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INSTITUTE FOR REPRODUCTIVE HEALTH
Georgetown University Medical Center

EVALUATION

Project

"Training of Instructors in Natural Family Planning"

ATLF

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A

HEALTH MANAGEMENT SYSTEMS

QUIPUS

Consulting

THE DEVELOPMENT GROUP, INC.

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The evaluation team wishes to acknowledge and recognize the resources provided by the Agency that were used to perform this evaluation, as well as the quality of its management and field professionals, who were always willing to assist us in carrying out this project.

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I. INTRODUCTION

This report consists of an evaluation of the performance of the project "**Training of Instructors in Natural Family Planning (NFP)**" contracted by the Institute for Reproductive Health of Georgetown University (IRH/GW) to the Asociación de Trabajo Laico Familiar (ATLF), and carried out by the team of external evaluators of the Development Group, Inc. (DGI), during the first two weeks of September and the first two weeks of October, 1994.

We will first address the frame of reference of the project and the methodology of the evaluation.

Secondly, we will discuss the analysis of the need for family planning (FP) services evidenced by the population in the operating area of ATLF, and the participation of this agency in the satisfaction of these needs, with this discussion set in the context of this project.

Then we will present an evaluation of the progress of the project itself, which will be focused on the training provided, the capture of users, and supervision and monitoring of the natural family planning instructors who have been trained.

And finally we will present a profile of the agency's current capacity, in both a structural and functional sense, and the potential of ATLF to conduct this project successfully, including in the analysis the internal and external factors that have an impact on the success of the project. The analysis also includes the delineation of the most relevant factors that should be considered for the short term and medium term direction of the project.

The information has been gathered from various sources, from donors and from the agency, and has been supplemented by applying three instruments: an interview guide used with the directors of the institutions that are connected to the implementation of the project, a questionnaire for the instructors and a questionnaire for the users that were specifically designed for this purpose (see Annex No. 1).

The chapters and subchapters address the following three areas:

- A conceptual framework for the topic, when necessary.
- A description and analysis of the specific findings and important relationships with other topics.
- The specific recommendations.

A. Frame of reference provided by IRH/GW

1. Objectives of the Evaluation:

GENERAL OBJECTIVE: Evaluate the progress of the project "**Training of Instructors in Natural Family Planning (NFP)**" contracted by the IRH/GW to ATLF, as well as indicate the modifications that may be necessary for the project to achieve the success desired.

SPECIFIC OBJECTIVES (FIVE):

a. Determine the progress made in achieving the objectives of the project, the implementation of the activities and the achievement of the expected results.

b. Identify the factors internal to ATLF, and outside it (including both the donors as well as the other institutions that are participating in the project), that have had an impact on the progress of the project.

c. Determine the real feasibility of this project, considering the capacity of ATLF to carry it out, the funds available, the receptivity of other natural family planning institutions to collaborating with ATLF, and ability of the instructors to teach natural family planning given the reality of their labor situation.

d. Identify the strong and weak points of the project, such as its design and implementation, considering the progress of the project and the other factors identified above.

e. Describe the best way of achieving success given the resources available (time, funds, etc.).

2. Guidelines for the Work

For the purposes of this evaluation, Georgetown University recommended that the following activities be implemented:

- Review of the documents provided by the IRH/GW and by ATLF, and any other pertinent documents.
- Interviews with staff of ATLF.
- Interviews with the staff of the other participating institutions (at the director or supervisor level, or any other official who may coordinate with ATLF in relation to this project) and AID-Lima.
- Interviews with the instructors who have been trained, regarding their training, their natural family planning activities, the technical support received from ATLF and/or their own institutions in order to carry out their responsibilities, and an evaluation of the real feasibility of their teaching natural family planning now and in the future.

- Review of the statistics generated by the project, including those figures that indicate whether the instructors who have been trained through this project are active, if they are reporting to ATLF on their activities, as well as any other statistical indicators that may assist in understanding the progress and results of the project.

B. Methodology Utilized in this Evaluation

1. Variables and Indicators Used in the Evaluation

In accordance with the objectives of the project and the evaluation, the variables and indicators cover the items noted with the letters **a, b, c, d**:

a. **The population and its needs:** situation of the project in the context of the needs of the population.

b. **The implementation of project activities** and their various components:

1) Training:

a) Quantity and quality of the resources provided.

- Number of courses by date and sponsoring institution.
- Curriculum contents.
- Programming of the courses.
- Instructional team (number, specialty and pedagogical ability).
- Educational material utilized and distributed (adaptation of these materials to the purposes of the project).
- Physical environment for the instruction.
- Evaluation by the participants.

b) Number of instructors trained and graduated by institution. Participant evaluation system. Support using information, education and communications (IEC) material.

2) Capture of users by instructors:

- Total number of users.
- Number of users by method.
- Number of users by reason for enrollment.
- Number of independent users.
- Quality of care received.
- Knowledge of, use of and satisfaction with the natural family planning methods on the part of the users.

c. Instructor supervision and statistical monitoring system:

1) Supervision:

- Interval.
- Methods used.
- Topics addressed.
- Use of the results.

