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F I N A L E V A L U A T I O N

PROJECT AGREEMENT No. 525-0204 - POPULATION II
(GRANT No. 525-392G)

BETWEEN

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID/PANAMA)

AND

ASOCIACION PANAMEÑA PARA EL PLANEAMIENTO DE LA FAMILIA (APLAFAM)

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EXECUTIVE SUMMARY

The Republic of Panama has been a pioneer nation in sexual education for several years now.

The Population Project II, initiated in 1979 and which will finalize in September 1985, has provided bilateral assistance to the Panamanian Government through the Ministry of Health, the Social Security Board, the Ministry of Education, the Ministry of Labor and Social Welfare and the Panamanian Institute of Special Rehabilitation. In this same project, the Panamanian Association for Family Planning (APLAFA) has also participated, as a collaboration from the private sector, recognized as the first and only private, non-profit organization devoted to family planning and sexual education in Panama.

APLAFA was created in 1965. It affiliated as an associated member of the International Federation for Family Planning (IPPF) in 1969 and as a full member in 1975.

APLAFA has concentrated its efforts mainly in the San Miguelito District with particular emphasis in the adolescent group. For that purpose, it maintains an adolescent youth center, a sexual education program and a gynecology-obstetrics clinic.

As Panamanian population is predominantly young, there exists a pronounced dependency in the service structures of the public and private sectors. During the last years this has aggravated due to the prolonged economic and fiscal crisis of the country. Youngsters, children, as well as adolescents, are inclined to suffer the effects of these critical periods in a more notorious manner. Such is the case of child malnutrition, unemployment and juvenile delinquency, to mention some of these problems.

At the present time, the Panamanian Government faces an enormous and almost un-payable foreign debt, and at the same time, the economy of the country is practically paralyzed. Unemployment continues to grow; consequently, social problems already in existence for some years now, become more and more serious.

The current national constitution stipulates that a population policy for the country should be implemented. It is very probable that such population policy would contemplate at least the following points: one, the need to control population growth in periods of serious financial crisis; and two, the establishment of strict immigration control. Sexual education and family planning will have an important role to meet in whatever population policy may be established.

In a similar fashion, sexual education, family planning and responsible parenthood should contribute towards the improvement of Panamanian family, which is another great national objective identified by the efforts of the National Committee for the Family and the proposed Code for the Family and the Minor.

Thus, it is easy to understand the outstanding role that at present and in the very near future will correspond to APLAFA as a private, non-profit entity. With the extremely limited resources of the public sector, it will be left to the private initiative to carry out a complementary and extremely valuable and necessary task.

APLAFA can very well be assigned with specific tasks, such as providing sexual education to private schools and to contribute with family planning programs in areas of great social pressure, as is the case of San Miguelito.

During the almost six years of the grant agreement with USAID/Panama, APLAFA has met the major part of its objectives.

The following is a summary of the results, including information about medical-clinic services, which did not form part of the grant agreement.

I. RESULTS OF THE PROGRAM

1. Educational Program

<u>Activity</u>	<u>Achievements (Six Months Remaining to Complete the Project)</u>	<u>Minimum goals in the Agreement</u>
Courses and Seminars for adolescents	201	310 during project life
Meetings with promoters	<u>105</u> 306	Not established
Awareness talks to adolescents	449	Not established
Total of participating adolescents	39,765	Not established
Courses for parents and teachers	64	55 during project life
Talks for parents and teachers	101	Not established
Total of parents and teachers participating	6,300	Not established

2. Extension Program (outreach) and Resources
Development with Public and Private Groups

<u>Activity</u>	<u>Achievements</u> (6 months remaining to complete the project)	<u>Minimum goals</u> <u>in the Agree-</u> <u>ment</u>
Information seminars and talks for public and private groups	91	250 presentations of Resources Develop- ment during project life.
Extension (outreach) courses or seminars for pharmacists or pharmacy employees	4	5 during project life
Extension (outreach) seminars and/or simposiums	2	2 during project life
Pharmacies participating in social contraceptive marketing program	0 (study showed this program was not practical)	100 during project life
Vehicle acquisition	2	1 during project life

3. Medical-Clinic Services

The total visits made by users have been decreasing year by year since 1979, which is due, according to APLAFA directors, to the initiation by the public sector of similar services during these years which have been gradually improved.

However, income derived from donations (fee for services) from users have increased as prices have been raised but it is felt that this has partially caused a decrease in demand.

II. IMPACT OF THE PROGRAMS

1. Educational Program

The educational activities have been very well accepted by all participants and have filled the need, especially regarding adolescents. This is demonstrated by the interviews and evaluations carried out.

2. Extension (outreach) programs

The extension (outreach) programs with public and private sectors have been praised and their continuation is constantly requested but in many instances this cannot be done because of lack of personnel.

3. Development of Resources Program

Even though presentations and seminars related with the development of resources have been very successful, the financing campaign has left much to be desired. There has not been a competent person to carry out this very important aspect for the future of APLAFA, neither a real working plan has been developed.

At present, APLAFA collects less than 15% of its yearly expense budget in donations.

This component of the agreement is the one that has received least attention and efforts from APLAFA.

4. Medical-Clinic Services

Interviewing users and studying their behavior has proven that the clinic gives good service and that it has an adequate effect on the behavior of the beneficiaries.

The scarce funds of APLAFA prevented up to this moment their contracting of a gynecologist-obstetrician for fixed periods. The specialists that offer their services do it on a voluntary basis, receiving a limited per diem for their transportation and mobilization expenses only. For this reason, one cannot always count on their services during fixed working hours.

III. MAIN PROBLEMS AND DIFFICULTIES

1. Administrative slowness and lack of timely decision-making on the part of APLAFA directors. This has had much to do with the insufficient utilization of the funds available within the agreement (in the best of the cases only 66% of the financial resources will be utilized). Probably there was not a clear understanding on the best way to utilize the funds.

2. Insufficient attention on the part of APLAFA in the development of local resources (to date only approximately 13% of the yearly expense budget is covered by local donations). The lack of a competent person to perform the development of resources and a real program for that purpose. The educational activities of all types will be seriously affected after the completion of the Agreement as APLAFA will not have sufficient funds to cover fees nor per diem expenses for personnel.

3. Communication between APLAFA directors and USAID/Panama has not been very effective to face and solve the more relevant problems such as the two mentioned above.

4. Lack of sufficient technical and voluntary staff for educational, extension and clinic activities. This is directly related with the limited financial resources of APLAFA which will be aggravated at the end of the agreement.

5. Lack of communication with the public sector, particularly with the Ministries of Health and Education, which on several occasions caused misunderstandings and prejudices regarding the objectives and activities of APLAFA.

6. Decrease in the total visits made by users to APLAFA clinic.

IV. MAIN RECOMMENDATIONS

1. To negotiate urgently a bilateral assistance which will enable APLAFA to permit the continuity in its present programs, especially the educational ones. Current financial and critical circumstances of the country should be considered by USAID to look for a mechanism to assist APLAFA.

2. APLAFA must seriously study the main problem that is affecting it: the need of an executive director, more appropriate to the current and future organizational situation, as the present director does not meet all the time needed nor with the health required to keep the rhythm of work and the attention that such a position demands.

3. APLAFA must select a competent person for the position of Director of Resources Development, as it is the only

manner in which a successful program for the collection of donations, etc. which would allow increasing the necessary staff and face other financial needs of the organization, could be implemented.

4. APLAFA must exert an effective effort to improve communication and coordination with the public sector. One of the actions within this line would be to reach a new agreement with the National Government, more specific and more favorable to APLAFA.

5. A feasibility study of the APLAFA medical-clinic services must be carried out. The same would include aspects such as: type of services, relation between operational costs and service fees, minimum number of users and necessary monthly income, reasons for the discontinuation of users' visits, etc.

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INTRODUCTION:

The ASOCIACION PANAMEÑA PARA EL PLANEAMIENTO DE LA FAMILIA (APLAF) was established as a non-lucrative private organization, in December 1965. At the end of this year it will complete twenty years of providing continuous services to the community.

