promoters in Quechua or Aymara to expand family planning outreach and services to non-Spanish-speaking populations.

4. Curriculum Development/Instructional Skills

Due to lack of official support for family planning in Bolivia, it is anticipated that support in this category will be limited. Should opportunities arise, Development Associates would provide support for leaders of pre-service training institutions to observe family planning curricula and teaching activities in similar institutions in third countries with follow-up technical assistance where warranted.

Evaluation of PY I Country Training Program

Six specific objectives were established for the FY85 training program in Bolivia, and all of these were met. Local technical advisors were hired, participants were selected for an in-country training-of-trainers course, the course was held in August with the assistance of trainers from APROFAM of Guatemala, and training coordinators were chosen for each of three regional training teams. Support continued for training service promotion and delivery personnel, and three Bolivian institutions participated in a regional meeting on expansion of services to indigenous communities. In addition, managers of three Bolivian programs observed the urban and rural CBD program of APROFAM of Guatemala.

Given that PY I activities were directed at the organization of training teams, it is premature to assess institutionalization of training capability. However, it is anticipated that the functioning of the training teams in PY II will have an important effect on service delivery by substantially increasing the number of trained family planning promoters in three major departments of the country.

Activities Proposed for PY II

Two sub-project activities are proposed for the second program year of PAC II. The first involves support for three multi-institutional training teams. The second will continue support to FEPADE, a PVO in Cochabamba, for training Quechua-speaking CBD workers.

<u>FY86 Budget</u>	<u>Obligated as of 1/17/86</u>	<u>Remaining</u>
\$50,000.00	\$20,640.00*	\$29,360.00

* For Subproject II-FEPADE

SUBPROJECT I - Multi-Institutional Training Teams

The goal of this subproject is to create technical capability both in training of trainers, and in the training of paramedical personnel and CBD workers for service delivery and community education. Initial project efforts in PY I focused on creation of multi-institutional training teams in three major cities, La Paz, Cochabamba and Santa Cruz. Objectives for PY II are:

- o Include the training coordinators from each city in the Master TOT Course being offered by APROFAM of Guatemala in November, 1985.
- o Develop a team training effort in the three principal cities that includes:
 - an annual training needs assessment;

- development of a training strategy and plan;
- implementation of training activities; and
- evaluation and follow-up.

o Explore the feasibility of expanding the coverage of each of the departmental training teams, so that the La Paz team would provide training for organizations in Oruro and Potosi, the Cochabamba team would cover Sucre and Tarija, and the Santa Cruz team would conduct training for Trinidad and Riberalta.

A. Training Activity

The type of training conducted by the three training teams will depend on the results of the training needs assessments. Development Associates will support training activities directed at service delivery personnel and at community educator/promoters.

B. Technical Assistance Required

Arrangements will be made for a part-time technical advisor based in Santa Cruz to provide assistance to the three training teams. This advisor will assist with the development of training needs assessments, training strategies and training plans, as well as monitor selected training activities and facilitate inter-institutional coordination. A part-time local consultant will be maintained in La Paz as well to assist with coordination. APROFAM staff will also be available to provide follow-up technical assistance to the training coordinators in 1986.

C. Materials Needed

Development Associates will provide training and reference materials to each of the three training coordinators as a resource pool for the members of the training team in each city. Included will be a set of standard texts on family planning, examples of family planning training manuals for various levels of personnel, and other items such as small pelvic models and flip charts.

D. Evaluation

Each training team will be asked to conduct an overall evaluation of activities at the end of their first year. The local technical advisor will assist with the design of the evaluation format so that uniform information is generated for each of the three training teams. Among areas to be included in the evaluation are:

- o accuracy of the needs assessment in identifying priority training needs;
- o degree to which the training team functioned as a team;
- o number and type of training activities conducted and results obtained;
- o adequacy of follow-up given to those receiving training;
- o increases in service delivery that resulted from training activities;
- o problems encountered and solutions; and
- o recommendations for the future.

In addition, the three training coordinators will be invited to participate in a regional training evaluation in Guatemala as a follow-up to the Master TOT Course held in November, 1985.

SUBPROJECT II - FEPADE

A. Goals and Objectives

The goal of the FEPADE subproject is the development of a rural CBD program in Quechua-speaking communities in the Cochabamba valley. FEPADE has been receiving commodities assistance from FPIA and training support from Development Associates. Specific objectives for 1986 are:

- o Provide twelve days of training to fifty Quechua-speaking distributors selected from twenty-five rural communities.
- o Carry-out a three month supervised practicum during which each distributor will be expected to make twenty home visits and recruit six acceptors.

- o Based on practicum performance, make a final selection of forty distributors for participation in a three-day evaluation and program planning course to develop operational plans for 1987.

In the first program year of PAC II, Development Associates supported a FEPADE training program to prepare selected couples from rural communities to do family planning education and promotion. Distributors will be selected from this group which has already received basic training in family planning. FEPADE's year-end evaluation of the results of training provided in 1985 indicate that all of the 34 couples and 14 individuals that were trained as promoters have discussed family planning with others in their communities. The promoters reported that 55-60% of those interviewed in their communities were favorable toward family planning. Depending on the trainee group, between 75 and 85% of the promoters stated that they were now using contraception, including natural methods. FEPADE has made a preliminary selection of 36 promoters that are both satisfied users and have shown enthusiasm for outreach activity to be trained as distributors for their communities.

B. Technical Assistance Required

FEPADE has developed excellent skills in training illiterates, and assistance in this area is not required. FEPADE staff have had several opportunities to observe CBD programs in other countries over the past two years, and should have sufficient understanding of this approach to initiate their own without further assistance. The only technical area which may cause difficulty is the development of a reporting system. In this regard, a visit to SAMEAC of Brazil to observe the pictorial reporting system used with TBAs might be useful.

C. Materials Required

The programmed instruction manual of APROFAM for CBD workers will be made available to FEPADE when it is completed, as well as samples of the SAMEAC reporting forms.

D. Evaluation Plan

FEPADE will conduct a three-day course at the end of the year to assess the following:

- o Retention of information given in prior training sessions;
- o Volume of distribution activity;
- o Problems encountered in community distribution;
- o Client continuation; and
- o Impact of the program in communities covered by the distributors.

This evaluation will form the basis for 1987 planning and programming to include refresher training that is needed as well as other program adjustments that may be required.

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BRAZIL

Population: 138.4¹

Crude Birth Rate: 31¹

Total Fertility Rate: 4.0¹

Rate of Natural Increase: 2.3%¹

Contraceptive Prevalence: Only available for the following ten states²:

o Rio Grande do Sul (1981)	71.3
o Parana (1981)	61.6
o Santa Catarina (1981)	65.2
o Sao Paulo (1978)	63.9
o Rio Grande do Norte (1980)	47.0
o Amazonas (1982)	53.9
o Pernambuco (1980)	41.4
o Paraiba (1980)	43.2
o Bahia (1980)	31.1
o Piaui (1982)	35.0

(Country-wide prevalence survey results should be available in 1986)

Country Situation

Brazil is the sixth most populous country in the world, predominantly Catholic and without a national population policy. The infant mortality rate is 71 per 1000 live births. In Northeast Brazil, however, this figure soars to over 150. Inflation hovers around 270% per year, and over 8 million children are abandoned to the streets. Malnutrition is rampant. At the present growth rate, Brazil is expected to double its population in thirty years.

1. World Population Data Sheet, Population Reference Bureau, 1985.

2. BEMFAM and Westinghouse CPS data.

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The Instituto Brasileiro de Geographia e Estadistica (IBGE) estimates that over 12 million couples wish to use contraception. The government of Brazil is not meeting this need and family planning services are therefore offered by the private sector, composed of service agencies and pharmacies. There are over 200 private agencies offering family planning services to approximately 1.5 million couples. Pharmacies provide contraceptives to between 5-7 million couples. Consequently, over 3 million couples desiring to practice contraception, are not. The need for family planning services and training in Brazil is therefore very high.

In March of this year, Brazil ended its military regime which had taken control in 1964. President Sarney is moving cautiously and has not yet made any statements on family planning. The constitution will begin to be rewritten in 1986, and population policy advocates are hopeful that it will include articles favorable to family planning and that the Ministry of Health will be able to allocate funds to family planning, thus increasing contraceptive coverage, as well as easing the burden on the private sector.

Country Goals and Strategy

Development Associates' PAC II goals and strategy are the following:

- A. Goal: Increase the number of nursing schools which offer family planning in the curriculum.

Strategy: Family planning curriculum development courses have been, and will be offered through CPAIMC, CAEMI, CLAM, and possibly through UNIFOR. This institutional and geographic distribution is crucial to meeting the needs of nursing professors throughout Brazil. During 1985, 50 nursing professors received family planning curriculum development and instructional skills training. Follow-up evaluation on how successful they have been in incorporating family planning in their schools' curricula is scheduled for 1986.

- B. Goal: Increase the number and quality of community health agents working in CBD family planning programs.

Strategy: Development Associates, through BEMFAM, is funding CBD personnel training courses throughout the Northeast. These courses are both for new community health agents (CHAs) as well as CHAs who have received training previously. The training focuses on basic family planning concepts, as well as patient referral indicators, community education, record-keeping and reporting procedures. The strategy with BEMFAM is to strengthen it as an institution by sponsoring its community health agent and supervisor training.

Development Associates is also providing assistance for community-based family planning training to the Sofia Feldman Hospital in Belo Horizonte, specifically requested by the local communities. This subproject is funded through ABEPF (see the following strategy), which monitors the courses' quality and offers technical assistance.

- C. Goal: Improve the management capability of the major family planning agencies.

