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DEVELOPMENT ASSOCIATES

1988 TRAINING PLAN FOR PAC II

LATIN AMERICA/CARIBBEAN REGION

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LIST OF ACRONYMS USED IN THE REPORT

BOLIVIA

APROMYN	Asociacion Pro-Madre y Nino
CIES	Centro de Investigacion, Educacion y Servicios
COBREH	Consultora Boliviana de Reproduccion Humana
FEPADE	Fundacion Ecumenica para el Desarrollo

BRAZIL

ABEPP	Associacao Brasileira de Entidades de Planejamento Familiar
BEMFAM	Sociedade Civil de Bem-Estar Familiar no Brasil
CAE	Centro de Actividades Educativas (BEMFAM)
CAEMI	Centro de Assistencia Especial Materno Infantil
CPAIME	Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca
IRHPE	Instituto de Reproducao Humana de Pernambuco
SAMEAC	Sociedade de Assistencia a Maternidade Escola Assis Chateaubriand

COLOMBIA

CCAPP	Centro de Capacitacion en Administracion de Programas de Planificacion Familiar
PROFAMILIA	Asociacion Pro-Bienestar de la Familia Colombiana

DOMINICAN REPUBLIC

ADOPLAFAM	Asociacion Dominicana de Planificacion Familiar
CONAPOFA	Consejo Nacional de Poblacion y Familia
PROFAMILIA	Asociacion Dominicana Pro-Bienestar de la Familia

ECUADOR

CEMOPLAF Centro Medico de Orientacion y Planificacion Familiar
 CUF Centro Obstetrico Familiar

GUATEMALA

APROFAM Asociacion Pro-Bienestar de la Familia de Guatemala
 AGES Asociacion Guatemalteca de Educacion Sexual

HONDURAS

ASHONPLAFA Asociacion Hondurena de Planificacion de la Familia

JAMAICA

AFLET Association of Family Life Educators
 JFPB Jamaica Family Planning Board

MEXICO

FEMAP Federacion Mexicana de Asociaciones Privadas de Planificacion Familiar
 IMSS Instituto Mexicano del Seguro Social

PARAGUAY

CEPEP Centro Paraguayo de Estudios de Poblacion
 DEPROFA Departamento de Proteccion Familiar
 LPDM Liga Paraguaya de los Derechos de la Mujer

PERU

APROSAMI Asociacion de Profesionales en Salud Materno Infantil
 FENDECAAP Federacion Nacional de Cooperativas Agrarias Azucareras
 INPPARES Instituto Peruano de Paternidad Responsable
 SPF Private Sector Family Planning Project
 PEAH Alto Huallaga Special Project

OTHER

AID	Agency for International Development
AIDS	Acquired Immune Deficiency Syndrome
CBD	Community Based Distribution
CDC	Centers for Disease Control
FPEP	Family Planning Expansion Project
FPIA	Family Planning International Assistance
FPMT	Family Planning Management Training
HIV	Human Immunodeficiency Virus
INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHU-PCS	Johns Hopkins University - Population Communication Services
LAC	Latin America/Caribbean
LDC	Lesser Developed Country
MOH	Ministry of Health
MSH	Management Sciences for Health
OR	Operations Research
PAC	Paramedical, Auxiliary and Community
TA	Technical Assistance
TBA	Traditional Birth Attendant
TNA	Training Needs Assessment
TOT	Training of Trainers
UNICEF	United Nations Childrens' Fund

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REGIONAL TRAINING PLAN

In PY III, the new regional management training center, CCAPP of PROFAMILIA of Colombia, began offering a series of courses for managers, supervisors and evaluators from throughout the LAC region. To date, course offerings have been well received and the success of these activities is generating increasing donor support for this center. The regional training center for supervision and training of trainers (TOT) at APROFAM of Guatemala offered a second successful Master Trainer course during the year and initiated activities that will develop this center's capability in competency-based supervision.

In Brazil, sub-regional centers for Portuguese-speakers expanded their capability during the period. ABEPF conducted its first national training of trainers course with technical assistance from the regional TOT center of APROFAM. The TOT course, together with planned publication of the first four training modules for various levels of health personnel, represent a major step forward in the development of a national training system for Brazil.

Regional Management Training Center - PROFAMILIA of Colombia

Following a successful first year, the management training center has programmed five workshops for PY IV. These include short courses on self-sufficiency, operations research, community social marketing, financial planning and logistics. The response of the donor community to the center has been very positive with financial support for participants and for selected workshops coming from a variety of sources. In addition, the center has begun a major new logistics project with John Snow, Inc.

Initial steps have also been taken to develop the secondary function of the center, that of assisting with in-country workshops and technical assistance. Negotiations are currently underway with the USAID-supported Private Sector Project in Peru for assistance with the management training needs of private institutions in that country. Similar efforts in other countries will be developed in the future. It is anticipated that PROFAMILIA will be well established as an important management training resource for the LAC region by the end of PAC II.

Regional Training Center for TOT and Supervision - APROFAM of Guatemala

During PY III, this center continued to concentrate on TOT activities. A followup evaluation workshop was held for participants in the first regional Master Trainer course that was held in PY II and a second Master Trainer course was conducted for countries that were not included in the first course. APROFAM trainers also provided in-country technical assistance in Brazil and Bolivia.

In PY IV, APROFAM began a collaborative project with the Population Council and Development Associates which will test a competency-based supervision system. This is a first step in the development of this institution's capability to offer courses on supervisory systems in the future. If funds are available, a final followup evaluation workshop for Master Trainers will be held in PY V with competency-based supervision a key agenda item. APROFAM is also collaborating with Development Associates in PY IV on a regional workshop on the evaluation of training.

This regional center will continue to be involved in training materials projects for the remainder of PAC II. A regional trainers newsletter is scheduled for publication in PYs IV and V, and APROFAM is still assisting Development Associates with final revisions of the manual on training systems and quality control in CBD programs. The possibility of developing additional training materials on video is also being considered.

Sub-regional Training Centers - Brazil

The development of the sub-regional centers, ABEFF, CPAIMC and CAEMI, to serve the needs of Brazil is described in detail in the country plan. In addition, Brazilian institutions are becoming involved in the training of Portuguese-speaking Africans to a limited extent. Depending on results of initial experiences, this is an area where Brazilian training institutions may have an expanded role in the future.

BOLIVIA

POPULATION: 6,500,000^{1/}

CRUDE BIRTH RATE: 40^{1/}

TOTAL FERTILITY RATE: 5.1^{1/}

RATE OF NATURAL INCREASE: 2.6%^{1/}

CONTRACEPTIVE PREVALENCE: 25%^{2/}

Country Situation

The family planning picture continued to improve in Bolivia during 1987. Guarded government dialogue on the subject in 1986 turned into limited government action in 1987 with the development of a small bi-lateral project for "selective" family planning in government hospitals. Work continued on development of a social marketing effort and PVOs were operating with less fear of reprisal than was the case a few years ago. Of particular note was the more active involvement of labor and "campesino" unions. Key unions are now becoming involved in service and CBD activities in collaboration with one of the La Paz-based PVOs.

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.

^{1/} 1987 World Population Data Sheet. Population Reference Bureau.

^{2/} 1983 CPS. Westinghouse and COBREH.

The regional diversity in Bolivia and the traditional provincialism of the three major geographic areas (altiplano, valley and lowland) 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 term. 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.

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

1. Management and Supervision

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

CBD project managers from La Paz, Cochabamba and Santa Cruz have been provided opportunities to observe CBD program operations in other countries. As programs expand, additional training or technical assistance may be required and will be arranged as needed. Development Associates is also considering the possibility of a small operations research project to explore effective ways of using traditional birth attendants to provide services in indigenous communities. Should such a project be undertaken, results will be shared with all PVOs.

2. Training of Trainers

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

By the end of 1987, basic capability in CBD training was achieved in the three major cities of the country. The skills of trainers in Cochabamba were sufficiently developed to provide technical assistance to less experienced trainers in other cities. All trainers in Bolivia would benefit from advanced TOT work, which could be provided if sufficient funding were available.

3. Service Delivery

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

Development Associates' strategy in the area of service delivery has emphasized the promotion of existing services and the development of CBD programs. Progress was made on both counts in 1987. Community outreach accomplished during the year demonstrated a strong public demand for services where people were informed of their existence. This was particularly true in Santa Cruz where a small promotional effort greatly increased clinic attendance. Further, the training of CBD workers in all three cities resulted in considerable expansion in service delivery capability. Emphasis will be given during the remainder of PAC II to close coordination and joint funding with other cooperating agencies that have funds to support service delivery expansion.

4. Curriculum Development/Instructional Skills

Due to the lack of support for family planning found in Bolivian universities and professional schools 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 institutions to observe family planning curricula and teaching activities in similar institutions in third countries.

Evaluation of PY III Country Training Program

Objectives established for two of the three PY III subprojects were met and for the third, partially so. In La Paz, COBREH carried out planned training for promoters of OFASA, the social service arm of the Adventist Church, and trained thirty promoters from the Federacion de Campesinos Sub-urbanos. Although there were some coordination problems with OFASA that delayed some of the training, by the end of the year all but one course had been completed. A contract extension was provided for the final course.

Two trainers from FEPADE in Cochabamba were hired to provide technical assistance to COBREH during the two week course for Aymara-speaking campesina promoters. In addition, two trainers from COBREH attended the Master Trainer course offered by APROFAM in September, 1987. The experience of training promoters, combined with the staff training and technical assistance received, have expanded COBREH's capabilities in CBD training. This institution, which changed it's name to CIES at the end of the year, is now rapidly expanding it's CBD effort in La Paz, Oruro and Potosi with service delivery and operations research support from the Population Council and the Pathfinder Fund. OFASA and Federacion promoters trained with Development Associates support during PY III have largely been absorbed into the CBD program in La Paz.

