

DEVELOPMENT ASSOCIATES  
1987 Training Plan for PAC II  
LATIN AMERICA/CARIBBEAN REGION  
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## REGIONAL TRAINING PLAN

The end of PY II marked the launching of a new regional training center at PROFAMILIA of Colombia. With a mandate to concentrate on management training, the center will offer a series of courses and workshops on management-related topics, provide in-country technical assistance and training in other LAC region countries and structure tailor-made management internships and observation trips for individuals or small groups at its facilities in Bogota. The regional training center for supervision and training of trainers (TOT) of APROFAM of Guatemala acquired new capabilities during PY II in the design of competency-based training and the production of training videos. FEMAP of Mexico conducted national-level training during PY II, but requires further development in training capabilities before proceeding to international training activity.

At the sub-regional level in Portuguese-speaking Brazil, ABEPP continues to rapidly expand its training capability and is assuming major responsibility for the management of training throughout Brazil. Under contract with Development Associates they held numerous courses in management, and produced a manual on income generation. CAEMI and CPAIMC continue as well to meet the need for clinical training for nurses, although emphasis is being shifted from training for service providers to training for faculty of nursing schools. Regional Training activity planned for PY III is as follows:

o Regional Management Training Center - PROFAMILIA of Colombia

Early in PY II the newly-appointed director of this training center visited AID/Washington and numerous cooperating agencies to provide information on the services that would be offered by the regional training center and assess donor interest in the various types of training that PROFAMILIA could offer. Four regional workshops are planned for PY III on different aspects of family planning program management. Each of these will be closely coordinated with cooperating agencies. Development Associates intends to be the primary sponsor for a regional workshop on resource development and will send selected participants to the other courses that are offered. Pathfinder and FPIA have

indicated an interest in being the major sponsors of the workshop on the development and management of community based distribution programs. Discussions have been initiated with John Snow concerning logistics training and with the Social Development Center for communications training. Possibilities are also being explored for MSH to hold several management/financial planning courses.

Development Associates' support for this center includes a three year contract which covers core costs, technical assistance to and TOT training for PROFAMILIA staff. Assistance is also being provided in enlisting the collaboration and support of other cooperating agencies for the development of training at PROFAMILIA.

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

Regional activities at this center in PY II began with the offering of a three-week Master Trainer Course for twenty seven participants from seven countries of the LAC region. During the remainder of the year APROFAM coordinated second generation reporting with these trainees, and early in PY III held a followup evaluation course for this same group. At this course, held in January, 1987, the Master Trainers reported that they had trained a total of 9,679 family planning providers, administrators, trainers and others in the first year following their participation in the Master Trainer Course.

APROFAM also assisted Development Associates in PY II in writing of a manual on quality control and training systems for CBD programs and with a regional working group meeting which was held in Miami in September, 1986 to review the manual. In preparation for this meeting, Development Associates contracted with APROFAM for development of four trigger films on video for training CBD workers.

Initial PY II plans called for development of a new regional course to be offered by APROFAM. However, a difficult local political situation diverted APROFAM staff to other tasks and it was decided that this should be postponed. For the same reason, plans for APROFAM followup technical assistance to participants in the Master TOT Course were also postponed. This technical assistance is now being scheduled for 1987.

In September of PY III, APROFAM will offer a second regional Master Trainer Course. APROFAM will also assist Development Associates with the design and implementation of a regional course on training evaluation. This is tentatively planned for November, 1987 in Guatemala. In addition, Development Associates is coordinating the participation of LAC region nursing personnel in the 12th Latin American Congress on Obstetrics and Gynecology with APROFAM's Executive Director and Congress chairperson. This event will be held in Guatemala at the end of October, 1987.

The area of training materials will also receive considerable attention in PY III. APROFAM will continue to work with Development Associates on final revisions of the manual on quality control and CBD training systems. An effort will also be made to promote the sale and wider distribution of APROFAM's training materials in collaboration with Johns Hopkins/PCS which is developing a new video center at this institution. Preliminary plans have also been made for the development of a regional training newsletter to further the exchange of experiences and training ideas among LAC family planning trainers.

#### Sub-Regional Training Centers - Brazil

The development of training centers within Brazil to serve national needs is described in detail in the section on that country. To date, Brazil has played a limited role in regional training due to linguistic barriers. However, BEMFAM established a new training center in PY II with support from IPPF/WHR and is anxious to expand its role in regional activities. Early in PY III a Development Associates staff member assisted BEMFAM with plans to strengthen the training center and develop marketing strategies. Development Associates will continue to monitor the development of this center and explore with BEMFAM the type of role this institution can plan in support of regional and inter-regional training. The possibility Brazil's family planning agencies serving as training sites for Africans is still under exploration and receives strong support from the Africa Bureau of AID.

## BOLIVIA

POPULATION: 6,400,000<sup>1</sup>

CRUDE BIRTH RATE: 43<sup>1</sup>

TOTAL FERTILITY RATE: 6.2<sup>1</sup>

RATE OF NATURAL INCREASE: 2.8%<sup>1</sup>

CONTRACEPTIVE PREVALENCE: 25%<sup>2</sup>

### Country Situation

The outlook for the development of family planning programs in Bolivia improved considerably in 1986. In July the MCH Department of the Ministry of Health and the National Population Council of the Ministry of Planning and Coordination jointly sponsored a workshop on health and population policy in Bolivia. Although the conclusions and recommendations in the workshop report could be described as conservative, the fact that two public sector entities called for selective government support for family planning and continued policy dialogue is highly significant. Also important were signs of a growing interest in family planning, among Bolivia's politically powerful labor unions. Discreet contacts were made with private sector providers to solicit information and training for union promoters.

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<sup>1</sup>1986 World Population Data Sheet. Population Reference Bureau.

<sup>2</sup>1983 CPS. Westinghouse and COBREH.

While these and other events are encouraging, local family planning providers remain cautious. Isolated attacks on family planning and on specific private providers occurred during the year, and outside of the capital city, few people seemed to be aware of the government's new pronouncements on the subject.

### 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 is being given to the development of community-based distribution systems, rural programs, and the development of CBD training capability.

The regional diversity in Bolivia and the traditional provincialism of the three major geographic areas (altiplano, valley and lowlands) call for a somewhat different approach to program development in this country. It is unlikely that any existing institution will be able to effectively assume a national leadership role in PAC training in the near future. Hence, Development Associates has adopted a regional strategy aimed at developing training capability in the three major cities which correspond to the three geographic regions, and by extension, to the remaining departments according to their natural affiliation with the lead departments.

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.

Very small CBD projects have been initiated in the three major departments of the country: La Paz, Cochabamba and Santa Cruz. Most of the managers of these projects have had an opportunity to observe CBD program operations in other countries. However additional training or technical assistance may be required with the expansion of these efforts. This will be arranged as needed.

## 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.

The PAC II strategy for achievement of this goal involves the support of multi-institutional training teams. To date, teams in two of the three major departments have been active in training community promoters and CBD workers. One institution in the third department, which has personnel trained as trainers, is also initiating a promoter training program. By the end of 1987 Development Associates aims at a well-established training capability in all three departments. In 1988 the possibility of training additional trainers for other institutions and departments will be explored.

## 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.

The principal sources of family planning services in Bolivia are private physicians and pharmacies. Little has been done to promote existing services in urban areas, and virtually no services exist in rural areas. Thus, Development Associates' strategy in the area of service delivery is to expand the promotion of current services and begin community-based distribution. High priority is being given to projects that train indigenous Quechua or Aymara-speaking promoters and distributors.

## 4. Curriculum Development/Instructional Skills

Due to the lack of official support for family planning in Bolivia and the fact that physicians rather than nurses are the key clinical providers, activities in this category will be limited. Where appropriate, Development Associates may support observation trips for leaders of pre-service training institutions to observe family planning curricula and teaching activities in similar institutions in third countries.

Evaluation of PY II Country Training Program

Objectives established for the first of the two PYII subprojects, that of the Multi-institutional Training Teams, were partially met. Training coordinators from all three cities attended the Master Trainer Course offered by APROFAM of Guatemala in November, 1985. Needs assessment were subsequently carried out in each city and proposals for projects were presented to Development Associates. Two of these projects were accepted and all training activities proposed under those projects were completed.

In Santa Cruz, the training team targeted auxiliary nurses and community leaders for training as promoter/distributors. A total of 60 were trained in a series of three courses and by the end of the year 40 of these remained active as distributors. During the year this training team developed a supervision system for the promoters and the trainers provided support by giving numerous educational talks in the communities and institutions that the promoters represented. The team, which includes representatives of three clinics, reported an increased flow of clients to the service sites on referral from the promoters for clinical methods.

The Cochabamba training team decided to recruit and train promoters from marginal urban areas and small towns in the Cochabamba valley to provide family planning information and refer potential users to four clinics. Twenty-four promoters completed the six days of training which were provided in May and June. In July and August a small but steady flow of new clients came to the service sites on referral from the promoters.

However in late August, the promoters, most of whom were members or leaders of women's clubs managed by a Catholic organization, were threatened with severe reprisals if they continued family planning activities. Promotional activities were virtually suspended for the remainder of the year, and only a handful of referrals were made in the fall.

The project which was not accepted by Development Associates for funding was the one that was prepared by the training team in La Paz. This team was composed of trainers from the IPPF affiliate, COF, and from the Consultora Boliviana de Reproduccion Humana (COBREH). After several months of

negotiations, it became evident that the proposal lacked executive support and that those trained as trainers would not be permitted to manage the technical design of training activities. In PYIII, Development Associates plans to support training through COBREH alone.

The second PY II subproject, that of the Fundacion Ecumenica Para el Desarrollo (FEPADE) of Cochabamba also suffered from the political situation in that department. In this instance the attack came not from a religious group, but rather from conservative local officials of the Ministry of Health. FEPADE was informed that it had to comply with a 1982 Ministerial order which prohibited private health organizations from working in family planning. As mentioned earlier, the news of a changing public sector attitude toward family planning apparently was confined to the department of La Paz.

Despite the attack, this subproject was completed on schedule with satisfactory results. Thirty distributors were active at the end of the year in the rural Quechua-speaking communities served by this institution.

#### Activities Proposed for PY III

Three subprojects are proposed for the third program year of PAC II. Institutional subprojects with COBREH of La Paz and FEPADE of Cochabamba have already been negotiated. Pending is a proposed subproject with the training team of Santa Cruz. No determination has been made as yet regarding the future of training activities with the Cochabamba training team. Although the members of this team have expressed an interest in continuing a promotional effort, it is clear that a different strategy will be required if the political difficulties encountered in the first attempt are to be avoided.

<u>FY87 Budget</u>	<u>Obligated as of 1/30/87</u>	<u>Remaining</u>
\$50,000.00	\$35,938.00*	\$14,062.00
*Subproject I - COBREH - \$9,480.00		
Subproject II - FEPADE \$20,080.00		
Grants to three Bolivians to attend a Master Trainer followup course in Guatemala - \$6,378.00		

## SUBPROJECT I - COBREH

The purpose of this subproject is to further the service delivery goal of expanding the number of PVOs operating in marginal urban and rural areas who have staff trained in family planning education and referral. Under the terms of this project, COBREH will train up to sixty promoters for OFASA, the social service mission of the Adventist Church. They will also provide a bilingual training course for Aymara-speaking promoters of the Federacion de Campesinos Sub-urbanos, an affiliate of the Confederacion Sindical Unica de Trabajadores Campesinos, the largest and most important independent campesino union in Bolivia.

### A. Goals and Objectives

- o Initiate family planning education and referral activities with mother's clubs operated by OFASA and in marginal urban and rural communities covered by the Federacion, by providing training for promoters from both groups.
- o If, feasible, start community-based distribution activities with both organizations.
- o Facilitate the educational work of trained promoters by providing a flip chart and family planning education manual to each trainee.

### B. Training Activity

- o Provide ten days of training to thirty promoters from the Federacion de Campesinos Suburbanos.
- o Provide a total of thirteen days of training for up to 60 OFASA promoters in a series of six, three-day courses and two four-day courses.
- o Develop flip charts and a promoter's manual for distribution to all trainees.
- o Conduct followup visits with a sample of those trained.

The above activities are being supported under contract BO-07 between Development Associates and COBREH.

C. Technical Assistance Required

COBREH will be experimenting with bilingual training in it's first attempt to train indigenous promoters. Arrangements are being made to involve two staff from FEPADE of Cochabamba in this training as the latter institution has extensive experience in training indigenous promoters.

D. Materials Needed

Samples of promoter manuals have been provided to COBREH to assist them with development of a manual aimed at semi-literate promoters. The subproject also provided funding for preparation of a cloth flip chart by COBREH which can easily be used by field workers.

E. Evaluation

The followup evaluation which is included in the subproject, will seek to determine from a sample of those trained:

- 1) How the promoters are applying the training.
- 2) The degree to which they are adequately trained to carry out promotion and in selected cases, to provide services.
- 3) The effect of promoter activity on service delivery.

Results of the followup evaluation will be available early in 1988.

- o Strengthen the outreach and promotional skills of 30 distributors through refresher training.
- o Test the feasibility of incorporating TBAs into the CBD program by selecting and training thirty rural birth attendants.