Strategy: Development Associates has defined a three-pronged strategy for improving management infrastructure and practices. The first involves intensive institutional diagnosis and technical assistance to improve each institutions' administration and financial systems. The second approach involves assistance to ABEPF to provide management courses for its affiliates. The third approach provides technical assistance by using local agency staff as consultants. These three complementary approaches will strengthen our subprojects' effectiveness to ultimately manage their own operations.

- D. Goal: To increase the number of nurses and auxiliary nurses trained to work in family planning.

Strategy: Development Associates provides considerable financial and technical assistance to the subprojects training nurses and auxiliary nurses. This effort is sufficiently institutionalized so that the subprojects now have successful recruiting and selection mechanisms and good training capability. The weak area continues to be evaluation. For this reason we expect to not increase the level of nurses' training, but to increase the follow-up activities.

Evaluation of Progress During PY I

All nine projects planned during PY I were initiated, and most of the subcontracted one hundred twenty-five activities have been carried out. Activities not carried out yet are expected to be completed by February 1986. Most delays are attributable to the delay in contract approvals by AID/W during the spring and summer of 1985. The PY I activities greatly enhanced the training capability in all subprojects. As an example, during PY I ABEPF was able to establish a national training unit, develop preliminary curricula and an evaluation mechanism, and begin a 150 agency training needs assessment. In nine months, the progress has been remarkable.

An area which will receive additional Development Associates attention during PY II will be an evaluation of the effectiveness of the training and the long-term improvement in service delivery.

Proposed Activities for PY II

Activities proposed for PY II will continue to fall within the four PAC II specialty areas: management/supervision, TOT, curriculum development and service delivery. Our emphasis will change slightly from PY I in that we expect to increase nursing professor training and refresher and follow-up activities. We expect not to increase the training of nurses and CBD personnel as these efforts are sufficiently institutionalized. However, quality of the training will be evaluated and improved. Additionally, we will continue to place strong emphasis on the development of ABEPF as a subregional management training center. The process used to implement the above strategy will differ somewhat from PY I. In PY II we will increase our use of Brazilian consultants in order to augment Brazil's ability to identify and use local resources. We also plan to increase the evaluation of training activities.

<u>Budget for FY 86</u>	<u>Obligated as of 11/15/85</u>	<u>Remaining</u>
\$320,000	127,321*	\$192,679

*To cover Annual ABEPF meeting (BR-15), ongoing series of BEMFAM courses and seminars (BR-13), and nursing instructors' training through CAEMI (BR-4, amendment 3) and CPAIMC (BR-14).

SUBPROJECT I - ABEPF

ABEPF has developed a five-year training strategy which has four levels of training:

1. Internal staff development;
2. Technical assistance to their 150 affiliates;
3. Sub-contracts for training with small institutions such as Sofia Feldman Hospital, and
4. Formal training seminars for affiliates.

ABEPF is continuing the work begun during 1985, including completion of the standardization of selection criteria, detailed training plans, training materials development, performance evaluation and follow-up procedures for nursing personnel and community health agents. At the same time, all of these activities, with the exception of materials development, will also be performed for teachers nursing, midwives, health professional trainers, and instructors in natural family planning.

Much of the materials development work will take place during three workshops, two of which will be implemented with Development Associates consultants' participation. The other seminar will involve a wide variety of representatives of ABEPF training institutions.

Increased reliance upon local consultants to assist in regional training courses and monitor training activities throughout Brazil will help to decrease the need for international consultants. At the same time, these consultants will gain practical experience which will contribute to the improvement of their own programs.

Finally, ABEPF's training needs to be funded under subcontracts have not been defined yet. They will depend on the results of ABEPF's Training Questionnaire, which will be discussed at length during the ABEPF Annual Meeting (to be held in early December 1985). Since the central theme of the meeting will be training, it would not be wise to program 1986 training activities without this valuable input.

SUBPROJECT II - CPAIMC

The goal for CPAIMC under PY II is to improve its management ability, and continue training nurses, auxiliaries and nursing professors. The objectives are: a) offer integrated clinical training for nurses and auxiliaries; b) offer administrative courses for auxiliaries; c) offer curriculum development courses for nursing professors, and d) continue to improve CPAIMC's internal management. With Development Associates assistance, CPAIMC has provided training to hundreds of nurses and auxiliaries. This training is institutionalized. The recruiting mechanism has been applied and training courses offered for years with intensive TA from Development Associates' Clinical Training Specialist, with improvements made with each course. Development Associates' forthcoming role in this training is to assist in the follow-up activities and provide assistance to develop self-financing strategies.

A new area for CPAIMC is the training of nursing professors. CPAIMC's long-term strategy is to have a closer working relationship with Brazilian universities. Training nursing professors in family planning curriculum development promotes family planning in the schools as well as improves CPAIMC's relationships with various universities.

The training materials needed for the above training activities have been developed. CPAIMC now needs assistance to reproduce these materials. They are presently typed, single-spaced, xeroxed and stapled. CPAIMC has requested assistance in PY II to print these developed materials.

Trained nursing professors' activities will be evaluated in PY II through course monitoring, participant interviews and follow-up to determine to what extent family planning is included in the nursing schools' curricula. Brief evaluations were performed by Development Associates of some PY I nursing professor courses. Some weak areas were identified. Technical assistance will be provided to strengthen these areas.

SUBPROJECT III - BEMFAM

BEMFAM has the largest CBD program in Brazil. Services are offered in eight Northeastern states involving over 2000 volunteers. BEMFAM signs contracts with

local mayors who provide personnel and space. BEMFAM provides training, commodities and supervision. However, since BEMFAM does not have the financial resources for the needed training, in PY I Development Associates sponsored 32 CBD personnel training course with over 1200 participants. Next year's training will continue to focus on courses for CBD distributors, educators, supervisors and coordinators. BEMFAM's training is well institutionalized and Development Associates' goal is to increase the courses' quality and develop self-sufficiency mechanisms.

The training objectives will focus again on CBD personnel. However, a sample of courses will be monitored and technical assistance provided, if needed to improve the quality. Pre and post tests and subjective evaluations will continue to be required in every training activity. A three-year self-financing plan will also be developed by the end of PY II. BEMFAM has developed an impressive array of exemplary training materials and no further assistance is anticipated in this area.

SUBPROJECT IV - CAEMI

Each year CAEMI has expanded its nurses training activities. The PY II goal for CAEMI is to increase the number of family planning courses in nursing school curricula and instructional skills. The training objectives are to increase and improve nursing professor training and follow-up. Until family planning courses are institutionalized in the schools, some clinic nurses will continue to be trained at CAEMI.

Technical assistance will be provided to monitor and improve the training activities, especially the nursing professor courses. CAEMI provides each participant the curriculum, slides and training materials for use in their own nursing schools. CAEMI will need financial assistance to purchase these items.

SUBPROJECT V - CLAM

After having received repeated TA with course development in PY I, CLAM has offered its first course for nursing professors. The need for family planning curriculum courses remains high since family planning is not included in most

nursing school curricula. CLAM's goal is to institutionalize family planning in the local nursing school as well as enable local nurses working in hospitals and health posts to offer family planning.

In order to achieve these goals, CLAM expects to continue offering family planning curricula and instructional skills courses for nursing professors, and family planning training to nurses working in hospitals and health posts.

As adolescent pregnancy rates remain high in Londrina, CLAM would like to increase the emphasis in the professors and nurses courses on the special needs of adolescents. CLAM has requested Development Associates to provide TA in curriculum development focusing on adolescents. Training materials will be reviewed during PY II and efforts to meet further training materials needs will be made.

Evaluation of these training activities will consist of pre and post tests, subjective evaluation reports, as well as follow-up of participants to assess how successful they were in including family planning in nursing school curricula. Follow-up of the hospital and health post nurses will focus on the extent to which they were able to increase and improve family planning services in their institutions.

SUBPROJECT VI - CENPAFAM

The goal for CENPAFAM is to increase the number of NFP users in Brazil. CENPAFAM will address this goal through increasing the number of NFP instructors from a wide geographic area and thus increase the number of users. CENPAFAM expects to train 160 instructors, each of whom will train 20 NFP users. Development Associates technical assistance will be needed with this subproject in PY II and the effectiveness of training will be evaluated during PY III.

SUBPROJECT VII - SAMEAC

SAMEAC will continue to receive assistance with the training and refresher training of several hundred Traditional Birth Attendants (TBAs), healers and health agents who serve in rural areas of the state of Ceara. Assistance will include funding for the production of training and service manuals and teaching aids. An

evaluation of the training's effectiveness and impact will be scheduled for PY II. SAMEAC staff will continue working with UNIFOR's nursing school faculty towards including family planning in the school's regular curriculum.

SUBPROJECT VIII - CPARH

CPARH's family planning training capability is the least institutionalized among the Brazilian subprojects assisted under this contract. After having received on-site TA with course design and curriculum development, and after CPARH instructors having been trained at CPAIMC, further TA will be scheduled to be given by Brazilian consultants. During PY II CPARH will train a limited number of clinic nurses and auxiliary nurses. The training's effectiveness will be evaluated late in PY II.

SUBPROJECT IX - SOFIA FELDMAN HOSPITAL

As in PY I, training and refresher training of Community Health Aides (CHAs) will be sponsored under a subcontract with ABEPF. CHAs to be trained are being selected by favela (slum) community leaders. Technical assistance with curriculum refinement will continue to be provided by ABEPF's Training Director who will likewise evaluate the program.

SUMMARY

In summary, Development Associates in PY II will emphasize technical assistance with institutionalization of training capability and institutional strengthening, especially of the three sub-regional training providers (ABEPF, CPAIMC, CAEMI). At the same time, training of nursing school instructors will be promoted further and the training of CHAs will continue, while training of paramedical personnel in residential courses will be diminished because of the relatively high cost of such training.