The second PY III sub-project, with FEPADE in Cochabamba, also met its objectives. Almost 350 campesino union members were trained with positive results in terms of community support for CBD workers and increased demand for services. Thirty-four CBD distributors received refresher training and TBAs from fifteen rural communities were trained. The TBA project was particularly successful with around 80% of those trained adopting new practices in attending deliveries. The TBAs were also found to be receptive to the idea of family planning, although further training will be needed before they can assume distributor roles. The trained TBAs are now working jointly with FEPADE's promoters who have all been trained as distributors. FEPADE reports increasing interest in information and services in rural Quechua-speaking communities covered by its program.

In Santa Cruz, the project with the Santa Cruz training team was only partially completed. Internal frictions within the team that were first observed in PY II resulted in a division in PY III of the team into two sub-groups. One of these groups continued full project activity through the year and completed all training activities assigned to it. The other group completed part of its training activities and is now considered inactive.

The group that continued to be active reported substantial increases in service delivery as a result of the promoter training. A Development Associates staff member verified this at a meeting in December where sixteen of the promoters

trained by this group reported more than 300 active clients. The promoters were observed to be well informed and highly motivated.

Despite the division of the training team in Santa Cruz, prospects for the development of service programs in this city continue to be excellent. At mid-year, Development Associates' subcontractor that was acting as a pass-through institution to support the work of the training team announced its intention to incorporate family planning into its own primary health care project. Thus, funds remaining in the contract as a result of the division of the training team have been reprogrammed to support the training of the staff and promoters of Prosalud. With an extensive network of primary health care centers and posts in Santa Cruz and support from USAID as a demonstration project, the entry of Prosalud into family planning service delivery should have an important impact on service availability in this city.

Activities Proposed for PY IV

Two subprojects are proposed for PY IV with the possibility of a third. The extension of the subproject in Santa Cruz from PY III is covering current needs in that city. A new project may be negotiated there later in 1988. A new sub-project with FEPADE in Cochabamba has already been negotiated and a new subproject in La Paz is currently being discussed with CIES, the Pathfinder Fund and the Population Council. In addition, FEPADE has agreed to host a sub-regional meeting in the fall of 1988 on service delivery to indigenous populations. Participants are expected from Guatemala, Ecuador and Peru as well as Bolivia and will represent institutions with on-going projects targeted at Native Americans.

<u>FY 88/89 Budget</u>	<u>Obligated as of 3/15/88</u>	<u>Remaining</u>
\$46,200	\$10,340*	\$35,860

*Subproject I - FEPADE \$10,340

SUBPROJECT I - FEPADE

A. Goals and Objectives

The goals of the activities proposed under this subproject are to further strengthen the CBD program in rural communities and expand initiatives with traditional birth attendants that were begun in 1987. Specific objectives for 1988 are:

- Provide training designed to prepare health promoters to assume greater responsibility for the training and supervision of TBAs.
- Prepare 30 TBAs to increase their involvement in family planning promotion and services.
- Initiate training for 30 new TBAs to improve delivery practices, promote referrals for high risk pregnancies and elicit their collaboration in the promotion of family planning.

B. Training Activity

The FEPADE subproject will provide three days of refresher training to 60 active health promoters/distributors and to TBAs that received initial training in 1987. The subproject will also support three days of training for a new group of TBAs.

An additional training activity to be coordinated by FEPADE involves a followup meeting on the delivery of services to indigenous populations for selected participants from a meeting on this subject that was held in Guatemala in 1985. The followup meeting will not be covered with subproject funds, but rather will be supported by tuition payments from participants. The aim of this meeting will be to share experiences with varied strategies for increasing family planning utilization in Amerindian populations, and provide participants from other countries with an opportunity to observe FEPADE's successful approach.

C. Technical Assistance Required

FEPADE is now a provider of training assistance to other institutions in Bolivia. However, some technical assistance has been requested in organization of the sub-regional meeting, as the institution lacks experience in conducting regional training.

Development Associates is also discussing with FEPADE the possibility of developing a small operations research project on the utilization of TBAs in family planning service programs. If this research project is developed, technical assistance will be needed in project design.

D. Materials Required

Development Associates routinely provides training materials to FEPADE for adaptation to the needs of its Quechua-speaking trainees. Samples of new materials will be provided as they become available.

E. Evaluation Plan

FEPADE conducts regular project evaluations at the end of the calendar year as well as evaluations of trainee learning in each course. The PY III evaluation indicated that FEPADE was more successful in persuading TBAs to adopt more hygienic delivery practices than in motivating them to become more involved in preventive health including pre-natal care, nutrition education and family planning education. Five months after completion of the training all trained TBAs were disinfecting instruments and materials used during delivery and no infant deaths had been reported in the more than sixty deliveries performed by the TBAs during that period. However, only one quarter of the TBAs had begun to provide pre-natal care, and only 40% were providing nutrition and family planning education. To improve this situation, refresher training is proposed for 1988 to emphasize preventive health care.

Training for campesino union members was reported to be highly effective in stimulating demand for family planning information and services, an indicator of the importance of directing family planning messages at men in Quechua

communities. The training of union members and TBAs were both reported to have facilitated the work of the promoter/distributors by increasing receptivity within the communities.

Given currently levels of interest in these communities, it is now important to expand the local service delivery network. That is the aim of the 1988 project which will be evaluated at the end of the year.

SUBPROJECT II - CIES

The PY III subproject with COBREH, now CIES, was designed to expand this institution's involvement in CBD and also expand the number of organizations providing family planning information and referral. Both aims were met. In PY IV, CIES is embarking on a major expansion with funding from the Population Council for an operations research project in La Paz involving 80 promoters, and from the Pathfinder Fund for service activities in Oruro and Potosi involving 200 promoters.

CIES has requested support from Development Associates which will strengthen the service delivery projects by providing additional training materials and on-the-job training by supervisors. Details are currently being worked out with representatives of CIES, the Population Council and the Pathfinder Fund. It is anticipated that a small project will be finalized in the near future.

SUBPROJECT III - PROSALUD

The PY III subproject in Santa Cruz, contract B0-09 with Prosalud, has been extended through July, 1988. Remaining funds available under that subproject have been reprogrammed and arrangements are currently being made to provide training to Prosalud's professional staff and field promoters. Development Associates recently supported a one-week observation program for two Prosalud officials at APROFAM of Guatemala and has sent this institution a substantial amount of training and reference material in family planning. Additional assistance that may be needed for Prosalud will be reviewed upon completion of the current project.

Support to the Santa Cruz training teams will end in March, 1988. One of these teams has presented a proposal to AVSC for a clinical program with a training component to be funded by Development Associates. AVSC has expressed interest in the project and will be coordinating project development with us. This may result in a small subproject later in the year.

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BRAZIL

POPULATION: 141.5 million^{1/}

CRUDE BIRTH RATE: 29^{1/}

TOTAL FERTILITY RATE: 3.5^{1/}

RATE OF NATURAL INCREASE: 2.1%¹

CONTRACEPTIVE PREVALENCE:

● Brazil: 65.8^{2/}

● By States and Region:^{3/}

- 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

The guarded optimism of the description of the country situation in our FY 87 Country Training Plan proved to be premature. It turned out that the February 4,

^{1/} 1987 World Population Data Sheet, Population Reference Bureau.

^{2/} Avaliacao de Programa de Assistencia Populacional da AID no Brazil, Sumario Executivo, N.D.

^{3/} Relatorio Preliminar, V Encontro Nacional de Estudos Populacionais - Aguas de Sao Pedro, S.P. - 12 a 16 outubro 1986. BEMFAM, Rio de Janeiro, Brazil.

1986, decree by the Minister of Social Welfare that family planning was to be offered as a component of the integrated women's health care program of the Social Security System (INAMPS) has so far made family planning services available only to an insignificant fraction of the 90 percent of the population covered by the INAMPS system. Another factor constraining easier access to family planning is the family planning norm decreed by the MOH in 1987 which mandates physical examinations for all potential users. This, in effect, severely curtails CBD program expansion, especially among the poor in rural areas. The new norms do not mention sterilization, currently among the most widely used family planning methods in Brazil, mostly performed in conjunction with cesareans. On the other hand, the 1986 Contraceptive Prevalence Survey revealed a surprisingly high rate of prevalence, namely 65.8, though with regional variation, as listed above.

Fifty percent of Brazil's population is under 20 years of age. Given the total fertility rate of 3.5, Brazil's population will continue to increase and pass the 200 million mark by the turn of the century. The still relatively high rate of natural increase (2.1%) exacerbates problems of rapid urbanization which, it is estimated, will result in Rio de Janeiro's and Sao Paulo's having 13 and 20 million inhabitants, respectively, by the year 2000.

The economic outlook also gives no cause for optimism. Brazil's external debt is still the largest in the world. The Cruzado Plan, which had put a temporary stop to rampant inflation, turned out to be a failure; inflation is again approaching the pre-Cruzado Plan rate.

Country Goals and Strategy

Essentially, PAC II goals and strategy in PY IV will not change significantly from those of previous years because they have proven effective and are in accord with the AID country strategy. Thus, we shall continue to strengthen the management and training capabilities of the Brazilian Association of Family Planning Entities (ABEPP) and the major service provider subcontractors. Furthermore, the number of nursing schools offering family planning in their curricula will be increased and

the quality of family planning teaching improved through on-site followup. We shall also improve the quality of nurses' and auxiliary nurses' training in service delivery and continue the training of community health agents and community leaders.

There will be a shift in geographic emphasis to the Northeast where contraceptive prevalence is lowest and to periurban areas around Rio, Belo Horizonte, and Minas Gerais. If additional funding were received, we would target young adults through a project designed to train trainers of young adults.

- A. Goal: Strengthen the management and training capabilities of the major service provider subcontractors.

Strategy: ABEPF will continue to train trainers and give TA to its Regional Training Centers in training design and management. BEMFAM will be assisted with refining its logistics system and with a series of seminars for its supervisory personal. SAMEAC will receive support for the training of most of the supervisors of its rural primary health care units with TA from ABEPF. Two BEMFAM and one ABEPF staff members will attend the training course on self-sufficiency at PROFAMILIA, Colombia, and one staff member each from BEMFAM and ABEPF will attend the Evaluation Workshop to be implemented by Development Associates and APROFAM in Guatemala.