In 1969, it became an affiliate member of the International Planned Parenthood Federation (IPPF), and later in 1975 was recognized as a full fledged member.

Although it began with a sample clinic, it later had various facilities in different parts of the country. When the Government of Panama began its own Family Planning Program, APLAFA's clinics were reduced to one, which is situated in the District of San Miguelito.

APLAF's organization includes a Board of Directors, with 33 members, and one Executive Director, who is in charge of the implementation of its programs. (See Annex I, Organization Chart.)

The United States Agency for International Development in Panama (USAID/PANAMA), under Grant Agreement No. 525-0204, POPULATION II, has been contributing with activities on Sex Education and Family Planning in APLAFA, since September, 1979. The specific grant agreement with APLAFA is No. USAID 525-392 G, which terminates on September 30, 1985.

APLAF's educational program is directed primarily to adolescents, but it also includes parents, teachers, and other groups in the public, as well as the private sector.

The offices, clinic and adolescents center of APLAFA are situated in the District of San Miguelito, where the inhabitants are benefitted by the programs it provides.

San Miguelito was created in 1970 and is known as a "Special" District in the Province of Panama. It has an extension of 513 square kilometers and the majority of those who reside in this area are emigrants from the rural parts of the country or from the poorer sections of the City. To a great extent, these inhabitants are victims of extreme poverty due to a high rate of unemployment or under employment.

This District reflects a dramatic demographic explosion. In 1960, ten years before it was recognized as a District, it had a population of 12,975 inhabitants. In 1970, it increased to 68,400 and in 1980 to 157,063. In other words, its population increased about twelve times more in twenty years.

The goal of the Population II Grant Agreement is to contribute to further decrease the birth rate of Panama, thus supporting the efforts to improve the quality of life of Panamanians in the lower income group.

Its purpose is to increase the dissemination of information and services of family planning to a greater proportion of the population within the fertile age group.

The Ministry of Health is the main implementing agency of the agreement. Other agencies include the Ministry of Education (MOE), the Panamanian Institute for Special Education (IPHE), and the National Directorate of the Child and Family (DINWFA), of the Ministry of Labor and Social Welfare.

The specific objectives of APLAFA under this Agreement, are:

1. To provide, in the areas of information, orientation and sex education, courses for adolescents at their youth center in San Miguelito, and other localities, as may be necessary.

2. Provide special guidance and sex education courses to parents and teachers.

3. Provide educational and informative talks as activities for the development of its resources.

4. Establish a type of format seminar to be used by public and private groups (including educational and service organizations) for the development of activities based on sex education and family planning.

To comply with the aforementioned objectives, APLAFA has been provided with the following financial resources, through donations by USAID/Panama:

<u>YEAR</u>	<u>AMOUNT</u>
1979 - 80	\$ 56,000.00
1980 - 81	96,000.00 (1st. Amendment)
1981 - 82	146,000.00 (2nd. Amendment)
1982 - 83	230,000.00 (3rd. Amendment)
1983 - 84	348,000.00 (4th. Amendment)

During the latter part of 1979, the International Planned Parenthood Federation made an overall evaluation of APLAFA's activities. In this evaluation we refer to the following agreements which were arrived at by a team of volunteers and officers from the IPPF Regional Office, during their visit to Panamá in January 25-27, 1978:

1. APLAFA should not work only with the Ministry of Health.
2. APLAFA should contract an administrator to replace the Executive Secretary.
3. The Clinic in the Marañon area should be closed.

To date, only items 1 and 2 have been carried out. Item 2 was complied with for about three years, from 1978 to 1981 when an administrator was contracted to act as an Executive Secretary. This person did a good job, but resigned for reasons of career improvement. Since that time, the position has been occupied by the founder and undisputable leader of APLAFA. Therefore, for the last four years, the item referred to is still pending.

The report on the evaluation of the Sex Education Program in Panama prepared by Norine Jewell in 1983, stated that the education program of APLAFA is very good. The evaluator recommended APLAFA and USMA to prepare a symposium utilizing the data obtained from the study, regarding the attitudes of adolescents on sex education and family planning. This simposium was not carried out because they could not reach an agreement on how it was going to be funded.

This report represents the final step of the implementation of the service contract between the evaluator and USAID/PANAMA to carry out a final evaluation of Grant Agreement No. USAID 525-392 G, and its amendments.

The objectives of the evaluation are the following:

1. Determine the general results of the sex education family planning activities for adolescents, parents and teachers, developed by APLAFA since September 1979 to June 1985.
2. Determine the extent of APLAFA's achievements regarding family planning and sex education in the public and private groups, including business, cooperatives, trade unions, educational and community service institutions.

METHODOLOGY

The following techniques were used in the final evaluation of Grant Agreement No. USAID 525-392 G:

1. Reading of documents (See Annex II)
2. Interviews with various persons (See Annex III)
3. Observation of activities
4. Forms used prior to the interviews and other forms
5. Preparation and application of attitudinal scale on sex education and family planning.

I. ACTIVITIES ON SEX EDUCATION AND FAMILY PLANNING FOR ADOLESCENTS, PARENTS AND TEACHERS.

A. Findings and Discussion

1. Activities with Adolescents

After reading and analyzing the monthly and quarterly reports of APLAFA's Education Department, Table I was prepared. This Table refers to the activities carried out since October 1979 to March 1985. The classification and reorganization of data required a considerable amount of time because of the changes that occurred in the reports during the almost six years that the program has been implemented.

There was a total of 306 courses and seminars for adolescents and meetings with promoters during the 5-1/2 years analyzed. Through a mathematical projection, it can be inferred that up to September 30, 1985, a total of 218 courses and seminars will be held, as well as 115 discussion meetings with promoters, for a grand total of 333 of these activities during the life of the project.

The minimum goals established in Amendment No. 4 of June 27, 1984 are: 310 during the life of the project and 55 per year. The total goal has been surpassed. However, the minimum annual goal was not achieved in any of the first three years of the project. During the fourth and fifth years, the minimum annual goal was exceeded and it is expected that the same will happen during the sixth and last year of the project.

As for awareness talks for adolescents, there were 449 during the first 5-1/2 years of the project. Although this type of activity does not appear as a specific objective in the documents, we must take into consideration its motivational and informative character, plus the fact that it was imposed upon by pressures and requests from the interested institutions. We believe this improved the deficit previously mentioned, regarding the courses, seminars and discussion meetings with the promoters.

A total of 39,765 participants attended these activities. (See Table II.)

2. Activities with Parents and Teachers

Table I, shows a number of activities with parents and teachers that were held as of October 1979 to March 1985. They have been presented together because in most cases, both groups worked together.

Courses analyzed during the 5-1/2 years, total 64. A total of 101 talks were given during the same period.

In Amendment No. 4, of June 27, 1984, the following minimum goals were established: 55 courses or similar activities during the life of the project; and an average of 9, for any given year. The total goal was exceeded, although the second quarter of the last year of the project remains to be considered.

A total of 6,300 participants attended these activities, courses and lectures. (See Table II.)

8. Problems and limitations

The main problems and limitations were:

1. Occasionally, the project encountered opposition and/or prohibition by the public sector agencies, especially the Ministries of Health and Education. For example, the Ministry of Education, through its Counseling department, had a number of trained counselors and public schools were instructed to use this staff only for sex education/family orientation activities. A similar situation occurred when the MOE decided that APLAFA should not promote their educational activities directly, but should be limited to answering spontaneous requests only.

2. Because of APLAFA's limited staff and volunteers, they were unable to comply with the increasing demands for educational activities.

3. The difficulties in making it possible for parents and teachers to participate in activities on consecutive days, especially during evenings or weekends.

C. Conclusions

1. The total goal set for educational activities for adolescents, parents and teachers during the life of the project was surpassed.

2. The annual goal set for educational activities for adolescents was not reached during the first three years of the project, however it was achieved during the last three years.

3. The high number of motivational talks for adolescents and informative ones for parents and teachers, compensated to a great extent for those annual goals not achieved.

4. There was a lack of coordination between APLAFA and the public sector, especially the Ministry of Education and the Ministry of Health.