4139B

COLOMBIA

Development Associates will be conducting the needs assessment in Colombia in January, 1986. This will include final negotiations with PROFAMILIA on development of a regional training center. Thus annual plan for Colombia will be submitted in February following the country visit.

4139B

DOMINICAN REPUBLIC

- Population: 6.2 million¹
- Crude Birth Rate : 33¹
- Total Fertility Rate: 4.1¹
- Rate of Natural Increase: 2.5%¹
- Contraceptive Prevalence Rate: 46%¹

Country Situation

The Government of the Dominican Republic favors a strong family planning program. To this end it founded a population agency, CONAPOFA, within the Ministry of Health. This agency supports over 5,000 community health workers, many of whom have been trained by Development Associates in family planning methods.

AID/Dominican Republic has recently received \$4 million in bilateral funds for population to be spent over four years. The AID Health and Population Officer stated that he plans to give priority to service delivery programs. He expects to allocate about 75% of bilateral funds to service delivery programs and 25% to institutional support. Before allocating any of these funds, however, AID/DR will call a meeting of all the major family planning groups in the country in order to initiate a country-wide needs assessment process. This meeting is scheduled to take place in the fall of 1985. Over the six or eight months following this meeting AID/DR will develop its population strategy. It is expected that the federal election in the spring of 1986 will delay the formulation of plans because there may be heavy staff turnover in the public sector.

¹ 1985 World Population Data Sheet, Population Reference Bureau.
² Based on most recent CPS, Westinghouse Health Systems.

Up until this year the major part of funding for family planning activity came from outside donors. Among these agencies were: UNFPA, IPPF, FPIA, WHO, AVS, Pathfinder, The Population Council, and Development Associates. This pattern is expected to continue throughout FY 86.

Country Goals and Strategies

The overall country goal in the Dominican Republic is to strengthen the training and managerial capabilities of family planning institutions in both the private and the public sectors.

1. Management and Supervision

The goal relative to this part of the PAC II mandate is to sharpen managerial skills and make organizational structures more cost-effective.

Development Associates will support PROFAMILIA in a plan initiated in FY 85 to gain greater control over CBD workers and promoters. Relying partially on a report submitted by a Development Associates managerial consultant, PROFAMILIA is now revising its data reporting and pricing policies.

Development Associates will offer more technical assistance as well as funds to retrain CBD workers.

2. Training of Trainers

Two Development Associates consultants are tentatively scheduled to go to the Dominican Republic to lead a workshop on training techniques for promoters at PROFAMILIA. These promoters will then be responsible for retraining CBD workers in accordance with the new reporting plan cited above.

3. Service Delivery Skills

Development Associates will contribute to increasing services in the Dominican Republic on two levels: the CBD level and the nurse professional level.

- o CBD: CONAPOFA will receive funds sufficient to train another 500 health workers in family planning methods.
- o Nursing: Followup will be done with 16 nurses who received NFP training during PY I.

4. Curriculum Development/Instructional Skills

Early in PY II a Development Associates nurse consultant will go to the Dominican Republic to visit several nursing schools where professors who have been trained under PAC II teach. A followup workshop will be designed from her observations.

Summary of Progress during PY I

The bulk of effort and funding during PY I was dedicated to helping institutions train their CBD workers. PROFAMILIA provided refresher training for over 100 CBD workers. Of particular interest in this training was the introduction of the new minipill. CONAPOFA trained about 150 community health workers in family planning skills and plans to train an equal number more before entering into a new contract with Development Associates during PY II.

Additionally, Development Associates sponsored a week-long Natural Family Planning Course for nurses working with CONAPOFA. The objective here was to broaden services to reach clients who want to use methods approved by the Catholic Church. Followup and certification of these nurses will be done in January of 1986.

Activities Proposed for PY II

Three types of activities will take place during PY II: CBD training, NFP certification, and curriculum development in nursing schools.

<u>FY 86 Budget</u>	<u>Obligated as of 11/30/85</u>	<u>Remaining</u>
\$30,000	-0-	\$30,000

SUBCONTRACT I - PROFAMILIA

A. Goals and Objectives

The goal at PROFAMILIA is to revise that agency's CBD program so that it becomes more cost-effective and efficient. To achieve this, Development Associates will provide followup on a cost recovery workshop it conducted in PY I, and will provide technical assistance and funds to retrain CBD workers.

B. Technical Assistance

Consultants will be sent to PROFAMILIA early in PY II to lead a TOT Course for the agency's eight promoters. These promoters will play an increasingly more active role in CBD training thereafter.

C. Materials Support Needed

Spanish language training materials will be provided as needed. The consultants who lead the TOT course will recommend texts and Development Associates will provide them.

D. Evaluation Plan

Pre- and post-tests as well as questionnaires will be used at all workshops.

SUBPROJECT II - CONAPOFA

A. Goals and Objectives

The overall goal for the subproject with CONAPOFA is to take family planning to as many areas of society as possible. The objective is to increase the capability of the Ministry of Health to provide a full range of family planning services and thereby reach as many users and potential users as possible. Strategies used to achieve these objectives will include: CBD training for 500 community health workers, NFP certification, and followup of nursing school use of family planning curricula.

B. Technical Assistance

Technical assistance will be needed in two areas. An NFP-certified nurse consultant will evaluate NFP knowledge and skills of participants in last year's course. She will certify those who have mastered the technique and offer a refresher workshop for those who need more training.

Another nurse consultant will work with CONAPOFA to assess how much family planning material is actually being used in nursing schools. Depending on what she finds she will offer a refresher workshop for nursing professors and also help develop new strategies to influence the institutions.

C. Materials Support Needed

During PY I Development Associates and LARFPC jointly developed a natural family planning training manual. This manual will be reproduced and distributed as necessary during PY II.

Spanish language texts will be made available to nursing professors who actively use family planning material in their courses.

D. Evaluation Plan

Evaluation of NFP and nursing school curriculum activities will be done by personal interviews with the nurses involved. Interviewers will measure the amount of activity underway in these respective areas. Evaluation of the CBD courses will be done subjectively by trainers. Experience has shown that written evaluations are not feasible with this group due to participants' weak reading and writing skills.

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ECUADOR

Population: 8.9 million¹

Crude Birth Rate: 35¹

Rate of Natural Increase: 2.7%¹

Contraceptive Prevalence: 35%²

Country Situation

The GOE continues to espouse a generally positive but noncommittal population policy. While the policy promulgated by CONADE, the National Development Council, states that couples have the right to determine the number and spacing of their children, only few GOE financial resources have been directed at providing family planning services, and it is unlikely that this situation will change in the foreseeable future. Thus, Ecuadorean family planning programs will continue to depend heavily on international funds. AID, the primary funding source for the Ecuadorean program, will need to maintain its support over the next several years.

USAID supports family planning activities in the public sector through the MOH, IESS and Seguro Social Campesino. In the private sector, USAID has been funding a project to strengthen CEPAR, APROFE and CEMOPLAF, with the technical assistance of IPPF/WHO. This project has resulted in substantial institutional development of the three agencies and in the expansion of services into the country's smaller cities and rural areas. Further expansion of service delivery and IEC in indigenous areas, especially through CEMOPLAF's program, is anticipated, based on a forthcoming study by the Population Council to pinpoint areas of greatest need.

Country Goals and Strategy

Development Associates will continue to sponsor and implement projects, as well as provide TA that will increase the effectiveness of the bilateral programs. We shall also seek to identify and develop new opportunities not addressed by the bilateral.

¹ 1985 World Population Data Sheet, Population Reference Bureau.

² Population Reports. Series M. No. 8. September - October, 1985

In the area of management/supervision we propose to work with CEMOPLAF to improve its staff's strategy planning capability and general supervisory skills. Clinical and non-clinical service delivery skills training will be provided through courses by CEMOPLAF and the Colegio de Obstetricas de Pichincha. Through the latter institution and possibly through COF, efforts will be continued to increase family planning subject matter in the curriculum of the School of Midwifery at the Central University, which at present offers only a total of three hours.

Three of CEMOPLAF's CBD distributors (social workers) will be trained as trainers.

Summary of Progress during PY I

Concomitant with the objective of developing an existing private institution as a training resource, CEMOPLAF received TA in the design and implementation of a course in group dynamics in family planning education for CBD distributors. CEMOPLAF instructors were also sponsored as participants in the course on working in indigenous areas. Service delivery skills were taught in the above-mentioned course, as well as in a followup seminar offered by the Colegio de Obstetricas de Pichincha for 40 nurse-midwives, and in a training seminar implemented by COP for nurse-midwives from rural areas.

Activities Proposed for PY II

We propose to continue to strengthen the institutional and training capabilities of CEMOPLAF and the Colegio de Obstetricas de Pichincha and to sponsor skills training through those two entities.

<u>FY 86 Budget</u>	<u>Obligated as of 11/15/85</u>	<u>Remaining</u>
\$35,000	\$9,026.00*	\$25,974

* Four-day course in group dynamics in family planning education for CBD distributors (CEMOPLAF).

SUBPROJECT I - CEMOPLAF

A. Goals and Objectives

- o Assist CEMOPLAF with expanding its program in indigenous rural areas through the training and retraining of CBD workers.
- o Strengthen CEMOPLAF's institutional capacity through TA and the training of supervisory personnel in relevant aspects of management and supervision.
- o Develop CEMOPLAF capability as a training institution for paramedical and auxiliary clinical service delivery personnel.