- B. Goal: Increase the number of nursing schools offering family planning in their curricula and improve the quality of instruction.

Strategy: In light of the results of our study on the impact of training for nursing faculty on curricula, the strategy for this program component has been changed. CAEMI, instead of offering residential training courses of five weeks' duration, will offer four courses of two weeks' duration for a total of 24 nursing school instructors. Its staff will then give followup TA and instruction in the trainees' nursing schools. CPAIMC, on the other hand, will design and implement two two-week courses for eight nursing school professors at universities with nursing schools which have the requisite

clinical facilities. In addition, ten RNs already trained in family planning at CPAIMC and currently acting as nursing school instructors will receive a 40-hour course in family planning curriculum development and didactics. For all these courses the Training Manual for Nursing School Professors, developed by ABEPF with Development Associates' TA and funding, will be available and utilized. Followup evaluations will provide indicators as to the effectiveness of the courses, followup TA, and training manual.

- C. Goal: Improve the quality of nurses' and auxiliary nurses', and nursing students' training in service delivery and continue the training of community health agents and community leaders.

Strategy: The training of nurses and auxiliary nurses has received considerable technical and financial assistance over the past ten years; this component is well institutionalized at agencies where we have been working for this length of time. ABEPF will train 30 auxiliary nurses and will give TA to IRHPE, Recife, with such training under a subcontract to train 20 auxiliary nurses and 30 nursing students. Sofia Feldman Hospital, likewise under ABEPF subcontract, will train eight auxiliary nurses. Community health agents will be trained at Sofia Feldman, while community leaders will receive training from CPAIMC and BEMFAM.

Evaluation of Progress During PY III

All PY III projects were initiated and most of the subcontracted activities completed, except for some followup evaluations scheduled for PY IV. PY III training and TA activities greatly enhanced training and training management capabilities of all subcontractors, as well as their institutional capabilities. Especially gratifying was the impact of training nursing school faculty. Seventy-five percent of 36 course graduates who responded to a followup questionnaire are now teaching family planning in their schools, whereas only 22% did so before their training. Whereas of those who taught family planning before

the course did so three hours per semester, the 75% who are teaching family planning now offer 21 hours per semester. In addition, 39% are now also offering a mean of 21 hours of clinical skills training. Only twelve percent had taught clinical skills before the course, and that only one hour a semester.

ABEPF received intensive long-term TA to strengthen its administrative and financial management structure by two local consultants. A U.S. consultant established ABEPF's overhead rate. The inclusion of ABEPF's Training Division staff in an advanced master trainer course enabled ABEPF, assisted by a consultant from APROFAM, Guatemala, to offer a training-of-trainers course for trainers from its regional training centers.

During PY III, the final manuscripts for four training manuals were produced with our TA. They are ready to be printed in PY IV:

- Nursing School Instructors;
- Auxiliary Nurses;
- Community Leaders; and
- Health Team Professionals.

BEMFAM's contraceptive logistics system was redesigned by a joint Development Associates - CDC team. This same team assisted BEMFAM with the design of a logistics training plan. Another Development Associates staff member assisted BEMFAM with the 1987 training plan for its Rio Training Center.

Proposed Activities for PY IV

Activities proposed for PY IV will further enhance the training capabilities of subprojects and strengthen their management/supervisory ability. Additionally, TOT, curriculum development and training of service delivery and community personnel will continue, although the latter receiving diminished direct support. ABEPF's Training Division, with Development Associates funding and TA, will increasingly assume responsibility for these activities. As in PY III, 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 community health agents. Finally, training of nursing school instructors will continue to be a high priority.

<u>Budget for FY 88</u>	<u>Obligated as of 3-15-88</u>	<u>Remaining</u>
175,000	164,734	10,266*

SUBPROJECT I - ABEFF

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

Because of lack of funds, Development Associates can no longer fund the part-time services of the Brazilian administration/management expert and the financial specialist whom we supported in the preceding program years. We shall, however, continue supporting the cost of ABEFF's Training Division and most of its activities and projects, such as:

- TA to three entities (SAMEAC, Sofia Feldman, IRHPE) receiving long-term subcontracts via ABEFF;
- Meetings of the Standing Training Committee;
- Refresher course on participatory training methodology;
- Short-term subcontracts with five family planning service and training institutions to train a total of 110 health professionals, nursing students, auxiliary nurses and community leaders in a series of eight courses; and
- Production of the training manuals for nursing school instructors, auxiliary nurses, community leaders, and health team professionals.

If additional funding were forthcoming, Development Associates would continue funding the management/financial consultants, sponsor courses on administration for mid-and lower-level managers of ABEFF affiliates and TA to family planning leaders

*Under consideration is a \$85,000 buy-in by AID Brazil if Development Associates adds another \$50,000 to the FY88 Brazil budget. These additional funds would be programmed to strengthen ABEFF administration, design a manual for trainers of young adults (ABEPP), and for additional nursing school professors' training by CAEMI and CPAIMC.

to train them to be more effective in generating high-level support for their activities. Another activity would be assistance with the development of materials to train trainers of young adults.

SUBPROJECT II - BEMFAM

This will be the first program year in ten that Development Associates is not sponsoring the training of CBD workers. The limited funds available cover only BEMFAM's five highest training priorities. These are:

- A workshop for 33 JBD Coordinators and Administrators;
- A workshop for 16 Training Staff;
- A workshop for 23 Education and Community Action Staff;
- A workshop on Evaluation for 15 staff members; and
- Seven workshops for a total of 147 Community Leaders from Piaui, Ceara, Maceio, Alagoas, Pernambuco, Rio Grande do Norte and Bahia.

In addition, two BEMFAM staff will attend the February 1988 course on self-sufficiency in Bogota, and one staff person will be invited to the April 1988 evaluation workshop in Guatemala. A Development Associates staff specialist will continue giving TA with the refinement of BEMFAM's logistics system.

SUBPROJECT III - CPAIMC

In PY IV CPAIMC will give highest priority to the training of nursing school instructors. Two different training activities will be devoted to this effort. One forty-hour course will train 10 RNs at CPAIMC who have already received family planning training and who are nursing school professors. Two other courses of two weeks' duration for a total of 16 participants will be offered by CPAIMC trainers at nursing schools affiliated with a university with clinic facilities. These two training activities will use up 87% of the proposed subcontract's budget. The remaining 13% will pay for two forty-hour courses for 60 nurses and auxiliary nurses in close cooperation with INAMPS and LBA (Legiao Brasileira de Asistencia), and one eight-hour seminar for 60 community leaders to motivate and prepare them for active participation in CPAIMC's program in Rio's marginal areas.

SUBPROJECT IV - CAEMI

Because of the scarcity of funds in PY IV and a changed strategic approach to nursing faculty, the length of nursing school instructors' training will be reduced from five weeks to two. A total of 24 nursing school professors will be trained in a series of four courses. Subsequently a CAEMI team will provide followup TA at the nursing schools that sent participants to the courses.

SUBPROJECT V - SAMEAC (ABEPF SUBCONTRACT)

Since TBA and other service delivery personnel's training is being provided through Project Hope sponsorship, SAMEAC's priority for Development Associates' sponsorship is a series of two seven-day courses to train a total of 20 supervisors of its rural primary health care units in administration/supervision. ABEPF's Training Division staff will give TA as needed, monitor and evaluate the training.

SUBPROJECT VI - SOFIA FELDMAN HOSPITAL (ABEPF SUBCONTRACT)

In the course of PY IV, Sofia Feldman Hospital will continue the training of community health agents. Twelve new health agents will be trained in two 128-hour courses and three 24-hour workshops, while one 80-hour course will provide refresher training for previously trained health agents. In addition, 8 auxiliary nurses will receive 40 hours theoretical and 80 hours practical training in family planning, and two 40-hour courses will train 12 nursing school professors and 12 social workers in basic aspects of family planning and communication.

SUBPROJECT VII - IRHPE (ABEPF SUBCONTRACT)

This will be the first project year in which we use IRHPE (Instituto de Reproducao Humana de Pernambuco) as a training provider. IRHPE, designated by ABEPF as a Regional Training Agency and having well-trained personnel, will, with ABEPF's TA, train 20 auxiliary nurses and 30 nursing students in two 40-hour courses. In addition, 22 nursing students and 11 auxiliary nurses will receive a total of 40 hours of on-the-job training.

COLOMBIA

POPULATION: 29,900,000 ^{1/}

CRUDE BIRTH RATE: 28. ^{1/}

TOTAL FERTILITY RATE: 3.1 ^{1/}

RATE OF NATURAL INCREASE: 2.1% ^{1/}

CONTRACEPTIVE PREVALENCE: 51% ^{2/}

Country Situation

As the Government of Dr. Virgilio Barco of the Liberal Party enters its third year, the economic situation of Colombia remains relatively stable in comparison with other LAC countries. However, the violence originated by terrorism and drug traffic has taken a turn for the worse. Fortunately, this situation has not seriously affected the family planning programs nor the regional training activities conducted under PAC II. Sporadic travel restrictions imposed by the U.S. Embassy have had no major effect on activities. Only one course was affected in that no U.S. instructors were able to participate but the course was successfully taught by Colombian and Latin American trainers.

The GOC continues to provide family planning services through the Ministry of Health network of hospitals, centers and posts as well as through the Social Security system and the Armed Forces health services. However, as there has been no major expansion in public sector service coverage, the private sector continues to play an important role in family planning service provision. PROFAMILIA, the IPPF affiliate, continues to be the main source of subsidized services for low income groups in the country.