2) Monitoring:

- Interval.
- Timeliness.
- Instruments utilized.
- Use of the information.

d. Operating capacity of the ATLF:

- 1) The structure of ATLF and its programs.
- 2) Programs supported by IRH/GW.
- 3) The strengths and weaknesses of the institution in the following areas:

a) Resources:

- Human
- Physical
- Material

b) Administrative support systems:

- Standards and procedures
- Planning
 - Programming
 - Information (service statistics)
 - Evaluation
- IEC System

c) Final services:

- Production, productivity and output
- Quality of care:

- Comprehensiveness
- Timeliness
- Continuity
- Human quality
- Technical excellence
- Community participation

2. Phases of the Evaluation

The evaluation was conducted using the following steps:

a. Review of documents: demographic surveys, documents about this particular project and the ATLF:

At the beginning of the study, the evaluation team worked continuously during the first two weeks in order to conduct an analytical review and synthesis of the documents provided by the IRH/GW, as well as by ATLF. This review and its organization are attached to this document (see Annex No. 1). This exercise provided us with the information available and allowed us to systematize it in order to obtain a technical frame of reference for the identification of variables and the evaluation instruments.

b. Design of the evaluation instruments:

Three instruments were developed to capture the baseline information (see Annex No. 1).

1) **Interview guide**, containing a series of questions to be asked of the directors of ATLF, the coordinators of the project, as well as the officials of the other participating institutions (hospitals and universities), institutions (MINSA) with which future activities could be linked, and addressing other aspects of the evaluation.

2) **Questionnaire for the survey of instructors**, consisting of 78 questions revolving around three of the four principal topics of the project evaluation: training, capture of users, supervision and monitoring.

3) **Questionnaire for the survey of users**, consisting of 26 questions dealing primarily with the quality of the care received and with their knowledge, use of and satisfaction with the natural family planning methods.

Both questionnaires were duly tested and modified with the participation of the staff of ATLF.

c. Interviews:

1) **Visits to the central headquarters:** In accordance with the guide that had been developed, the Executive Director, Medical Director, Educational Director, Project Coordinator and the Chief of Statistics were interviewed. Documentation was also obtained.

2) **Visit to the participating institutions:** The directors of all of the universities participating in the project were interviewed:

- The Dean of the Professional School of Obstetrics of the Universidad Nacional Mayor de San Marcos.
- The Dean of the Professional School of Obstetrics of the Universidad Particular San Martín de Porres.
- The Academic Coordinator of the Professional School of Nursing of the Universidad Nacional Federico Villarreal.

These interviews helped to determine the degree of acceptance and support for the project on the part of the above institutions.

3) **Visits to instructor practice centers:** Three centers were visited where the instructors are disseminating to users the information they learned during the natural family planning courses:

- Parish Health Center "La Sagrada Trinidad" in Villa María del Triunfo.
- María Auxiliadora Hospital of the Ministry of Health, in San Juan de Miraflores.
- Sergio Bernales Hospital in Collique.

These health centers are located in areas with families with low incomes and little education.

d. Implementation of the questionnaires in the field:

(1) The first of the questionnaires was given to a representative sample of 50 instructors who were selected in proportion to the number of instructors from their institutions of origin.

(2) The second questionnaire was implemented with a representative sample of 30 users who attend the centers where the instructors are either working or interning.

e. Data processing, analysis and presentation:

The data that was collected through the last two evaluation instruments was processed in an automated manner using a system that was expressly designed for this purpose.

using the FoxPro program and the Statistical Package for the Social Sciences (SPSS). (THESE RESULTS WILL BE INCORPORATED LATER).

In addition, the secondary data was worked through again in order to obtain new frameworks and which, together with the primary data that was processed, constitute the information that is presented in this document.

II. THE POPULATION AND ITS NEEDS: THE SITUATION OF THE PROJECT IN THE CONTEXT OF NATURAL FAMILY PLANNING NEEDS

We have selected certain data from ENDES II that we believe is important to present and analyze, above all in relation to the behavior of the population with respect to natural family planning methods. The tables selected are numbers 4.5, 4.6, 4.8, 4.9, 4.13, 4.14, and 4.16, and we have also developed some graphics (see Annex No. 2) on some of this data. We provide the following comments:

Current use of the rhythm method.

Table 4.6 describes the percentage distribution of cohabiting women of reproductive age by the rhythm method that is currently used, by selected characteristics. There are variations greater than three hundred percent by administrative area. For example, the prevalence of the rhythm method in the region of Loreto is 10.%, and in Mariateguá it is 32.4%, with the national average being 20.7%. It is notable that the differences by educational level and degree of urbanization are not important; this explains why the prevalence of use in Lima only slightly increased between 1986 and 1992.

ATLF carries out its activities in densely populated areas in the Lima region, where there are approximately 2,000,000 women of reproductive age, and where, according to ENDES II, some 12.8% (equivalent to 20.3% of cohabiting women of reproductive age) of them are users of the rhythm method, that is, some 256,000 users.

In accordance with the goals of the project, ATLF has anticipated attending up to 10,000 natural family planning users when the project is completed. If we compare this goal with the volume of current users of the rhythm method in Lima, this figure only represents some 0.5% of them. This gap becomes wider if we make the comparison at the national level, given that of approximately six million women of reproductive age, some 12.6% of them are users of the rhythm method, that is, approximately 750,000, and of this number, 10,000 users only represents 0.17%.

Changes in the usage trend.

In accordance with the information gathered during the last four surveys (see table 4.6), the trend for the use of the rhythm method at the national level for **cohabiting women of reproductive age** increased from 11.0% in 1977-78 to 17.0% in 1981, to 18.0% in 1986, and

to 21.0% in 1992. These same figures are presented for the **Total women of reproductive age** in table A (see Annex No. 2). Comparing the prevalence of the rhythm method with other methods we can state that it is the first method in prevalence of use; it continues its upward trend in all of the surveys; and the rate of increase in its prevalence of use is second only to that of the IUD. This position of prominence is also confirmed for the set of traditional methods reported by the national surveys (see Annex No. 2, Chart No. 2): thus the "other methods" component shows a descending trend, withdrawal has remained constant, and the rhythm method was on the rise through 1992.