SUBPROJECT II — FEPADE

A. Goals and Objectives

The goals of the activities proposed under this subproject are to expand CBD services and generate increased community support for this program. Specific objectives for 1987 are:

- o Strengthen community support for family planning by training 300 members of rural campesino unions in outreach to men and referral.

B. Training and Activity

The FEPADE subproject will provide six days of refresher training to current distributors and nine days of training to the thirty TBAs. Depending on the results of the training, some of the TBAs will become distributors as well as sources of family planning education and referral. Training for campesino union members will be provided in a series of eight, two-day courses in rural communities involved in FEPADE's overall development program. These activities are being supported under subcontract B0-08 between Development Associates and FEPADE.

C. Technical Assistance Required

In PYII, Development Associates sponsored two FEPADE officials on an observation trip to SAMEAC in Brazil to observe the incorporation of TBAs into a primary health care project. No further assistance is required at present.

D. Materials Required

Development Associates provides training materials to FEPADE on an ad hoc basis. Since training provided by this institution is offered in Quechua, all materials must be adapted. Samples of new materials will be provided as they become available.

E. Evaluation Plan

FEPADE routinely conducts project evaluations at the end of the calendar year. The PYII evaluation indicated that the distributors retained most of the information they were given in their courses, but were having difficulty managing reporting forms and interviews to detect contradictions. The reporting forms were revised to simplify them. The interviewing question will be more difficult to resolve as it stems from a reluctance on the part of potential users to reveal medical information which is considered private.

Recommendations made by the distributors included a greater community education effort directed at men, and the provision of visual aids to assist them in providing education. The campesino union training proposed for PY III responds to the first concern, and followup training will focus on preparation of visual aids and community education techniques. FEPADE will conduct a similar year-end evaluation for the current project in addition to regular evaluations of trainee learning in each course.

SUBPROJECT III — SANTA CRUZ TRAINING TEAM

A. Goals and Objectives

The purpose of this subproject in PY III is to consolidate efforts made in PYII and strengthen the CBD program begun by the Santa Cruz Training Team.

Objectives are:

- o Reinforce the technical knowledge and skills of trained distributors through supervised field practice and monthly continuing education meetings.
- o Further develop the community education and outreach skills of distributors through advanced training on communications skills.
- o Develop CBD program management systems in collaboration with technical advisors from APROFAM of Guatemala and Pro-Salud of Bolivia.

B. Financial Support Required

Although the proposal for this subproject is still in the mail, negotiations were conducted in relation to a draft proposal. Approximately U.S. \$13,000.00 will be needed for this subproject.

C. Training Activity

Activities proposed by the Santa Cruz Training Team include a series of monthly meetings with trained promoter/distributors to solve problems and provide continuing education. Bi-monthly supervised practicums in the promoters own community are also proposed. The purpose of the monthly meetings and field practicums is to assure that all promoters are fully knowledgeable about family planning and are skilled at providing non-clinical services.

The Santa Cruz Training Team also proposed a series of two, three-day advanced courses for the promoters to prepare them in group education and outreach techniques. For this activity the team has requested technical assistance from APROFAM trainers on the design of advanced promoter training courses. They also have asked for APROFAM's technical advice on the management of a CBD program. Hence a one week training and technical assistance visit by APROFAM trainers is included in this subproject.

D. Technical Assistance Required

As mentioned above, Development Associates plans to program a visit by APROFAM trainers to Santa Cruz to assist with the design of advanced training courses and of the management systems of the CBD effort. Arrangements have also been made for local technical assistance in organizational development and team building from two consultants who work with the pass-through agency which administratively supports the team, PRO-SALUD of Santa Cruz.

The intensive technical assistance being provided to this team in both training and management is in part designed to assist them in forming a family planning agency in Santa Cruz. The team has begun work on the legalization process with the intent of developing an association of service providers similar to the ABEPF model in Brazil.

D. Materials Needed

Development Associates plans to provide copies of APROFAM's programmed instruction manual for CBD workers to the Santa Cruz training team for their promoters. Copies of Development Associates' manual on training systems and quality control for CBD programs will also be sent to the team once the manual is completed. Arrangements may also be made with COBREH of La Paz for the provision of flip charts once that agency has completed production of the one planned for it's training project. Technical advisors will also be providing materials related to the management of CBD programs.

E. Evaluation

Although the final report on the PYII subproject in Santa Cruz has not yet arrived at Development Associates, various aspects of the PYII experience were discussed with team members on a staff visit in December, 1986. These discussions indicated the following:

- o The decision to recruit and train auxiliary nurses as promoter/distributors had been ill advised. Following training of both auxiliary nurses and of community leaders it was discovered that the leaders were far more active than the auxiliaries. Most of the attrition among promoters that was encountered during the year occurred among the auxiliary nurses. A number of them said that they were too busy in their jobs to dedicate time to family planning.
- o The training team began to have some internal difficulties a year after it was organized. Local consultants were contracted to assist with group development and team building and that effort appears to have been successful.
- o A major limiting factor in the expansion of the program is the availability of contraceptives. Development Associates continues coordination with USAID/La Paz and with FPIA to develop a more reliable supply system for Santa Cruz.

- o The three day courses offered to promoter/distributors were too short. More training is needed to assure adequate understanding of the technical aspects of family planning and skill in provision of non-clinical methods.
- o Supervision was not well organized after the initial training effort and was also a factor in the attrition rate.

The PY III subproject is aimed at correcting the major deficiencies of the initial effort. Evaluation of this subproject at the end of 1987 will address the following;

- o Success of the in-service training program in upgrading promoter/distributor skills and in diminishing attrition;
- o Progress of the training team in organizational development;
- o Impact of advanced training for promoters on the volume of promotional activity; and
- o Increases in service delivery resulting from more effective promoter activity and from an improved supply system.

If the status of the Santa Cruz Training Team as a legal entity remains in doubt at the end of PY III, the question of the future viability of this all-volunteer effort will also be reviewed at that time.

2078D

**BRAZIL**

POPULATION: 143.3 million<sup>1</sup>

CRUDE BIRTH RATE: 31<sup>1</sup>

TOTAL FERTILITY RATE: 4.1<sup>1</sup>

CONTRACEPTIVE PREVALENCE: 2

o Brazil: 65.3

o By States and Regions:

-Rio de Janeiro	70.6
-Sao Paulo	72.7
-South	72.6
-East-Central	61.6
-Northeast	53.0
-North-Central Oriente	63.1

Country Situation

In the past year several events occurred in Brazil that have been and will be of significant importance for the future of family planning in this sixth most populous country in the world. Most important has been the February 4, 1986 decree by the Minister of Social Welfare, and its subsequent beginning implementation, that family planning is to be offered as a component of the integrated women's health care program of the Social Security System (INAMPS). This will make family planning services available to the 90 percent of the population covered by the INAMPS system. Since most INAMPS services are offered through contracts with private sector service providers, the inclusion of family planning will tend to legitimize the private sector family planning service providers.

<sup>1</sup>World Population Data Sheet, Population Reference Bureau, 1986

<sup>2</sup>Relatorio Preliminar, V Encontro Nacional de Estudos Populacionais - Aguas de Sao Pedro, S.P. - 12 a 16 outubro 1986, BEMFAM, Rio de Janeiro, Brazil

Subsequent to the INAMPS decree, the Minister of the Health Medication Division (CEME) decided to include oral contraceptives in its list of essential medicines, thus making them available free of charge to most of the population.

Another favorable development has been the agreement of the Brazilian Legion of Assistance (LBA) to distribute family planning information material to parents through its 28,000 day-care centers which serve 1,265,000 children annually through outreach and service delivery activities.

Also, a private Brazilian company, Pro-med, began producing and marketing copper IUDs. Though not yet included in INAMPS's national program, the Sao Paulo Health Secretariat has agreed to include copper IUDs in its program.

The most significant finding of the year was contained in the preliminary report on the results of the first nationwide contraceptive prevalence survey. Contraceptive prevalence for the whole of Brazil was a stunning 65.3. There are, however, regional differences, as can be seen in the listings of contraceptive prevalence by states and regions on the preceding page.

Prevalence in the impoverished Northeast is only 53, in contrast to booming Sao Paulo, where it is 72.7. The Northeast suffers from severe droughts, lack of food and resources, a semi-feudal land-holding system (5% of the population owns 95% of the land), high incidence of malnutrition and infant mortality (over 150 per 1000). The GOB, recognizing the urgent need to improve the region's health situation, has recently signed a \$129 million health loan to augment the integrated health systems of the Northeastern states. In the loan document, family planning is mentioned as a priority.

Two other significant events of the past year were the implementation of the "Cruzado Plan" and the November elections, in which all of the senators and three-quarters of the representatives, as well as many state governors were elected.

The Cruzado Plan froze prices and put an instant stop to the soaring inflation which had reached over 400% a year. The immediate result was a burst of spending, which in turn stimulated the economy to such an extent that it is now one of the fastest growing in the world. However, because of the frozen prices, severe shortages cropped up, as, for instance, cattlemen refused to sell livestock. Due to such shortages and strained domestic manufacturing capacity, a sudden jump in imports occurred which drastically lowered the large trade surpluses Brazil was relying on to earn the foreign exchange it needs to service its \$108 billion external debt.

The November elections resulted in a comfortable majority for the PMDB, the government party, which, in general, is more favorably inclined towards family planning than the other parties. The new congress is part of the Constitutional Assembly that will re-write the constitution this year. It is most likely to include the right of each couple to have access to family planning information and services. It may even include an article on liberalized pregnancy-termination.

#### Country Goals and Strategy

Essentially, PAC II goals and strategy for Brazil in PY III will not change significantly from those of PY II. We shall continue to strengthen the management and training capabilities of the Brazilian Association of Family Planning Entities (ABEPF) and the major service provider subcontractors. Furthermore, the number of nursing schools offering family planning in their curriculum will be increased and the quality of family planning teaching improved. Finally the quality of nurses', auxiliary nurses' and TBAs' training in service delivery programs and of community health agents in CBD programs, will be increased and improved.

Since the earlier-mentioned Contraceptive Prevalence Survey found coverage lowest in the Northeast, we shall begin to increase programming in this region.

- A. Goal: Strengthen the management capability of ABEPF and the major service provider subcontractors.

Strategy: Based on the findings and recommendations of the management analysis made by a Development Associates expert consultant in PYs I and II of ABEPF and CPAIMC, technical assistance will be provided to both institutions to improve their administrative and financial systems as well as their supervision capability. Additionally, ABEPF will receive assistance with designing and offering management courses to its affiliates, among which are all the service delivery entities with which we subcontract. Finally, included in BEMFAM's activities will be two workshops for program administrators and managers.

B. Goal: To increase the number of nursing schools offering family planning in their curriculum and improve the quality of their teaching.

Strategy: CAEMI, CPAIMC and CLAM will train a total of 46 nursing school professors in family planning theory and practice and teaching methodology in PY III. Followup evaluations will provide indicators as to the courses' effectiveness. In the first half of PY III the standardized curriculum, training materials and the manual for nursing school professors, developed with Development Associates' TA at ABEPF, should be available for use at the training institutions and for distribution to all earlier graduates of nursing school professor courses -- CAEMI will be assisted with its efforts to have the Ministry of Education recognize family planning as a specialty in the nursing profession.

C. Goal: Improve the quality of training of nurses, auxiliary nurses and TBAs in service delivery programs and of community health agents in CBD programs.

Strategy: The training of nurses and auxiliary nurses has received considerable financial and technical assistance over the past ten years, so that this component is well institutionalized. Relatively few nurses and auxiliary nurses will be among the first generation trainees in PY III. However, through ABEPF, training providers will receive

extensive TA in training needs assessment, selection, curriculum development, training design, evaluation and followup in nurses' and auxiliary nurses' training. The standardized unit/class outlines for nurses and auxiliary nurses, developed at ABEPF with TA from Development Associates, will be available during PY III.

CBD program health agents (formerly CBD distributors and educators) will be trained by BEMFAM, as well as community leaders and social and health workers in states with CBD programs.

Development Associates is also continuing to provide assistance for community-based family planning training through the Sofia Feldman Hospital in Belo Horizonte. This project is funded through ABEPF which periodically monitors the project and provides technical assistance.

#### Evaluation of Progress During PY II

All PY II projects were initiated and most of the subcontracted activities implemented, except for some six-month followup evaluations and some courses at SAMEAC, Fortaleza. The latter, however, are expected to take place before the end of March 1987.

PY II training and TA activities greatly enhanced training capabilities of all subprojects, as well as institutional capability. Especially gratifying were the results of the nursing school professor training which was implemented with the expectation that many would be able to introduce family planning to their schools' curricula. Of the faculty members trained by CAEMI and surveyed so far, 93% reported that they are now teaching family planning in their classrooms, whereas before their training, only 33% had been teaching family planning.

Development Associates provided considerable technical assistance to ABEPF with the development of

- selection criteria for trainees in eight categories,
- overall curricular goals and objectives,
- specific curricula objectives and organization of content into units,
- time frames and sequence within class units,
- class plans,
- evaluation components, and
- a followup system

The eight categories for which these components were developed are:

- RNs;
- Nursing School Professors;
- Auxiliary Nurses;
- Health Agents;
- Traditional Birth Attendants;
- Trainers of General Family Planning Instructors;
- Trainers of Billings Method Instructors; and
- Professionals in Related Health Care Fields,  
including RNs, Sociologists, Social Workers, etc.