^{1/} 1987 World Population Data Sheet, Population Reference Bureau

^{2/} Westinghouse DHS 1980

PROFAMILIA also continues to be one of the most effective and efficiently run family planning programs in the region. Thanks to an AID matching grant (chanelled through IPPF-WHR), PROFAMILIA was able to open four additional clinics and expand the CBD program. PROFAMILIA currently operates 21 clinics and close to 4,000 CBD posts in 670 municipalities with over 450,000 users of temporary and permanent contraceptive methods. During the past year PROFAMILIA became increasing concerned with the prospect of declining donor funding. The development of a strategy for increased self-sufficiency has become a priority. For the current year, PROFAMILIA has requested PAC II support to train clinic and community program managers in management skills necessary to improve program sustainability.

Country Goals and Strategy

Development Associates' program for Colombia continues to focus on developing the regional training center specializing in family planning program management. To this end, training and TA will be provided to PROFAMILIA to enhance their skills as trainers and in training management. Also PAC II funding will be provided for PROFAMILIA'S own training needs particularly in testing new program management approaches that may serve as models or case study material for regional training. An area of special emphasis will be training in skills to increase program sustainability.

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

1. Management and Supervision

Development Associates will give limited support for workshops and scholarships to enhance PROFAMILIA staff skills in program sustainability. This support is to assist PROFAMILIA'S own institutional needs as well to develop models for regional training. Development Associates will also collaborate with JSI/FPLM in the development of regional training activities in logistics through the PROFAMILIA regional training center.

2. Training of Trainers

Development Associates will continue to provide training opportunities both in-country and regionally to key PROFAMILIA staff in TOT. TA will also be provided in course design, training materials and training methods. All this support is geared to enhancing their skills as trainers in the regional training center.

3. Service delivery

Development Associates will provide support for training of clinic administrators in new management skills related to cost containment and cost recovery. No assistance for specific service delivery skills is considered necessary at this time.

Summary of Progress during FY III

During FY III, the regional training center made considerable progress in its institutional consolidation. The Center now has its own fully equipped conference room that includes tape and video recorders, overhead and slide projectors.

PAC II staff monitored progress of the Center through close contact with its Director. Each regional training activity is thoroughly discussed and jointly planned. Development Associates provided assistance in identifying instructors from other countries that complement the expertise of PROFAMILIA staff. Assistance was also provided in marketing courses among international organizations. The usual division of labor for marketing courses is as follows: PROFAMILIA advertises the courses to family planning programs in the LAC region, AID/Bogota sends telexes to AID Missions and AID/Washington, and Development Associates announces the courses to relevant Cooperating Agencies.

During FY III progress was also made on the Logistics Training component of the Center with the recruitment of two additional full-time staff members. These professionals spent one month in Washington being trained at the Logistic

Management Program of John Snow, Inc. and AID/Washington. They also met with Development Associates staff and were briefed on PAC II experiences in logistics training.

During PY III, the regional training center conducted the following training activities:

- Observation visit for Peruvian and Bolivian family planners -- sponsored by Pathfinder.
- Regional Workshop on Management of Vasectomy Programs -- sponsored by AVSC.
- Regional Workshop on CBD Program Management -- sponsored by Pathfinder, Pathfinder and Development Associates.
- Regional Workshop on Financial Management in an Inflationary and Multidonor Environment -- sponsored by Pathfinder and several USAID Missions.
- TOT course for key PROFAMILIA Staff.
- CSM strategy review for PROFAMILIA senior staff -- under PAC II contract CO-04.
- Five workshops to train all PROFAMILIA CBD coordinators on the new Community Marketing Strategy under PAC II contract CO-05.

Activities Proposed for PY IV

Development Associates will continue to focus 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 operational costs.

<u>PY IV Budget</u>	<u>Obligated</u>	<u>Remaining</u>
\$15,000	0	\$15,000

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

Subprojects

No subprojects have been negotiated as yet. It is expected that PROFAMILIA will submit a proposal for training clinic administrators in skills to increase program sustainability.

4459D/5.88

DOMINICAN REPUBLIC

POPULATION: 6.5 million ^{1/}

CRUDE BIRTH RATE: 33 ^{1/}

TOTAL FERTILITY RATE: 4.0 ^{1/}

RATE OF NATURAL INCREASE: 2.5% ^{1/}

CONTRACEPTIVE PREVALENCE: 47% ^{2/}

Country Situation

Over the past year, the government family planning program, operated by CONAPOFA, suffered a number of setbacks. Frequent staff changes considerably diminished CONAPOFA'S operational capability and USAID/D.R. questioned problems with CONAPOFAs management. As a result, funding for this organization has been temporarily suspended.

PROFAMILIA, the IPPF affiliate, continues to strengthen its management capabilities and to expand its service delivery program. The USAID/D.R. Family Planning Expansion Project began, and Development Associates was awarded a three-year technical assistance contract to assist with the expansion effort. A Development Associates Resident Adviser is now settled in the D.R. to coordinate TA efforts with the assistance of two full-time Dominican professionals and several short term consultants. PAC II and Family Planning Expansion activities will be closely coordinated and mutually reinforced.

^{1/} 1987 World Population Data Sheet, Population Reference Bureau.

^{2/} CPS, Westinghouse, 1983

Country Goals and Strategies

Development Associates' program goal for the Dominican Republic is to strengthen the training and management capabilities of the family planning institutions. The strategy will be to train key staff in TOT, provide training materials and provide TA and funding for in-country training. The latter is provided in close cooperation and coordination with the USAID/D.R. Expansion Project.

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

1. Management and Supervision

The strengthening of management and supervisory skills is one of the priority areas for training and TA under the Expansion Project. Development Associates' PAC II project will complement the assistance provided under this project. PROFAMILIA is scheduled to receive TA from staff of the TOT training center in Guatemala to develop a new CBD supervision system and to train the staff in applying the new system.

Once a decision has been made on assistance to the public sector it is expected that considerable TA in management will be required.

2. Training of Trainers (TOT)

Institutionalizing training capabilities in the Dominican family planning agencies continues as a goal for PAC II. Several Dominican trainers have participated in the Master TOT course in Guatemala. A followup TOT course is been planned for late PY IV that will develop a core of skilled trainers to serve all family planning programs of the country. The TOT course will be organized in cooperation with the Expansion Project.

3. Service Delivery

There is a need to expand the use of family planning methods in the Dominican Republic, particularly temporary methods. Therefore, increasing the

availability of trained service delivery workers continues to be a goal for PAC II in this country. Both PROFAMILIA and CONAPOFA will complete their training contracts early in PY IV. Additional support will be provided as determined in consultation with USAID/D.R.

4. Curriculum Development

One goal of PAC II is to improve nursing professors' ability to design family planning curricula. To achieve this goal, workshops will be organized for professors from nursing schools to update them in family planning content and methodology as well as skills to incorporate family planning into the curricula of nursing schools. ADOPLAFAM will be responsible for conducting these workshops.

Evaluation of Progress During PY III

During PY III, PROFAMILIA completed the training of 108 community leaders under contract DR-05. These community leaders have conducted community forums for audiences consisting mainly of women of fertile age. CONAPOFA came close to completing contract DR-04, having run 15 courses for 480 promoters and 3 courses for 105 supervisors. PAC II staff provided considerable TA to CONAPOFA but the impact of these efforts was diminished by constant staff turnover. A contract was negotiated and signed with ADOPLAFAM for the training of nursing professors.

Proposed Activities for PY IV

During the first half of PY IV, CONAPOFA, PROFAMILIA and ADOPLAFAM will complete their respective subprojects. Further support will be designed to complement the assistance provided by the Expansion Project. It is expected that PROFAMILIA will receive assistance in the areas of supervision and TOT. ADOPLAFAM will be provided with a variety of training materials for the training of nursing professors. An assessment of the CONAPOFA program will be conducted in consultation with USAID/D.R. to decide on future activities with this agency.

FY 88/89 Budget

Obligated

Remaining

\$30,000

0

\$30,000

Subprojects

DR-04, DR-05 and DR-06 will be completed during the first half of PY IV. New subprojects will not be required until the second half of PY IV.

4459D/5.88

ECUADOR

POPULATION: 10.0 million^{1/}

CRUDE BIRTH RATE: 35^{1/}

TOTAL FERTILITY RATE: 4.3^{2/}

RATE OF NATURAL INCREASE: 2.8%^{1/}

CONTRACEPTIVE PREVALENCE: 44%^{2/}

Country Situation

The government of President Leon Febres-Cordero is serving its last year in office and in August of 1988 will turn the office over to one of two candidates from opposing parties. The Febres-Cordero government has never proclaimed an official population policy and it is unlikely to do so at this point. Governmental support for family planning has been somewhat weak in terms of allocating financial resources for family planning services. Nevertheless, it continues to be the principal provider of family planning services in the country. According to the preliminary report of the 1987 Demographic and Health Survey (DHS), the government supplied 38 percent of all family planning users in the country through service sites of the Ministry of Health (36%), the Social Security Institute (1%) and the Armed Forces (1%). Governmental sources are particularly important for sterilization services.

USAID is the primary funding source of population activities in Ecuador and is currently negotiating with the Ministry of Health for support of family planning activities under the Ministry's maternal and child health program as part of a new

^{1/} 1987 World Population Data Sheet, Population Reference Bureau

^{2/} Ecuador Encuesta Nacional de Demografia y Salud Familiar 1987.

child survival program beginning in FY 1988. The USAID Mission is also supporting family planning activities of the Social Security Institute (IESS) and the Social Security Campesino program within IESS under its bilateral Population/Family Planning Project. With technical assistance provided by IPPF/WHR, this project supports the private sector as well, specifically targeting the Centro de Estudios de Poblacion y Paternidad Responsable (CEPAR), the Asociacion Pro-bienestar de la Familia Ecuatoriana (APROFE), and the Centro Medico de Orientacion y Planificacion Familiar (CEMOPLAF). CEPAR is primarily supported to perform research and IEC activities while the latter two are funded to provide clinic and community-based family planning services. Data from the DHS revealed that APROFE currently supplies 13 percent of all family planning users in the country while CEMOPLAF accounts for 2 percent of the total.