The rhythm method thus has the highest probability of continuing in first place among the total mix of methods, with a prevalence of around 12.00% among women of reproductive age through approximately 1995 (the estimated time when the IUD will come to occupy first place).

Problems with the current method of use.

Table 4.8 shows the percentage distribution of users of periodic abstinence by problem with the method. The problems were minimal, since some 93.5% of the users said they had no problems with its use. The problems experienced by the users should become part of the training courses of the project.

Knowledge of the fertile period.

Table 4.8 indicates the percentage distribution of all women and of the users of periodic abstinence by their awareness of the fertile period during the ovulation cycle. Almost three quarters of the users of this method responded that the middle of the cycle is the time of greatest risk to become pregnant. The above indicates that one quarter of users (approximately 64,000 in the Lima region and 187,500 at the national level) are utilizing the rhythm method incorrectly, and very probably the majority of them are becoming pregnant because they do not know the fertile period.

Rates of discontinuation of contraception during the first year.

Table 4.13 shows the rates of discontinuation of the use of specific methods during the first twelve months of use, with respect to the reason for discontinuing. The highest failure for a specific method occurred with periodic abstinence, with a 24.2% rate, a figure that corresponds to the lack of knowledge of the fertile period.

Reasons for discontinuing contraceptive methods.

Table 4.14 shows the percentage distribution of the discontinuation of the periodic abstinence method during the five years prior to the survey, and although the distribution presented concerns segments of use and not women, it allows us to identify the importance of

the reasons for termination. Thus, some of these reasons (see Annex No. 2, Table A) can be controlled or eliminated by the proper use of periodic abstinence.

Preferred method for use in the future.

Table 4.16 shows the percentage distribution of cohabiting women of reproductive age who are not using contraceptive methods, but who intend to use one in the future, by preferred method, and by the time when they would first begin to use it. Thus, periodic abstinence holds an important segment of the market of potential users in the short and medium term, which guarantees that its prevalence of use will continue to rise.

Conclusions and recommendations.

The trends and current use show that natural family planning occupies first place in prevalence. However, the various factors connected to its manner of use indicate that an important segment of Peruvian women of reproductive age need technical assistance in order to improve the quality of the use of these methods, in order to avoid pregnancies that are not wanted and the consequences deriving from them.

On the basis of the data presented, it appears that the project can be broadly justified by the needs of the population, but that emphasis should not be placed on quantitative goals that are set to reach more users, given that any reasonable figure that could be set as a goal for the project will appear small when compared to the already existing volume of users, both for Lima and at the national level.

What appears to be indicated as a global strategy, the result of the data that has been presented and analyzed, is that the project should not emphasize quantitative but rather qualitative results. Such an emphasis would improve the quality of use and have a greater impact on the 25% improper use of natural family planning, resulting in a reduction in abortion and mortality.

III. EVALUATION OF THE PROGRESS OF THE PROJECT

In this chapter we present the evaluation of the progress of the project in relation to the goals and objectives that were established. Accordingly, in the first place we will analyze: A) the general characteristics of the project; B) the process of training the instructors; and C) instructor supervision and statistical monitoring systems. Each area is analyzed, and specific recommendations are presented.

A. General Characteristics:

ATLF has been implementing the project called "**Training of Instructors in Natural Family Planning**" of the IRH/GW, a project whose characteristics are described and analyzed, in addition to its location and operation within ATLF.

1. Goal, Objectives and Expected Results:

The **goal** of the project is to ensure that responsible parenthood and natural family planning are accessible to the community.

The **objectives** of the project are:

- Create optimal conditions for natural family planning services within the six institutions (three hospitals and three natural family planning NGOs) that serve the community.
- Introduce the training in three universities, producing high quality natural family planning instructors.

The **results expected** at the end of the three year project period are:

- To have trained, through approximately 66 courses, some 1,000 instructors, or whom approximately 600 will be active. This number will include the reactivation of 20 to 30 instructors through refresher courses.
- The new natural family planning instructors will have taught natural family planning to between 6,000 and 10,000 couples.
- To have developed and implemented supervision and data collection systems.

2. Scope of Activity:

The area of activity corresponds to Metropolitan Lima, so that the project is highly urban in nature. The universities and hospitals that were initially selected to deliver these courses are located in this region, and most of the participants attend their practicums and SERUMS in this same area. One NGO has been included (INPPARES), which also operates in the provinces.

3. Project Personnel:

As indicated in the documents provided and the conversations held, the agency has not established any special structure within itself to implement the project with IRH/GW, and, although staff have been hired who are specifically dedicated to the project, the majority of the personnel are agency staff. Thus, of the total of 37 ATLF staff members, 7 are connected to the project.

4. Financing:

The total budget for the project, as can be seen in Table No. 1, comes to US\$ 192,510, distributed in the following manner:

	\$	%
Personnel	82,800	43.01
Benefits	<u>20,700</u>	<u>10.75</u>
	103,500	53.76
Services	61,010	31.69
Capital	<u>28,000</u>	<u>14.54</u>
TOTAL	192,000	100.00

The items Personnel and Benefits amount to the majority, more than half, of the project budget. The first category concerns the salaries of the ATLF personnel who work on the project. The second category concerns the benefits and protections required by law.