In addition, Development Associates continued to fund ABEPF's training Unit and TA from a number of Brazilian financial and management experts to assist ABEPF with continuing institutional improvement. A U.S. expert established ABEPF's overhead rate acceptable to AID and the various Cooperating Agencies working with ABEPF. On the other hand, for the first time in six years,, we did not fund a major share of ABEPF's annual meeting so as to be able to use scarce project funds for actual training activities.

#### Proposed Activities for PY III

Activities proposed for PY III will further enhance the training capabilities of subprojects and strengthen their management/supervision ability. Additionally, TOT curriculum development and training of service delivery personnel will continue, although the latter receiving diminished direct support. Instead, ABEPF's training

Division, with Development Associates funding and TA, will increasingly assume responsibility for this activity. There will likewise be decreased emphasis on CBD-workers' training, although BEMFAM, with funding from other sources, will train and re-train large numbers of CBD Community Health Agents. The evaluation of training activities and the assessment of their effectiveness will be increased and refined.

<u>Budget for FY 87</u>	<u>Obligated as of 1-1-87</u>	<u>Remaining</u>
\$320,000	\$302,527	\$17,473

SUBPROJECT I — ABEFF

As in the preceding Program Year, Development Associates continues to give highest priority to continuous support of ABEFF with its development as the key institution in the Brazilian family planning community, and as a training provider.

Institutional development will be furthered by continuing our funding of the part-time services of a Brazilian administration/management expert and a financial specialist. Both will assist ABEFF with the implementation of the recommendations made in the report of Ed Rizzo covering his second institutional analysis/assessment of ABEFF. Additionally, as mentioned, a U.S. specialist established an overhead rate acceptable to AID and the various CAs working with ABEFF.

The development of the training systems for the eight categories of family planning personnel (listed in the preceding "Evaluation of Progress during PY II") will be completed during PY III's first half, followed by the production and distribution of the developed materials (modules).

In the course of PY III, the Training Department will sub-contract for give TA with, supervise, monitor and evaluate nine courses given by five training providers. The staff of the Training Department will make ten assessment and ten supervision/TA visits to selected regional training centers.

In addition, the following six meetings and seminars are scheduled:

- Meeting of the Standing Training Committee
- Seminar for Strategic Plan Development
- Seminar on Administration and Planning
- A 12-day course for 15 Training Center Instructors
- A five-day course for 20 Program Directors and Administrators
- A five-day course for ten Regional Training Center Personnel on Client Orientation

Additionally, the training at the Sofia Feldman Hospital (See Subproject ) will be implemented under a subcontract with ABEPP.

#### SUBPROJECT II -- BEMFAM

Whereas in PYs I and II Development Associates sponsored the training of more than 2,000 of BEMFAM's workers, only 60 CBD workers are to be trained under Development Associates' auspices in PY III. This training is scheduled for the State of Santa Catarina. Two workshops for CBD program administrators and managers will draw up BEMFAM's annual work plan and design a CBD program evaluation strategy.

A series of meetings in six CBD states will train social and health workers in how to cooperate with BEMFAM's CBD programs in the States of Piaui, Ceara, Pernambuco, Alagoas, Rio Grande do Norte and Rio de Janeiro. Some of this training will take place in BEMFAM's new Educational Activities Center (CAE) in Rio de Janeiro, which was established in PY II under an IPPF-WHR matching grant to coordinate and expand BEMFAM's training activities for its own staff and for other public and private sector institutions. Most significant will be a three-day course to improve the training capability of nine BEMFAM staff members in its Community Program Training Sector. This course was designed by the CAE staff member who graduated from the Development Associates-sponsored Master Trainer Course offered by APROFAM, Guatemala.

Early in PY III, a Development Associates staff member provided a diagnosis with recommendations on CAE training objectives, training methodologies, participant

selection, marketing strategies and annual plans. He also assisted BEMFAM with plans to strengthen the administrative functions of the center as well as outline the 1987 course schedule, further define the target participants, and develop evaluation procedures. Another Development Associates staff member, along with a CDC specialist, made an assessment of BEMFAM's logistics system in preparation of a series of logistics training courses in 1987.

### SUBPROJECT III — CPAIMC

The goal for CPAIMC under PY III is to continue improving the quality of its training ability and implementing a series of courses to train nurses, auxiliary and technical nurses and community leaders. One four-week course will train 12 nursing school professors to prepare them for the inclusion of family planning in their schools' curricula. Ninety-nine CPAIMC service delivery staff will receive continuing education/training to maintain, improve and extend their family planning skills. Finally, one 80-hour course will provide the necessary skills to six CPAIMC's training staff members to develop instructional materials for CPAIMC's training staff members to develop instructional materials for CPAIMC's training activities.

In-depth followup evaluations have been scheduled for PY III of the extent to which graduates of earlier nursing school professor courses have applied their acquired skills and knowledge in their nursing schools, i.e., have introduced family planning in their schools' regular curricula.

The institutional reorganization of CPAIMC, following the recommendations of the report of Ed Rizzo's second institutional assessment and Price Waterhouse's subsequent work with CPAIMC staff, is proceeding.

**SUBPROJECT IV — CAEMI**

During PY II CAEMI phased out the training of nurses and specialized in the training of Nursing School Professors with very good results, as pointed out in the preceding "Evaluation of Progress during PY II" Section.

In PY III the number of five-week courses for nursing school professors has been increased from three to four which will result in the training of 24 nursing school professors from all the regions of Brazil. Course graduates are eligible to enroll as members in the National Association of Family Planning Specialist Nurses (ANEPPF) which seeks the GOB's official recognition of family planning as a specialty in nursing.

**SUBPROJECT V — CPARH**

CPARH's family planning training capability still is the least institutionalized among the Brazilian subprojects assisted under this contract in the past. CPARH staff received on-site TA with course design and curriculum development, and some instructors were trained at CPAIMC. During PY III further TA will be given by ABEPPF's Training Division which will also be requested to evaluate past courses' effectiveness. In PY III only six professional and ten auxiliary nurses will be trained by CPARH under a Development Associates subproject.

**SUBPROJECT VI — SAMEAC**

SAMEAC will continue to receive assistance with the training and refresher training of several hundred traditional birth attendants, healers and health agents who serve in rural areas of the Northeastern State of Ceara. Assistance will include the funding of a series of training courses, including the production of training and service manuals and teaching aids. An evaluation of the training's effectiveness and impact will be scheduled for PY III.

SUBPROJECT VII — SOFIA FELDMAN HOSPITAL

As in PY II, training and retraining of Community Health Agents (CHAs) will be provided under a subcontract with ABEPF. CHAs to be trained are being selected by favela (slum) community leaders. In addition, 15 nursing students will be trained in a 50-hour course. -- Technical assistance with curriculum refinement, project monitoring and evaluation will be provided by ABEPF's Training Division.

SUBPROJECT VIII — INSTITUTO DE REPRODUCAO  
HUMANA DE PERNAMBUCO (IRHP) (Tentative)

Because the latest Contraceptive Prevalence Survey found the Northeast with the lowest (53) prevalence, we propose to begin shifting additional project activities into the region, phasing out others in high prevalence states and regions. To start with, we propose to make an institutional assessment of the IRHP (which is one of AbEPF's regional training centers) as to its capability to function as a sub-project to provide training of paramedical and auxiliary personnel from the Northeastern State of Pernambuco. If the assessment is favorable, its designated staff will receive intensive TA with project design and curriculum development and proposal preparation. Further TA will be given by ABEPF's Training Division. Although an initial contract would be signed directly with IRHP, future PYs' subprojects would be funded via ABEPF.

SUMMARY

In PY III Development Associates will continue to emphasize technical assistance with institutionalization of training capability and institutional strengthening, utilizing increasingly Brazilian experts and consultants. Another continuing high priority is the training of nursing school instructors and the promotion of the introduction of family planning in the nursing schools' regular curricula. There will be a diminished emphasis on the training of service provider personnel. Finally, because of the relatively low prevalence of contraceptive usage and practice in the Northeastern region, we shall explore the feasibility of shifting training activities there from regions and states with high coverage.

## COLOMBIA

POPULATION: 28,110,00<sup>(1)</sup>

CRUDE BIRTH RATE: 28.0<sup>(1)</sup>

TOTAL FERTILITY RATE: 3.93<sup>(1)</sup>

RATE OF NATURAL INCREASE: 2.15<sup>(1)</sup>

CONTRACEPTIVE PREVALENCE RATE: 51%<sup>(2)</sup>

### Country Situation

In early 1986, Colombia went through its eighth consecutive democratic Presidential election since the early 1960's. The new president, Dr. Virgilio Barco of the Liberal Party, is expected to be more supportive of family planning services than the previous conservative government.

The government does not have an explicit policy to reduce population growth but it provides family planning services through the Ministry of Health, Social Security and military hospitals. Contraceptives are also available through pharmacies and private physicians. By far, the main source of family planning services for low income groups is PROFAMILIA, the IPPF affiliate.

PROFAMILIA currently operates 17 clinics and 3,800 CBD posts located in 662 municipalities throughout the country and serves 400,000 users per year.

PROFAMILIA has been a pioneer in CBD, social marketing and surgical contraception. In 1986, PROFAMILIA inaugurated two male clinics where counseling and services are offered in sexuality, infertility, STDs and vasectomy. Demand for services at male clinics have exceeded all expectations with over 5,000 men served during the first few months.

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<sup>1</sup>1986 World Population Data Sheet

<sup>2</sup>CPS Westinghouse 1980

An important change took place in PROFAMILIA's successful contraceptive social marketing program during 1986. Federal law was passed which prohibits PROFAMILIA's sale of donated contraceptives to outside of the PROFAMILIA system. The law states that no more than 20% markup on the prices established by the government is allowable, thus making the profit margin so slim the CSM program has been severely threatened. With PAC II assistance, PROFAMILIA will run a management workshop for senior staff to develop a long range CSM strategy which will be folded into the CBD program.

There has been no AID bilateral assistance to Colombia for the past eight years. AID's assistance has come from the cooperating agencies. AID development assistance is consistent with the recognition of Colombia's status of Advanced Developing Country (ADC) and thus focuses on developing experimental projects and centers of excellence that may serve as models to neighboring countries. Funding requirements are met mainly from LAC/DR's Inter-country Technology Transfer Project.

### Country Goals and Strategies

Development Associates program in Colombia is consistent with AID strategy for an ADC. The overall country goal has gradually evolved since PY I from direct assistance to service providers to the development of a "center of excellence" and regional training center at PROFAMILIA. Development Associates is providing technical assistance and funding to PROFAMILIA for staff training in program management to perfect its own system and to serve as case study material for regional workshops. Goals under the various areas of PAC training are:

#### 1. Management and Supervision

Limited assistance for scholarships and workshops in program management and supervision will be made available to PROFAMILIA. This will relate to the few remaining areas of management where PROFAMILIA needs assistance and to learn state-of-the-art management skills and resources.

## 2. Training of Trainers

PROFAMILIA has a competent and experienced staff in family planning program management. However several of them lack training skills needed to perform as instructors at regional workshops. Thus Development Associates will continue to provide training opportunities both in-country and regionally to key PROFAMILIA staff in the TOT area. Technical assistance will be requested of APROFAM's Regional TOT Center/Guatemala. Development Associates staff will also provide on-site TA and will send training materials.

## 3. Service Delivery

Development Associates will provide technical and financial assistance for CBD training that will enable PROFAMILIA to cope and adapt to changes in the Colombian contraceptives market. These changes are marked by the collapse of a separate the social marketing program and its absorption into the CBD system.

### Summary of Progress during PY II (PY 1986)

The focus of Development Associates' PAC II efforts during PY II was the development of a regional training center specializing in family planning program management. As a prelude to the center, Development Associates in cooperation with CDC and PROFAMILIA organized a contraceptive logistics workshop in January 1986 that was attended by 32 participants from six LAC countries. This course was well received by participants and generated followup in-country training activities in Honduras, Mexico, Brazil and Peru. During the second quarter of PY II a Development Associates staff member assisted PROFAMILIA in preparing the final proposal and work plan for the center. Development Associates conducted numerous discussions by phone and letter as well as meetings with AID, PROFAMILIA and other CAs to ascertain the need for and potential usefulness of the center. As a result of this intensive preparatory work, the contract for disbursement of funds (CO-03) was signed in August 1986.

Among other PAC II activities, PROFAMILIA staff members received TOT training at CDC, Atlanta; on logistics training in Bogota, and CBD systems training at a Development Associates workshop on CBD Training Systems.

Activities Proposed for PY III

Development Associates will continue to focus its support on PROFAMILIA with the two-fold purpose of training PROFAMILIA staff for their role as trainers and to improve some key program management areas. The Center itself will receive TA in all aspects of training skills, curricula and materials as well as funding for core operation costs.

<u>PY III Budget</u>	<u>Obligated</u>	<u>Remaining</u>
15,000	8,400*	5,600

\*Internal CBD workshop

N.B. The Center's budget was obligated in PY 86 for \$188,565. Payments are being made on a quarterly basis throughout PY III, IV, and V.

Subproject I PROFAMILIA

A. Goals and Objectives

The goals for PROFAMILIA in PY III is to develop PROFAMILIA as a "center of excellence" in family planning program management training.