D. Recommendations

1. APLAFA should increase its staff assigned to the sex education and family planning activities with adolescents, parents and teachers in order to also service the rural areas.

2. APLAFA, as well as the GOP institutions responsible for the sex education and family planning activities, should strive to achieve a better coordination. This will allow each institution to improve the quality and quantity of their end product, towards adolescents, parents and teachers, as well as within the community, particularly because present circumstances which show that there is a significant lack of resources.

II. OUTREACH ACTIVITIES - INFORMATION SEMINARS AND PROMOTION IN THE PUBLIC AND PRIVATE GROUPS

A. Findings and Discussion

APLAFAs has not designed a set pattern for the seminars and activities for information and promotion among the public and private groups. Instead, according to the individual needs and interests, each organization has planned and implemented its design, following the plans developed by parents and teachers.

In relation to the outreach activities of the program, the following are outstanding: Santa María la Antigua University (USMA), the Republic of Panama Workers Union (CTRP), the Panamanian Young Men Christian Association (YMCA), and the Panamanian Pharmacists Association.

Since 1981, courses were held for students from USMA, through the Students Affairs Directorate and the Counselling Department. In 1985, these semi-annual activities have continued for day as well as evening groups, with extremely satisfactory results and excellent attendance.

Through the CTRP, an intensive program was developed in 1981 and 1982, during the evening hours, with different union groups and in several sites throughout the country. Also, activities were conducted to prepare multipliers. For the last years, CTRP has been following up and evaluating the program, which included a total of 30 seminars. To date, there are reasons to believe that 50% of the participants had improved their standard of living to some extent. The general opinion is that workers have benefitted by improving their knowledge on subjects considered taboo, and which they have been able to put into effect in their daily lives, and in guiding their children and spouses.

APLAFAs also participated in the seven seminars held at the YMCA. The directors of this Association are very pleased with the results and received several favorable comments from the young participants. Their enthusiasm has been such, that they have presented a proposal to carry out 48 seminars per year, but APLAFAs is not able to accept this commitment due to limited economic and human resources.

During the last years, four seminars were organized for the members of the Pharmacists Association. Two of these were in Panama City, one in Colon and another in Chiriqui. There is still one more to be held in the Azuero region. Also, they are considering the organization of 6 or 7 seminars for pharmacist assistants, by region, throughout the country.

Many governmental agencies have benefitted from lectures and seminars presented by APLAFA's Education Department. Among these are penitenciaris, the National Defense Forces, IPHE, the Juvenile Court, Chapala Reform School, the National Bank of Panama and INTEL. After reading the reports and other documents available, it has been impossible to detect when these activities were related to the outreach program or to the development of resources. Some of the groups serviced are located in the rural areas. Several collaborators and one volunteer mentioned the need to organize APLAFA Chapters in other cities in the Republic of Panama.

B. Problems and limitations

1. The limited staff of the education department of APLAFA was a strong obstacle for implementing a specific program during the six years of the project.

2. The good relationship established with the various institutions after a cycle or period of activities, have not been continued. Particularly with those located in the rural areas.

3. The necessary coordination required between the Education Department and the Resource Development activities has not been established.

C. Conclusions

1. These activities have been carried out successfully, although there has been some confusion with those directed towards the development of resources; perhaps no steps have been taken to clarify the difference between the two. The lack of a specific program, such as the one included in the Agreement, was not considered necessary.

2. In various instances, no advantage was taken of the opportunity to request and obtain resources for these activities. For example, the director in charge of the Reform School in Chapala, said that his institution would have contributed with a donation for the seminars offered by APLAFA.

D. Recommendations

1. The Department of Education of APLAFA requires more technical personnel so that they can be directly responsible for the extension activities and the outreach program in the private, as well as the public sector.

2. It is necessary to establish a plan of activities in order to ascertain that they receive follow-up actions regularly.

3. When convenient, these outreach actions should be utilized for the development of resources.

III. INFORMATION AND EDUCATION ACTIVITIES IN FAMILY PLANNING FOR RESOURCE DEVELOPMENT

A. Findings and Discussion

The purpose of this department is the following: to design a program through which APLAFA could project a good image to the community and mobilize local resources to permit defrayment of its future projects that will require less or almost no external assistance.

In 1981 the person in charge of this program resigned and his duties were assigned to the Executive Director, who because of other commitments, cannot dedicate his full efforts to this important task.

In March 1984, with the financial assistance of USAID/Panama, an American consultant was contracted to carry out a Feasibility Study on Fund Raising. A survey was applied to 30 local businessmen. The main aspects in that study are summarized as follows:

1. The "reason" for sponsoring APLAFA is:
 - a. Family planning is very important to the welfare of the country.
 - b. There is a need to promote responsible father/motherhood to avoid greater family disintegration.
 - c. APLAFA possesses enough credibility, experience, and leadership in the family planning and sex education areas.
2. APLAFA's main weakness is that the public is not aware of many of its activities and thinks of it, mainly as a contraceptive distribution center.
3. Present disadvantages are:

a. The present poor economic situation, which has is affecting most institutions.

b. The "tense" political situation in the country.

c. Philanthropic competition from other organizations such as PANAJURU, Teleton 20-30, Cancer Prevention Campaign, etc.

4. An important advantage is that all major institutions have available a budgetary line for contributions.

5. The recommendations were:

a. To contract a public relations agency to promote APLAFA's image and correct erroneous misconceptions in the mind of the public,s

b. To market projects adequately.

c. To continue with the present fund raising project.

d. To develop new strategies, such as carrying out a seminar in early 1986 and initiate a strong campaign to raise funds.

In April 1985 a Business Administration graduate student was hired for trial period of 3 months to take care of the resource development program and was assigned the following duties:

- Work with the resource development commission (made up by 11 directors of Aplafa).

- Visit associations, community representatives, and possible donors in order to make APLAFA and its services known to the community.

- Identify potential customers for APLAFA's printing shop.

- Develop cooperative work patterns with other associations.

- Think and develop creative activities to raise funds.
- Promote the sale of contraceptives among gynecologist and private clinics.

Up to now, results have not been as expected and we believe that this person is not the best suited for this type of work.

During the 5 1/2 years of the program, an outstanding amount of lectures and seminars have been held in various institutions both in the public and private sectors. It is difficult to determine the number of then such activities that have been carried out and how many participants have attended; At times it is almost impossible to differentiate them from other similar activities developed as part of the outreach program. For that reason, in Tables 1 and 2, both activities, the resource development and the outreach program, appear together under the title "Other Groups". It can also be noted that a total of 91 seminars and talks were held, with an attendance of 3,260 participants.

Among the participating institutions, we find: INTEL, IRHE, MIDA, MITRABS, National Defense Forces, Ministry of Government and Justice (penitentiaries and the Juvenile Court), and the Ministry of Education (elementary and high schools- public and private), in the public sector. Galletas Pascual, Metales, S. A., Polifom, Coca-Cola de Panamá, Empresas del Aeropuerto de Tocumen, La Estrella de Panamá, Empresas Gago, Cía. Panamericana de Orange Crush, Kardonsky Hermanos, Vidrios y Espejos and Renhla, S. A., among those in the private sector.

Since 1980 the resource development activities have been increased. In the same year, the IV National Family Planning and Cooperative Education Seminar was held, together with the Alcancía Cooperative, made up by employees of the General Controller's Office. At the end of the seminar, this organization donated \$500.00 for the construction of the Adolescents Center.

Panama's United Fund, through the Social Welfare Council, assigned \$790. to accomplish a program of seminars on family planning and sex education.

Caja de Ahorros donated \$500.00

In May 1980, the sales program provided intrauterine devices (Copper "T"s) and other contraceptives to gynecologists, at reasonable prices.

In addition, several pharmaceutical representative agencies made donations in "species", such as pills and injectable contraceptives.

The chain of GAGO Supermarkets donated a sizeable quantity of didactic materials for the library of the Adolescent Center.

Several mass media enterprises granted space in newspapers, television, and radio stations.

The Government of Panama assigned four employees from their Emergency Program to work for APLAFA.