The item Services constitutes one third of the budget. It includes the cost of maintaining the equipment, renting space, telephones, power, postage, water and cleaning service, exhibitors, instructors, development of audio-visual material, transportation and per diems.

The item Capital consists of a little more than one tenth of the budget. It covers expenditures for the construction of two classrooms where the natural family planning courses will be held, as well as the purchase of educational and administrative material and equipment.

The financial contribution from the IRH/GW amounts to US\$ 140,250 (73% of the total), as a donation. ATLF is contributing the remaining US\$ 52,260 (27% of the total).

TABLE No. 1
PROJECT BUDGET

	YEAR 1	YEAR 2	YEAR 3	YEAR 4
SOURCE	GEORGETOWN UNIVERSITY			
ITEM				
PERSONNEL	23,640	23,640	23,640	70,920
BENEFITS	5,910	5,910	5,910	17,730
CAPITAL EXPENDITURES	16,000	3,000	2,000	21,000
SERVICES	10,200	10,200	10,200	30,600
TOTAL	55,750	42,750	41,750	140,250
SOURCE	ATLF			
ITEM				
PERSONNEL	3,960	3,960	3,960	11,880
BENEFITS	990	990	990	2,970
CAPITAL EXPENDITURES	3,000	2,000	2,000	7,000
SERVICES	9,770	10,320	10,320	30,410
TOTAL	17,720	17,720	17,720	52,260
SOURCE	U.G. - ATLF			
ITEM				
PERSONNEL	27,600	27,600	27,600	82,800
BENEFITS	6,900	6,900	6,900	20,700
CAPITAL EXPENDITURES	19,000	5,000	4,000	28,000
SERVICES	19,970	20,520	20,520	61,010
TOTAL	73,470	60,020	59,020	192,510

It is known that during the period from June to December, 1993, the payments corresponding to this donation were not made on time, which prevented the construction of the two classrooms that were to be built for the training of the instructors, hiring the staff required for this purpose, and the purchase of the budgeted equipment. This development had a negative impact on the fulfillment of the goals and objectives of the project.

This impasse was later overcome, and currently the construction of the classrooms has been completed on land where the institution operates, suitable staff have been hired, and the necessary equipment purchased. As a result, the production of courses has reached a normal level, with respect to the number of courses taught and instructors trained, reaching a level very close to that which had been anticipated originally. However, the number of users captured remains at a level much lower than expected.

CONCLUSIONS AND RECOMMENDATIONS

A process is needed to broaden the scope of activity of the project, and broaden its scope of influence from the urban center outward to rural areas, and hopefully to the national level, where the greatest problems of improper use of natural methods exist. This could be done by creating a natural family planning supply network with the NGOs who are working in areas outside of Lima (as was proposed by ATLF itself in its report on the first half of 1994), as well as with MINSA's family planning program. This could be done within the context of a strategy of progressive implementation in phases.

We can also conclude that the financial support of the donors constitutes one of the basic foundations for the expected progress of the project. However, this progress should be accompanied by a change in institutional strategy (which we analyze in Chapter IV), which gives priority not only to the technical and scientific quality of the teacher instruction, but also considers the pedagogical aspects of the instruction (IEC), the problems with the use of natural methods, and the administrative aspects of family planning in the context of the reality of service in the public, private and commercial sectors. Efforts should also be made to improve the supervision, monitoring and IEC systems, and to strengthen institutional capacity with respect to personnel and an adequate computer system. All of these initiatives should be taken to support a higher quality of instruction provided to the users, and a higher rate of capture of users with problems with the improper use of the method, who hopefully will become independent users in the future.

B. Training of Instructors and the Provision of Natural Family Planning:

The principal goal of the training is to generate high quality instructors who can multiply the effort and provide services.

1. Institutional Distribution of the Courses:

As can be seen in the General Table of Instructor Training in Natural Family Planning (contained in Annex No. 1), during the period analyzed from July 1993 to June 1994 (one year), 17 courses were provided. Of these 17, two were with the **Sergio Bernales Hospital**; three with the following NGOs: **Bodas de Caná, INPPARES, and ATLF**; ten with the **Universidad Mayor de San Marcos**, and three with the **Universidad San Martín de Porres**.

Five of the courses were conducted with personnel who work directly with users, which facilitates the process of providing natural family planning services. The courses (13) for the students and professors of the universities have less potential for capturing users immediately because of the fact that these graduates do not have stable work, although two points should be made: first, many of them have a location to perform their field work given that they have been conducting their practicums or their SERUMS. And the second and most important point is that, if an effective consolidation of courses in the teaching institutions is achieved, a critical mass at a high technical level will be created, thereby facilitating the process of expanding the provision of natural family planning services.

a. Hospitals and NGOs:

The first objective of the project is to **create optimum conditions** for natural family planning services within the **six institutions** that serve the community.

In the judgment of the evaluation team this objective supposes the following **conditions**:

- Establish agreements with the directors of the institutions and hopefully with the MINSA.
- Gain the acceptance and support of their members.
- Ensure the sustainability of the provision of natural family planning services in the institutions, through:
 - The greatest availability of appropriate resources in terms of volume and distribution of supply.
 - Establish standards, procedures and systems that are compatible with efficient care provided to the users.
- Train staff who will be dedicated to teaching natural family planning methods.