USAID's Population/Family Planning Project was extended in 1987 to continue much-needed support of the public and private sectors in family planning. Particular emphasis in the newly negotiated project will include reaching rural areas of the country where prevalence is low (33% versus 53% in urban areas). To accomplish this USAID plans to support an increase in the number of CBD workers in the country, as well as physicians and nurse-midwives trained to backstop them, increase the sale of contraceptives through pharmacies in rural towns, and support IEC efforts specifically tailored to rural areas. As part of this focus on service delivery in rural areas CEMOPLAF is currently undertaking an operations research study funded by the Population Council to identify the best mode of providing family planning services in indigenous areas.

Thus far under the PAC II Project, Development Associates has provided technical and financial support to CEMOPLAF, the Centro Obstetrico Familiar (COF), and the Colegio de Obstetricas de Pichincha. COF is a Quito program that operates four family planning clinics with FPIA support and is beginning to develop a CBD program. The Colegio is an affiliate of the National Federation of Ecuadorean Nurse-Midwives and has provided training in family planning to nurse-midwives in the past.

Country Goals and Strategy

Due to budget cutbacks in the Ecuador PAC II budget for FY 1988/89, the country goals for the fourth program year have had to be less ambitious than in previous

years. This has meant a shift in strategy from focusing on both clinic-based and community-based programs to a sole focus on strengthening community-based programs, which is in line with the priorities of USAID with respect to expanding CBD programs in rural areas. Consequently, Development Associates has phased-out its support for the training of nurse-midwives through the Colegio de Obstetricas de Pichincha and will concentrate on supporting the training of community-based distributors and promoters in the CBD programs of CEMOPLAF and the Centro Obstetrico Familiar (COF). In addition to strengthening the service delivery capabilities of these two institutions, plans for 1988 also include PAC II support to be given to CEMOPLAF for training in financial management and program evaluation. The specific goals related to proposed support in 1988 are the following:

1. Management and Supervision

- Further develop the skills of CEMOPLAF personnel in management and supervision.

This goal responds to one of the four key areas of the PAC II Project as well as felt needs at CEMOPLAF. The institution has made a great deal of progress in financial self-sufficiency and seeks further training in financial management to continue to make progress in this area. In addition, CEMOPLAF is currently implementing an operations research project funded by the Population Council, and another informal O.R. project under the PAC II Project. With all this activity the institution can benefit from further training of key staff in operations research, particularly as it relates to financial management, training, and supervision. The strategy for meeting this goal will consist of sponsoring the participation of select CEMOPLAF staff in regional management courses offered by PROFAMILIA in Colombia, as well as providing appropriate technical assistance from Development Associates staff and consultants.

2. Service Delivery

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

This goal will continue to be realized through PAC II support of training paramedical and auxiliary workers who provide family planning services through the community-based programs of CEMOPLAF and COF. These two programs are centered in the Andean region of Ecuador and complement the predominantly coastal-based CBD program of APROFE--the IPPF affiliate. The strategy for pursuing this goal in 1988 will include the training of many new distributors and promoters from CEMOPLAF and COF, including both new and refresher training. In addition, an operations research project will be implemented with CEMOPLAF to identify the most cost-effective means of training CBD workers. This will help to guide future PAC training efforts of CBD personnel throughout the region.

Finally Development Associates will seek to improve the coordination of CBD training country-wide by organizing a national meeting of all AID-supported institutions involved in CBD training. This will hopefully result in better communications, shared resources, and agreement on a common strategy and training objectives with respect to the training of CBD workers.

Summary of Progress During PY III

Development Associates annual plan for PY III outlined objectives for three subprojects involving CEMOPLAF, COF, and the Colegio de Obstetricas de Pichincha. The objectives for each of these subprojects and the progress achieved during PY III are as follows:

1. CEMOPLAF

- 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.
- Strengthen CEMOPLAF's institutional capacity through TA and the training of supervisory personnel in relevant aspects of management and supervision.
- Improve the skills of CEMOPLAF training staff in training evaluation.

These three objectives were largely met during PY III. CEMOPLAF was assisted in expanding its CBD program through project support for a four-day course in Family Planning and Community Education for 40 distributors (EC-09). With these additional new distributors CEMOPLAF was able to increase its total number of distributors by the end of the program year to 236, who are working in six provinces in the country. No formal refresher training was given. However, informal refresher training did take place during supervisory visits.

The second objective was met through the participation of CEMOPLAF staff in workshops given at the PAC II regional management training center at PROFAMILIA in Colombia. The first of these was a workshop on the administration of CBD programs and was attended by the director of the CBD program at CEMOPLAF and one of the supervisors in the program. The second workshop attended was on financial management of family planning programs in an inflationary environment with multiple donors and was attended by the financial officer at CEMOPLAF. In addition, the heads of training and of CBD at CEMOPLAF attended the second Master Trainer Course in Guatemala, further strengthening the training and supervision skills of these key staff at CEMOPLAF.

The final objective was met through TA by Development Associates' evaluation specialist during a visit in February, as well as through written feedback on the design and review of the evaluation component of contract EC-09.

2. COF

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

The first of the objectives for COF was fully met through the staff development seminar supported by PAC II for all COF staff (EC-10). This seminar was led in part by two Development Associates consultants and focused on the areas of program administration, financial management and evaluation, particularly as

they relate to CBD programs. Development Associates also sponsored the participation of the training director of COF in APROFAM's Master Trainer Course which led to further development of training capabilities at COF.

Development Associates declined a request from COF for training to be provided to nurse-midwives in response to USAID's request that all training for nurse midwives be put on hold momentarily pending a decision on the role of nurse-midwives in the new country strategy of the bilateral program and a decision as to the agency best suited to train them.

3. Colegio de Obstetricas de Pichincha

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

The first of these objectives was met through the training given under a subcontract with the Colegio (EC-08). This five-week course in Family Planning Theory and Practice was given to 12 nurse-midwives from four provinces. Shortly after this course, however, Development Associates and USAID agreed that PAC II support should concentrate on CBD programs rather than clinic-based programs. USAID, for its part, planned to fund nurse-midwifery training under the bilateral program where it was needed, particularly in the context of training nurse-midwives to supervise and backstop CBD workers. Because of this decision the second and third objectives were not met during PY III.

Activities Proposed for PY IV

We propose to continue to strengthen the institutional and training capabilities of CEMOPLAF and COF during PY IV. The primary focus of attention will be CEMOPLAF since it is the agency most able to expand CBD services throughout the Sierra region of the country. COF will be supported as well, however, in that they already have a system of community-based family planning promotion in place that

utilizes nurse-midwives and promoters and are eager to expand that program in areas of Pichincha province where CEMOPLAF is not active. Institutional subprojects with CEMOPLAF have already been negotiated and a subproject with COF is pending.

<u>FY 88 Budget</u>	<u>Obligated as of 3/1/88</u>	<u>Remaining</u>
\$17,500	\$13,071*	\$4,429

* Subproject I - CEMOPLAF

SUBPROJECT I -- CEMOPLAF

A. Goals and Objectives

The goal of the CEMOPLAF subproject is to expand and improve the CBD program. The objectives for PY IV are the following:

- Expand the CBD program's services offered in rural and marginal urban areas in the Sierra provinces of Ecuador.
- Improve the quality of the services provided by the distributors.
- Improve the efficiency of the training of new distributors.
- Improve the financial and program management of the CBD program.

B. Training Activities

- Provide a four-day course in Family Planning and Community Education for 40 distributors in the CBD Program (EC-11).
- Provide two, two-day courses in Family Planning and Community Education for 35 distributors in the CBD Program (EC-12).
- Implement an operations research project designed to test the cost-effectiveness of alternative types of training for distributors.
- Sponsor the participation of CEMOPLAF staff in PROFAMILIA (Colombia) workshops on Self-Sufficiency in Family Planning Programs and Operations Research in Family Planning Programs.

- Provide a refresher training course for those distributors who have had 12 months or more in the program.

C. Technical Assistance Needed

Technical assistance will be provided on at least two occasions during PY IV by Development Associates Country Officer/Evaluation Specialist. A training course for distributors was scheduled to coincide with his annual needs assessment visit in December 1987 and TA on the course design, implementation and evaluation was given at that time. In addition, the Evaluation Specialist will provide TA on the design of an operations research project that will be carried out by CEMOPLAF to test the cost-effectiveness of alternative CBD training designs.

D. Materials Needed

CEMOPLAF will continue to receive relevant materials on CBD training, supervision, and evaluation that have been developed by Development Associates and other family planning institutions in the region. In particular, CEMOPLAF will be sent the videos developed by APROFAM on CBD training and the manuals Development Associates is developing on Quality Control in CBD Programs and Training Evaluation in Family Planning Programs.

E. Evaluation Plan

In addition to routine course evaluations and the one-day followup meeting that CEMOPLAF convenes six months after its courses for distributors, a special operations research project will be implemented throughout PY IV and part of PY V that will test the cost-effectiveness of three alternative CBD training strategies: centralized courses, provincial courses, and individualized on-the-job training. In addition to identifying the most cost-effective training mode (measured by cost per couple-year of protection), the study will also identify which type of training resulted in higher quality performance of the distributors and which distributor characteristics were associated with superior performance.

SUBPROJECT II -- COF

A. Goals and Objectives

The goal of the COF subproject is to support the growth of a CBD program with COF that utilizes the network of trained nurse-midwives in Pichincha Province. The objectives for PY IV are the following:

- Strengthen the capability of COF to provide CBD services in Pichincha Province in areas where CEMOPLAF is not operating.
- Improve the managerial capability of the COF staff to coordinate a CBD program.
- Improve the ability of COF's network of affiliated nurse-midwives to serve as supervisors for CBD workers.

B. Training Activities

- Provide a four-day course in Family Planning for 20 community leaders and promoters.

C. Technical Assistance Needed

- The principal TA needed to achieve the three objectives described above has already been largely given through the TA visit of the Program Director and CBD Director of APROFAM during PY III. Additional TA will be provided by the Country Officer/Evaluation Specialist during regularly scheduled visits.