Between 1981 and 1982, there was a study on the commercial sale of contraceptives, but the conclusion was that it did not offer any financial benefits. On the other hand, a strategy was planned to obtain business promoter members, with an annual fee of \$100 each. In return, they could periodically request and obtain, information on population problems, responsible parenthood, and contraceptive methods. They could also negotiate, for a specific cost, activities such as talks, courses, etc. From June 1 to December 31, 1982, 31 companies subscribed and paid their first annual fee.

Table III gives an idea of the local collection of funds between 1979 and 1984.

In general terms, there have been some increases, especially under "donations by patients", and "resource development" (there are significant donations from individuals and companies), the total amount collected is far from covering 15 per cent of APLAFA's budget. (*)

(*) Exactly 14.4%, estimating 1983 and 1984 average, vs. annual total expenses average, for the same year (respectively, \$236,917 and \$262,335).

B. Problems and Limitations

1. During most the six years life of the Project, there has been a lack of capable and fully dedicated personnel responsible for the local resource development program.

2. There has also been a lack of coordination between the department or the person in charge of resource development and the education department.

C. Conclusions

1. Resource development activities have been the best looked after by APLAFA under the Grant Agreement.

2. A specific program has not been designed, nor have they complied with the recommendations submitted by the firm contracted to carry out the feasibility study.

3. Notwithstanding the increase in the funds collected every year, there is still APLAFA must do to become financially independent.

D. Recommendations

1. Select and hire a fully qualified person to fill the position of Director or Coordinator of resources development.

2. Contract a public relations agency, as was recommended by the feasibility study team in 1984, to promote a positive image of APLAFA.

3. Design a realistic resource development program, with a plan that will improve the relationship and coordination with the education department.

IV. IMPACT OF THE EDUCATION PROGRAM

A. Findings and Discussion

1. Comments by volunteers, collaborators and participants on APLAFA's sex education/family planning program.

Twelve persons were interviewed, after previously filling out a questionnaire with their comments. A summary of these comments related to 13 aspects of APLAFA's educational activities are presented below:

<u>SUBJECT</u>	<u>COMMENTS/AVERAGE RATING</u>
a. Attention to requests for educational activities (courses, lectures, etc.)	Very Good
b. Agreement and completion of time schedules, dates, and places.	Very Good
c. Preparation and production of printed materials	Very Good
d. Distribution of printed didactic materials	Good
e. Performance and effectiveness during oral presentations (lectures, classes, etc.)	Very Good
f. Selection and projection of educational films	Very Good
g. Selection and use of slides	Good
h. Preparation and implementation of presentations & other practical techniques	Good to acceptable
i. Utilization of models (3-dimensional presentations)	Mediocre
j. Work in groups and seminars/workshops	Very Good
k. Preparation and presentation of panels, simposia and similar activities	Very Good
l. Evaluation of activities carried out	Very Good
m. New contacts and follow-up.	Good

In summary, the great majority of interviewees considered the quality of APLAFA's educational activities to be VERY GOOD. It is worth mentioning that

among the educational techniques, the use of models and presentations, as well as other practical procedures, were seldom utilized, according to those interviewed.

Some interviewees considered that the following aspects could be improved: distribution of printed didactic materials, selection and use of slides and the follow-up, continuation or more similar activities.

There were favorable comments on the responsibility, effectiveness, and great interest demonstrated by the trainers, including the fact that they did not impose themselves on the audience while presenting their talks. Rather, they stressed: maturity, love, and human warmth. The students from USMA in David and Panama made positive comments.

The following is an example of the evaluation of an activity presented by the educational program of APLAFA: In one of the last courses on sex education for adolescents at the YMCA, 75% of the participants (34 out of a total of 45), specifically stated in a survey of opinions, that the subjects would prove very useful, as well as the audiovisual materials on sex education, such as puberty, sexual relations, family life, sexually transmitted diseases, the film DOS CAMINOS, and the "record forum".

They also mentioned, the integral sense of the contents as it relates to the biological, psychological, psycho-social, and moral aspects.

An interviewee complained about the limited availability of funds for lodging and meals for several participants, in certain activities. Another mentioned not being totally sure of the effectiveness, at a long range, of the efforts made by the voluntary group. Another believes that they should purchase more copies of the different educational films.

Last, it was said that the sex education/family planning program is extremely necessary for today's youths, mainly because it "emphasizes the responsibility of each individual towards his sexual relations".

2. Comments by other persons interviewed

The following includes a summary of comments by officers from APLAFA's Education Department and Clinic, as well as from officers from the Ministries of Health and Education.

According to APLAFA's officers, the results of the project are very satisfactory, considering their limited staff and the opposition they have encountered from the public sector. There's a high degree of morale in their work, great satisfaction in the services they provide, and in the results achieved. They are grateful for the opportunities of attending courses and other training activities, including the exchange of experiences with other participants. They consider that to work in this program and with APLAFA in general, gives them the opportunity to learn what is going on in the country and what can be done, especially in matters related to the San Miguelito District.

The officers of the Ministries of Health and Education believe that APLAFA's program places too much emphasis on family planning and on the biological aspects of sex education, but not enough on other aspects of human sexuality. They also agree that there has been a lack of coordination between the two institutions and with other public agencies, as well as with APLAFA, from which they have received very little information. Also, they consider that it would have been more profitable to join efforts and resources to provide better services to the community. It was said, for instance, that the preparation and production of didactic materials could have been done in a joint and coordinated manner.

3. Comments by APLAFA and USAID/Panama Officers

According to APLAFA and USAID/Panama officers, the outstanding achievements of the education program are:

a. Significant contribution to increase awareness in the importance of family planning and sex education in the Republic of Panama, both for adolescents and adults, especially in regard to responsible parenthood.

b. Consolidation of APLAFA as a private, non-profit organization dedicated to promoting the services of family planning and sex education.

c. The purchase of machinery and equipment (printing shop, filming equipment, etc.) to prepare educational didactic materials which will continue to inform the Panamanian community.

d. The seminars to promote family planning, with the participation of pharmaceuticals (owners and employees).

According to the referred Officers, the difficulties and problems, have been the following:

(1) Inadequate utilization of the resources that are available. As per information furnished by APLAFA's accountant, up to June 30, 1985, \$206,273.00 have been spent and reimbursed (Table 4). That is, only 59% of the total funds have been disbursed, at one trimester prior to the end of the project. We estimate that APLAFA will use about \$230,000.00, which represents 66% of the total funds available for this project.

(2) Delays by APLAFA in taking actions when required, in decision making and in follow-up activities. Several opportunities to use funds were lost because of APLAFA's delays in making decisions.

(3) Limitations or lack of knowledge as to how funds should be utilized.

(4) Insufficient attention given by APLAFA to resource development to cover future projects.

(5) Few accomplishments in the rural areas.

(6) Lack of personnel to carry over duties and activities.

(7) Opportunities such as the following, were missed: the development of a contraceptive marketing program in the private sector and an adequate organization and promotion for local resource development since the beginning of the program; the establishment of a service center, for which external funds were available for construction and setting up.

The main specific suggestions of this group are:

- a. Implement a fund-raising program.
- b. Hire additional personnel (if and when more resources are obtained).
- c. Increase the number of really active volunteers.
- d. Update performance of personnel on a periodic basis.

4. Measurement of the Activities on Sex Education and Family Planning.

a. Preparation of the Instrument

(1) Prepare approximately 60 sentences or phrases that would express an opinion or indicate a position regarding sex education or family planning.

(2) Testing of these 60 sentences with members of APLAFA's staff (4 from the education department and one from the clinic), to determine the position of each in the acceptance and rejection scale.

(3) Selecting 22 sentences (11 of acceptance or agreement and 11 of rejection or disagreement), taking into consideration the results of the proof with APLAFA's personnel.

(4) Testing the instrument with the 22 selected sentences, with a small group of adolescents.