The objectives for PY III are:

- o Improve the training capability of PROFAMILIA staff in order to share PROFAMILIA's management experience with other programs in the region.
- o Increase the self-sufficiency of the training center.
- o Support innovative activities at PROFAMILIA which can serve as models for family planning agencies in other countries.

- o Improve the training capability of PROFAMILIA staff in order to share PROFAMILIA's management experience with other programs in the region.
- o Increase the self-sufficiency of the training center.
- o Support innovative activities at PROFAMILIA which can serve as models for family planning agencies in other countries.

**B. Proposed Training Activities**

- o In order to improve the training capability of PROFAMILIA's staff the following activities are proposed for PY III.
  1. Support a trip to the U.S. for the training center director to meet with all appropriate cooperating agencies in order to assess their interest in co-coordinating regional training events with PROFAMILIA.
  2. Support the training director's participation at a Master trainers course at APROFAM in September, 1987.
  3. Begin plans for a TOT course for appropriate PROFAMILIA staff, using APROFAM staff and the training director (tentatively scheduled for the end of 1987).
- o In order to increase the self-sufficiency of the training center we will encourage PROFAMILIA to charge tuition for each regional training event.
- o PAC II will support a management workshop for PROFAMILIA senior staff to develop a long range CSM strategy which will be folded into the CBD program.

**C. Technical Assistance Needs**

Development Associates continues to closely monitor the evaluation of the regional training center and provide on-site technical assistance. The focus of the TA will be workshop instruction, design of training materials and curriculum development, TOT and evaluation. TA will also be provided for internal training activities, i.e. CBD course.

D. Materials Support Needs

Training materials will be provided as needed for both internal and international workshops.

E. Evaluation Plan

1. Pre- and Post-tests will be administered to participants of all workshops.
2. Followup surveys to workshops alumni will be conducted to ascertain usefulness and impact of training.

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## DOMINICAN REPUBLIC

Population: 6.4 million<sup>1</sup>

Crude Birthrate: 33<sup>1</sup>

Total Fertility Rate: 4.1<sup>1</sup>

Rate of Natural Increase: 2.5%<sup>1</sup>

Contraceptive Prevalence Rate: 47%<sup>2</sup>

### I. Country Situation

Presidential Elections in May, 1986 brought back President Balaguer to office, a staunch supporter of family planning. He appointed a new Secretary of Health, Dr. Ney B. Arias Love, who served as Secretary of Health from 1976-78 under the last Balaguer administration. The Government of the Dominican Republic has favored a strong family planning program for many years. The public sector's family planning agency, CONAPOFA, initiated by Balaguer, has been providing services through over 4000 CBD workers in the rural and semi-urban areas, with an estimated contraceptive coverage of 56,000.

PROFAMILIA, the IPPF affiliate, has also been providing family planning services for over a decade and has an extensive but complementary CBD program to that of CONAPOFA's. PROFAMILIA, through its multimethod approach, has reached over 24,000 users.

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<sup>1</sup>1986 World Population Data Sheet, PRB

<sup>2</sup>CPS, Westinghouse, 1983

USAID/Dominican Republic has recently signed a four million dollar bilateral that includes substantial support for PROFAMILIA and CONAPOFA. The purpose of this project is to increase family planning services in the Dominican Republic and strengthen the institutional capability of CONAPOFA and PROFAMILIA over the next four years.

Former senior staff from CONAPOFA who were displaced following the election, have recently begun plans for a new organization, Asociacion Dominicana de Planificacion Familiar (ADOPLAFAM). The new agency will design its work scope based on gaps in service delivery not presently being covered by either PROFAMILIA or CONAPOFA.

## II. Country Goals and Strategies

The overall country goal for 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

Goal: Further strengthen the public and private sector managerial and supervision skills in the CBD programs.

Strategy: The strategy to strengthen the management capability in the Dominican Republic's CBD program will be to target the CBD supervisors with courses in supervision and provide them with technical assistance on supervision techniques. CONAPOFA, having undergone a complete upper echelon staff change, will require extensive technical assistance in the design and management of training programs.

### 2. Training of Trainers (TOT)

Goal: Improve the public/private sector training skills of the family planning trainers.

Strategy: To improve the trainers capability we will offer a master level TOT course for them. Followup TA and technical resources will be provide available to the trainers at both CONAPOFA and PROFAMILIA.

### 3. Service Delivery

Goal: To increase contraceptive prevalence through effective service delivery.

Strategy: Development Associates will contribute towards increasing contraceptive services in the Dominican Republic on two levels: increasing the number of training activities for CBD personnel and working towards increasing the family planning knowledge of nursing students. The latter will be done by providing nursing professors with curriculum design assistance.

### 4. Curriculum Development

Goal: To improve nursing professors' ability to design family planning curricula.

Strategy: To achieve this goal it is proposed that nursing professors be trained in the methodology of curriculum development. For the nursing professors who have already received this training, followup and further technical assistance will be provided where necessary.

### III. Activities Proposed for PY III

Three types of activities will take place in PY III: CBD training with PROFAMILIA and CONAPOFA, curriculum development for nursing professors with CONAPOFA, and service delivery training for nurses who belong to the two major nursing institutions.

#### Summary of Progress During PY II (FY 86)

Objectives established for the Dominican Republic under PY II were partially met. The first objective was to strengthen the cost-effectiveness of CBD training offered by both CONAPOFA and PROFAMILIA. To meet this objective, followup was provided on the cost recovery workshop conducted in FYI, and technical/financial assistance was provided to train CBD workers.

The emphasis of Development Associates training during PY II included two courses for 55 CBD personnel at PROFAMILIA and a contract with CONAPOFA to provide 23 courses.

The second PY II objective was to increase the capability of the MOH 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 included CBD training for 500 community health workers, NFP certification for the nurse educators, and followup of nursing school use of family planning curricula.

B. Budget

<u>FY 87 Budget</u>	<u>Obligated as of 02/15/87</u>	<u>Remaining</u>
\$30,000	\$13,000	\$17,000*

\*The 17,000 is expected to be obligated as follows:

8,000	ADOPLAFAM
7,000	PROFAMILIA CBD Manual
<u>2,000</u>	Regional Training of CONAPOFA Trainers
17,000	

C. Subprojects

SUBPROJECT -- I CONAPOFA

The rationale for working with CONAPOFA is their long history in family planning, their high numbers of family planning users and the importance of working with the official government family planning agency.

A. Goals and Objectives

The PAC II goal for PY III at CONAPOFA is to maintain/improve an effective CBD program. To achieve this, Development Associates will provide considerable technical and financial assistance to their training department.

B. Training Activity

A contract was signed in FY86 with CONAPOFA to provide 17 family planning courses for CBD promoters, three refresher courses for CBD supervisors, and three curriculum development courses for nursing professors throughout FY 87.

C. Technical Assistance Needs

In view of CONAPOFA's recent staff change, the Development Associates country officer will provide more technical assistance than in previous years. The training will be closely monitored, and assistance will be given in curriculum development, training methodologies and evaluation.

D. Materials Support Need

Training materials will be provided as needed. Until the training department more clearly identifies its needs, the specific materials needs are as of yet under.

E. Evaluation Plan

1. Pre and post tests, as well as subjective questionnaires, will be used at all workshops.
2. Once the courses are successfully underway, followup evaluations for the course participants will be developed with CONAPOFA staff.
3. Reporting for the nursing school professors will be done on a semi-annual basis for the duration of the PAC II project.

SUBPROJECT II -- PROFAMILIA

The rationale for working with PROFAMILIA, the IPPF affiliates is to strengthen the private sector capability to offer family planning services.

A. Goals and Objectives

The overall goal for PROFAMILIA is to improve the effectiveness and scope of the CBD program, while continuing to encourage self-sufficiency.

B. Training Activity

The objectives of the activities for PY III is to train 180 community leaders in family planning issues. These courses will be four to five days in length depending on whether the course is a refresher course or not. Each community leader will in turn train potential contraceptive clients through community education talks.

C. Technical Assistance Needed

As PROFAMILIA has been training CBD personnel for several years, it is expected that little technical assistance will be necessary. However, during the recent needs assessment, we discussed the need for increased followup evaluation information. The present contract includes more evaluation data. If the data indicate the need to vary the training methodologies, we will consider conducting an operational research project to test the effectiveness of various training methodologies.

D. Materials Support Needed

A self instructional Spanish language CBD manual will be developed during PY III and used in the PROFAMILIA training. Efforts will be made to disseminate the manual to other agencies and countries.

E. Evaluation Plan

1. Pre and post tests and subjective questionnaires will be administered in all courses. Second generation training will also be reported. Again, impact evaluation mechanisms are under discussion and expect to be implemented by mid-1987.

SUBPROJECT III -- ADOPLAFAM

Development Associates is interested in initiating training activities with ADOPLAFAM because of the available human resources and the possibility of working in areas not reached by other agencies.

A. Project Goal

To reach areas with family planning training which are not presently being reached by PROFAMILIA and CONAPOFA. A priority area will be the disadvantaged urban populations.

The objective of Development Associates work with ADOPLAFAM will be to offer family planning education to the two nursing associations in the Dominican Republic. No further plans have yet been developed, and the development of technical assistance, materials support and evaluation plans would be premature. All planned activities will be reviewed with the AID mission.

B. Training Activity

No proposals have yet been developed, but it is expected that PAC II will work with ADOPLAFAM to effectively reach professional nurses and auxiliary nurses.

- C. Materials Support Needed: This will be determined once ADOPLAFAM is more clearly established.

D. Evaluation Plan

1. Pre and post tests will be given for all courses with the nursing association members.
2. Follow-up evaluations will be done with a significant number of participants to determine the extent to which the family planning training received has been incorporated into their jobs.

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## ECUADOR

Population: 9.6 Million <sup>1</sup>

Crude Birth Rate: 36 <sup>1</sup>

Total Fertility Rate: 5.0

Rate of Natural Increase: 2.8% <sup>1</sup>

Contraceptive Prevalence: 35% <sup>2</sup>

### Country Situation

The GOE continues to espouse a generally positive but non-committal population policy and has yet to specify a set of goals for the population field. 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 very limited GOE financial resources have been allocated for family planning services. The public sector health systems have placed increased emphasis on providing family planning services since the 1984 world population conference, however, the private sector has been and continues to be the leading source of family planning services and information in the country. In the foreseeable future, Ecuador's family planning programs will continue to depend heavily on international funding.

USAID, the primary funding source of population activities in Ecuador, has supported family planning activities in the public sector through the MOH, Instituto Ecuatoriano de Seguro Social (IESS) and Seguro Social Campesino (SSC). In the private sector, USAID has been funding a project to expand the service delivery and IEC capabilities of the Centro de Estudios de Poblacion y Paternidad Responsable (CEPAR), APROFE (the IPPF-affiliate), and the Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF) with technical assistance from IPPF/WHR. This project has resulted in substantial institutional development of

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<sup>1</sup>1986 World Population Data Sheet, Population Reference Bureau

<sup>2</sup>Population Reports, Series M. No. 8. September-October, 1985

these agencies and in the expansion of services into the country's smaller cities and areas. Further expansion of service delivery and IEC in indigenous areas through CEMOPLAF's program, in conjunction with a Population Council-funded study to identify the best mode of service delivery, is well under way.

### Country Goals and Strategy

Development Associates' country goal for Ecuador consists primarily of strengthening the service delivery capabilities of clinic-based and community-based distribution programs throughout the country. This goal will be furthered in 1987 through a continuation of efforts to assist CEMOPLAF, the Colegio de Obstetricas de Pichincha, and the Centro Obstetrico Familiar (COF). Support for these institutions during program years I and II has focused principally upon upgrading their service delivery capabilities through the training of nurse-midwives and community-based distributors. While this will continue to be a major focus of Development Associates support in Ecuador, plans for 1987 include efforts aimed at strengthening the functions of management/supervision, training of trainers, and curriculum development/instructional skills within the three targeted institutions. The specific goals related to proposed support are stated below under each of the four areas of emphasis of the PAC II Project.

#### 1. Management and Supervision

- o Increase the ability of trainers and evaluators from target institutions to assess the impact of their training.
- o Develop the skills of program managers from targeted institutions in management and supervision.

These goals of improved management, supervision, and evaluation of family planning programs respond to PAC II priorities as well as needs identified in the private sector institutions that Development Associates has thus far supported under PAC II: CEMOPLAF, COF, and the Colegio de Obstetricas de Pichincha. The strategy for meeting these goals through the life of the PAC II contract will consist of participation of selected individuals in regional training events specific to management, supervision, and evaluation; and appropriate technical assistance from Development Associates staff and consultants.

## 2. Training of Trainers

- o Improve the training skills of both clinical and non-clinical family planning trainers from targeted institutions.

The PAC II strategy for achieving this goal involves the sponsoring of individuals from selected agencies to participate in regional TOT courses, as well as technical assistance in specific areas related to clinical and CBD training.

## 3. Service Delivery

- o Expand and improve the delivery of clinical and CBD services in rural and marginal urban areas of Ecuador.