B. Technical Assistance Needed

Further technical assistance will be required for the refinement of CBD workers' training. Initial TA had been provided in PY I through a Peruvian expert consultant. Additional TA will have to be given in the development of a clinical training program.

C. Materials Needed

There is a lack of readily available, appropriate materials in Spanish which are needed to implement the proposed training. Development Associates will locate (and translate or develop, as needed) materials on strategic planning, training needs assessment, and quality control in CBD programs. A training manual for paramedical personnel will be supplied.

D. Evaluation Plan

There will be two types of evaluation of CEMOPLAF programs during PY II. The first will look at the effectiveness of the CBD workers' training. The Peruvian expert consultant who had provided TA with the development and implementation of the first course in PY I will monitor and evaluate the implementation of the second course. She will also perform a followup evaluation to determine to what extent and how well CBD workers trained in the first course have applied knowledge and skills learned in their subsequent assignments.

The other type of evaluation will look at CEMOPLAF with the objective of determining how well the agency is suited for and capable of eventually serving as the training institution to train paramedical and auxiliary personnel in clinical family planning service delivery.

SUBPROJECT II - COLEGIO DE OBSTETRICES DE PICHINCHA

A. Goals and Objectives

- o Develop the Colegio as the institution to provide family planning training for graduates of the Midwifery School of the Central University.
- o Work with the Colegio in creating a favorable attitude at the Midwifery School towards the inclusion of more family planning subject matter in its regular curriculum.
- o Contract with the Colegio for the training and refresher training of nurse-midwives.

B. Technical Assistance Needed

Continued technical assistance will be required in the development of training plans and strategies, training of clinical trainers, and continuing education of trainers. We propose to implement these tasks through TA by our clinical training specialist in conjunction with her evaluation of CEMOPLAF.

C. Evaluation Plan

As in the case of CEMOPLAF, there is a lack of readily available, appropriate materials in Spanish. We propose to continue the location and provision of training materials as well as a manual for paramedical and auxiliary clinic personnel training with like efforts proposed for CEMOPLAF.

D. Evaluation Plan

We propose to conduct a follow-up evaluation of the training's impact and effectiveness during the latter part of PY II. Our clinical training specialist will assess how well and to what extent the ex-trainees have utilized their acquired skills and knowledge.

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GUATEMALA

Population: 8,000,000¹
Crude Birth Rate: 43¹
Total Fertility Rate: 6.1¹
Rate of Natural Increase 3.5%¹
Contraceptive Prevalence: 25%²

Country Situation

Political events in Guatemala during the year had an impact on family planning programs in both the public and private sectors. An effort sustained in 1984 to guarantee family planning as a human right in the new constitution did not end opposition to programs. The private sector, especially the IPPF affiliate, APROFAM, became the object of a long series of media attacks on sex education, family planning programs and family planning methods. As a result, APROFAM was forced to direct program energies and resources to the defense of family planning while plans for mass media promotion of the new commercial program of IPROFASA had to be curtailed temporarily.

A combination of political sensitivities, the scheduled change of government early in 1986 and a local change in leadership, also affected the public sector program. The pace of activities slowed and the Ministry is currently maintaining a low profile in program development. It is unclear at the moment what the new government's position on family planning will be, or the direction that public sector programs will take in 1986.

1. 1985 World Population Data Sheet. Population Reference Bureau

2. Family Planning and Maternal/Child Health Survey, Guatemala, 1983. APROFAM and CDC.

Country Goals and Strategy

Pending clarification of political questions, Development Associates' training goals for Guatemala remain unchanged. These are given below under each of the four areas of emphasis of the PAC II project.

1. Management and Supervision

- o Formalize the training function within APROFAM as a model system.
- o Establish a follow-up and evaluation system for APROFAM's regional training
- o Expand APROFAM's regional training capability through the development of new courses and technical assistance services.

The strategy for achieving these goals involves the establishment of annual plans and objectives aimed at phased development of APROFAM's internal and regional training capabilities. Technical and material assistance will be provided on training systems design, needs assessment, advanced training and supervision curriculum development, quality control and training evaluation.

2. Training of Trainers

- o Develop the in-house capability of the Ministry of Health to provide high quality family planning training to service delivery personnel at all levels.
- o Establish a national continuing education system for family planning trainers.

Development Associates strategy for the public sector is to provide technical and materials development assistance to the Ministry to prepare MOH clinical and non-clinical trainers to conduct family planning training activities. The second goal of continuing education for trainers aims at establishing a mechanism to continue technical and materials support for active trainers. It will also provide USAID and Development Associates with a means for identifying problems trainers have in providing training at the local level so that adequate support can be given, particularly to trainers operating in rural areas.

3. Service Delivery Skills

- o Greatly expand the number of PVOs operating in indigenous areas of the country which have staff trained in family planning and a source of commodities for service delivery.
- o Develop, test and evaluate alternative training and programmatic strategies for expanding the delivery of services to indigenous populations.

The development of effective means for reaching Guatemala's large indigenous population with family planning information and services requires experimentation with a variety of programmatic initiatives. Development Associates role is to work with APROFAM and AGES on developing and testing different strategies in pursuit of workable solutions.

4. Curriculum Development/Instructional Skills

- o Upgrade the family planning component of the curricula in pre-service training institutions for paramedical personnel and prepare faculty to teach this subject.

The strategy for pre-service institutions involves provision of technical and material resources over an extended period to: a) create faculty interest in this subject; b) motivate faculty to make curriculum changes; c) assist with curriculum development, and; d) train faculty in required instructional skills.

Development Associates is working in collaboration with the Ministry of Health on services for the schools, but also is providing assistance via AGES and a consultant from the Centro Docente of Chile.

Summary of Progress during PY I

Seven short-term objectives were established for the first program year of PAC II in Guatemala. All objectives related to the management of training at APROFAM were met. However, those in the second category, that of training of trainers were not.

Technical assistance to the Ministry of Health during the year focused on materials development and the selection and training of clinical instructors. At the end of the program year a family planning text for nursing personnel, for use in both pre and in-service training, was ready for final review and publication. Activities

related to the training of clinical instructors for the ministry were less successful. A major obstacle was the failure of the ministry to formally re-assign individuals selected for training as clinical instructors to positions which would allow them to function as trainers. Further, an initial effort to train six ministry staff as instructors in IUD insertion was hampered by insufficient patient volume at practice sites. Numerical goals for practice were not met and the trainees were not certified as instructors.

The failure of the ministry to clearly designate trainers also resulted in postponement of a planned continuing education program for trainers. The small number of trainers in the private sector does not warrant establishment of this system without public sector participation.

Four Guatemalan organizations participated in a sub-regional meeting on the expansion of services to indigenous populations in September, 1985. Follow-up actions are planned to further define strategies.

In the area of pre-service curriculum development, initial activities with nursing schools indicated that a prolonged effort will be required to achieve any major change in pre-service instruction. The first challenge involves correcting a variety of erroneous ideas about family planning among faculty. As the concept becomes more acceptable, the possibility of curriculum reform will improve.

Activities Proposed for PY II

Subproject activities proposed with APROFAM, The Ministry of Health, and the schools of nursing and auxiliary nursing are described in the following sections. Periodic technical assistance will also be provided to AGES on request.

<u>FY 85 Budget</u>	<u>Obligated as of 11/8/85</u>	<u>Remaining</u>
\$15,000.00	\$4,758.00*	\$10,242.00

* Six Guatemalan participants in regional Master TOT Course from APROFAM, AGES and The Ministry of Health.

SUBPROJECT I - APROFAM

A. Goals and Objectives

The four goals established for the APROFAM subproject correspond to the internal, national and international training activities of this regional training center. These are:

- o Standardize messages regarding contraception that are transmitted to clients and the public by APROFAM staff and volunteers.
- o Formalize the training function within APROFAM as a model for other institutions including a training policy, defined training strategy, annual training plans, an evaluation system and a continuing education system.
- o Substantially expand APROFAM's role at the national level as a provider of training and technical assistance services to public and private sector family planning organizations.
- o Systematize and expand APROFAM's regional training capability in the areas of supervision and training of trainers to include needs assessment, follow-up technical assistance, and impact evaluation as well as advanced course offerings.

In the first program year, APROFAM made substantial progress toward achievement of these goals. Standards were developed regarding information on contraception to be transmitted to clients and the public by APROFAM's 200 staff and 1,500 volunteer distributors, and a programmed instruction manual reflecting these standards was prepared. The manual should be published before the end of 1985. Initial steps were also taken to develop a quality control system for the CBD program.

Phased development of the training function within APROFAM began with the development of continuing education programs for the Non-Clinical Services Unit and the Training Department. The latter has been less successful than planned due to severe time limitations and the frequent travel of members of the training team.

In relation to the third goal, efforts to expand delivery of training and technical assistance services to other institutions were partially successful. Considerable technical assistance was given to the Ministry of Health on the design and development of its family planning training program. However, outreach to PVOs on the altiplano produced few requests for training due to the linkages of many of these groups with the Catholic church.

At the international level, APROFAM staff conducted a needs assessment in Honduras, Bolivia and Peru in preparation for an advanced TOT course to be offered in November, 1985. Technical assistance was provided on course design which will emphasize needs assessment techniques, competency-based curriculum design, adaptation of training materials, quality control and training evaluation at various levels. APROFAM also identified subject areas to be included in the second meeting of the CBD Training Systems Working Group, in discussions with participants from Honduras, Brazil and Peru.

Specific objectives for PY II at each level are as follows:

Internal

- o Evaluate the implementation and results of the continuing education system developed with the Non-Clinical Services Unit in PY I.
- o Design and conduct a training needs assessment in the Clinical Services Unit.
- o Reorganize and upgrade the continuing education system of the Clinical Services Unit based on results of the needs assessment.