(5) Application of the instrument to two adolescent groups in the San Miguelito District.

b. Application of the instrument to two sample adolescent groups in San Miguelito

In order to verify if the courses, lectures, etc. of APLAFA's educational program do in fact help to change or improve attitudes towards sex education and family planning, an experimental study was designed with two groups of adolescents from the San Miguelito District: (a) 20 members of APLAFA's Adolescents Center; and (b) 20 adolescents from an independent group in another sector of the San Miguelito District.

The hypothesis of this investigation was the following: that there are differences in attitudes regarding sex education and family planning, between the members of APLAFA's Adolescent Center and other adolescents in the San Miguelito District. Those from APLAFA's Adolescents Center would obtain a higher score than those from other groups, in a test aimed at measuring their attitudes on sex education and family planning.

On May 24 the test was applied to a group of 20 members of APLAFA's Adolescents Center. On July 7, the same test was applied to 20 adolescents from the Sinai Juvenile Artistic Environmental Group (MAJA), in the community of Belisario Porras, San Miguelito District.

The dependent variable was: The attitude towards program contents on sex education and family planning - through scores obtained in the attitude scale designed for that purpose.

The independent variable was : Two types of adolescent groups with assumed differences, in orientation and upbringing in sex education and family planning (the members of APLAFA's Adolescents Center and the members of the Sinai Juvenile Artistic Environmental Group).

The controls applied in the selection of samples of the 20 adolescents from each group were:

Age: Between 13 and 27 years; average of 18 years.

Number of adolescents taking the sample: 20

Sex of adolescents for the samples: 12 females and 8 males

Educational level: Any year in high school or college

Measuring instrument on Attitude: The test which was prepared for that purpose and given to all the participants (forms, instructions, and evaluation)

Length of time: A maximum of 45 days to apply the test to the two sample groups.

The instrument used to measure was a Likert-type attitude scale towards sex education and family planning.

c. Results of the Application of the Attitudinal Scale

The sample of the members of APLAFA's Adolescents Center averaged 80.8 as a result of the application of the measurement instrument on attitudes. The sample applied to the members of the Sinai Juvenile Artistic Environmental Group obtained, in turn, an average of 75.9.

After the respective statistical operations were done, (see Annex V), we conclude that the hypothesis of investigation is accepted; that is,

(1) There are differences in the attitudes towards sex education and family planning in both groups.

(2) That the group belonging to Aplafa's Adolescents Center achieved a statistically significant higher score on their attitudes towards Centers for sex education and family planning than those from the Sinai Juvenile Artistic Environmental Group.

Consequently, it can be said:

(1) That the group from APLAFA's Adolescent Center has a better attitude toward sex education and family planning than the rest of the adolescents in the San Miguelito District.

(2) That APLAFA's sex education program and the Adolescents Center's activities significantly aid in changing and improving attitudes on sex education and family planning.

B. Conclusions

1. Regrettably, it must be admitted that, to date, only approximately 60% of the funds available has been used to their advantage, but on the other hand, we must be aware of APLAFA'S limited resources. It is evident that APLAFA's officers did not have the administrative capacity nor sufficient knowledge to utilize these funds. At the same time, we believe that the USAID/Panama's officers, as counterparts in this Project, did not provided enough assistance and guidance to APLAFA. On many occasions efforts by APLAFA to utilize these funds were rejected, and in other instances, USAID/Panama's suggestions on how to use these funds were not accepted.

Efforts should have been attempted by APLAFA and USAID/Panamá to find a system or a formula to take advantage of a larger percentage of these funds, such as: fees, per diem, training expenses (local and overseas), obtain the services of other individuals for the project's activities, etc. Also, organizing and providing services and similar activities, through adolescent centers in other districts and communities in the Republic (for example, in La Chorrera, Arraiján, David, Tocumen, etc.)

It is possible that due to faulty communications between APLAFA and USAID/Panama, a lot of time was lost in lengthy meetings and not being able to overcome the excessive red tape in both agencies.

2. The education program has been quite successful and based on a much felt-need.

3. APLAFA has acquired prestige and leadership in the sex education and family planning areas.

4. Communication with the public sector has not been good and APLAFA had to face opposition and prejudiced reactions.

5. APLAFA's staff feels great satisfaction for the job being done and are grateful to USAID/Panama for the training opportunities and for the exchange of knowledge.

6. APLAFA is already well equipped to produce didactic materials, and also has adequate audiovisual equipment and materials

7. The experimental study, with the use of a Likert-type scale, demonstrated that APLAFA's educational program, as well as the activities at the Adolescents Center, aid in shaping, changing, and improving the attitudes adolescents have towards sex education and family planning.

D. Recommendations

1. Promote good communications in the public sector, especially with the Ministries of Health and Education.

2. Take advantage of the opportunities to train, improve, and update their personnel.

3. Provide funds in their expesse account to cover maintenance and repair of equipment, as well as for the replacement and reproduction of didactic materials..

4. Continue to measure and evaluate the effect of the education program and the activities of the Adolescents Center.

V. IMPACT OF THE MEDICAL/CLINICAL SERVICES

A. Findings and Discussion

1. Comments by Users

A total of ten users were interviewed, selected at random in the Clinic's waiting room, during five different days in June and July, 1985.

Most of the women interviewed (60%) live in the San Miguelito District, and of these, the majority belongs to the Mateo Iturralde Community, where the clinic is situated. The rest lives quite far from San Miguelito—Rio Abajo, Tocumen and Bethania.

The age of the users interviewed ranged from 17 to 52 years, with 80% of them under 30 years of age. A significant number in this sample (40%), had a maximum of 8 months attendance to the Clinic. However, most of them were regular users or had been subsequent users for 3 years.

Of these, 30% had heard about the Clinic from a friend who was a user. The same percentage attended through reference by a health professional (doctor or psychologist). In 2 cases (25%) attendance was due to referral by a relative. One case (10%), visited the Clinic because she had obtained the information when she was in elementary school and APLAFA gave a talk on responsible parenthood. The last one (10%), found out by reading a sign placed in the facade of the building where APLAFA is situated.

Approximately three thirds (70%) of the users in the sample, visit the Clinic to be examined by a Obstetrician and to obtain family planning services; 20% to see a Gynecologist, and 10% take their children for special services.

Almost one third (30%), considers that the services provided by the Clinic are excellent; 40% say they are good; and 20% regular only, because sometimes doctors are not available. One user (10%), did not give her opinion on this subject. Some of the favorable comments mentioned by the users were also: they received good attention; they are treated well; prices are fair, "although they have increased a little recently", said one; yet another added, "but they are still lower than at the private clinics".

When asked for suggestions for improving the services of the Clinic, only two users (20%) suggested that "doctors should be assigned full-time". The others made no specific suggestions.

Regarding the question if they had suggested to or invited other persons to use the Clinic, only one (10%) said no. Almost two-thirds (70%), mentioned that they had invited from one to 10 persons. The rest, (20%), had invited more than 11 persons. Approximately 70% use APLAFA's laboratory for their tests. The rest use a Government institution, such as the Social Security Policlinic, health centers, or the Santo Tomás Hospital. None of the users mentioned a private laboratory.

2. Analysis of the statistics and comments by the Staff

The visits by the users shows a yearly decline since 1979 (See Table 5). According to APLAFA's officers, this is due to the fact that the Ministry of Health and the Social Security have started to provide these services over the last years. These institutions have also improved the delivery of services.

The total number of users increased significantly from 1979 to 1980 (27%)*. However, there has been a decrease of up to 55% as of that date, if we compare total users in 1980 to those in 1984.

Regarding the new users, the number remained more or less stable between 1979 and 1983. Nevertheless, it declined dramatically in 1983 (39%), as compared with the previous year. In 1984, there was an increase of 23%, as compared to 1983; however, this figures represents 75% only of what was accomplished in 1982.

The highest total of subsequent users during the 6 years analyzed was in 1980. From then on, there has been a constant decrease up to 1984. (Average annual decrease is 26.5%).

(*) This increase relates to the closing of APLAFA's Clinic in El Marañon in 1979. Only the number of subsequent users increased; there were no increases in the number of new users.

Male users constitute an insignificant minority.