The following progress has been made on these conditions:

(1) MINSA Hospitals:

Agreements at the director level have been established with one institution, and discussions are beginning with another. Although these understandings have not been formalized in a written document, our perception is that such agreements will be feasible to the extent that **ATLF** strengthens its connections and the project is broadened to include other institutions. However, this path is too long and may change depending on the directors of each institution, who do not last very long in their positions.

This is the reason why, between July 1993 and June 1994 (one year) **ATLF** established working relationships with one of the three MINSA hospitals that had been planned for in the original project (**Sergio Bernales Hospital** in the district of Collique) in order to provide these natural family planning courses to the professional staff of this institution. In this hospital two **courses** have been provided to a total of **19** participants, who all received the corresponding diploma. It should be noted that one of these courses was shared with the students of the **School of Obstetrics of the Universidad Nacional Mayor de San Marcos**. This hospital is contributing 7% of the total participants enrolled (280) and 8% of the graduates (237), during all of the natural family planning courses provided by **ATLF** (see Table No. 2).

CHART No. 2
 TRAINING OF INSTRUCTORS IN NATURAL FAMILY PLANNING
 JULY 1993 TO JUNE 1994

NAME OF INSTITUTION	PARTICIPANTS				
	ENROLLED	GRADUATED	%		
			(1)	(2)	(3)
SERGIO BERNALES HOSPITAL	19	19	100.0	6.79	8.02
ATLF NGO	10	8	80.0	3.57	3.38
BODAS DE CANA NGO	20	15	75.0	7.14	6.33
INPPARES NGO	22	22	100.0	7.86	9.28
INSTITUTION SUBTOTAL	71	56	71.15	25.36	23.63
UNIVERSIDAD DE SAN MARCOS	154	129	83.77	55.0	54.43
UNIVERSIDAD DE SAN MARTIN	55	52	94.55	19.64	21.94
UNIVERSITIES SUBTOTAL	209	101	86.60	74.64	76.37
TOTAL	280	237	84.64	100.00	100.00

(1) Graduated/ Enrolled. (2) Enrolled/ Total enrolled. (3) Graduated/ Total Graduated

The natural family planning courses are being provided without coordination with the Family Planning program of MINSA that is being implemented in the Gynecology and Obstetrics Department of the Hospital. This program has a consulting room that is regularly staffed (in the charge of a gynecology and obstetrics physician and an intern in obstetrics) and is signed to this effect. It is governed by MINSA standards, maintains its statistical records in accordance with the provisions of these standards, and conducts intramural and extramural training activities for its staff and that of the IEC. Internally within the clinic, discussions are held with the patients of the clinic, such as counseling sessions or conversations in the hallways, and with puerperal women. Outside the clinic, talks are given in schools, mothers' clubs, popular eating spots, etc. The program is able to provide video equipment, film projector, slide projector, flipcharts and material that has been created by the obstetrics interns, although pamphlets are in scarce supply. The contents of the talks address all of the methods, but there is no IEC material with content on natural family planning methods. The participation of the obstetricians and interns in obstetrics (who are students in ATLF courses) in the activities of the MINSA program is circumstantial, that is, it does not follow any preconceived plan, but rather the rotation schedule. This is perhaps one of the reasons why the generation of users of

natural family planning methods is proceeding at a low rate, since the statistics only record natural family planning users on the periphery, and not in the hospital. Of the total family planning users in the Sergio Bernales Hospital during 1993 (4,414), 6% practiced periodic abstinence. During the first half of 1994, of the total (2,106), some 4% practiced natural family planning.

Arzobispo Loayza Hospital was substituted for the **María Auxiliadora Hospital** (which was initially considered for the project) because of its longer history and greater prestige, and with whose director the contacts were made to deliver the courses that still remain to be taught.

In the document concerning the National Program on the Reproductive Health of the Family, 1992 - 1995 (pages 14 and 21) of the MINSA, it is proposed that the prevalence of contraceptive methods in general be broadened, and that modern methods be accorded priority. At the same time, in its Manual on Reproductive Health: Methods and Procedures, MINSA indicates that programming for reproductive health includes, among other methods, the following: periodic abstinence, that is the rhythm method; the Billings or cervical mucous method; basal or symptothermal temperature (SIC); and withdrawal (page 36). It includes the first three among contraceptive methodologies (pages 85 to 88). However, within the information system (HIS-MIS), in the daily log of outpatient clinic family planning activities (page 21), and in the Monthly Family Planning Activities Report (page 23), it includes periodic abstinence in general. In the Operational Evaluation of Health Activities, and in the goals of the Maternal, Child and Adolescent Health Sub-program Activities (pages 33 and 34), only the rhythm method is considered.

(2) NGOs:

The NGOs that were originally programmed, **PROFAMILIA**, **APROSAMI** and **APROPO**, at first had difficulties with the timeframe to arrive at an **agreement** to participate in the project. However, according to the last **ATLF** report, the situation has changed in a positive direction, with courses planned for delivery during the second half of 1994.

Natural family planning training courses have been implemented in **INPPARES** and **Bodas de Caná**. In addition, **ATLF** itself has conducted a natural family planning course. It should be noted that at the time of the evaluation, a course was provided to the workers of **PRISMA**, an entity that channels AID support to the NGOs.

In **INPPARES**, **Bodas de Caná** and **ATLF**, one course has been held with a total of 52 participants, of whom 71% graduated. These three NGOs contribute some 19% of the total participants enrolled, and some 16% of the total graduates from all of the natural family planning courses conducted by **ATLF**.