National

- o Provide training and technical assistance services to a minimum of three PVOs operating in indigenous areas of the country.
- o Conduct a needs assessment workshop for representatives of the major indigenous communities of the country to define viable service delivery strategies for these underserved populations.
- o Initiate a national series of in-service education activities for public and private sector family planning trainers to upgrade training skills.

International

- o Conduct a Master TOT course and provide follow-up technical assistance to participants in seven countries of the region.
- o Collaborate with Development Associates in preparation and implementation of the second meeting of the Working Group on CBD Training Systems.
- o Develop and offer one new regional course.

B. Technical Assistance Needed

Technical assistance will be required for development of a new regional course and for the design and development of the second meeting of the CBD Working Group. Assistance was provided in PY I in the area of training needs assessment and training evaluation, however, additional assistance is needed during PY II. Assistance will also be provided in the areas of quality control and continuing education for trainers.

C. Materials Needed

There is a lack of material in Spanish on several areas of importance to APROFAM in the development of planned activities. Development Associates plans to locate and translate, or develop, materials on training needs assessments, quality control in CBD programs, and alternative mechanisms for continuing education in support of the APROFAM program both nationally and regionally.

D. Evaluation Plan

Two types of evaluation are planned. A review with APROFAM of progress toward objectives will be conducted at the end of FY86. In addition, Development Associates will assist with the evaluation of international training activities by providing feedback to APROFAM on the results of their regional training courses as assessed by Development Associates' country officers on regular country visits. Technical assistance in the area of training evaluation will enhance APROFAM's ability to conduct its own evaluations at five levels: participant reaction, participant learning and skill development, training activity evaluation, training program evaluation and impact evaluation.

SUBPROJECT II - MINISTRY OF HEALTH

A. Goals and Objectives

Continued progress toward the goal of developing the ministry's internal capability in family planning training will depend on the results of the elections. If these results support program development, Development Associates will pursue the following subproject objectives in FY86:

1. Review Ministry actions in utilizing personnel trained as trainers in 1984-5, and establish a mutually acceptable plan for formalizing family planning training responsibilities within the Ministry.
2. Continue technical assistance aimed at preparing clinical trainers when a plan has been agreed upon.
3. Coordinate refresher training for non-clinical trainers and continuing education for trainers with APROFAM.

B. Technical Assistance Needed

Continued technical assistance will be required in three areas: the development of training plans and strategies; training of clinical trainers; and continuing education for trainers. This last item will involve technical assistance to APROFAM for development of a national program to assist both public and private sector trainers.

C. Materials Support Needed

A substantial volume of material has been given to the Family Planning Unit of the Ministry of Health. However, additional training materials will be needed for trainers once these are selected.

D. Evaluation Plan

Two evaluation questions need to be addressed in relation to the Ministry's program. Are individuals who have been trained as trainers conducting training for ministry personnel? If so, is the quality of the training adequate?

An answer to the first question may be obtained in discussions with ministry officials. The second question can be addressed through two mechanisms: assessment of training quality by technical advisors assisting with Ministry courses, and review of training designs, methodologies and evaluation techniques through regular continuing education activities for trainers.

The broader issue of the impact of ministry training on the delivery of services should be reflected in program statistics submitted to USAID. However, the existence of other variables that may affect service delivery, such as policy, supervision, and logistics, can make it difficult to determine the impact of training in isolation.

SUBPROJECT III - SCHOOLS OF NURSING AND AUXILIARY NURSING

The schools of nursing and auxiliary nursing in Guatemala are administratively under the Ministry of Health, but retain considerable academic autonomy. Current instruction on family planning is limited to information on the Billings method. Three of the five school directors and a number of the faculty are receptive to change in this subject area, but a great deal more general faculty support is required before substantive progress will be achieved.

A. Goals and Objectives

The long range goal for the schools would be the development and institutionalization of family planning instruction designed to prepare nursing students for the service roles assigned nursing personnel by the Ministry of Health. However, given conditions noted previously, it is highly unlikely that

this can be achieved under PAC II. Thus a more modest goal, that of upgrading curricula to at least include accurate information on all methods of family planning is currently being pursued.

Objectives for PY II are:

- o Provide technical assistance for a course for nursing faculty being organized by the Ministry of Health.
- o Expand family planning libraries at schools of nursing and auxiliary nursing.
- o Integrate family planning and sex education subjects into the continuing education program of the national school of nursing.
- o Include interested nursing faculty in continuing education activities for trainers.

B. Technical Assistance Needed

Technical assistance will be arranged through the Centro Docente of Chile, the regional specialty institution in curriculum development, and through AGES for sex education subjects.

C. Materials Needed

A small number of family planning texts were provided to the national school in PY I. Additional materials will be provided following the course for faculty planned for 1986.

D. Evaluation Plan

Follow-up with the schools will include an assessment of any changes that have occurred in student instruction, both in the amount of time devoted to family planning and in number of aspects of sex education, family planning and contraception that are being covered.

HAITI

Population: 5.8 million¹

Crude Birth Rate: 36¹

Total Fertility Rate: 5.5¹

Rate of Natural Increase: 2.3%¹

Contraceptive Prevalence: 7%²

Country Situation

The government of Haiti continues to be generally supportive of family planning. USAID/Haiti has substantial bilateral funds for population projects, including funds for training. In addition, numerous PVOs have earmarked various funds for population activities in Haiti.

Country Goals and Strategies

The primary goal of PAC II in Haiti is to upgrade the quality of paramedical personnel training through the development of appropriate training modules and refresher training in service delivery for nurses with program responsibilities in the Departement de la Sante Publique et de la Population (within the MOH).

In the area of service delivery, Development Associates will concentrate on upgrading service delivery, client counseling, and IEC skills and knowledge of 20 nurses with program responsibilities at Les Cayes and 17 at Cap Haitien, based on four instructional modules developed under Development Associates' auspices.

Summary of Program during PY I

During PY I, a Development Associates consultant developed four family planning training modules. The first two were tested during a TA assignment in March 1985, at which time the consultant assisted the MOH with the preparation of the two PY II courses.

Activity Proposed for PY II

The only activity proposed for PY II are the above-mentioned refresher courses for MOH nurses with program responsibilities. Technical assistance in the preparation and implementation of these courses was provided by a Development Associates consultant. Materials in the form of training modules and a variety of texts in French had been provided earlier.

<u>FY 86 Budget</u>	<u>Obligated as of 4/30/85</u>	<u>Remaining</u>
\$10,000	\$12,623.00	\$2,523

Evaluation Plan

Six months after the two refresher courses, the MOH Nurse Coordinator will visit at least 50 percent of the participants to evaluate to what extent they have applied their skills and knowledge acquired in the courses and determine what additional training is needed.

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HONDURAS

Population : 4.4 million¹

Crude Birth Rate: 44¹

Total Fertility Rate: 6.5¹

Rate of Natural Increase: 3.4%¹

Contraceptive Prevalence: 27%²

The Honduran government is supportive of family planning. Public officials have facilitated family planning service delivery, arguing that economic development is related to population issues. A few examples of recent changes are:

- o Nurse auxiliaries can now prescribe oral contraceptives;
- o Nurses can insert IUD's; and
- o Voluntary sterilization is now legally available to younger women and women who have had less children (specifically, a woman's age times the number of children she has had must now equal 72 or more, whereas before it had to equal 90 or more).

These changes in policy and law have the potential to increase access to services dramatically. The impact will probably be most significant in rural areas where health personnel with fewer years of training deliver most of the care.

The major family planning providers in Honduras are ASHONPLAFA, the Social Security System (IHSS) and the Ministry of Health.

1. 1985 World Population Data Sheet, Population Reference Bureau.
2. Based on most recent CPS, Westinghouse Health Systems.

Country Goals and Strategies

The overall goal in Honduras is to make that country self-sufficient in the training of its family planning personnel. To do so Development Associates will concentrate its resources on the national family planning association, Asociacion Hondurena de Planificacion de Familia (ASHONPLAFA), so that the organization can eventually train professionals from other groups.

1. Management and Supervision

The goal for this year is to develop within ASHONPLAFA a training unit that offers technical assistance in personnel training to all other departments of ASHONPLAFA. Eventually this training unit will also offer technical assistance to other organizations within Honduras. Development Associates will work closely with the Director of the Evaluation Department where the training unit will be located to develop and implement the basic plan for the unit.

2. Training of Trainers

The goal here is to enable ASHONPLAFA to run its own TOT program and be self-sufficient in this area. At this writing ASHONPLAFA has not yet hired the individuals who will be the training unit directors; consequently, the TOT strategy is still unclear.

3. Service Delivery Skills

The training unit, once it is underway, will provide other departments with technical assistance in training for service delivery skills. Development Associates will wait until the training unit is operating before defining its strategy in this area.

4. Curriculum Development/Instructional Skills

The curriculum development goal at ASHONPLAFA is to enable the new trainers to create and adapt materials and techniques to fit the training needs of the different departments. This means that the trainers must master both family

planning technical information and general training methodologies. Development Associates will provide material support in the form of books and manuals and training support during technical assistance visits.

Summary of Progress during PY I

ASHONPLAFA has been in a period of intensive reorganization. It is both expanding and decentralizing at the same time. During PY I the organization was defining its training goals and objectives internally; consequently, Development Associates was not able to offer too much assistance in specific training activities. The PAC II Country Officer conducted a needs assessment early in PY I. She determined that the greatest need at ASHONPLAFA was to develop the concept of a training unit. She wrote a training unit proposal and plan for implementation and submitted it to AID/Honduras for approval.