This goal is being realized through PAC II support of training paramedical and auxiliary workers who provide family planning services. To date, training has been given to CBD distributors and nurse-midwives working in community-based and clinic-based programs, respectively. The nurse-midwife training has taken place through both the Colegio de Obstetricas and COF. The training of CBD workers has taken place through CEMOPLAF. While most of the training of CBD workers through CEMOPLAF is designed to serve the provinces of the Sierra (Andean highlands), a similar CBD program exists in the Coastal provinces through APROFE--the IPPF affiliate whose CBD program is currently supported by the Pathfinder Fund.

## 4. Curriculum Development/Instructional Skills

- o Increase family planning subject matter in the curriculum of pre-service institutions.

The strategy for accomplishing this goal has consisted primarily of working with COF in an effort to increase the family planning content that nurse-midwife students receive in their curriculum at the School of Midwifery, of the Central University of Quito.

Summary of Progress During PY II

Development Associates established six objectives for PAC II Ecuador training activities in PY II. These were the following:

- 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's capability as a training institution for paramedical and auxiliary clinical service delivery personnel.
- o Develop the Colegio de Obstetricas de Pichincha as the institution to provide family planning training for graduates of the School of Midwifery of the Central University.
- o Work with the Colegio in creating a favorable attitude at the School of Midwifery 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.

The first objective relating to the expansion of CEMOPLAF's CBD program was fully met during PY II. CEMOPLAF was able to provide training to 38 new distributors bringing the total number of distributors in the CBD program to 110. CEMOPLAF held a followup evaluation meeting during PY II to review the progress made and obstacles found by the trained distributors. In their evaluation report, CEMOPLAF cited a 30% increase in family planning users in their CBD program as a result of this training.

The second objective relating to CEMOPLAF was partially addressed in PY II in the form of an evaluation, with accompanying TA, of CEMOPLAF's CBD program. The Development Associates consultant who performed the evaluation made recommendations to the CEMOPLAF staff on improvements in the supervisory system of the CBD program, as well as as modifications that should be made in order to accurately record the number of family planning users in the program. This objective was also partially addressed through the sponsorship of CEMOPLAF's CBD director in the regional meeting on CBD training systems held by Development Associates in September 1986.

The third objective relating to CEMOPLAF was not met. During the past year this objective was reconsidered and deemed inappropriate for CEMOPLAF given the capabilities of both the Colegio and COF in clinical service delivery training.

The fourth and sixth objectives were met during PY II as 10 nurse-midwives, graduates of the School of Midwifery, were given training by the Colegio in family planning theory and practice. Likewise, the fifth objective was largely fulfilled through the combined influence of the Colegio and COF. The director of COF in particular has been very instrumental in his role of professor at the School of Midwifery in helping to bring about over the last two years an official inclusion of family planning into the School's curriculum. Approximately 15% of the students' fourth year curriculum is now devoted to family planning, including the practice of clinical skills.

Another accomplishment of PY II, not listed under the objectives for the year, was the sponsorship of training given by COF to 25 nurse-midwives in community organization and family planning. In addition, COF conducted a followup evaluation of training it had offered to nurse-midwives in program year I. Among the results mentioned in the evaluation report were efforts made by many of the nurse-midwives to establish private family planning posts affiliated with COF.

Activities Proposed for PY III

We propose to continue to strengthen the institutional and training capabilities of CEMOPLAF, the Colegio de Obstetricas de Pichincha, and COF. Institutional subprojects with CEMOPLAF and the Colegio have already been negotiated. A subproject with COF is pending.

<u>FY 87 Budget</u>	<u>Obligated as of 10/15/86</u>	<u>Remaining</u>
\$35,000	\$19,586*	15,414

\*Subproject I - CEMOPLAF - \$9,677.00

Subproject II - Colegio de Obstetricas - \$9,909.00

## SUBPROJECT I -- CEMOPLAF

### A. Goals and Objectives

The goals for the CEMOPLAF subproject are to expand and improve the quality of CBD services offered in rural and marginal urban areas in the Sierra provinces of Ecuador; and to improve the skills of CEMOPLAF staff in program management. Specific objectives are:

- o Assist CEMOPLAF with expanding its CBD program and improving the quality of care given in marginal urban and rural areas through the training and refresher training 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 Improve the skills of CEMOPLAF training staff in training evaluation.

### B. Training Activities

- o Provide a four-day course in Family Planning and Community Education for 40 distributors in the Community-Based Distribution Program (EC-09).
- o Sponsor the participation of CEMOPLAF staff in a regional CBD management course offered by PROFAMILIA (Colombia).
- o Sponsor the participation of CEMOPLAF staff in a planned regional training evaluation workshop.

### C. Technical Assistance Needed

Further TA will be given to CEMOPLAF to refine CBD workers' training and to assist in the implementation of appropriate aspects of the competency-based training system introduced at the Working Group Meeting on CBD Training Systems held in Miami in 1986. In addition, TA on improving skills in training evaluation will be given. The TA will be provided by the Development Associates Country Officer/Evaluation Specialist.

D. Materials Needed

CEMOPLAF will be given materials for CBD training, supervision, and evaluation that have been used in Guatemala and elsewhere.

E. Evaluation Plan

In addition to routine course evaluations, a followup evaluation will be included as a part of all CBD training courses that will consist of a followup meeting of the ex-participants. At this meeting, participants will have an opportunity to share accomplishments, relate obstacles faced, and make recommendations for improvement of the program. This activity, as well as routine evaluations by the distributors' supervisors, will allow for assessment of the impact of the training.

SUBPROJECT II — COLEGIO DE OBSTETRICES DE PICHINCHA

A. Goals and Objectives

The goals of this subproject are to expand clinic-based delivery of family planning services through the training of nurse-midwives; and to improve the skills of the Colegio's staff in program management. Specific objectives are:

- o Contract with the Colegio for the training of nurse-midwives, with emphasis on training participants from rural areas and provincial cities.
- o Strengthen the Colegio as the principal institution to provide family planning training for graduates of the Midwifery School of the Central University.
- o Strengthen the Colegio's institutional capacity through TA and the training of supervisory personnel in relevant aspects of management and supervision.

B. Training Activities

- o Provide a five-week course in Family Planning Theory and Practice for 12 nurse-midwives from four provinces (EC-08).

- o Sponsor the participation of Colegio staff in in-country management courses offered by both CEPAR and the Family Planning Management Training Project.

C. Technical Assistance Needed

Because of a complete turnover of the members on the Colegio's Board of Directors, continued technical assistance will be required in the development of training plans and strategies. This TA will be provided by Development Associates' Country Officer during regularly scheduled visits. In addition, technical assistance will be provided by Development Associates' Clinical Training Specialist in reviewing the content and instructional methodology of the courses offered by the Colegio. She will also assist the Colegio in integrating a new instructional manual on family planning for nurses into their present collection of teaching resources.

D. Materials Needed

There is a lack of readily available, appropriate materials in Spanish. We plan to provide a newly developed instructional manual on family planning for nurses as well as copies of the Ostergard manual on obstetrics, gynecology and family planning. Both of these manuals will be available to the twelve trainees and their trainers in the five-week course starting in January 1987. In addition, a manual being produced by Development Associates on the teaching and evaluation of clinical skills in nurses training will be provided to the Colegio.

E. Evaluation Plan

In addition to the usual end-of-training "reaction" evaluations by the participants, the training's effectiveness and impact will be evaluated. This will be done through a one-day followup meeting of ex-participants six months after the end of the course and will elicit the extent to which the ex-trainees have utilized their acquired skills and knowledge.

### SUBPROJECT III -- COF

#### A. Goals and Objectives

The goals of the COF subproject are to expand the work of nurse-midwives in community-based service delivery and to improve the skills of COF staff in relevant aspects of training and program administration. Specific objectives for 1987 include:

- o Strengthen the institutional capability of COF staff in the areas of training, evaluation, and program administration.
- o Further the expansion of community-based work by nurse-midwives throughout provinces in the Sierra.

#### B. Training Activities

- o Provide a five-day staff development seminar for all COF staff in the areas of training, evaluation, and program administration (contract yet to be written). A proposal was also received by COF to train 25 nurse-midwives in a six-day seminar on "Community Organization and Family Planning". Negotiations are being held with AID/Ecuador to see if bilateral funds will be able to finance this training event in either FY 87 or the beginning of FY 88.

#### C. Technical Assistance Needed

Technical assistance in developing this subproject will be similar to the kind of TA needed for the Colegio. Development Associates' Clinical Training Specialist will visit COF during her planned trip to Ecuador in early 1987 to review the content and instructional methodology of the courses offered by COF. Assistance in integrating a new instructional manual on family planning for nurses will also be provided. In addition, Development Associates' Country Officer will provide TA during regularly scheduled visits.

#### D. Materials Needed

The same materials to be provided to the Colegio will also be made available to COF.

E. Evaluation Plan

The staff development seminar will be evaluated on the basis of written comments made by participants and facilitators as to the utility of the seminar.

**GUATEMALA**

POPULATION: 8,600,000<sup>1</sup>

CRUDE BIRTH RATE: 38<sup>1</sup>

TOTAL FERTILITY RATE: 5.8<sup>1</sup>

RATE OF NATURAL INCREASE: 3.1%<sup>1</sup>

CONTRACEPTIVE PREVALENCE: 25%<sup>2</sup>

Country Situation

Political opposition to family planning continued to have a major impact on Guatemalan programs through the first half of 1986. The IPPF affiliate, APROFAM, was subjected to a number of strong attacks and the new government which was installed in January initially assumed a very ambivalent attitude toward continuation of the national public program. However, by the end of June, the Ministry had signed a continuation of the bilateral program and APROFAM had been cleared of charges against it. The latter half of the year was almost uneventful by comparison.

Ironically, the charged atmosphere which prevailed at the beginning of the year resulted in a strengthening of all family planning programs in the country. APROFAM undertook a major effort to upgrade the quality of its information and education activities. The Guatemalan Sex Education Association, AGES, also took steps to tighten quality control and broaden its base of community support. The social marketing project, IPROFASA was finally able to support its sales program with an advertising campaign, and Ministry of Health personnel, by the end of the year, were discussing the need to promote services.

<sup>1</sup>1986 World Population Data Sheet. Population Reference Bureau

<sup>2</sup>Family Planning and Material/Child Health Survey Guatemala, 1983. APROFAM and CDC.

## Country Goals and Strategy

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 followup 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 the first and third goals involves continuation of technical assistance aimed at the phased development of APROFAM's training capabilities. In regard to the second goal, a followup course to assess the results of APROFAM's prior Master TOT effort will be held in 1987 and plans will be made to establish a networking system among LAC family planning trainers to formalize and continue followup.

### 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 prepare MOH trainers to conduct adequate family planning training. The second goal of continuing education for trainers aims at establishing a mechanism to continue technical and materials support for active trainers.

### 3. Service Delivery Skills

- o Greatly expand the number of PVO's 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, AGES and the MOH on developing and testing different strategies.

### 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. Work with the schools will involve the collaboration of the Ministry of Health AGES and the Centro Docente of Chile.

### Summary of Progress during PY II

Development Associates annual plan for PY II set forth short term objectives for three subprojects in Guatemala: APROFAM, the Ministry of Health and the Schools of Nursing and Auxiliary Nursing. An update on APROFAM is provided below. None of the objectives for the other two subprojects were achieved due to the political situation. Activities with the ministry were halted at the beginning of the program year in anticipation of the change of government. After numerous changes

of personnel and a prolonged shakedown period, technical assistance to the ministry was renewed at the beginning of PY III. Objectives for that subproject have been revised and are presented in the section on the Ministry of Health subproject.

In as much as the schools of nursing are administratively part of the Ministry of Health, the suspension of activities with the ministry also led to a suspension of outreach initiatives to the schools. PY III plans call for another effort directed toward the schools through the MOH.

Despite the considerable difficulties faced by APROFAM during the year, substantial progress was made toward achievement of the goals set for that subproject. A major effort was made during the year to standardize messages regarding family planning and contraception that are transmitted to clients and the public by APROFAM staff and volunteers. A programmed instruction manual for CBD workers was published and protocols were prepared for all educational activities carried out by the institution.

Toward the end of the year APROFAM began preparatory work toward implementation of a competency-based training and quality control system. Job descriptions were being revised throughout the institution to accurately reflect the priority tasks of workers and the CBD training system was being re-designed to emphasize phased development of worker capabilities, with an initial emphasis on priority tasks and minimal competencies.

At the national level, APROFAM made outreach contacts with fifteen PVOs and organized groups resulting in training for three and proposed activities with several additional entities.

At the international level, APROFAM conducted its first Master Trainer Course and coordinated second generation reporting for Development Associates. APROFAM staff also assisted Development Associates in writing a manual on training and quality control systems for CBD programs and provided facilitators for a regional working group meeting held to review the manual.

Activities Propose for PY III

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 87 Budget</u>	<u>Obligated as of 1/25/87</u>	<u>Remaining</u>
\$15,00.00	\$612.00*	\$14,388.00

- \* One week course for personnel of the Ministry of Health conducted January 5-9, 1987 and grants for three Guatemalan participants in the regional followup workshop for participants in the November, 1985 Master Trainer Course.

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 the 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, followup technical assistance and impact evaluation as well as advanced course offerings.

By the end of the second Program Year the first of these goals had largely been met. All of the preparatory work associated with this goal had been accomplished and systems were in place to continue the effort. Barring unforeseen disruptions, this goal can be considered met and will be dropped from the list in the future.