D. Materials Needed

- As in the case of CEMOPLAF, Development Associates will supply COF with all relevant materials on CBD training, supervision, and evaluation.

E. Evaluation Plan

- In addition to the routine course evaluation, COF will conduct a followup evaluation during the six months following this training to assess the application of the course content and need for any continuing training of the community leaders and promoters.

SUBPROJECT III -- CEMOPLAF, COF, APROFE

A. Goals and Objectives

The goal of this subproject is to facilitate the improvement of CBD training in the three institutions which operate CBD programs in the country. The specific objectives are the following:

- Achieve better communication and coordination among the three CBD programs.
- Establish common objectives among the three CBD programs.
- Facilitate the sharing of evaluation results and training materials used by the three institutions.
- Identify cost-effective means of training CBD workers given the experiences of the three institutions.

B. Training Activities

Development Associates will coordinate, in conjunction with USAID, a three-day meeting in Quito among the appropriate staff of the three institutions.

C. Technical Assistance Needed

The meeting will be facilitated by Development Associates' Deputy Project Director and Evaluation Specialist, and by representatives of APROFAM (Guatemala) and PROFAMILIA (Peru) who have had a great deal of experience in managing CBD programs.

D. Materials Needed

Each of the institutions represented will bring to the meeting relevant training materials and evaluation results from their CBD programs and share these with the other participants.

E. Evaluation Plan

No formal evaluation of this subproject is planned. Nevertheless feedback, both immediate and later, will be sought from the participating institutions as to the usefulness of this meeting and any changes in the CBD program that resulted from it.

4459D/5.88

GUATEMALA

POPULATION: 8,400.000 ^{1/}

CRUDE BIRTH RATE: 41 ^{1/}

TOTAL FERTILITY RATE: 5.8 ^{1/}

RATE OF NATURAL INCREASE: 3.2% ^{1/}

CONTRACEPTIVE PREVALENCE: 23% ^{2/}

Country Situation

The political turmoil surrounding family planning in recent years in Guatemala virtually disappeared in 1987. Programs in both the public and private sectors were making progress and increasing attention was being focused on Guatemala's very underserved rural population.

Preliminary figures from the current contraceptive prevalence survey appeared to reflect the impact of the political problems of the mid-eighties. Overall prevalence was basically unchanged over the five year period. In addition, survey results again highlighted the need for a greater effort in rural areas. Prevalence in urban areas was reported to be just over forty percent as contrasted with a rural prevalence of under 15%. Prevalence among women with no formal education was under 10%.

A three year extension of the family planning project is currently being designed by USAID/Guatemala. It is anticipated that the project extension will emphasize better services to rural populations and in particular effective means of increasing prevalence among the large Amerindian population of the highlands.

^{1/} 1987 World Population Data Sheet. Population Reference Bureau

^{2/} Preliminary results, 1987 DHS Survey.

Country Goals and Strategy

Development Associates' training goals for Guatemala remain unchanged. These are given below in each of the four areas of emphasis of the PAC II project.

1. Management and Supervision

- Formalize the training function within APROFAM as a model system.
- Establish a followup and evaluation system for APROFAM's regional training.
- 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. The strategy for the second goal is to create networking opportunities for trainers from throughout the LAC region both via a trainers newsletter to be published quarterly by APROFAM and by scheduling periodic Master Trainer meetings to discuss key issues in training.

2. Training of Trainers

- Develop the in-house capability of the Ministry of Health to provide high quality family planning training to service delivery personnel at all levels.
- 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

- Greatly expand the number of PVOs operating in indigenous areas of the country which have staff trained in family planning and a source of commodities for service delivery.

- Develop, test and evaluate alternative training and programmatic strategies for expanding the delivery of services to indigenous populations.

The development of effective means of 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

- 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 involves collaboration with the Ministry of Health.

Summary of Progress During PY III

Development Associates' annual plan for PY III 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 progress with each of these subprojects follows:

1. APROFAM

At the international or regional training level all five of the PY III objectives for this subproject were met. Further details are provided in the section on regional training.

At the national level, progress was made on most of the four objectives put forth. The first of these involved expanding outreach activities designed to provide training and commodity services to PVOs serving indigenous populations. By the end of the year, APROFAM had signed formal agreements with the first two PVOs

involved in this outreach project. Under the provisions of these agreements, the PVOs will provide family planning services in the areas covered by their projects freeing APROFAM resources to be applied in other parts of the country. APROFAM will continue to offer training, technical and commodity assistance services to these "graduate" PVOs. Negotiations are underway with two additional PVOs to initiate training for their personnel in PY IV.

A second national level objective, that of creating a corps of bi-lingual trainers, was not met. However, APROFAM did begin to coordinate with other PVOs with programs in indigenous areas on questions of training and I&E materials. This action expanded its pool of bi-lingual resource people. In addition, APROFAM, the Population Council and Development Associates embarked on an operations research project during the year that will test different training strategies. Should the outcome of that study indicate that locally-delivered distributor training is more cost-effective than that delivered by central trainers at the departmental level, there could be a reorganization of the training function within the institution and subsequent creation of a pool of bi-lingual trainers.

The third objective involved modifications of training strategies to better meet the needs of personnel and volunteers working in indigenous areas. Again, the operations research project will have bearing on this issue. Also, APROFAM has indicated an interest in sending representatives to a followup meeting on services to indigenous populations that will be held in Bolivia in the fall of 1988. The meeting will provide for an exchange of ideas and experiences among agencies with programs targeted at indigenous populations in Guatemala, Ecuador, Peru, and Bolivia.

The final national objective for PY III was partially met. This aimed at achieving a better utilization by the Ministry of Health of APROFAM's extensive technical capability in training. At an informal level, frequent consultations did occur resulting in notable improvements in MOH training programs. However, the somewhat reserved relationship between the MOH and APROFAM at the present time did not permit a more formal technical assistance effort.

Internal objectives related to the implementation of a competency-based training system within APROFAM were fully met. No further technical assistance will be required in this regard, as the institution now has a good understanding of the principles of competency-based instruction.

2. Ministry of Health

Three Ministry of Health objectives were described in the PY III plan and progress was made on all three. Major improvements were made in the application of participatory training methodologies to MOH courses. Less substantial improvements were made in the areas of needs assessment and training evaluation although the Ministry continues to recognize the need to improve these aspects of its training work. Unfortunately, the heavy work schedule of the MOH made it necessary to postpone a planned course for the staff of the Family Planning Unit to upgrade their skills in these areas. Nonetheless, three MOH staff will attend Development Associates' regional workshop on the evaluation of training in April, 1988.

3. Schools of Nursing and Auxiliary Nursing

One of three PY III objectives was accomplished in this subproject. Development Associates provided technical assistance to the MOH on the design of courses for nursing faculty from all schools in the country. The strong emphasis on the health rationale for family planning that was recommended proved to be an effective strategy for changing faculty attitudes. MOH staff reported substantial improvements in faculty views on the subject as a result of the training.

Despite this improvement, the schools remain reluctant to make major curriculum changes. Only one school has expressed an interest in receiving assistance to upgrade family planning instruction. The lack of enthusiasm on the part of the schools has caused the Ministry to concentrate attention on other priority needs for the time being. Tentative consideration has been given to the development of a model curricula in the one receptive school and that strategy may be pursued in the future.

Activities Proposed for PY IV and PY V

Subproject activities proposed with the Ministry of Health and APROFAM are described in the following sections. Assistance to the schools of nursing and auxiliary nursing is included under the MOH section. Periodic assistance will also be provided to AGES on request, although this is not considered a target institution for PAC II.

<u>FY 88 and 89 Budget</u>	<u>Obligated as of 3/15/88</u>	<u>Remaining</u>
\$13,850	\$645*	\$13,205

* Support for three MOH trainees in the Development Associates/APROFAM regional workshop on the evaluation of training.

SUBPROJECT I - APROFAM

The four goals that were established early in PAC II for the APROFAM subproject have largely been reached. APROFAM now has an established system for standardizing messages regarding contraception that are transmitted to clients and the public by APROFAM staff and volunteers. The institutionalization of a competency-based training system which can serve as a model for other organizations is well underway. APROFAM's capability in training trainers is recognized throughout the LAC region as exceptional. Progress has been made on expanding APROFAM's role at the national level as a provider of training and technical assistance services to other Guatemalan institutions. Thus, for the remainder of PAC II emphasis will shift to country goals that have not yet been fully realized: improved strategies for reaching Amerindians; the development of regional technical capability in supervision; and followup activities designed to maintain progress made in training of trainer activities.

A. Goals and Objectives

- Implement a strategy for maintaining communication and interchange among family planning trainers throughout the region.

- Develop APROFAM's technical capability as a regional resource for competency-based supervision training.
- Explore and test different strategies for improving service delivery to indigenous populations.

B. Training Activity

Development Associates is awaiting a final proposal from APROFAM for the development, publication and distribution of a quarterly newsletter for family planning trainers. It is anticipated that the first issue will be circulated in mid-1988. If funding is available, Development Associates also plans to conduct a final followup and evaluation meeting for individuals trained as Master Trainers under the PAC II project. This meeting is tentatively scheduled for the spring of 1989 and will focus on training followup and competency-based supervision.

To further explore strategies for reaching Amerindian populations, representatives of APROFAM and AGES, and possibly the Ministry of Health, will be invited to attend a sub-regional meeting on this subject in the fall of 1988. The meeting is to be held in Bolivia; it is being jointly organized by FEPADE of Cochabamba and Development Associates.

C. Technical Assistance Needed

Technical assistance will be required to refine the competency-based supervision system now being tested in an operations research project being carried out by APROFAM the Population Council and Development Associates. Some guidance will also be provided on the design of the regional newsletter for trainers.

D. Materials Needed

No special assistance is required.