The directors of ATLF have told us that they have made contacts with CARITAS of Peru that may be used to finalize the delivery of natural family planning courses to its staff. This institution shows great potential given its national coverage and its identification with the principles of the Catholic Church with respect to family planning.

At the level of the NGOs there is also a need to ensure the allocation of resources, as well as the development of standards, procedures and standardized systems for the care of natural family planning users.

Between the **hospitals and the NGOs** there were a total of 71 participants, of whom 79% graduated with a diploma. This means that a quarter of the participants (enrolled and graduated) in the courses provided by ATLF in the period analyzed... [translator's note: the author did not finish the sentence].

(3) Expansion of the courses and the provision of natural family planning services:

The path on which ATLF has embarked with its own resources in order to initiate a process to expand at the national level by creating a network of local representatives and reaching agreements through them with local institutions, is a long haul. We believe that this initiative, if implemented, can only be viable if ATLF reaches an agreement with the public sector, which would guarantee it the use of its wide network of services with the application of standards that are better adapted to natural family planning services, standardized procedures and management systems (service statistics, programming), and which will ensure the expansion and sustainability of the project. This step would assist ATLF to move into the next stages of its institutional development.

The Director of the National Family Planning Program of MINSA, who knows ATLF well having worked for the NGO, was open and positive about an agreement between MINSA and ATLF during his interview. As a result of the meeting it was determined that some activities can begin immediately with the participation of ATLF, such as: coordination with MINSA's natural family planning procedures, and the participation of ATLF professionals in training courses provided by the MINSA.

RECOMMENDATIONS:

- Systematize the initial experience of project implementation, and above all that of the universities and hospitals.
- Adjust the project on the basis of the systematization of the initial experience and this evaluation.
- Identify in greater detail various aspects of project implementation and evaluation.
- Reach an understanding with the central level of MINSA that guarantees a rapid adjustment to the structure of the provision of services in terms of

volume and **distribution** over the length and breadth of the national territory.

- Accelerate the process of concluding agreements with CARITAS of Peru.
- Ensure the allocation of resources and the development of standards and procedures in the SIS, and others.

b. Universities:

The second objective of the project is to **introduce training in natural family planning in three universities**, and to produce high quality instructors.

The fulfillment of this objective supposes the creation of the same **optimum conditions** as those related to the first objective of the project, but these conditions refer to the implementation of training courses not only by ATLF, but also by the universities themselves once the project is completed.

In order to verify whether these conditions are being fulfilled, we visited the three universities that are committed to the project in order to interview their officials and obtain additional documentation on the natural family planning courses:

(1) Universidad Nacional Mayor de San Marcos:

San Marcos is the university that has been most supportive of the project, given that the majority of the courses (10) have been implemented there with a higher number of participants (154, 55% of the total), and a successful termination rate of 84%.

During the interview with the Dean of the **School of Professional Obstetricians** of San Marcos in her office, the Dean expressed the interest of the institution in "taking maximum advantage of the benefits of the services that ATLF is offering to its students, who are conducting their practicums in the Maternity [Hospital?] of Lima, and within a few months at its own local site on the basis of depth activities that they themselves are conducting. At the present time the natural family planning course is part of the course on Human Sexuality and Family Planning, which is a five credit course that is offered during the seventh semester of the obstetrics program. An additional outcome of this meeting was the determination of the need to formalize the relationship through a working document that will be developed in an ongoing manner between these two institutions.

(2) Universidad Particular San Martín de Porres

In the Universidad San Martín de Porres the natural family planning course is part of the pre- professional and intern practicums in the professional training of the students in obstetrics. The interview with the Dean of the Professional School of Obstetrics and

the Coordinator of the natural family planning course helped to confirm for us their support for the project and their perception of the need for the instruction in natural family planning to be accorded the same priority as the so-called modern methods. Three courses were provided to a total of 55 participants (20% of the total) with an 87% success rate at the sites provided by the University.

(3) Universidad Nacional Federico Villarreal

In the Universidad Nacional Federico Villarreal, the Academic Secretary of the **School of Nursing in the Human Medicine Program** told us that the natural family planning courses will be made available to the students of the school very soon. They will be part of the course in **Maternal and Child Health**, which is worth ten credits, and in which content is also provided on modern methods of family planning. In addition, they informed us that the authorities of the **School of Nutrition** in this institution also feel the need to be provided this kind of course.

RECOMMENDATIONS:

- Include in the project an administrative process that will facilitate the adjustment of the model course not only to the current situation of the universities, but also to the needs of the population and the public sector.
- Create self-instruction material that will support the continuity of the courses once the project has been completed.
- Determine the delivery of courses in the Universidad Nacional Federico Villarreal, with the nursing students.
- Conduct a workshop with the participation of the three universities (professors and representatives of the students), in order to create a basic outline of the natural family planning course.

2. Design of the Training

The following factors were used in the design of the training for natural family planning instructors, both in institutions and in universities:

a. Programming, Content and Duration:

The natural family planning courses were developed by using as a reference the Guide for the Trainers in Natural Family Planning of the IRH/GW, the University of Pittsburgh, and the Regional Council on Family Planning of Los Angeles. The content was adapted to the Peruvian situation and delivered to the representatives of each one of the institutions that are participating in the project.

The analysis of the thematic content of the natural family planning courses shows that, both at the programming level and for the courses delivered by the institutions and

the universities, there is too much emphasis placed on the anatomical and physiological aspects of the method, above all considering that the participants are obstetricians with years of practical experience or students in obstetrics who have already gained the basic knowledge of these areas. The subject of natural methods is emphasized, of course, but to a much lesser degree the pedagogical aspects of the instruction (IEC).