The formalizing of the training function is well underway. However, the process will be lengthy due to the size of the institution. With some 200+ staff and approximately 2000 volunteers and anticipated continued rapid institutional growth, the institutionalization of any new management or administrative system takes time.

At the national level, APROFAM made an important effort during the past year to reach out to other institutions. This process has been hampered, however, by a lack of bilingual trainers. These are essential to any major effort with the numerous PVOs which operate in the indigenous areas of the country where contraceptive prevalence was under 5% at the time of the last CPS. A great deal more work and new strategies are needed to make significant progress toward this goal.

At the regional level, APROFAM has established itself as the primary LAC region resource in the training of trainers. Needs assessments have been conducted, a Master Trainer Course was offered and another is planned, followup and impact evaluation activities are scheduled and the possibility of improved communication and networking among LAC region family planning trainers is being actively explored. No activities have been initiated in the area of supervision, primarily because the workload of APROFAM trainers does not allow for new initiatives at the present time.

Specific objectives for PY III for international, national and internal training at APROFAM are as follows:

International

- o Develop and implement a strategy for maintaining communication and interchange among LAC region family planning trainers that have participated in APROFAM's Master TOT courses.

- o Expand the Master Trainer resources of the region by offering a three-week Master Trainer Course for participants from six LAC region countries.
- o Promote the sale of APROFAM training materials to other institutions in the LAC region to make high quality training materials available to other family planning trainers.o

Further develop APROFAM's evaluation skills through collaboration with Development Associates on a quality control manual and regional evaluation workshop.

- o Provide followup technical assistance to Master Trainer participants in Brazil (ABEPP) and Bolivia (Multi-institutional Training Team of Santa Cruz).

#### National

- o Expand outreach activities designed to provide training and commodity services to PVOs serving indigenous populations.
- o Create a cadre of bilingual trainers to serve as resources in an expanded outreach effort to cover additional linguistic groups.
- o Revise current training strategies in response to findings of the Mission-supported survey conducted by Development Associates on services delivery to Amerindians.
- o Assist in strengthening the program of the Ministry of Health by responding to requests for technical assistance in training from the Family Planning Unit.

#### Internal

- o Design and implement a competency-based training program within APROFAM's Non-clinical Services Unit.
- o Initiate design of competency-based training for other Units of the agency.

B. Financial Support Required

Development Associates plans to support the participation of APROFAM representatives in regional Master Trainer activities, and will support technical assistance provided by APROFAM trainers to other countries in the region. To meet national objectives for expanding services to indigenous groups, Development Associates plans to support one or more observation trips for APROFAM staff to observe successful programs with TBAs and campesino leaders in other countries. Limited support may also be provided, in coordination with the Johns Hopkins PCS project, to assist APROFAM with marketing its training manuals and videos.

C. Technical Assistance Needed

Technical assistance will be required to facilitate the application of competency-based training system within APROFAM and to further develop APROFAM's skills in the evaluation of training.

D. Materials Needed

Development Associates plans to provide additional assistance to APROFAM on preparing or locating materials needed for the implementation of a competency-based training system.

E. Evaluation Plan

The achievement of the objectives established for PY II was reviewed with APROFAM in November of 1986. While a great deal had been accomplished internally, two of the national and one of the international objectives had not been achieved. The idea of a proposed needs assessment workshop for representatives of major indigenous groups was discarded for the time being, pending completion of the study on service delivery to the indigenous population. Also at the national level, the aim of establishing continuing education activities for public and private sector trainers was not met due to the many changes in the Ministry of Health. The possibility of developing and offering a new regional course on supervision was determined to be impractical given the crowded schedule of the Training Department.

APROFAM did receive considerable feedback during the year on the impact of it's regional Master Trainer Course through correspondence with ex-participants related to second generation reporting. Additional qualitative evaluation information will be reviewed at the followup workshop for Master Trainers that is being conducted in January, 1987.

The evaluation plan for PY III will again include a review of progress toward the objectives established for the year. In addition, the establishment of new mechanisms for regional interchange among family planning trainers will provide on-going feedback on the long-range impact of the training of trainers activities of this regional training center.

## SUBPROJECT II — MINISTRY OF HEALTH

As noted previously, the substantial changes in the MOH in the past year require a revised approach in this subproject. MOH personnel that were previously trained as trainers or as master trainers have been reassigned and are no longer active in the family planning program. The new staff in the Family Planning Unit have no prior experience in training.

An initial step toward development of training capability in the MOH was taken in January, 1987, when Development Associates conducted a one-week course on training needs assessment, training methodology and training program design for the entire staff of the MOH's Family Planning Unit. Followup activities will aim at achievement of the short term objectives given below.

### A. Goals and Objectives

- o Sharpen the focus of ministry training activities and direct training efforts toward priority needs through the development and application of needs assessment tools to .
- o Upgrade instructional techniques through the introduction of participatory training methodologies in ministry courses

- o Improve training evaluation through the development and application of appropriate training evaluation instruments and implementation of followup system with former trainees.

B. Financial Assistance Required

Most of the financial needs of the Ministry are covered under the bilateral project. However, Development Associates has agreed with USAID to sponsor the administrator of the Family Planning Unit to the next logistics workshop offered by PROFAMILIA of Colombia, and may support limited local training costs associated with followup of the January course.

C. Technical Assistance Needed

The January training was merely introductory. The MOH will need a great deal of technical assistance to establish an effective training program. Development Associates will provide some of this directly and will work with USAID to encourage the Ministry to make use of the excellent technical expertise available from APROFAM. Technical assistance is required in all aspects of training program development.

D. Materials Support Needed

A number of training and reference texts in family planning were provided to members of the Family Planning Unit in January. However, additional materials will be needed especially those that are specifically targeted toward the various levels of personnel that the ministry must train, from physicians to rural health promoters.

E. Evaluation Plan

Two evaluation questions were posed relative to the PY II training. Are individuals who have been trained as trainers conducting training for ministry personnel? If so, is the quality of the training adequate?

Interestingly enough, two former members of the Family Planning Unit that were trained as Master Trainers have continued to provide training to ministry personnel although they are no longer associated with the reconstituted Unit. The new Family Planning Unit has not made use of those previously trained as trainers, and the quality of the training that it has been offering has been unsatisfactory by their own admission.

The evaluation plan for the current program year will focus on changes made in the way in which the Family Planning Unit is conducting training. Are they conducting needs assessment? Have courses been designed accordingly? Have they varied their training methodology? Are they satisfied with the results? Are they providing followup to assess how training is being applied? These questions will be discussed with ministry officials and USAID at the end of PY III.

### SUBPROJECT III - SCHOOLS OF NURSING AND AUXILIARY NURSING

As previously noted, no progress was made with the schools during PY II because of the political situation. Recent contacts with the Ministry of Health have, however, opened the possibility of a renewed effort. Courses for nursing faculty have been scheduled for March, 1987 and Development Associates will provide technical assistance to the Family Planning Unit on the design of those courses.

#### A. Goals and Objectives

Objectives for PY III are essentially the same as those that were proposed for PY II.

- o Provide technical assistance to the MOH on the design of courses for nursing faculty.
- o Expand family planning libraries at the schools.
- o Conduct an in-depth needs assessment with the schools to determine the need for additional assistance.

B. Technical Assistance Needed

Technical assistance will be required both for the design of courses for faculty and for the followup needs assessment. The first activity will be covered by Development Associates' country officer for Guatemala and the second by a consultant from the Centro Docente of Chile.

C. Materials Needed

Development Associates will provide selected materials for school libraries following completion of the needs assessment. Copies of a family planning manual for nurses which was prepared with the participation of Guatemalan nursing faculty in 1985 and is now being published by Development Associates, will also be made available to appropriate faculty.

D. Evaluation Plan

If possible, followup will be scheduled with the schools by the end of PY III. The purpose will be to determine if any changes have occurred in student instruction, either in the amount of time devoted to family planning or in the number of aspects of this topic that are covered. The schools currently limit their family planning instruction to a few hours on the Billings method.

2078D

## HAITI

Population: 5.9 million<sup>1</sup>

Crude Birth Rate: 36<sup>1</sup>

Total Fertility Rate: 5.5<sup>1</sup>

Rate of Natural Increase: 2.3%<sup>1</sup>

Contraceptive Prevalence: 7%<sup>2</sup>

### Country Situation

The government of Haiti underwent major changes mid-year. Although the Department de la Sante Publique et de la Population also experienced staff changes family planning and nutrition have continued to receive priority support. Funds for population projects, especially training, have remained available.

### Country Goals and Strategies

The PAC II Strategy for Haiti has concentrated on facilitating curriculum development which will support improved service delivery skills for nurses with program responsibilities in the Departement de la Sante Publique et de la Population.

A Development Associates consultant has provided technical assistance and clinical service delivery skills training for nurses through the use of a modular instruction program. The modular program has been incorporated into the integrated maternal-child health nursing curriculum under the auspices of MOH. The modules for family planning skills designed by Development Associates can be used as either independent units or as part of the integrated curriculum. They are currently being used for both clinical instruction and for clinical services delivery support (as clinical protocols).

<sup>1</sup>1986 World Population Data Sheet, Population Reference Bureau

<sup>2</sup>Based on most recent C.P.S., Westinghouse Health Systems

Evaluation of Progress during PY II

During PY II the remaining two family planning modules of the total four designed by Development Associates were completed and tested during a TA session in Cap Haitien and Les Cayes. The four modules now completed and tested are:

- o Male and female reproductive system, including anatomy and physiology and endocrine function.
- o Intrauterine devices
- o Natural family planning
- o Hormonal contraceptives

The projected schedule for the TA session for fall of 1986 was delayed due to major governmental changes. The Development Associates consultant worked intensively with new MOH members to provide background and information about the integrated curriculum and to encourage support for the inclusion of family planning skills within the scope of the integrated curriculum.

A fifth module entitled "Sex Education Issues" will be completed and tested during 1987, by the Development Associates consultant with MOH collaboration. This module contains information on sexually transmitted diseases including AIDS. The information is intended to provide a knowledge base for nurses in family planning who have supervisory or direct clinical service delivery contacts with clients and for nurses in family planning who have responsibilities for training personnel in counseling and/or referral.

Thirty-six nurses have already been placed on the waiting list for participation in the TA session for 1987.

<u>PY 1987 Budget</u>	<u>Obligated As of January 31, 1987*</u>	<u>Remaining</u>
\$10,000.00	0	10,000.00

\*Awaiting proposal from ministry of health.

## HONDURAS

POPULATION: 4.6 Million<sup>1</sup>

CRUDE BIRTH RATE: 42<sup>1</sup>

TOTAL FERTILITY RATE: 6.1<sup>1</sup>

RATE OF NATURAL INCREASE: 3.2<sup>1</sup>

CONTRACEPTIVE PREVALENCE: 27%<sup>2</sup>

### Country Situation

The Honduran government is supportive of family planning. Although the total demand for services and commodities is still not being fully met, family planning organizations within the government and in the private sector have managed to decrease the growth rate from 3.5 in 1975-80 to 3.2 in 1986. CONSUPLANE, the national economic planning ministry, has publicly stated that population growth is detrimental to development and has thereby shown itself supportive of family planning. As of 1984, 27% of couples in union used contraception. This number must more than double in the year 2000 in order to attain the targeted fertility level of 3.54 children per woman. The two major providers of family planning services in Honduras are ASHONPLAFA (33% of all users) and the Ministry of Health (28%). The pill and female sterilization are by far the two most common methods of contraception used.

### Country Goals and Strategies

Development Associates' country goal, to increase training self-sufficiency in Honduras, remains unchanged. Specifically we will strengthen the newly formed training department of the Asociacion Hondurena de Planificacion de la Familia (ASHONPLAFA).

<sup>1</sup> 1986 World Population Data Sheet, Population Reference Bureau

<sup>2</sup> Based on most recent CPS, Westinghouse Health Systems

Due to the limited project funds for Honduras, Development Associates will concentrate its efforts on only two of the four PAC II areas: Training of Trainers and Service Delivery Skills.

1. Training of Trainers

The goal within this area is to upgrade the skills of departmental trainers. The strategy is to provide ASHONPLAFA trainers with opportunities to visit training programs in other countries and attend courses directed at training personnel.

2. Service Delivery Skills

The goal here is to strengthen the service delivery skills of CBD workers. Development Associates' strategy is to provide technical assistance to the CBD program of ASHONPLFA.

Summary of Progress during PY II

Early in PY II two PAC II Staff members conducted the annual needs assessment. During the course of the visit they jointly developed a strategy with the Evaluation and Training Department of ASHONPLAFA whereby a series of technical assistance visits by Development Associates consultants would be made. This plan was not carried through, however, because the two new trainers chose another course of action. They conducted the institutional needs assessment and developed a training plan without any outside assistance. Development Associates did provide materials support in the form of more than forty books for the library at ASHONPLAFA. Since Development Associates did not participate in the creation of the training plan, it also did not conduct the six-month evaluation as specified in last year's program for Honduras. The Honduran trainers are conducting their own evaluations of training activities.

Development Associates provided the following individualized training for the trainers:

- o An observation trip to APROFAM and AGES in Guatemala. The two trainers spent one week at these agencies talking with trainers, observing activities, and refining their plans for their own training unit.
- o The Training Coordinator attended a Regional CBD meeting in Miami together with the Director of the CBD Department. A special focus of the meeting was the evaluation of training activities and quality control.