E. Evaluation Plan

Development Associates reviews progress toward objectives on an annual basis with APROFAM and will continue this practice. Where objectives have not been met, the reasons for this are documented and discussed. In virtually all prior instances where objectives have not been met, this had been due to political or programmatic circumstances beyond the control of this institution.

SUBPROJECT II - MINISTRY OF HEALTH

The substantial progress made by the MOH in the past year in the development of training programs has narrowed the focus of assistance required. Nonetheless, the Ministry can still benefit from assistance in needs assessment methodology, training evaluation, training followup, upgrading instruction in pre-service institutions and improving community outreach, patient education and counseling.

A. Goals and Objectives

- Develop the technical skills of staff of the Family Planning Unit of the MOH in designing needs assessments, training evaluation strategies and instruments and training followup activities.
- Collaborate with the MOH on curriculum development in one pre-service institution.
- Upgrade the skills of MOH trainers in family planning outreach and client education.

B. Training Activity

A one-week course for staff of the Family Planning Unit is tentatively scheduled for November of 1988. Content of that course will be directed at achievement of the first objective.

C Technical Assistance

Development Associates has a standing offer to the Ministry to provide technical assistance with curriculum development. Should the Ministry decide to move forward with the development of a model curriculum in the one school of nursing that has expressed an interest in this, arrangements will be made for short term TA. The Ministry has also expressed interest in upgrading family planning outreach and education and in developing materials for field personnel. Technical assistance will be made available in this area as well.

D. Materials Support

Over the past five years, Development Associates has twice provided technical assistance to the MOH for the development of materials. In the first effort, a self-instructional family planning manual for auxiliary nurses was produced and distributed. The second item involved a manual for professional nurses.

During the remainder of PAC II, two materials projects remain to be addressed. The auxiliary nurses manual needs to be revised, updated and re-published. A manual is needed for field personnel on family planning outreach, community education and client education. At present the Ministry is somewhat over-extended and staff do not have time to work on these projects. However, Development Associates is prepared to assist with these projects whenever the Ministry is ready to work on them.

E. Evaluation Plan

As is the case with APROFAM, periodic meetings are held with the staff of the Family Planning Unit to review progress and current needs. The planned workshop for the end of the year will address evaluation in greater depth and assist the Ministry in designing its own evaluation strategy for followup with health personnel.

During PY III, the MOH began to conduct simple needs assessments, greatly improved training designs and methodology, and began to provide some followup through the supervisory system. Technical assistance was provided in PV IV on a mailed instrument for training followup. Additional assistance on needs assessment and evaluation will be provided early in PY V.

4459D/5.88

HAITI

POPULATION: 6.3 million^{1/}

CRUDE BIRTH RATE: 41^{1/}

TOTAL FERTILITY RATE: 5.7^{1/}

RATE OF NATURAL INCREASE: 2.8%^{1/}

CONTRACEPTIVE PREVALENCE: 7%^{2/}

Country Situation

The political situation in Haiti has remained troublesome. With the suspension of USAID financial support to public sector projects, ordered by Congress in late 1987, much of the curriculum development activity within family planning programs has halted. Ministry of Health officials with whom Development Associates maintains contact have communicated increasing frustration that little work is being planned due to frequent personnel changes and uncertainties regarding program priorities.

A Development Associates consultant who has coordinated our family planning training and curriculum development activities in Haiti recently returned from a visit to this country. The purpose of her visit was, in part, to determine what family planning curriculum development programs might offer some possibility for continuation. Her contacts at USAID and the Ministry of Health expressed little optimism for the immediate future. It is unclear at what point the United States Congress may resume financial support to public sector projects.

^{1/}1988 World Population Data Sheet, Population Reference Bureau

^{2/}Based on most recent C.P.S., Westinghouse Health Systems

Country Goals and Strategies

No PAC II activity is planned at this time. Development Associates has communicated its desire to be involved in training activities as soon as this is feasible. USAID's Population officer in Haiti has requested copies of Development Associates' AIDS MANUAL FOR NURSES AND NURSE WIDWIVES IN FAMILY PLANNING SETTINGS. We will continue to pursue possibilities for family planning involvement including activities related to AIDS and other sexually transmitted diseases.

HONDURAS

POPULATION: 4.7 million^{1/}

CRUDE BIRTH RATE: 39^{1/}

TOTAL FERTILITY RATE: 5.6^{1/}

RATE OF NATURAL INCREASE: 3.1%^{1/}

CONTRACEPTIVE PREVALENCE: 27%^{2/}

Country Situation

Honduras continues to be one of the fastest growing countries in Latin America. At 3.1% its growth rate outstrips every other country in the Caribbean and South America. Its population of 4.7 million will reach nearly 10 million by the year 2010 if the current growth rate is not reduced.

The government of Honduras is aware of the significance of this growth rate and has formally declared itself in favor of family planning. Services are offered primarily by the Ministry of Health and the Social Security Institute of Honduras, and by ASHONPLAFA, the IPPF affiliate. A large part of the national family planning budget comes from USAID through its bilateral agreement with the GOH. These funds are being applied to all areas of family planning including services, commodities, IEC, and training.

Country Goals and Strategies

In light of AID's substantial bilateral funding and PAC II's restricted financial situation, our country goals for Honduras will be modest for the remainder of the

¹1987 World Population Data Sheet, Population Reference Bureau.

²United Nations, 1987.

project. We have worked for many years with various departments within ASHONPLAFA, providing both direct training and scholarships. We consider this agency to be reasonably self-sufficient in training. Our strategy for the rest of PAC II will therefore be to selectively grant scholarships to individuals who require further training in specific areas as needs are identified in the next eighteen months.

Summary of Progress During PY III

One of the ASHONPLAFA trainers attended APROFAM's Second Master Trainer Course in Guatemala. This three-week advanced course covered topics in training needs assessments, training design and methodology, evaluation, followup and quality control.

Activities Proposed for PY IV and V

<u>PY 88-89 Budget</u>	<u>Obligated as of Jan. 1, 1988</u>	<u>Remaining</u>
\$4,640	-0-	\$4,640

Our entire country budget for Honduras will be spent for scholarships for Honduran family planning workers who need additional training in specific skills.

4459D/5.88

JAMAICA

POPULATION: 2.5 million^{1/}

CRUDE BIRTH RATE: 26^{1/}

TOTAL FERTILITY RATE: 3.1^{1/}

RATE OF NATURAL INCREASE: 2.0%^{1/}

CONTRACEPTIVE PREVALENCE: 51%^{2/}

Country Situation

The government of Jamaica continues to be very supportive of family planning through its ministries, which offer direct services, and through mass media campaigns. USAID/Jamaica is providing substantial support for family planning through the National Family Planning Board. Several agencies receive support from these bilateral funds including Operation Friendship, with whom Development Associates works. The major organizations working in family planning in Jamaica are: The National Family Planning Board, the Ministries of Health, Education, and Youth and Community Development, Operation Friendship, YWCA, the Jamaica Family Planning Association, and the Victoria Jubilee Hospital.

Country Goals and Strategies

Our major project goal for Jamaica is to develop technical self-sufficiency in training on the island and to put in place an organization that will provide training assistance to trainers. Our strategy for achieving this goal has been to

¹1987 World Population Data Sheet, Population Reference Bureau.

²United Nations, 1987.

train intensively a group of trainers and then to support them in their effort to form a training association. These family planning trainers come from all the major family planning agencies on the island and have used Operation Friendship as their headquarters. Last year these trainers began to organize themselves into a coherent group of TOT graduates; this year will see the launching of the Association for Family Life Education Trainers (AFLET). Development Associates will help form this new association with technical assistance and funding.

Additionally, Development Associates will supplement training that Operation Friendship will conduct under its USAID grant through the National Family Planning Board. This AID project calls for fourteen workshops to be conducted for different combinations of participants. Once Operation Friendship has better defined its technical assistance needs in conjunction with these workshops, Development Associates will offer assistance.

1. Management and Supervision

In support of the current PAC II strategy for Jamaica, Development Associates will offer TA regarding the managerial issues associated with the founding of an organization whose purpose is to provide logistical support and information to family planning trainers. We will provide help in organizational development to the Association for Family Life Education Trainers.

2. Training of Trainers

We will also offer specialized training in training skills to members of AFLET. Exactly what this will entail will be elaborated after the launching of AFLET in June, 1988. At that time the USAID/JFPB/Operation Friendship project should be underway and we will have a clearer picture of their technical assistance needs.

Summary of Progress During PY III

Operation Friendship and Development Associates held a second TOT workshop in May of last year for twelve participants from all the major family planning agencies of the island. This group will join graduates of the previous TOT to form the core members of AFLET.

Last year Development Assistance gave technical assistance in various areas dealing with the emerging AFLET. This technical support included information on organizational structure and bylaws of similar institutions in the United States. During this period also Operation Friendship completed its materials development contract through which it conducted a survey of local materials available to family planning trainers and produced three original training tools.

Activities Proposed for PY IV and V

<u>PY 88-89 Budget</u>	<u>Obligated as of Jan. 31, 1988</u>	<u>Remaining</u>
\$13,850	\$3,845*	\$10,005

*Contract JA-03 for the organization of AFLET.

SUBPROJECT I — OPERATION FRIENDSHIP

A. Goals and Objectives

Our major goal of PY IV will be to help launch and subsequently strengthen AFLET. We will do so by supporting their inaugural meeting in June, 1988. Later, technical assistance will be provided to their trainers as they participate in Operation Friendship's project with USAID/JFPB. After AFLET is operational we will provide technical support to workshops they plan to conduct.

B. Technical Assistance Needed

The PAC II country officer will provide technical assistance in institutional development to the administrative officers of AFLET. Additionally, further TOT courses may be scheduled depending on how the USAID/JFPB grant to Operation Friendship is implemented.

C. Materials Support Needed

Materials support will be determined as specific workshop plans materialize.