The programming type lasted five days and consists of a total of 40 hours (of which 25 were theory and 15 practice observation), during which the programmed material was delivered and applied. With respect to this point, Mr. Pruzensky believes (see Annex No. 3) that the courses in universities should be lengthened, and he suggested that between 50 and 75 hours should be provided in order for the course to count for credit.

The 25 hours of theory (1,500 minutes) are distributed in the following manner:

	No.	%
Enrollment, Presentation, Agenda	60	4.00
Breaks	159	10.60
Evaluations	281	18.73
Delivery of Subject Matter	<u>1,000</u>	<u>66.67</u>
TOTAL	1,500	100.00

Table No. 3 shows the distribution of time dedicated to the delivery of the subject matter:

TABLE No. 3
PROGRAMMING BY SUBJECT MATTER

DAY 1	No. of Minutes	%
<ul style="list-style-type: none"> • Fertility symptoms and the physiology of the male reproductive apparatus. 	45	4.50
<ul style="list-style-type: none"> • Anatomy of the external organs of the female reproductive apparatus and the proper use of terminology with the users. 	15	1.50
<ul style="list-style-type: none"> • Natural family planning (current status, methods, disadvantages and myths. 	84	8.40
DAY 2		
<ul style="list-style-type: none"> • Anatomy of the internal female reproductive apparatus, signs of fertility and the first signs of fertility. 	58	5.80
<ul style="list-style-type: none"> • Functions of the patterns of cervical mucous (application). 	113	11.30
<ul style="list-style-type: none"> • Basal body temperature. 	45	4.50
DAY 3		
<ul style="list-style-type: none"> • Functions and patterns of the cervix 	25	2.50
<ul style="list-style-type: none"> • Primary and secondary signs of fertility (with applications). 	73	7.30
<ul style="list-style-type: none"> • Cervical mucous method. 	63	6.30
<ul style="list-style-type: none"> • Teaching techniques and practice. 	50	5.00
DAY 4		
<ul style="list-style-type: none"> • TCB method (with applications). 	88	8.80
<ul style="list-style-type: none"> • Calendar rhythm method. 	15	1.50
<ul style="list-style-type: none"> • Sympto-thermal method (with applications). 	63	6.30
<ul style="list-style-type: none"> • Natural family planning (advantages, disadvantages and myths. 	43	4.38
DAY 5		
<ul style="list-style-type: none"> • Special circumstances. 	15	1.50
<ul style="list-style-type: none"> • Premenopause. 	25	2.50
<ul style="list-style-type: none"> • Maternal lactation. 	15	1.50
<ul style="list-style-type: none"> • Interruption of the use of hormonal contraceptives. 	15	1.50
<ul style="list-style-type: none"> • Vaginal infection. 	18	1.80
<ul style="list-style-type: none"> • Basic patterns of infertility. 	28	2.80
<ul style="list-style-type: none"> • Application of rules in special circumstances. 	28	2.80
<ul style="list-style-type: none"> • Abstinence and its relationship to the couple. 	48	4.80
<ul style="list-style-type: none"> • Values related to the use of natural family planning. 	28	2.80
TOTAL	1,000	100.00

In terms of the structure of the principal topics covered in the course, the following is a summary of the above table:

	No.	%
Natural family planning	576	57.60
Anatomy and Physiology	374	37.40
Teaching Techniques	<u>50</u>	<u>5.00</u>
TOTAL	1,000	100.00

If we compare this structure with the structure described in Chapter II of this report, we note that the courses do not touch on such important topics as counseling in natural family planning and problems associated with the improper use of the natural methods in Peru, such as lack of knowledge of the fertile period and the discontinuation of the method. In addition, the courses do not make reference to the programming, statistical monitoring, supervision and evaluation systems that are necessary for any program of family planning services to function. This observation is confirmed by a review of the didactic material that is delivered and used in the classroom sessions, which does not address these topics either.

b. Instructors:

The instructional staff is comprised of staff of ATLF, who have broad experience:

- Dr Guillermo Tagliabue Gynecological Physician
- Dr. Víctor Villavicencio Physician and Lawyer
- Dr. César Hoyos General Physician
- Dr. David Quispe Gynecological Physician
- Mrs. Ana Pilco Social Worker
- Mrs. Rosario García Social Worker
- Mrs. Sandra Horna Social Worker
- Ms. Edith Pumachahua Obstetrician

The four social workers provide some eighty percent of the support to the courses so that, in the opinion of the students, they encounter a level of understanding that ensures their own training. These professionals have full mastery of the topic, facility with the proper handling and dissemination of each of the techniques that are used throughout the course (see the paragraph on the opinion of the students). The physicians participate on various specialized topics during the theoretical part of the training. In order to arrange for the inclusion of the other topics suggested in the structure of the course, instructors who are familiar with these topics should be invited, including social communicators and staff of the MINSA, etc.

c. Educational Material:

(1) Information Packet:

Before the beginning of the course the participants are provided with an information packet that contains:

- An institutional presentation of the ATLF.
- The criteria used to select the participants.
- The directives on the commitment of the sponsoring agency (letter of intent).
- Educational material that should be read prior to the course and that will serve as a platform for understanding the four natural family planning methods. The pre- and post- tests are based on the contents of the information packet. They cover the following topics:
 - Knowledge of fertility.
 - Male anatomy.
 - Female anatomy.
 - External female anatomy.
 - Internal female anatomy.
 - Menstruation and the menstrual cycle: variations.
 - Ovulation.
 - Fertilization and implantation.
 - Corpus luteum.
 - Phases of the menstrual cycle.
 - Estrogen and changes in the organism.
 - Summary: signs and symptoms of the menstrual cycle.
 - Origin and development of the product of conception.
- Programming of the course, dates and instructors.