Activities Proposed for PY II

<u>FY 87 Budget</u>	<u>Obligated as of 11/30/86</u>	<u>Remaining</u>
\$5,000	-0-	\$5,000

SUBPROJECT I -- ASHONPLAFA

A. Goals and Objectives

The primary goal of PY III work at ASHONPLAFA will be to continue developing the training capabilities of the Training Unit. Resources will be concentrated on the people who have the least prior training experience. A secondary goal will be to contribute to the modification of the role of the CBD worker. Previously the institution divided workers by the type of method they promoted, permanent or temporary. Now it plans to unite these responsibilities, an action that will require a great deal of retraining.

B. Training Activity

Development Associates will plan a short program of study for one of the Training Center Coordinators who is new to the family planning field. This may involve a course in a third country that is coordinated with the major family planning organization of that country, or participation in the second Master Trainer Course scheduled for September at APROFAM.

C. Technical Assistance Needed

Development Associates will send a curriculum specialist to ASHONPLAFA to help redesign the basic CBD training course.

D. Material Support Needed

Development Associates will send materials as needed to support training activities at ASHONPLAFA, particularly those related to CBD training.

D. Evaluation Plan

The training Unit Coordinator will write a detailed account of her training program organized by Development Associates, including strengths, weaknesses, and proposed plan of action stemming from the program. Each training activity within the institution will conclude with a final objective and subjective evaluation.

2078D

## JAMAICA

Population :	2.3 million <sup>1</sup>
Crude Birth Rate:	24 <sup>1</sup>
Total Fertility Rate:	3.4 <sup>1</sup>
Rate of Natural Increase:	1.8 <sup>1</sup>
Contraceptive Prevalence:	52% <sup>2</sup>

### COUNTRY SITUATION

The Government of Jamaica continues to promote family planning, both through its own ministries and through support to private sector agencies. Using their slogan of "two is better than too many," the government and the private sector are moving toward their goal of keeping the population under three million by the year 2,000. AID supports many family planning activities through their bilateral agreement that is expected to disburse \$10 million between 1982 and 1991. The major organizations working in family planning are: The National Family Planning Board, the Ministries of Health, Education, and Youth and Community Development, Operation Friendship, YWCA and the Jamaica Family Planning Association. Additionally, the Private Sector Organization of Jamaica is waging a media campaign on male responsibility.

### COUNTRY GOALS AND STRATEGIES

The principal goal of PAC II in Jamaica is to develop training self-sufficiency within the family planning community. To achieve this goal Development Associates helped found the Training Center at Operation Friendship. Eventually this Center

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<sup>1</sup>1986 World Population Data Sheet, Population Reference Bureau.

<sup>2</sup>Based on most recent CPS, Westinghouse Health Systems (1983)

will be equipped to provide a variety of training activities to other organizations on the island. During this program year Development Associates will continue to support the growth of the Training Center. Specific objectives in each area of PAC II emphasis are outlined below.

1. Management and Supervision

- o To strengthen skills necessary for workshop management among trainers at Operation Friendship.

The strategy to achieve this goal is to encourage Jamaican trainers to take a more active role in workshops, even if outside consultants have been brought in to run the workshop.

2. Training of Trainers

- o To develop "training of trainer" skills among the staff of the Operation Friendship Training Center.

Development Associates continued to provide long-term technical assistance to the Training Center. Part of this assistance will be geared toward developing new training materials specific to Jamaican culture.

3. Service Delivery Skills

- o To introduce new ways to present service information to trainers and clients

The strategy in this area will be to encourage participants to include materials developed during TOT courses and as followup in their work with clients.

4. Curriculum Development/Instructional Skills

- o Development Associates will not have any projects addressing this area in Jamaica except as noted above under TOT.

SUMMARY OF PROGRESS DURING PY II

During the last project year we made great strides toward increasing training self-sufficiency in Jamaica. The Training Center at Operation Friendship, previously only an idea, was inaugurated and two Center coordinators were contracted. A large room was set aside at Operation Friendship and sturdy book shelves were hung on the walls. This is the beginning of a family planning resource library that will be available to all family planning organizations and students.

In the 1986 Training Plan we defined the principal goals in Jamaica as preparing in-country trainers at Operation Friendships to train their colleagues from other institutions without assistance from abroad. During the course of the year that goal was largely achieved. The vehicle to achieve this goal was an innovative TOT workshop which required participants to run mini-workshops in their home institutions in order to earn their course diplomas. The TOT was led by expert trainers from Development Associates with assistance from Operation Friendship trainers. These trainers from Operation Friendship were required to run four mini-workshops instead of the one required of the other participants. These four workshops were begun in PY II and will be completed in PY III.

To address the goal of bringing innovative service delivery techniques to Jamaica, Development Associates followed through on its plan to organize an observation trip for a nurse from the Ministry of Youth and Community Development to visit several family planning groups in Washington, D.C. and New York. Most of her time was spent at Planned Parenthood of Maryland where she participated in many of the normal activities of that organization. Additional activities included a visit to the Center for Population Options, to the Population Information Program of Johns Hopkins, and to a few high schools in the area.

The only activity outlined in the 1986 Annual Training Plan that did not materialize was the observation trip for the Director of the National Family Planning Board. She had requested a trip to the United States to observe the use of computers in managerial settings. Instead of this trip AID/Jamaica organized an in-country training program for her.

ACTIVITIES PROPOSED FOR PYIII

Our main focus during PY III will be on the growth and development of the Training Center at Operation Friendship. We plan to help both with training support and materials support.

<u>FY 87 Budget</u>	<u>Obligated As of January 31, 1986</u>	<u>Remaining</u>
\$15,000	\$6,205	\$8,795

**SUBPROJECT I — OPERATION FRIENDSHIP**

A. Goals and Objectives

The PAC II goal at Operation Friendship is to further develop the skills of the trainers associated with the newly created Training Center. Objectives for PY III are:

1. To have at least four training activities take place at Operation Friendship without outside assistance.
2. To have the Operation Friendship trainers develop at least three new training tools.

In order to achieve these objectives Development Associates will sponsor two formal activities as well as give technical support to other smaller activities throughout the year.

1. A TOT similar to that given in 1986 is planned for 1987. Participants will be chosen exclusively from the body of people who have attended previous family planning workshops. The TOT will focus primarily on training techniques and will engage Training Center coordinators to lead several sessions.
2. A sub-contract has already been written to support the development of training tools especially designed for the Jamaican trainer.

B. Technical Assistance Needed

Two Development Associates consultants will travel to Jamaica to run the TOT workshop. They will be responsible not only for leading the three days of classroom work, but also for overseeing the mandatory practical exercises that follow immediately.

C. Materials Support Needed

The major thrust of material support will go to stocking the Resource Library at Operation Friendship. This Library currently holds only about 15 different titles related to family planning training. Development Associates plans to at least double that number in the coming year. Additionally a large amount of materials, including training manuals and handouts, will be sent in support of TOT activities.

D. Evaluation Plan

Evaluation of individual courses, including those run by participants subsequent to the TOT workshop, will be carried out by means of questionnaires. The Training Center at Operation Friendship will keep a running record of courses conducted by previous participants and will send statistics on second generation training to Development Associates.

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## MEXICO

Population: 82 million<sup>1</sup>

Crude Birth Rate: 32<sup>2</sup>

Total Fertility Rate: 3.9<sup>1</sup>

Rate of Natural Increase: 2.0%<sup>1</sup>

Contraceptive Prevalence: 51%

### 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 Directorate General for Family Planning 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

<sup>1</sup>Action Plan for Fiscal Years 1985 and 1986, AID/Mexico, November 1984.

<sup>2</sup>1986 World Population Data Sheet, Population Reference Bureau

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 key cities 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. Many of these agencies belong to the Mexican Federation of Private Family Planning Associations (FEMAP), now in its seventh year with more than 25 affiliates. Private sector efforts have been further enhanced during the past two years 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 2.0% by 1986 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 eight 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:

"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 service 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, 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."

AID/MEXICO 1987/1988 Action Plan: The 1987/1988 Action Plan is still in draft form. However, the areas of emphasis in the 1985/1986 AID population strategy will continue to receive attention. In addition, there is growing evidence in Mexico that AIDS is rapidly becoming a serious public health problem and the AID/MEXICO office will be working with the population cooperating agencies to provide assistance in public information and education, training and service delivery for AIDS prevention and treatment.

Development Associates' Country Goals and Strategy

Development Associates' country goals for 1987 represent a continuation of 1986 efforts to assist FEMAP, the Ministry of Health, the Social Security Institute, State of Nuevo Leon Public Schools and MEXFAM. The specific goals related to proposed support for these institutions are stated 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 FEMAP program managers.
- o Plan first regional FEMAP management course.
- o Train logistics personnel of state level SSA family planning/primary health care programs.

2. Training-of-Trainers

- o Train Trainers of CBD workers for FEMAP programs.
- o Provide CBD TOT materials for FEMAP.
- o Obtain micro-computers for use in SSA Logistics training.

3. Service Delivery Skills

- 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 Complete field testing and revision of IMSS paramedical teaching modules.
- o Develop AIDS curriculum for IMSS family planning personnel.

### Summary of Progress During PY II

Development Associates established the following goals for PAC II Mexico training activities in PY 86:

#### 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.

Management and Supervision: FEMAP's plans to offer a regional course for mid-level family planning managers were postponed because of the need to concentrate on training for affiliate members. An unexpected high turnover in affiliate administrators, plus continued expansion of the FEMAP network to new cities, created a high demand for national-level program management training.

Additionally, training staff were frequently providing followup technical assistance to affiliates when they were not actually putting on courses. It is hoped that the regional management course can be developed during PY III.

Training-of-Trainers: The goals of providing TOT training and materials to trainers of both FEMAP and MEXFAM were entirely met. Both agencies sent participants to the APROFAM regional TOT courses, and also conducted TOT training for CBD trainers of their affiliate programs. The video cameras originally requested by FEMAP for use in training were obtained from another cooperating agency.

Service Delivery Skills: Both goals were met in that MEXFAM successfully expanded its clinic programs through the training of 22 additional nurses. The agency also initiated an ambitious expansion of its CBD program using trainers prepared in Development Associates-sponsored TOT courses. FEMAP likewise used Development Associates trained trainers to add new CBD promoters and re-train those in existing programs.

Curriculum Development/Instructional Skills: As previously mentioned, FEMAP was not able to begin work on developing the regional management training course. However, Development Associates did provide training to the FEMAP director of training and education in preparation of training objectives and modules, and performance-based CBD training. The Mexican Federation of Schools of Nursing has continued to be reluctant to participate in a nation-wide project to introduce family planning instruction into the regular nursing curricula. However, faculty in several schools in northern states have been successful in introducing family planning topics as the result of Development Associates training under PAC I.

Activities Proposed for PY III

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

<u>FY 87 Budget</u>	<u>Obligated as of 1/1/87</u>	<u>Remaining</u>
\$115,000	\$13,199*	\$101,801

\*MX-08 Contract with DIPLAF/SSA for Logistics Workshop

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 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.

D. Evaluation Plan

Toward the end of FY 87 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.

Additional activities

In addition to the subproject previously described, there are several PAC II activities in various stages of development which 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** - Under two projects initiated during PYII, IMSS developed and began testing/revising a series of six instructional modules for training their paramedical personnel who deliver family planning services. In PY III IMSS has requested Development Associates assistance in completing the testing and revision of the modules and technical assistance in developing a special module on AIDS. Development Associates will provide financial assistance (testing and review), technical assistance (preparation of AIDS module) and training and educational materials (on AIDS).

**Secretariat of Health and Assistance (SSA): Logistics Training** - As indicated in last year's training plan, the SSA's Directorate General of Family Planning (DGPF) has agreed to upgrade the logistics systems of the decentralized states by offering training and technical assistance. In this effort Development Associates and the Centers for Disease Control initiated technical assistance in August and September of 1986 to assist the twelve decentralized states. In November the workshop was

given by DGPF staff, plus consultants from Development Associates and CDC. The next stage is to provide both technical assistance and training on a state by state basis to make sure that lower and mid-level personnel are fully skilled in the new combined family planning/primary health care logistics systems that are being put into place. During the second quarter of PY III, CDC, Development Associates and DGPF will be assessing what combination of training and TA is appropriate for each state. In those states where a local workshop is needed, Development Associates will provide the necessary financial and technical support.

**State of Nuevo Leon: Sex Education Curriculum** - During PY III Development Associates' consultant will complete the project that was begun last year to develop and test curriculum materials for the state-wide sex education/family planning education program of the Nuevo Leon public school system. This project is a joint effort with the Secretariat of Education, the Governor's office and the FEMAP affiliate in Monterrey (Pro-Superacion Neolonesa).

**MEXFAM: Training of Supervisory Personnel for Primary Health Care/Family Planning services of the SSA in the States of Jalisco and Colima.** This project is expected to be developed by MEXFAM in the second quarter of CY 1987. It is a followup to the one-year technical assistance project in Jalisco which Development Associates conducted under subcontract with MEXFAM and which was financed by the Population Crisis Committee. Now that the supervisory systems are in place, the new director of the state of Jalisco health system wants to begin training service delivery personnel to upgrade their skills and expand the program.