Activities Proposed for PY II

<u>FY 86 Budget</u>	<u>Obligated as of 11/30/85</u>	<u>Remaining</u>
\$5,000	-0-*	\$5,000

*Development Associates has given a verbal commitment to provide technical assistance at various times during PY II. These charges will come out of a project-wide budget as opposed to the country budget referred to here.

SUBPROJECT I - ASHONPLAFA

A. Goals and Objectives

The goal at ASHONPLAFA is to develop within that institution the capability to train its own personnel and that of other institutions. The objective is to create a training unit that will coordinate all training activities.

The basic strategy to achieve the creation of the training unit will be for Development Associates to provide frequent technical assistance in the initial design of the unit and in support of the different steps in the implementation plan.

B. Technical Assistance Needed

Development Associates rendered the first in a series of five technical assistance visits early in PY II.

Two project staff spent the better part of a week meeting with the Director of the Evaluation Department, who will supervise the new training unit. They discussed overall goals and objectives of the unit, its administrative design, and hiring criteria and job responsibilities of the two new trainers. Further technical assistance will begin only when the new trainers have started their work at ASHONPLAFA, Consisting of:

- o A technical assistance visit on methods of conducting an institutional needs assessment. The training officials will then conduct the needs assessment by themselves.
- o Technical assistance in developing a training plan. Using the results of the needs assessment, a consultant will help the training officials develop a one-year plan.
- o Technical assistance in materials development (discussed below).
- o Technical assistance in evaluation (discussed below).

C. Materials Support Needed

Development Associates will give materials support in two ways. The first will be to contribute training manuals to the library, and the second will be to provide technical assistance to adapt general materials to the specific training needs of ASHONPLAFA. When the PAC II Country Officer visited Honduras in November, she saw that the ASHONPLAFA library contained only four volumes specifically about family planning training. Upon her return to the United States she sent a collection of twenty-four manuals and resource books, including multiple copies of the most popular ones.

Once the training unit is active in coordinating activities at ASHONPLAFA, a Development Associates consultant will visit that organization to suggest ways to use available materials and to discuss further curriculum needs with the training officials.

D. Evaluation Plan

Development Associates will work with the training officials to evaluate the overall efficacy of the training unit. A technical assistance visit is planned about six months into ASHONPLAFA's training activities. Together the consultant and the training officials will assess previous activities, look ahead to future planned activities, and modify the original training plan if necessary. The Evaluation Department of ASHONPLAFA will conduct most evaluations of individual training activities without help from Development Associates.

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JAMAICA

Population: 2.3 million¹

Crude Birth Rate: 28¹

Total Fertility Rate: 3.4¹

Rate of Natural Increase: 2.2%¹

Contraceptive Prevalence: 52%¹

Country Situation

The Government of Jamaica actively promotes family planning. It has set a target of two children per family by 1990 and a total population of not more than three million people by the year 2000. Through bilateral funding, AID is supporting projects in both the public and private sectors. The major organizations working in family planning are: the National Family Planning Board, the Ministry of Health, the Ministry of Education, Ministry of Youth and Community Development, Operation Friendship, YWCA and the Jamaica Family Planning Association.

Country Goals and Strategies

The principal goal of PAC II in Jamaica is to prepare in-country personnel working in family planning to train paramedical, auxiliary and community workers without assistance from abroad. To do this we will develop a training center at one institution, Operation Friendship, that will sponsor workshops for other service providers. The specific activities in each area of emphasis are outlined below.

1. Management and Supervision

- o To strengthen the workshop coordination capability of Operation Friendship.
- o To help the National Family Planning Board (NFPB) develop better managerial control over its operations.

¹ 1985 World Population Data Sheet, Population Reference Bureau.
² Based on most recent CPS, Westinghouse Health Systems

The strategy for achieving the first of these goals is to fund workshops that are largely coordinated and executed by Operation Friendship staff members and open to all major family planning agencies. The strategy for achieving the second goal is to organize an observation trip for the Board's director to the U.S. She will have a chance to observe the use of computers in the management of family planning organizations similar to NFPB.

2. Training of Trainers

- o To develop the in-house capability of Operation Friendship to train trainers from other institutions.

A TOT course taught by two Development Associates consultants is scheduled for early in the year. Upon completion of this course all participants are expected to conduct workshops at their home institutions. Further technical assistance will be provided by Operation Friendship.

3. Service Delivery Skills

- o To bring more innovative service delivery techniques to Jamaica.

The TOT course mentioned above will cover not only training techniques, but also ways of presenting technical material in an interesting and informative manner. Participants will be asked to elaborate on themes presented by the instructors and to develop their own techniques.

Additionally, Development Associates will sponsor an observation trip for a nurse from the Ministry of Youth and Community Development. She will visit several adolescent programs in the U.S. and explore new ways to effectively reach the youth of Jamaica.

4. Curriculum Development/Instructional Skills

Given the large amount of family planning training materials already available in English, no specific effort will be made to develop new materials. Development Associates will distribute copies of existing materials, both on training techniques and on contraception in general.

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Summary of Progress during PY I

The annual plan for FY 1985 cited three specific areas of activity for the year:

- o Development of in-country interagency family planning training capability within Operation Friendship,
- o Increasing the training effectiveness of private family planning agency supervisors and educators, and
- o Providing international observation trips for staff in a position to develop new family planning programs.

During the course of the year Development Associates sponsored activities to support all three types of activities.

A series of two workshops addressed both the goal of increasing the training capability of Operation Friendship and that of upgrading the training skills of people in supervisory or educational positions. Both workshops were coordinated by staff members of Operation Friendship. This not only facilitated the logistics of the workshops, but it also gave these staff members hands-on experience in workshop organization. Outside consultants taught the workshops. Four student-trainers (two from Operation Friendship) were chosen to help the consultants lead various sessions. In this way they received additional guidance in training trainers.

Twenty-nine outreach workers participated in the first workshop. The focus there was on training these community workers in family planning service delivery. The major emphasis of this week-long workshop was contraceptive methods and counseling techniques.

Participants of the second workshop, all professionals in education or health care, were required to know the basics of family planning before coming to the workshop. The emphasis was on training; participants were taught to train others in a subject they had already mastered.

Development Associates and AID/Jamaica jointly supported one observation trip to the U.S. A nurse counsellor from the Ministry of Youth and Community Development attended a course on Communication and Program Planning at Cornell University. This nurse is now advising the Ministry on educational techniques and program planning strategies.

Activities Proposed for PY II

During PY II two major types of activities are planned. The first is to develop a training center at Operation Friendship. In addition, limited non-subproject support will be provided to public sector officials to improve their management skills.

<u>FY 85 Budget</u>	<u>Obligated as of 11/30/85</u>	<u>Remaining</u>
\$15,000	-0-	\$15,000

SUBPROJECT I - OPERATION FRIENDSHIP

A. Goals and Objectives

The goal of the training center at Operation Friendship is to develop within Jamaica the capability to carry on non-clinical training activities independently of outside technical support. Objectives for PY II are:

1. Initiate independent training activities at Operation Friendship conducted without outside assistance.
2. Upgrade the skills of Operation Friendship's student trainers so that they can conduct short workshops without technical assistance from abroad.

Specific activities to achieve these objectives include a TOT course and four follow-up workshops. A one-week training-of-trainers workshop is planned for the beginning of the year. All participants will have participated in at least one previous family planning training workshop. Two consultants will run the workshop with support from student trainers. During the week following the TOT, participants will be required to conduct half-day workshops on some aspect of family planning training at local agencies. A consultant and one student trainer will observe each participant's presentation. Afterwards the consultant will review style and content of the presentation with the participant, and will offer guidance in reviewing future presentations to the student trainer.

Subsequently, the two Operation Friendship student trainers will offer four one-day workshops for trainers from other institutions. The content of each workshop will be chosen in accordance with a needs assessment conducted prior to each workshop.

B. Technical Assistance Needed

Two technical assistance visits are planned for consultants from the U.S. to go to Jamaica. The first will be a visit of two trainers who will lead the TOT course at Operation Friendship. The second will be a followup visit during the course of the year to monitor the progress of the trainers, to define additional training needs, and to help with the design and execution of future workshops.

C. Materials Support Needed

The TOT course will need a variety of materials on training. The consultants will choose among the texts available and take them with them to Jamaica.

Each participant successfully completing the TOT course will receive a small collection of training manuals to use in future independent training sessions.

D. Evaluation Plan

Two types of evaluation will be conducted during this year's activities. The first will measure the success of each workshop in terms of conveying information, and the second will assess the impact of training on the institutions that have sent staff members to participate in courses. Pre- and post-tests as well as questionnaires will determine how effectively the subject matter was taught during the workshops. The Operation Friendship trainers will be equipped to offer suggestions to remedy weaknesses revealed by these measures.

Impact of training will be measured by the number of training activities that are offered by different institutions during the course of the year. The two Operation Friendship training team coordinators will visit other institutions to monitor the level of activity and give technical assistance where necessary.

"ADDITIONAL ACTIVITIES - NON SUBPROJECT"

Observation Trips

Two observation trips are planned for 1986.

Managerial: The director of the JFPB will visit family planning organizations that use computers for managerial purposes.

Service Delivery: A nurse from the MOYCD will visit adolescent programs to learn innovative techniques for reaching young people.

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MEXICO

Population: 79.7 million¹

Crude Birth Rate: 32²

Total Fertility Rate: 3.9¹

Rate of Natural Increase: 2.3%¹

Contraceptive Prevalence: 47%³

Country Situation and AID/Strategy

The government of President Miguel de la Madrid continues to provide strong support for a national policy of fertility reduction backed up by comprehensive family planning services. In this administration the Ministry of Health (SSA) has been given broad authority to oversee all major public health care agencies. Within the Ministry, the role of the former Family Planning Coordination office has also been expanded. Now called the Directorate General for Family Planning, this office is charged not only with overseeing the family planning services of the health sector agencies, but also promoting family planning service delivery and outreach efforts in other ministries such as Agrarian Reform, Agriculture and Water Resources, and Education. Additionally, the Directorate monitors efforts of the private sector in order to facilitate the integration of their activities into the national family planning program.