The clinic's staff, medical and paramedical, consider their job to be very important for the population in the low or modest income group; particularly the adolescent users. They believe they play a prominent role in the family planning area. They are also concerned about the limited resources that hinder providing medical/clinical and laboratory services full time. Following are some of their suggestions:

- a. Obtain additional financial resources;
- b. Promote a higher standard of services;
- c. Improve honoraria fees of personnel;
- d. Hire 2 or 3 GYN/OBS at fixed rates;
- e. Hire a pediatrician.

3. Study on the Users Behaviour

A total of 15 Users were included in this modest study on their behaviour towards family planning. Ten were interviewed personally and five by telephone. This is not a random sample, but rather intentionally since the users were selected from those visiting the Clinic and others from the files.

There is an outstanding fact among the Users interviewed regarding their confidence in the use of family planning methods. Their comments on this fact were the following: "I know I will not become pregnant while I'm under control." "Once I am ready to decide, I will have another child."

Family planning to some of these women means to take care of themselves so that they will not bear unwanted children; to others, it means to have as many children as they can educate and provide for. Approximately 54% of the Users in the sample have 2 or 3 children, with period of 3 to 7 years, between each child.

Six of the users (40%), are in their first pregnancy and/or at least one year has gone by since they had their last child. Only one (6%) among those interviewed had a "mishap" or a "slip" while she was a user. She did not keep her appoint at the Clinic to continue her "planning", therefore she became pregnat one year after her second child.

Only one of the users in the sample (6%) said she had problems with the contraceptives. When she changed from pills to injectables every three months, her face started to break out and for this reason she had an IUD inserted (Copper "T").

Most of the users in the sample (73%) continue to use the Clinic and in our opinion, the following positive aspects were observed:

a. Young users accompanied by the spouses, particularly in those cases where they brought their new born child;

b. Users breastfeeding their children; (in one case the child was two years old).

B. Problems Identified

1. In all other years, except 1982 to 1984, when more resources were available, the clinic shows a lack of specialized physicians working full-time.

2. In general, the decrease in the users of APLAFA's Clinic is quite evident and of great concern.

3. The laboratory services provided by the clinic have been very irregular (at present there is no laboratory technician) due to the lack of resources to cover an acceptable salary expense; also, neither the volume of work nor the rates established are attractive enough for laboratory technician to accept the job on a consignment basis.

4. The adolescent female users feel uncomfortable to visit the Clinic together with adults.

5. The basic problem underlying all the others mentioned is the lack of sufficient financial resources.

C. Conclusions

The small sample of users points out to the following:

1. Most of the users live in the San Miguelito District, but a significant number come from other areas of the City.
2. The majority of users is made up of young women under 30 years of age.
3. More than half of regular or subsequent users, and less than half are recent or new users.
4. The majority heard about the Clinic through another user, either a relative or a friend.
5. A large proportion of the visits to the Clinic are for obstetrical and family planning services.
6. Most of the users consider the services to be excellent or good, and that prices charged are fair.
7. The only suggestion to improve services was to have a doctor full time.
8. Almost all users recommend other women to attend the Clinic, particularly to friends and relatives, which clearly relates to statement mentioned in point (4) above.
9. Most of the clients use the laboratory for their tests; none indicated the use of private laboratories.

On the other hand, the interviews with the Clinic's staff, indicate the following conclusions:

1. That there is confidence and assurance that an important task is being accomplished in family planning, particularly among adolescent mothers.

2. There is much concern regarding the limited financial resources which hinders the possibility of offering better and more complete services.

In regard to the study on the Users behaviour, these are the following conclusions:

1. The users in the sample plan their family with responsibility and effectiveness taking into consideration their economic condition.
2. The average spacing between pregnancies is three years.
3. The majority of users in the study, kept their appointments with the Clinic regularly, within an average of five years.
4. There have been very few cases regarding problems due to the contraceptives used by the Clinic.
5. The attendance of adolescents fathers with their spouses to the appoints at the Clinic, shows improved paternal responsibility.
6. The opportunity to see mothers breastsfeeding their babies while at the Clinic's waiting room, indicates an appropriate behavioural pattern.

D. Recommendations

1. APLAFA should carry out a feasibility study on medical/Clinical services. The same should include the type of services, cost and prices for each service, minimum amount of users, required monthly income, etc.
2. Discuss a new agreement with the Government of Panama, with more specific and favorable terms for APLAFA; otherwise, organize the clinic as a private enterprise, under a different name, perhaps something like "Low Cost Clinic for Women and Children".

3. Obtain significant financial assistance, either locally or through and international organization. Although USAID/Panama is unwilling to extend the bilateral assistance to APLAFA, its important role as a private institution, with limited funding and outstanding achievements during its 20 years in the field, should be recognized. Also, the difficult economic situation that the country is undergoing, should be an important factor to take into consideration, prior to making a final decision not to continue providing assistance to APLAFA.

4. Reorganize the medical/Clinical services, bearing in mind the results of the aforementioned recommendations.

5. Include in APLAFA's publicity and information campaign, the promotion and increase of the delivery of their medical/clinical services.

6. At least twice a year, carry out a localization and promotion campaign among those users who have discontinued their visits to the Clinic.

7. A study should be carried out on the reasons why the users discontinue their visits to the APLAFA Clinic.

VI. FINAL COMMENTS

The Grant Agreement with APLAFA has achieved a great success in the educational aspects, particularly those related to adolescents. There is an ample consensus in this respect, and it is also confirmed in the measurement of attitudes referred to in this report.

Both the promotion and outreach activities are good, although due to personnel limitations, it is not more in-depth, nor are all the rural areas included.

The Clinic has been quite successful. The services offered are considered good, the prices fair and, according to a study on the users' attitude, the results have been excellent. Nevertheless, there is a tendency towards a decrease in the visits, since the beginning and later improved delivery of similar services by the Government Agencies.

Regarding resource development, results are less than satisfactory. After almost six years of life of the project, APLAFA has not been able to cover one seventh of their annual expense budget. In addition, the resource development department is not staffed with a qualified person, nor do they have a specific program.

Funds granted by USAID/Panama were excessive in relation to the programs designed according to APLAFA's felt needs and/or its administrative capabilities. The progressive increase of funds during the first four years does not seem to have been based on an adequate study or adequate monitoring of the Project.

The final outcome of the project is acceptable. The main limitations were:

1. Administrative delays in decision-making, follow-up and remedial actions by APLAFA's officers.

2. Unproductive communication between APLAFA and USAID/Panama officers to cope with and resolve difficulties.

3. Lack of and/or poorly selected personnel for the development of resources.

4. Lack of personnel in the educational and outreach activities, as well as for the delivery of services in the Clinic.

The final and overall recommendation is that APLAFA must seriously analyze the main administrative problem they are undergoing: the need for a more adequate director to cope with present and future needs. The present Director, although he has sufficient merits and an impressive service record, does not have the time nor the required physical conditions to successfully keep up with the pace and dedication this task demands.

TABLE No. 1

EDUCATION PROGRAM OF THE PANAMANIAN ASSOCIATION FOR FAMILY PLANNING (APLAFA)

NUMBER OF ACTIVITIES WITH ADOLESCENTS, PARENTS, TEACHERS AND OTHER GROUPS

FROM OCTOBER 1979 THRU MARCH 1985

Type of Participants	Type of Activities	Number of Activities Performed by year *						TOTAL
		1979-80	1980-81	1981-82	1982-83	1983-84	1984-85**	
ADOLESCENTS	Courses and Seminars	51	37	38	21	31	23	201
	Meetings with Promoters	-	-	11	40	50	4	105
	Talks	-	-	95	130	120	104	449
	SUB-TOTAL	51	37	144	191	201	131	755
PARENTS AND TEACHERS	Courses	24	16	15	3	6	-	64
	Talks	-	-	24	35	28	14	101
	SUB-TOTAL	24	16	39	38	34	14	165
OTHER GROUPS	Seminars and Talks	3	16	18	24	28	2	91

Source: Monthly activities reports from the Department of Education, APLAFA.

* From October 1 of a given year through September 30 of the preceding next year.