**Center for Young Adult Orientation (CORA): Technical Assistance to CORA in Developing and Marketing Regional and International Training Services and Support for Expansion of Urban Community Services** - CORA has requested technical assistance to assist the agency in expanding its training capabilities to include courses for training staff of young adult family planning service delivery programs in other countries of the LAC region and other parts of the world as well. Development Associates will be providing this assistance in the areas of long range planning, training center management, marketing of training services and resource development/cost effective management. CORA has also requested assistance in expanding its urban community program to areas of Mexico City that are presently underserved by existing family planning services. This project was planned for last year but did not receive funding because of budget limitations.

PERU

POPULATION: 20.2<sup>1</sup>

CRUDE BIRTH RATE: 35<sup>1</sup>

TOTAL FERTILITY RATE: 5.2<sup>1</sup>

RATE OF NATURAL INCREASE: 2.5%<sup>1</sup>

CONTRACEPTIVE PREVALENCE: 43%<sup>2</sup>

Country Situation

Peru constitutes one of the greatest challenges for population assistance in the LAC region because of two factors: a gigantic unmet demand for family planning services and a very favorable political climate. Projections from the 1981 Contraceptive Prevalence Survey estimate that of the 2.8 million women in union of fertile age, only 530,000, (19%) use modern family planning methods. Ninety-one percent of the remaining 2.27 million women who do not use any family planning method or who use traditional, less effective means, also wish to either space their births (21%) or cease childbearing (70%).

For the past decade Peru has been in the forefront of population policy making in the LAC region. Beginning with the 1976 Population Policy and culminating in the Legislative Decree No. 346 of July 1985 which guarantees individuals and couples the right to determine the number and spacing of their children. Unfortunately, progressive policy formulation has not contributed to any major improvement in the availability of family planning services. In June 1985, President Alan Garcia of Alianza Popular Revolucionaria Americana (APRA) was elected with an absolute

<sup>1</sup>World Population Data Sheet, Population Reference Bureau, 1986

<sup>2</sup>Population Reports. Series M No. 8, September-October, 1985

majority. Popular support was reaffirmed at the 1986 municipal elections where APRA achieved 75% of the popular vote. President Garcia has recently made several statements on the need for an action plan to check the growth of the Peruvian population. The Development Associates' PAC II country officer was invited to participate in a lengthy meeting with President Garcia where program options were discussed. The most important and most recent developments include the following.

- o A special commission has been set up under the Ministry of Planning to develop the strategy and guidelines for a national population program.
- o The \$10 million Private Sector Support Project (SPF) was started in October, 1986. The Project will provide training, technical assistance and funding to family planning PVOs. The prime contractor is Pathfinder, and Development Associates and PIACT are subcontractors.
- o After two years of stagnation, the Contraceptive Social Marketing Program is re-starting operations. The legal blocks for importation, registration and marketing of contraceptives were removed with the assistance of government authorities. Currently, the project is carrying out a market survey and is preparing a publicity campaign.
- o Dr. Alfredo Guzman, a distinguished alumnus of Development Associates training, has become director of family planning at the Social Security Institute. He is also responsible for preparing the family planning action plan for the public health sector. (Pending negotiations with MOH and the definition of the plan, AID strategy for the public sector remain undefined).

#### Country Goals and Strategy

In view of the substantial unmet demand and the lack of a defined strategy for the public sector, Development Associates' country strategy will give priority support to the service delivery PVOs, particularly those that are engaged in expansion to the provinces. Development Associates will work in coordination with the new private sector support project (SPF). The largest service delivery PVOs, INPPARES, APROSAMI, AND PROFAMILIA, will receive support for their in CBD programs. In addition FENDECAAP, the sugar cooperatives federation, will receive support for training of community personnel that will allow the expansion of services to 127 rural localities.

Another aspect of Development Associates country strategy is the development of local training expertise. To this end, Development Associates will continue to provide scholarships to Peruvian trainers to participate in TOT regional courses. Development Associates staff will provide on-site technical assistance and on-the-job training as well as materials to enhance the capabilities of Peruvian institutions to conduct training activities

The goals for the country program in the four areas of emphasis of PAC II are as follows:

#### Management and Supervision

- o Support INPPARES, PROFAMILIA and APROSAMI in their efforts to upgrade the skills of their CBD supervisory personnel;
- o Provide training and technical assistance for the improvement of the contraceptive logistics systems of the family planning PVOs;
- o Assist the AID Mission and Pathfinder in setting up the managerial procedures of the Private Sector Support project;
- o Train health professionals from the jungle region in CBD management to enable them to set up a family planning program in a remote region within an AID supported crop substitution project.

#### TOT

- o Provide training to key staff from the MOH and PVOs at Development Associates' TOT regional workshop;
- o In cooperation with the SPF project, set up a network of trainers that can respond to PVO training needs. The approach replaces the PY II goal of supporting the Centro de Capacitacion de Capacitadores (CCC).

#### Service Delivery

- o Train 240 rural women as family planning promoters in the sugar cooperatives members of FENDECAAP;
- o Train 630 INPPARES promoters and supervisors from Lima and the provinces;
- o Provide a consultant to train CBD promoters in the jungle region;
- o Cooperate with the SPF project in designing a training strategy for family planning service delivery workers.

### Curriculum Development

- o Upgrade the family planning component of the curricula of pre-service institutions for paramedical personnel. This involves the provision of technical assistance and materials to pre-service institutions, notably the Cayetano Heredia University. The PY II goal of working with the Callao Nursing School could not be accomplished due to the change of authorities in the Callao region.

### Summary of Progress during PY II

Development Associates main source of success continued to be in the area of training service delivery workers and supervisors. This is consistent with the country strategy and the presence of a large unmet demand for family planning services. APROSAMI completed the training of 138 CBD workers and supervisors initiated in PY II. INPPARES completed eleven courses for promoters and two courses for supervisors, a considerable increase over the seven contractually required courses. INPPARES trained a total of 481 promoters and supervisors. PROFAMILIA completed two refresher and one initial course for CBD promoters and supervisors, which benefited 101 workers. Both INPPARES and PROFAMILIA began to expand their programs to the provinces and rural areas. Approximately 30% of the trainees were from these areas.

Institution building and development of local expertise continues to be a priority. To this end, three Peruvians (from MOH, PROFAMILIA and INPPARES) attended the APROFAM/Development Associates Master TOT course. The MOH participant is engaged in preparing a national training plan for the public health sector; the PROFAMILIA participant is serving as training consultant to other Peruvian and LAC PVOs; and the INPPARES participant is the founder and director of the Institute's Training Center. The idea of setting up a Training of Trainers Center (CCC) is all but dead. USAID/Peru and the SPF Project are opting for the establishment of a network of trainers that can be called upon to assist PVOs in their training needs. Development Associates had already adopted this approach in the absence of progress towards establishing the CCC. Development Associates' TOT alumnae will be the basis for the trainer network.

In the management area, three Peruvians (from MOH, IPSS and INPPARES) attended the Development Associates Logistics Workshop in Bogota. As a result of this workshop, the MOH and IPSS are taking steps to improve their logistics system and in-country training is expected to take place during PY III. Also, as followup to the Bogota workshop, two workshops are being organized during PY III for PVO logistics administrators in cooperation with SPF and the Center for Disease Control. Two Peruvians (from the MOH and APROSAMI) participated in the Development Associates Working Group Meeting on CBD Training Systems held in Miami. It focused on competency-based training techniques for quality control in CBD programs.

The PY II goal in the Curriculum Development area was not met because the change of authorities in the Callao Health Region, as well as the whole health sector re-organization, made it impossible to operate any new programs in the Callao Nursing School.

Activities Proposed for PY III

Four subprojects are proposed for PY III to support the major family planning service delivery PVOs -INPPARES, PROFAMILIA and APROSAMI and FENDECAAP. In addition Development Associates will provide technical assistance in family planning program management in coordination with the SPF project and will give scholarships to key staff for TOT courses and study tours. SPF and other cooperating agencies will fund Peruvian participants at other Development Associates sponsored regional courses such as those of the Bogota Regional Training Center. Development Associates will also assist in identifying training sites and organizing study tours to be funded from other sources.

<u>PY III Budget</u>	<u>Obligated as of 01/15/87</u>	<u>Remaining</u>
\$35.000*	\$23,253.79	\$11,746.21

\*Includes \$10,000 unspent in PY II

## SUBPROJECT I -- INPPARES

The Instituto Peruano de Paternidad Responsable (INPPARES) is expanding its program both geographically and in the number of active users. Development Associates will help in this effort by supporting 15 CBD training courses that will reach 670 promoters and supervisors. At the end of this fiscal year Development Associates will also sponsor a national congress for 100 CBD promoters. Within this contract INPPARES will train two health professionals from the Jungle Region in CBD program management.

### A. Goals and Objectives

The subproject aims at achieving the following goals:

- o Train 630 CBD promoters: 350 in Lima-Callao and 280 in the provinces. Sixty per cent of this target group will be new promoters and 40% serving promoters.
- o Train 40 CBD supervisors: 20 from Lima and 20 from the provinces.
- o Hold a national congress of family planning promoters for 100 participants.
- o Train two health professionals from the Jungle Region in CBD program management

The objective of the subproject is to provide INPPARES with a cadre of trained community workers and supervisors that will enable it to consolidate the current service delivery outlets and expand coverage into new geographical regions. Development Associates' support will also enable INPPARES to increase its training expertise and institutionalize the training function through its Training Center.

### B. Financial Assistance Required

Development Associates will fund administrative costs including trainers' travel and per diem to provincial training sites, training materials and honoraria for non-INPPARES instructors. No overhead will be paid and all major

administrative costs will be absorbed by INPPARES. Sixty-five percent of Development Associates' funding will be for participant costs including travel and per diem. The total cost of the subproject amounts to \$12,328.00.

C. Technical Assistance Needed

The Training Center and CBD staff of INPPARES are technically self-sufficient to conduct promotor and supervisor courses, having participated in Development Associates regional CBD and TOT courses. Technical assistance will be required to upgrade the quality of evaluation reports and to set up a followup evaluation to measure the impact of training on the CBD program.

D. Materials Needed

INPPARES has a well-developed capacity to produce training materials. Development Associates will continue to fund the reproduction of materials for use in the courses. In addition INPPARES will require examples of teaching materials and audio visual aids from the United States and other countries to enable it to enrich its own materials production system. Development Associates will send some materials and provide catalogs and reference materials.

E. Evaluation Plan

Each of the courses for new promoters will include a pre- and post-test to measure the trainees' changes in knowledge. After the final course for new promoters INPPARES will submit a summary of the evaluations of each course. The refresher promotor courses and the supervisor courses will carry out the standard subjective and trainee evaluation. A new feature of the evaluation plan is the addition of a followup evaluation to take place three months after the completion of the 13 courses for new and continuing promoters. The followup evaluation will include (a) the number of new family planning users being served by the promoters in each of the targeted geographic regions, (b) the type of contraceptive method chosen by the new users, (c) their source for obtaining the method (provided by promoter or obtained in clinic upon referral), (d) the number of group educational activities conducted by the

promoters and the total number of individuals reached, and (e) the number of home visits conducted by the promoters.

## SUBPROJECT II -- FENDECAAP

The family planning program of the National Federation of Sugar Cooperatives (FENDECAAP) was initiated in 1983 with funding from AID bilateral assistance. Services are provided at six of the 12 hospitals and their respective satellite health posts. Although there has been a steady increase in the number of users- from 1,047 in 1984 to 7,000 in 1986- FENDECAAP is far from realizing its full potential . The medical and paramedical personnel of the hospitals and health posts have received training from INPPARES and the University of Trujillo in contraceptive technology, IUD insertions and voluntary surgical contraception. In order to expand the use of services there is a need for community personnel trained in family planning service promotion. This subproject addresses this need by providing funding for the training of Mothers' Centers leaders as family planning promoters.

### A. Objectives and Goals

The objective of the subproject is to provide the FENDECAAP family planning program with a contingent of trained community personnel to expand services to the 127 population centers within the jurisdiction of the agrarian cooperatives. The goal of the subproject is to conduct 12 sixteen-hour courses for a total of 240 participants.

### B. Financial Assistance Required

Development Associates will pay costs of trainers honoraria, travel and per diem of participants and instructional materials. SPF will provide technical assistance, at no cost to this subproject, in preparing the training activities. The total cost to PAC II is \$5,072.

C. Technical Assistance

The Development Associates country officer will provide technical assistance for planning the content and methodology of the workshop. Additional assistance will be provided by the SFP training specialist in coordination with Development Associates.

D. Materials Support Needed

Each participant will receive promotional and reference materials including a promoters manual. These materials will be obtained from INPPARES. Development Associates will include FENDECAAP in the list of recipients of materials.

E. Evaluation Plan

The subproject will produce the standard Development Associates Evaluation Report including subjective evaluation by the contractor and a trainee evaluation of the courses. There will be a followup training evaluation in future subprojects.

**SUBPROJECT III -- APROSAMI**

A subproject for approximately \$6,000 is being negotiated with APROSAMI. No definite proposal has been received at the time of writing this training plan.

**SUBPROJECT IV -- PROFAMILIA**

A subproject for approximately \$5,000 is being discussed with PROFAMILIA. No final decision has been made at the time of writing this training plan.

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