MEXICO

POPULATION: 84 million^{1/}

CRUDE BIRTH RATE: 30^{1/}

TOTAL FERTILITY RATE: 4.0^{1/}

RATE OF NATURAL INCREASE: 2.4%^{1/}

CONTRACEPTIVE PREVALENCE: 48%^{1/}

Country Situation and AID/Strategy

The government of President Miguel de la Madrid, now in its last year of office, 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

^{1/} 1988 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 eighth year with more than 25 affiliates. Private sector efforts have been further enhanced during the past three 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. Steady progress has been made in reducing the growth rate which is now 2.4%. 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 nine 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."

Development Associates' Country Goals and Strategy

Development Associates' country goals for 1988 represent a continuation of 1987 efforts to assist FEMAP, the Social Security Institute, and the State of Nuevo Leon Public Schools. 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

- Improve management skills of FEMAP program managers.
- Improve the training evaluation skills of the FEMAP Training Director.

2. Training-of-Trainers

- Train Trainers of CBD workers for FEMAP programs.
- Provide CBD TOT materials for FEMAP.

3. Service Delivery Skills

- Train CBD workers for new FEMAP affiliates to expand service delivery.

4. Curriculum Development/Instructional Skills

- Develop curricula for national and regional FEMAP mid-level management courses.
- Implement IMSS family planning training model throughout the Social Security System.

Summary of Progress During PY III

Development Associates established the following goals for PAC II Mexico training activities in CY 87:

1. Management and Supervision

- Develop training materials for a FEMAP standardized course in mid-level family planning program management.
- Improve management skills of FEMAP program managers.

- Plan first regional FEMAP management course.
- Train logistics personnel of state level SSA family planning/primary health care programs.

2. Training-of-Trainers

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

3. Service Delivery Skills

- Train CBD workers for new FEMAP affiliates to expand service delivery.

4. Curriculum Development/Instructional Skills

- Develop curricula for national and regional FEMAP mid-level management courses.
- Complete field testing and revision of IMSS paramedical teaching modules.
- Develop AIDS curriculum for IMSS family planning personnel.

Management and Supervision: The first two goals were fully met during CY 87. A high demand for training in management skills was created because of an unexpectedly high turnover in affiliate administrators, plus continued expansion of the FEMAP network to new cities. In addition, training staff from FEMAP were frequently providing followup technical assistance to affiliates when they were not actually putting on courses. FEMAP's plans to offer a regional course in management was postponed because of the need to concentrate on training for affiliate members. The plans to train logistics personnel of the SSA were cancelled due to a revised needs assessment.

Training-of-Trainers: The goals of providing TOT training and materials to trainers of FEMAP was entirely met. FEMAP sent a participant from one of its affiliates to the APROFAM regional TOT course, and also conducted TOT training for CBD trainers of its affiliate programs. The microcomputers originally requested by SSA were obtained from UNFPA funds.

Service Delivery Skills: This goal was met in that FEMAP successfully 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, the second and third goals were entirely met. IMSS completed development of the training modules and Development Associates provided TA to IMSS on the development of an AIDS curriculum which was completed during CY 87.

Activities Proposed for FY IV

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

<u>FY 88-89 Budget</u>	<u>Obligated as of 3/19/88</u>	<u>Remaining</u>
\$116,305	\$86,430*	\$ 19,875

*MX-11 Contract with FEMAP

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.

- Improve skills of FEMAP training staff in meeting the training needs of affiliates in the areas of training, supervision program management and evaluation.
- Provide initial training for new affiliate staff in program administration and management, TOT and supervision for CBD workers, and CBD evaluation.
- Conduct national workshops and meetings for personnel from CBD programs and for the directors of FEMAP's 35 affiliates.
- 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 88 Development Associates will conduct a joint review with FEMAP of progress made toward current year goals.

Additional Activities

In addition to the subproject previously described, there are two PAC II activities which are not listed as subprojects, pending confirmation of a buy-in which is needed to fund them. These are summarized below.

Prosuperacion Familiar Neolonesa, A.C.

This FEMAP affiliate has requested support for training secondary school teachers in the use of the Basic Guide to Sex Education which was developed previously with technical assistance from Development Associates. The training will both assist teachers in introducing sex education into the curriculum and acquaint them with the use of the Guide as a teaching tool. This activity represents a continuation of a project begun in PY II aimed at incorporating sex education into the program

of the public school system of the state of Nuevo Leon. The project is a joint effort with the Secretariat of Education, the Governor's office and the FEMAP affiliate in Monterrey.

Mexican Social Security Institute (IMSS)

IMSS has requested additional assistance to complete institutionalization of its new training system for service delivery personnel based on reproductive risk. Under two previous projects, carried out in PY II and PY III, IMSS developed tested and revised a series of nine instructional modules for training paramedical personnel to deliver family planning services. In PY III, Development Associates provided technical assistance to IMSS in the development of a module on AIDS and supported the testing and review process which involved all regional administrators and supervisors of the IMSS system. Final revisions of the materials have now been completed. The assistance presently desired would enable IMSS to train trainers of paramedical personnel in the routine use of these materials for staff training.

4459D/5.88

PERU

POPULATION: 20.7 million^{1/}

CRUDE BIRTH RATE: 35^{1/}

TOTAL FERTILITY RATE: 4.8^{1/}

RATE OF NATURAL INCREASE: 2.5%^{1/}

CONTRACEPTIVE PREVALENCE: 46%^{2/}

Country Situation

The administration of President Alan Garcia is in its third year. The frequent calls for a major expansion of family planning services made by the President have not resulted in an active response from the Ministry of Health. The Direccion General de Planificacion Familiar, which was established in March 1987, lacks human and financial resources. After a year of operation, the only significant achievement has been in program design. It is expected that implementation of this plan will begin in earnest by mid-1988 with financial support from UNFPA and AID.

The Instituto Peruano de Seguridad Social (IPSS) is making progress in the implementation of its family planning program with a 50% increase in the number of active users. The private voluntary organizations are also expanding their service coverage with the assistance of the USAID-Peru funded Private Sector Support Project (SPF). The CSM program is experiencing slow but steady progress: a market survey has been completed and a publicity campaign has been designed. Sales are expected to begin during the second semester of 1988.

1/ 1987 World Population Data Sheet. Population Reference Bureau

2/ Encuesta Nacional de Salud (ENDES) 1986

Country Goals and Strategies

The goal of PAC II in Peru is to complement USAID and other donor activities aimed at assisting Peruvian agencies in expanding the availability of modern family planning methods. To achieve this goal, PAC II activities will continue to support the training efforts of public and private family planning agencies. To this end Development Associates will work in close coordination and cooperation with USAID/Peru and other cooperating agencies.

Specifically, Development Associates will collaborate with SPF in CBD and logistic training as well as in program evaluation. Also, Development Associates is discussing with USAID/Peru ways of assisting the family planning program of the Ministry of Health. INPPARES, the largest and fastest growing PVO will be given financial assistance to provide initial and refresher training to CBD promoters and supervisors. Other PVO's may receive PAC II support as determined in consultation with USAID/Peru.

The goals and strategies for the technical areas under PAC II are as follows:

1. Management and Supervision

The goal of enhancing the managerial and supervisory capabilities of Peruvian family planners continues to be a priority for PAC II. Efforts will continue in training program managers from public and private institutions. CBD supervisors will be trained by INPPARES and other PVO's. In cooperation with SPF, TA will be provided to improve the logistics systems of the PVOs.

2. Training of Trainers (TOT)

The development of local training expertise also continues to be a priority for PAC II. To this end, Development Associates will provide scholarships or otherwise facilitate the participation of Peruvians in TOT regional courses and provide TA and materials to Peruvian institutions to enhance their training capabilities.

3. Service delivery

The goal to expand the availability of trained service delivery personnel will be pursued through a variety of training activities. Cooperation with SPF will continue for the design and implementation of a training strategy for CBD and clinic workers from all the PVO's. The MOH will be offered TA for designing and conducting a training plan for health workers in service delivery skills. A Development Associates local consultant will assist in the training of CBD supervisors and promoters for the Jungle Region. Development Associates will assist the Population Council in conducting an Operations Research project on CBD and in applying the results to improve service quality.

4. Curriculum Development

No major effort is expected in this area, except to collaborate with SPF in assisting the Cayetano Heredia University training program.

Summary of Progress during FY III

Four subprojects were implemented during PY III. Under PE-09, 630 promoters and 50 supervisors from Lima and the provinces were trained by INPPARES. FENDECAAP trained 240 Mothers Centers leaders in family planning promotion in rural areas under PE-07. Three hundred community leaders of North and Western Lima were trained by APROSAMI under PE-09. Finally PROFAMILIA trained 28 nurse auxiliaries and 58 CBD promoters under PE-10.

Extensive TA was provided by PAC II staff to several programs. Notably, a Development Associates local consultant provided TA and training to the USAID-funded Alto Huallaga Project. As a result of her efforts, a family planning program is now underway in this remote but strategically important area of the Jungle Region.

A PAC II staff member provided technical assistance to a Population Council operations research project with INPPARES for the design of training modules for supervisors and promoters. PAC II staff members have also assisted SPF in logistics, CBD and clinic training. PAC II staff provided TA to the MOH in the

preparation of a workplan to set in motion its family planning program, and a PAC II staff member participated as trainer in a communications workshop organized in cooperation with JHU/PCS and Pathfinder.

Activities Proposed for PY IV

Due to a shortage of funds, Development Associates will be extremely selective in allocating grants during the remainder of PAC II. INPPARES will receive funding to expand its CBD program through supervisor and promoter training and limited funding will be provided to other agencies. If requested, TA will be provided to the MOH in preparing and implementing a health worker training plan. Through a local consultant, further TA will be provided to the Alto Huallaga project to consolidate its family planning program. Finally, Development Associates will collaborate with the SPF project in the development and implementation of a CBD training strategy, logistics training and training in counselling skills.

<u>PY 88/89 Budget</u>	<u>Obligated</u>	<u>Remaining</u>
\$25,000	0	25,000

Subprojects

A subproject with INPPARES (PE-11) is being negotiated. No other subproject is proposed as yet.

4459D/5.88