** Until march 31, 1985.

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TABLE No. 2

EDUCATION PROGRAM OF THE PANAMANIAN ASSOCIATION FOR FAMILY PLANNING (APLAFA)

NUMBER OF PARTICIPANTS IN ACTIVITIES WITH ADOLESCENTS, PARENTS, TEACHERS AND OTHER GROUPS

FROM OCTOBER 1979 THRU MARCH 1985

Type of Participants	Type of Activities	Number of Participants by year *						TOTAL
		1979-80	1980-81	1981-82	1982-83	1983-84	1984-85**	
ADOLESCENTS	Courses and Seminars	1,850	1,774	2,544	1,251	1,096	965	9,480
	Meetings with Promoters	-	-	523	1,494	1,850	100	3,967
	Talks	-	-	7,477	8,185	6,811	3,845	26,318
	SUB-TOTAL	1,850	1,774	10,544	10,930	9,757	4,910	39,765
PARENTS AND TEACHERS	Courses	1,036	725	601	135	265	-	2,762
	Talks	-	-	851	1,184	1,002	501	3,538
	SUB-TOTAL	1,036	735	1,452	1,319	1,267	501	6,300
OTHER GROUPS	Seminars and Talks	82	628	555	847	1,107	41	3,260

Source: Monthly activities reports from the Department of Education, APLAFA.

* From October 1 of a given year through September 30 of the preceeding next year.

** Until march 31, 1985.

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TABLE No. 3

PANAMANIAN ASSOCIATION FOR FAMILY PLANNING
COLLECTING LOCAL FUNDS
1979 - 1984

COMPONENT	1979	1980	1981	1982	1983	1984	TOTAL
Distribution of Contraceptives	555	2,949	6,049	5,865	6,487	3,698	25,603
Donations made by Patients	4,491	7,169	7,405	10,149	11,903	11,627	52,744
Development of Resources	4,051	4,198	9,814	2,019	10,296	9,663	40,041
Special Campaign	—	—	—	3,205	1,900	6,450	11,555
TOTAL	9,097	14,316	23,268	21,238	30,586	31,438	129,943

Source: Data obtained from APLAFA accountant, based on Annual Reports of respective years.

TABLE No. 4

FUNDS AVAILABILITY UNDER POPULATION II PROJECT
No. 525-0204

UNTIL REIMBURSEMENT No. 47
June 23, 1985

DETAILS	TOTAL USAID COMMITTED UNTIL 30/6/85	TOTAL APPROVED FUNDS * (UNTIL 30/6/85)	ACCUMULATED EXPENSES REIMBURSEMENT No. 47 23/6/85	BALANCE AVAILABLE 23/6/85	BALANCE AVAILABLE USAID/ UNTIL 30/9/85
A- ADOLESCENTS	110,000	105,676	107,608	(1,932)	2,392
B- PARENTS/TEACHERS	25,000	16,365	10,702	5,663	14,298
C- DEVELOPMENT OF RESOURCES	100,000	94,600	31,952	62,648	68,048
D- EXTENSION	89,000	76,385	46,386	29,999	42,614
E- VEHICLES	24,000	23,625	9,625	14,000	14,375
TOTAL	348,000	316,651	206,273	110,378	141,727

Source: Data obtained from the APLAFA accountant.

*Ref. No. 85-587 (USAID) Correspondence.

TABLE No. 5

PATIENTES TREATED AT THE APLAFA GYNECO-OBSTETRIC CLINIC,
ACCORDING TO TYPE OF PATIENT: YEARS 1979-1984

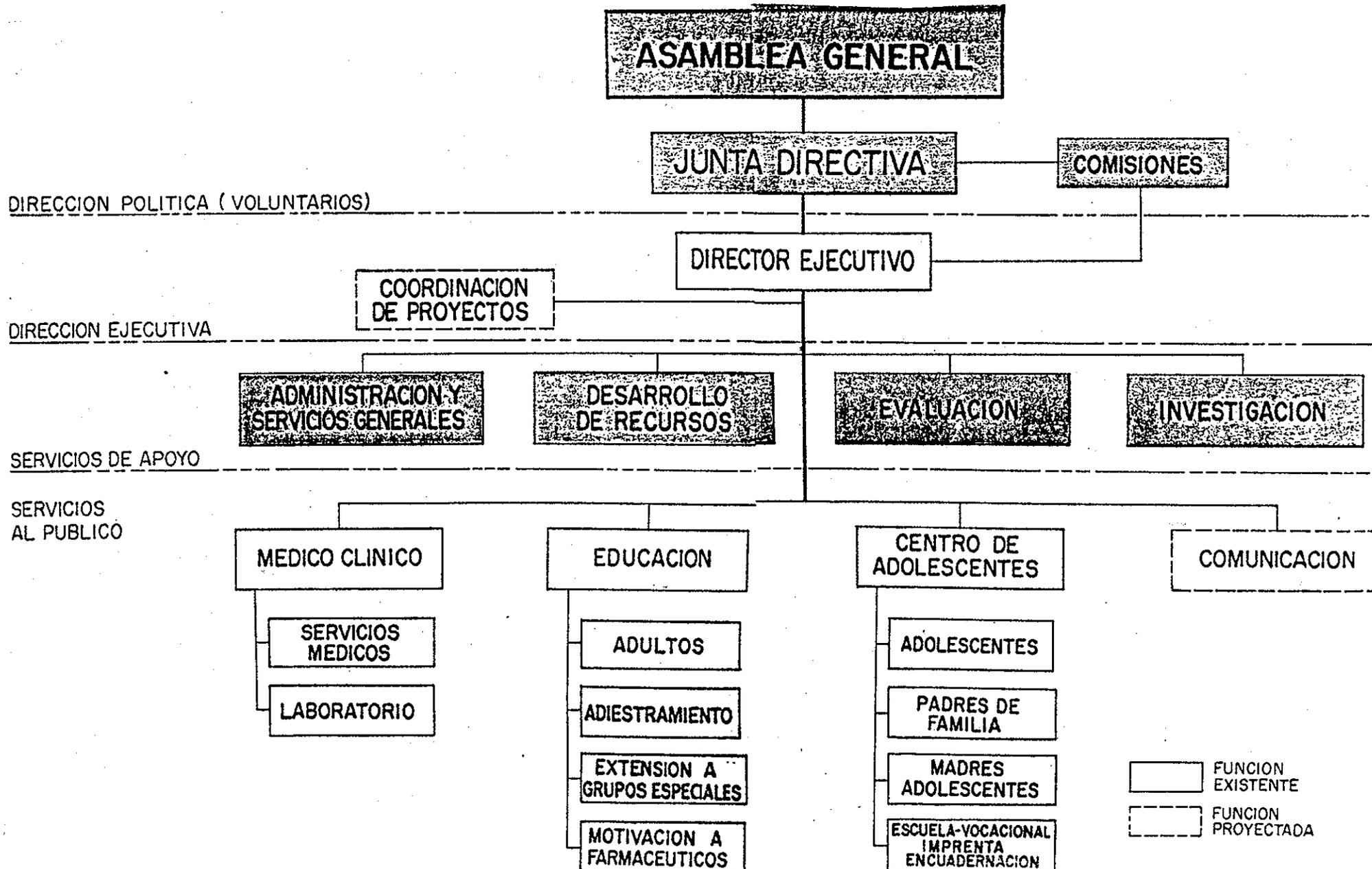
TYPE OF PATIENT	1979	1980	1981	1982	1983	1984
TOTAL Users' Visits	<u>5,765</u>	<u>5,462</u>	<u>4,187</u>	<u>3,176</u>	<u>2,137</u>	<u>2,002</u>
Users' TOTAL	<u>1,271</u>	<u>1,618</u>	<u>1,129</u>	<u>1,090</u>	<u>766</u>	<u>721</u>
New Users	535	525	419	533	325	400
SUBSEQUENT	736	1,093	710	557	441	321

Source: Clinical and Annual Reports from APLAFA.