Contraceptive services are generally widely available through the delivery systems of the three principal health care agencies: SSA (MOH), IMSS (Social Security), and ISSSTE (Social Security for Public Employees). Special emphasis has been given in recent years to increasing services in rural areas and to those states whose

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1. Action Plan for Fiscal Years 1985 and 1986, AID/Mexico, November 1984.
 2. 1985 World Population Data Sheet, Population Reference Bureau
 3. Current Estimate of Mexican Government (SSA)

relatively low percentage of service coverage makes them priority targets. To complement the government's efforts, a number of new private family planning associations have been started in cities of over 100,000 population, where government clinics have not been able to adequately serve the "marginal" areas whose rapid growth has come from both rural migration and high fertility. These agencies belong to the Mexican Federation of Private Family Planning Associations (FEMAP), now in its sixth year with more than 23 affiliates. Additional affiliates will be added in 1986. Private sector efforts have been further enhanced during 1985 through the expansion and revitalization of MEXFAM (formerly FEPAC), which is the IPPF affiliate.

Mexico's massive attention to its population problems and its recognition of the need for widely available family planning services have resulted in steady and encouraging progress toward the country's demographic objectives. Reduction of the 1975 growth rate of 3.2% to 2.2% by 1985 has apparently been reached and, if the national program maintains its present momentum, Mexico should be able to further lower the rate to 1.0% by the year 2000. However, even by achieving that goal the population will still exceed 100 million at the turn of the century.

There is no AID bilateral in Mexico but AID has provided substantial population assistance through intermediary agencies during the past seven years. Support covers both public and private service providers and includes contraceptives, surgical equipment, I & E, training, technical assistance, operations research and program subsidies.

AID's population strategy, as stated in AID/Mexico's 1985/86 Action Plan, is "to help Mexico expand family planning services to the largest number of users, at the fastest rate, at the lowest cost per user, leaving an institutional base to continue such services."

To achieve this, AID has set forth four guiding principles for cooperating agencies to observe in developing their individual plans and strategies during the next two years. According to the Action Plan, these are:

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*Private Sector Resources: Mexico's great need for family planning services is not likely to be met by the Mexican public sector alone. To attempt to do so would necessitate greatly increased public expenditures. At the same time the present level of resources donated and channeled through the private sector are not yet sufficient to satisfy unmet needs for family planning services. AID will encourage and support local, private efforts to leverage far greater resources from Mexican and international private sources. Our long-range objective is to increase self reliance in fund-raising and hence the self-financing of private family planning programs to reduce dependence on government budgetary support.

Plurality of Delivery Systems: There will not be any single standard of family planning service delivery, nor any single institution that will serve as the model for family planning services.

Mexico is too large geographically and there are too many discrete segments of the population that require various types of family planning services to justify a single institutional delivery system outside the public sector. It is therefore necessary for AID assistance to work through several institutions and delivery systems to expand family planning services to those not now receiving them.

Competition: At this stage in the evolution of private Mexican family planning delivery systems, it is important to encourage competition among them to enhance their efficiency, and to observe which emerge as more effective.

Innovation: Innovation is not sought as an end in itself. Innovation refers to finding new service delivery mechanisms that expand family planning services at the lowest cost and at the fastest rate. Innovation therefore is an explicit part of the strategy for finding new, more effective and more efficient means of developing family planning service delivery.

Institutional Development: AID will support further development and strengthening of the leading national and regional private sector institutions (e.g. FEMAP, PROFAM, MEXFAM) which serve as facilitators for their affiliated local organizations. At the same time, we will continue to assist individual family planning programs. Our objective is to develop the organizational capacity of each of these entities to help them become self-sufficient."

Development Associates' Country Goals and Strategy

Development Associates' country goals for 1986 represent both a continuation of 1985 efforts to assist FEMAP, the Ministry of Health and the state-level nursing schools, and new efforts with technical and financial assistance for at least four additional organizations: the Mexican Social Security Institute (IMSS), MEXFAM, the State of Nuevo Leon and the national agency for Integrated Family Development (DIF). The specific goals related to proposed support for these institutions are stated below under each of the four areas of emphasis under the PAC II project.

1. Management and Supervision

- o Develop training materials for a FEMAP standardized course in mid-level family planning program management.
- o Improve management skills of MEXFAM program managers.
- o Plan first regional FEMAP management course with possible collaboration of MEXFAM.

2. Training-of-Trainers

- o Train trainers of CBD workers for FEMAP and MEXFAM programs.
- o Provide CBD TOT materials for MEXFAM and FEMAP.
- o Obtain video cameras for use in FEMAP management and CBD and TOT courses.

3. Service Delivery Skills

- o Train CBD workers and nurses for expansion of MEXFAM CBD and clinic programs.
- o Train CBD workers for new FEMAP affiliates to expand service delivery.

4. Curriculum Development/Instructional Skills

- o Develop curricula for national and regional FEMAP mid-level management courses.
- o Work with three state-level nursing schools to introduce family planning curricula.

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Summary of Progress During PY I

Development Associates established five goals for PAC II Mexico training activities in FY 85. These were:

Objectives for FY 85

1. Build and strengthen the capability of FEMAP and affiliate agency staff to provide training and technical assistance for service delivery and supervisory/administrative personnel.
2. Train CBD supervisors, managers and promoters of FEMAP affiliates whose training budgets are not covered by FPIA or Pathfinder grants.
3. Assist the MOH (SSA) in establishing a CBD project with the Ministry of Agrarian Reform.
4. Begin family planning curriculum development in three nursing schools.
5. Provide technical assistance to FEMAP in organizational development, personnel supervision, and financial planning.

Substantial progress was made toward achieving the technical self-sufficiency of FEMAP training staff in service delivery and administration/personnel management. FEMAP staff received training in supervision and TOT at the APROFAM regional training center, and internal staff training activities were organized using experienced trainers from Ciudad Juarez and several affiliates. The goal of training new CBD supervisors, administrators and CBD promoters for all new affiliates was fully met. Also, technical assistance was provided to FEMAP in organizational development, personnel supervision, and financial planning. The Federation of Nursing Schools did not develop the next phase of their curriculum development project. However, now that the PAC II staff includes a permanent clinical specialist, we will arrange for her to work with the Nursing Federation to initiate the curriculum changes in at least three schools in 1986. Finally, the Agrarian Reform Ministry/SSA CBD project was not realized because of political difficulties between the two ministries.

Activities Proposed for PY II

Subproject and other activities proposed with FEMAP, MEXFAM, IMSS, SSA, Federation of Schools and Faculties of Nursing, State of Nuevo Leon, CORA and DIF are described in the following sections.

<u>FY 86 Budget</u>	<u>Obligated as of 12/1/85</u>	<u>Remaining</u>
\$223,000*	\$9,040 (MX-03 Contract with MEXFAM for TOT Training)	\$213,960

* Includes \$98,000 of FY 85 AID/Mexico Buy-in Funds.

SUBPROJECT I - FEMAP

A. Goals and Objectives

The following goals for the FEMAP subproject correspond to the proposed internal and national training activities of this center and to the development of FEMAP as a regional training resource.

- o Improve skills of FEMAP training staff in the areas of curriculum design, writing behavioral objectives, and training evaluation.
- o Provide initial training for new affiliate staff in program administration and management, TOT and supervision for CBD workers, and CBD evaluation.
- o Develop curriculum materials for standard courses for mid-level managers/administrators.
- o Design and plan first regional course for mid-level managers.

- o Provide technical assistance, through key FEMAP headquarters and established affiliate staff, to affiliates in the areas of training design and evaluation, program management, and materials development.

B. Technical Assistance Needed

Technical assistance from Development Associates will be needed in the areas of writing behavioral objectives, management training curriculum design and development of management training materials. Additionally, TA will be required in the evaluation of training quality and impact.

C. Materials and Equipment Needed

Development Associates will provide, to the extent that they are available, sample management training materials appropriate to mid-level family planning managers and administrators that have been used in other countries. We will also solicit any appropriate materials that have been produced by MSH and other AID cooperating agencies.

In the areas of training equipment, FEMAP has requested three video cameras for use in TOT courses and in developing packaged instructional units for CBD and management training. The cameras will be compatible with video-cassette recording and playback equipment to be provided by a Pathfinder grant this year.

D. Evaluation Plan

Toward the end of FY 86 Development Associates will conduct a joint review with FEMAP of progress made toward current year goals.

Additionally, TA will be provided to training staff to prepare them for conducting evaluations of training activities at four levels: participant reaction, participant learning and skills development, training program evaluation and impact evaluation.

SUBPROJECT II - MEXFAM

A. Goals and Objectives

The goals for the MEXFAM subproject reflect the agency's plans to train service delivery personnel for expanded services to small communities and rural areas and to create a pool of skilled trainers and supervisors in support of future training needs.

These goals are:

- o Develop technical self-sufficiency in CBD promoter training through the training of trainers who will be responsible for instructing and supervising CBD workers in existing and proposed CBD projects.
- o Provide training in program administration and management for mid-level managers responsible for MEXFAM's expanded service delivery projects in priority states.
- o Explore possible participation of MEXFAM in a Mexico regional training center for management personnel.
- o Improve skills of MEXFAM training staff in training evaluation.
- o Support training of nurses and CBD workers for program expansion.

B. Technical Assistance Needed

Technical assistance will be required for training evaluation skills improvement in the four areas listed under Subproject I.

C. Materials Needed

MEXFAM will be given materials for CBD training and supervision that have been used in Guatemala and elsewhere. Further, any management training materials developed for FEMAP will also be shared with MEXFAM.

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D. Evaluation Plan

At the end of FY 86 there will be a joint review of training goals with MEXFAM staff. They will also receive TA in training evaluation as previously mentioned.

ADDITIONAL ACTIVITIES

In addition to the two subprojects previously described, there are a number of PAC II activities in various stages of development which are briefly set forth below. These are not listed as subprojects, either because the agency to be assisted has not fully developed or confirmed its plans for the activity, or the scope and level of assistance proposed are not great enough to justify being considered a subproject in terms of needed PAC II technical, material and financial assistance.

Mexican Social Security Institute (IMSS): Training Manuals for Paramedical Personnel - IMSS has developed plans for the preparation of training manuals for both paramedical and medical personnel of the Institute in order to standardize the family planning training of staff and the information provided by staff to patients and the general public. Development Associates has agreed to finance the production of 160 sets of the manuals for paramedical personnel (each set has eight units on different topics related to contraception and human sexuality). A different version of the manuals for physicians is being financed by Johns Hopkins/PCS.

Secretariat of Health and Assistance (SSA): Logistics Training - Both Development Associates and CDC have had recent discussions with Dr. Manuel Urbina, Director of the SSA family planning office (DGPF) regarding the need for improved logistics in the ministry and our willingness to provide technical and financial assistance to train SSA staff at the regional level in contraceptive supply management. Dr. Urbina has tentatively agreed, and three of his staff will attend the Development Associates/CDC logistics workshop in Colombia in January. Once these participants return to Mexico, we will develop a training plan with them in coordination with CDC staff.

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The Integrated Family Development Agency (DIF): Program Planning and Management Workshop for DIF Family Planning Staff - In November 1984 Development Associates subcontracted with James Bowman Associates in San Francisco to conduct a specially-designed course in program management for a group of family planning service and training personnel from DIF. As a result of that training, DIF requested a followup in-country course to be taught jointly by Debbie Rogow, a Development Associates consultant, and several DIF staff who had been trained in San Francisco. In August and September Ms. Rogow and Ed Dennison worked with DIF to design the course, agree on content, establish dates, and develop a budget which would include contributions from both DIF and Development Associates.

Unfortunately, the earthquakes in September caused DIF to postpone implementation of the course. Currently, they are suggesting that it be held in early 1986, but exact dates have not been set.

Mexican Federation of Schools and Faculties of Nursing: Curriculum Development -

For the past several years Development Associates has had periodic contacts with the governing officers of the Nursing School Federation regarding a pilot project to add a family planning component to the regular curriculum for nursing students. This resulted in an observation trip to see family planning curricula in Costa Rica and Colombia, and the subsequent development of a special family planning course for nursing students in several Mexican States. Now that the PAC I project has a Washington-based clinical specialist on board, we expect to renew contact with the Federation to offer technical and material assistance in furthering their curriculum development efforts.

Center for Adolescent Orientation (CORA): Expansion of Youth "Animators" Project

- CORA has submitted a proposal to Development Associates to expand its family planning and sex education services through the training of youth "animators" in school districts of Mexico City where CORA has not previously worked. Although worthwhile, this project is not considered high priority since it is not designed to enhance or institutionalize the training or TOT capabilities of CORA. Our support of the project will depend on the availability of funds once higher priority activities have been covered.

State of Nuevo Leon: Sex Education Curriculum in Primary and Secondary Schools -

The Governor of the State of Nuevo Leon has just agreed to implement a strong sex education program in the public schools of the state, which will include family planning information at the secondary school level. Through the efforts of Sra. Yolanda de Garza Laguera, President of the FEMAP affiliate in Monterrey, the Governor has requested FEMAP's assistance in designing the curriculum and developing a plan for its implementation. Although this project is somewhat marginal to PAC II's principal thrust, the potential impact on fertility behavior of Nuevo Leon's young people is significant. Development Associates has agreed to provide a consultant to FEMAP and the school system to assist with the planning phase. However, we have made it clear that the curriculum development work itself will have to be done under other auspices.

San Diego State University (SDSU): Training for IMSS Nurses and Auxiliaries -

Several members of the nursing faculty at SDSU have developed informal contacts with nursing personnel of the IMSS hospital and clinics in Tijuana, B.C., to provide limited technical assistance in improving the quality of the IMSS MCH/Family Planning Service. From those contacts they have developed a proposal to provide short-term training at SDSU for IMSS nursing supervisors and trainers. The project is low-cost since participants can commute from Tijuana. At this stage the project is not fully developed, and SDSU needs to clarify some of its training objectives. If we can agree on these, and there are sufficient funds available after the priority subprojects are funded, we may wish to implement the project.

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PERU

Population: 19.5 million¹

Crude Birth Rate: 35¹

Total Fertility Rate: 5.2¹

Rate of Natural Increase: 2.5%¹

Contraceptive Prevalence: 43%²

Country Situation

Stagnant economic and social development in Peru since the mid-70s has been exacerbated by a population that has doubled since 1961 and continues to grow at an annual rate of 2.5 percent. Related social problems include unemployment and underemployment, malnutrition, high infant mortality, limited access to health care, insufficient housing and access to potable water and electricity, limited educational opportunities, and a large percentage of the population in dependent age groups.

It is in the midst of this situation that Alan Garcia was inaugurated as President with high hopes on the part of most Peruvians that things would improve. Shortly before his inauguration, a Population Policy Law was passed which, among other provisions, guarantees individuals the right to determine the number of children they have. It also assigns to the Consejo Nacional de Población (CNP) the responsibility for "following up and evaluating the execution of the national population program and coordinating and supervising population activities in the private sector."

In the private sector, family planning services are currently delivered by twelve service provider agencies at various stages of institutional development, reaching approximately 130,000 MWFA, or 25% of the total estimated users in 1984. However, the 130,000 clients served by the private sector represent only 4.6% of the total MWFA.

¹ 1985 World Population Data Sheet, Population Reference Bureau.
² Population Reports. Series M. No. 8 September - October, 1985.

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The public sector is serving approximately 172,500 MWFA, or 6.1% of the family planning need, and an additional 8.1% is met through other sources, primarily commercial outlets, such as pharmacies.

Country Goals and Strategy

Development Associates' training goals for Peru will complement and be coordinated with AID's plans to assist programs in the public and private sectors, stressing institution building, policy improvement, increased efficiency in the use of available resources, increased self-sufficiency, and appropriate programmatic activities. PY II activities will especially be coordinated with the forthcoming "Peru Private Sector Family Planning Project" whose projected training activities in management and supervision, training of trainers and service delivery are natural for complementary inputs from this project.

1. Management and Supervision

- o Support APROSAMI, PRO-FAMILIA and the MOH (Callao Region) in their efforts to upgrade skills of their CBD supervisory personnel.
- o Work with the above agencies and INPPARES to establish training follow-up and evaluation systems.
- o Assist the CCC (Centro de Capacitacion de Capacitadores), once it becomes operational, in setting up its administrative structure.

2. TOT

- o Give technical and financial support to the CCC for the implementation of training-of-trainers courses.
- o Work with key CCC personnel on on-the-job TOT in select family planning agencies in Lima and Cuzco.

3. Service Delivery

- o Develop further the skills of agency personnel who had received training in working with indigenous populations.
- o Increase the effectiveness and scope of CBD programs through training and retraining of distributors and motivators.

4. Curriculum Development/Instructional Skills

- o In cooperation with PRO-FAMILIA and CCC staff, develop a course to train instructors at the Callao Nursing School.

Summary of Progress during PY I

The objectives set for PY I were met only partially. The support of CBD training for a "model" MOH region was not realized because of the change of government, and the subsequent revision of strategy and norms in the MOH made almost all other activities grind to a halt.

However, CBD training through the private sector was fully realized. Over 500 CBD promoters were trained under subcontracts with INPPARES and APROSAMI. INPPARES also trained 200 promoters from APRA (the party that won the 1985 election) mothers clubs, and APROSAMI trained 30 nurse-midwife interns in a 45-day course.

In addition, four Peruvians attended the course on family planning programs in indigenous areas.

Activities Proposed for PY II

<u>Budget for FY 86</u>	<u>Obligated as of 11/15/85</u>	<u>Remaining</u>
\$25,000	-0-	\$25,000

Activities for PY II, as of this writing, have not been fully formulated because:

1. The MOH has not been able to slate its training priorities and goals for the Callao region because of the still on-going reformulation of policies, norms, etc.
2. The Centro de Capacitacion de Capacitadores (CCC), through which we plan to implement training of trainers, will only become operational in 1986.
3. The Private Sector Family Planning Project, through which USAID/Peru will support 16 private family planning agencies, and which LAC/PAC II should complement, will not become operational before mid-1986.

However, we plan to continue to focus on strengthening existing CBD programs and extending their coverage by supporting training for community and supervisory personnel through APROSAMI, INPPARES and PLANIFAM (Proyecto Pueblos Jovenes, Cuzco).

In addition, we plan to amplify our efforts in management training, including general management skills and such areas as resource development, cost-effective management and supervision. Furthermore, we shall continue to strengthen the role of nurses and nurse-midwives in family planning service delivery through APROSAMI and PRO-FAMILIA. Finally, in cooperation with CCC and PRO-FAMILIA, we propose to begin the training of nursing school instructors at the Nursing School in Callao.

All training contracts will contain provisions for follow-up evaluations.

Logistics