A P L A F A

ORGANIGRAMA FUNCIONAL: 1984

ANNEX I



ANNEX I

LIST OF REFERENCE DOCUMENTS

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11. Kirk, Roger E. "Introductory Statistics". Brooks/Cole Publishing Co., Monterey, California, 1978

LIST OF INTERVIEWED PERSONS

1. Dr. Julio Armando Lavergne, Director Ejecutivo, APLAFA
2. Sr. Francisco Beens, Director de Educación, APLAFA
3. Arq. Jorge R. Riba, Presidente de la Junta Directiva, APLAFA
4. Lic. Bernai Velarde, Exdirector Ejecutivo de APLAFA
5. Dr. José Moreno Arosemena, Exdirector de la Clínica de APLAFA
6. Sra. Elsie de Castillo, Directora del Centro de Adolescentes, APLAFA
7. Sr. Ramón Hernández, Oficial de Educación, APLAFA
8. Sra. Luz de Cedefío, Enfermera de la Clínica, APLAFA
9. Licda. Elsa D. Berroa, Trabajadora Social, APLAFA
10. Jacqueline Abadi, Psicóloga, APLAFA
11. Dr. Gabriel Sosa, Médico Voluntario de la Clínica, APLAFA
12. Sr. Marvin Cernik, Jefe de Servicios Sociales, USAID/Panamá
13. Sra. Angela Mata, Asistente de Programa, USAID/Panamá
14. Licda. Adelaida de Torres, Trabajadora Social, Policlínica de la Caja de Seguro Social, La Chorrera (Voluntaria de APLAFA)
15. Sra. Adelina de Duarte, Madre de Familia, Distrito de San Miguelito (Voluntaria de APLAFA)
16. Licda. Zita Molino, Trabajadora Social, Junta Comunal de Bethania (Voluntaria de APLAFA)
17. Sr. Fernando Rodríguez, Colegio Elena Ch. de Pinate (Colaborador de APLAFA)
18. Sr. Jerry Prado, Director Ejecutivo de la Asociación Cristiana de Jóvenes de Panamá
19. Licda. Perla de Tomlin, Expresidenta del Colegio de Farmacéuticos de Panamá y Directora de la Escuela de Farmacia, Universidad de Panamá
20. Sr. Francisco Sánchez, Dirigente de la Central de Trabajadores de la República de Panamá

21. Licda. María Eugenia de Alemán, Universidad Santa María La Antigua de Panamá (Colaboradora de APLAFA)
22. Rev. Alfonso Lozano, Colegio San Vicente de Paul, David
23. Prof. Deidamia de Sánchez, Universidad Santa María La Antigua de David (Colaboradora de APLAFA)
24. Rev. Camilo Arias, Escuela Vocacional de Chapala, Arraiján
25. Licda. Tirsa de Moreno, Fuerzas de Defensa, David (Colaboradora de APLAFA)
26. Prof. Gilberto A. Urriola, Jr., Director del Colegio Rodolfo F. Chiaria, Aguadulce
27. Dr. Fabio Bethancourt, Director de Orientación Educativa Profesional, Ministerio de Educación, Panamá
28. Prof. Egberto Blanco, Coordinador del Programa de Desarrollo Humano y Educación Sexual, Dirección de Orientación Educativa Profesional, Ministerio de Educación, Panamá
29. Prof. Paula de Gómez, Orientadora a Nivel Nacional, Dirección de Orientación Educativa Profesional, Ministerio de Educación, Panamá
30. Dr. Edberto Stanziola, Director del Programa Materno-Infantil, Ministerio de Salud, Panamá
31. Dr. Hernando Martiz, Jefe del Sub-programa de Adolescentes, Ministerio de Salud
32. Licda. Hermila Muñoz, Educadora para la Salud, Programa Materno-Infantil, Ministerio de Salud, Panamá

ANNEX IV

BRIEF DESCRIPTION OF THE TYPES OF COURSES

1. Basic Course on Sex Education for Adolescents

Duration: 5 days, minimum: 2 hours daily.

Includes the following subjects: Human Sexuality; Biological Aspects of the Human Being; Psico-sexual development of the Human Being; Sexual Hygiene and Venereal Diseases; Courtship and Marriage.

2. Second Level Course on Sex Education for Adolescents

Duration: 5 days, minimum: 3 hours daily.

Includes the following subjects: Roles of the couple; pregnancy; Delivery and Abortion; responsible parenthood and family planning; contraceptive methods; variations on the behaviour and/or relationship between couples.

3. Course for Parents and/or Educators

Duration: 3 days; minimum 2 hours daily.

Includes the following subjects: Human Sexuality; psico-sexual development of the Adolescent; responsible parenthood; and/or relations between parents and children.

LIKERT'S TEST STATISTICS

	<u>APLAFA GROUP</u>		<u>Sinai Group</u>	
	<u>X₁</u>	<u>X₁²</u>	<u>X₂</u>	<u>X₂²</u>
1.	78	6084	77	5929
2.	85	7225	74	5476
3.	90	8100	88	7744
4.	79	6241	84	7056
5.	91	8281	70	4900
6.	80	6400	87	7569
7.	85	7225	85	7225
8.	86	7396	76	5776
9.	70	4900	73	5329
10.	71	5041	82	6724
11.	65	4225	69	4761
12.	71	5041	79	6241
13.	84	7056	71	5041
14.	82	6724	75	5625
15.	76	5776	81	6561
16.	88	7744	73	5329
17.	81	6561	71	5041
18.	84	7056	62	3844
19.	76	5776	73	5329
20.	94	8836	68	4624

$$\sum X_1 = 1,616 \quad \sum X_1^2 = 131,688 \quad \sum X_2 = 1,518 \quad \sum X_2^2 = 116,124$$

$$N_1 = 20$$

$$N_2 = 20$$

$$1. \text{ Median: } \bar{X}_1 = \frac{\sum X_1}{N_1} = \frac{1616}{20} = 80.8$$

$$\bar{X}_2 = \frac{\sum X_2}{N_2} = \frac{1518}{20} = 75.9$$

2.

Standard Deviation : $S_1 = \sqrt{\frac{\sum X_1^2}{N_1} - \bar{X}_1^2}$

$$S_2 = \sqrt{\frac{\sum X_2^2}{N_2} - \bar{X}_2^2}$$

$$= \sqrt{\frac{131688}{20} - 6528.64}$$

$$= \sqrt{\frac{116124}{20} - 5760.81}$$

$$S_1 = \sqrt{6584.4 - 6528.64} = 7.467$$

$$S_2 = \sqrt{5806.2 - 5760.81} = 6.737$$

3.

Standard Error

$$\sigma_{X_1} = \frac{S}{\sqrt{N_1 - 1}}$$

$$\sigma_{X_2} = \frac{S}{\sqrt{N_2 - 1}}$$

$$= \frac{7.467}{\sqrt{19}}$$

$$= \frac{6.737}{\sqrt{19}}$$

$$= \frac{7.467}{4.358}$$

$$= \frac{6.737}{4.358}$$

$$= 1.713$$

$$= 1.545$$

4. Standard Error

of the Difference :

$$\sigma_{\text{dif.}} = \sqrt{\sigma_{X_1}^2 + \sigma_{X_2}^2}$$

$$= \sqrt{1.713 + 1.545}$$

$$= \sqrt{3.258} = 1.8$$

5. Converting Sample Medians

Differences into Units of

the Standard Error of

the Difference :

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sigma_{\text{dif.}}} = \frac{80.8 - 75.9}{1.8}$$

$$= \frac{4.9}{1.8} = 2.72$$

6. Finding Degrees of
Freedom number :

$$\begin{aligned}df &= N_1 + N_2 - 2 \\&= 20 + 20 - 2 \\&= 38\end{aligned}$$

7. Comparing t obtained
with appropriate t in
the table of t values
at 0.05 and 0.01 levels
of significance :

$$\begin{aligned}t \text{ obtained} &= 2.72 \\t \text{ in table} &= 2.025 \\&= 38 \\p &= 0.05\end{aligned}$$

CONCLUSION :

In order to reject the null hypothesis at 0.05 level of significance with 38 degrees of freedom, the obtained t should be 2.025 or larger. Since the obtained t is 2.72, which is larger than 2.025, we reject the null hypothesis and accept the research hypothesis.