This material, which is of a technical and scientific nature, is comprised of 13 brief texts that are easily understood for the level of the participants, that is, university students and health professionals. It is illustrated with 11 highly instructive charts (see Annex No. 3). The material lacks, however, information on IEC, counseling, the problems with the improper use of the rhythm method in Peru, as well as the administrative aspects of family planning.

(2) Didactic Material Used in the Courses:

During the delivery of the course, well developed didactic materials such as the following are used:

- Transparencies.
- Graphs.
- Posters for group training in the male and female reproductive apparatus.
- Graphs for group instruction.
- Graphs for individual instruction.
- Clinical case histories.
- Separate review sheets to reinforce each one of the content areas (see Annexes Nos. 3 and 4).

Based on the observation of this material, we can affirm that it is of a technical and scientific nature, easily understood, and is based on material that encompasses the positions promoted by Catholic doctrine on family planning. Again, however, it appears to us to lack:

- Material on the areas noted in the discussion of programming and the information packet.
- Self-instruction material that will ensure the continuity of the courses beyond the project, and that can be used by those instructors who cannot attend the courses but who are interested in learning and teaching natural family planning.

d. Evaluations:

(1) Of the Participants: The ATLF participants are presented with:

(a) A self-evaluation card prior to the beginning of the course. which has two parts:

- An evaluation scale (from 1, none, to 5, excellent) to measure the level of knowledge the participant has attained on the 10 topics that include the anatomical and physiological areas of reproduction, fertility, natural family planning methods, and educational methods.
- A supplemental open question on the student's specific abilities in the instruction of natural family planning.

This evaluation instrument is used from the beginning of the project. In our opinion, this is an effective instrument to discover the image that the participant has of her own knowledge and abilities.

(b) Pre- and post- tests (upon entry to and exit from the course). The tests last from 20 to 30 minutes. The entrance test requires a careful reading of the educational material that was provided previously in the information packet. The exit test is equally demanding since it requires attendance at the class sessions and a review of the study sheets.

The structure of the content of these tests addresses the topics that have been covered in the course and the educational material. The tests primarily address the anatomical and physiological areas of reproduction and their relationship with natural family planning. For example:

- Anatomy and physiology of the female and male reproductive systems: 21 questions (54%).
- Natural family planning methods: 16 questions (32%).
- Fertility, infertility and maternal lactation: 7 questions (14%).

That is, the tests do not cover IEC areas, counseling, problems with the use of the rhythm method by Peruvian women, and administrative aspects of family planning.

These instruments are currently used, as mentioned above, to evaluate the participants in the course, and to modify the course contents (as called for by the programming type). In practice, the second function is not carried out since in a representative sample of 20 pre-test questionnaires (one per training group), it was found that on the first 36 questions addressing the anatomical and physiological aspects of reproduction, the knowledge level at course entry is high: some 77% of the questions were answered correctly, with only 23% answered incorrectly (sufficient to modify the weight of this material in the structure of the course). For this reason we **suggest** that if the majority of future participants is knowledgeable in these areas, the time devoted to them during the course programming should be reduced, allowing more time to be dedicated to the important topics that are currently not covered.

(b) Throughout the course the participation of the future instructors is evaluated through their handling of clinical case histories that are given to each one of them, which present real situations that they will observe in the service agencies and during the practice observation. Their participation is also evaluated through the oral interventions delivered by the participants during the course.

(2) By the Participants of the Course: ATLF provides the participants with an evaluation card for a class, which can be applied to any day, or to all days throughout the course.

A profile of the quality of the instruction provided by ATLF (as it is currently structured) is generated by the results of the use of this six question instrument. The following comments are provided on this instrument:

(a) Of a total of 99 individuals interviewed, and on a scale from 1 (very poor) to 5 (excellent) for questions 1, 2, and 3 that address the benefits of the course sessions to the participants and the quality of the instructors, the following results were obtained:

- An overwhelming majority (80%) evaluated the course as excellent, above all with respect to its value and benefits.
- Some 17% of course participants rated the course as good with respect to the benefits of the sessions and the quality of the instructors.
- Only some 4% of participants rated the course as average with respect to the benefits of the sessions.

(b) For questions 4, 5, and 6, addressing what the participants like most and least about the course, the majority of responses noted that:

- The participants most liked the methodology of instruction, the concern of the instructors and the way in which natural family planning was presented.
- The participants least liked the use of the graphs.

It would be useful to make some observations and suggestions about this evaluative instrument. It is short and simple, but with a view to improving it we believe that it should:

- Clarify the significance of the variables measured — value and benefit — words that denote the same meaning.
- Open up item 3 more, on the performance of the instructors, and include areas such as:
 - Presentation ability.
 - Use of practical examples.
 - Ability to respond to questions.
 - Positive use of the didactic material.
 - Adherence to schedules, etc.
- Include other variables such as:
 - Topics addressed (number, breadth, sequence and quality).
 - Teaching material utilized.
 - Comfortability of the site, etc.

- Use certain statistics to summarize the results when they are processed, such as the simple summary scale.

RECOMMENDATIONS:

- Include topics related to IEC, counseling, problems with the use of the rhythm method in Peru and administrative aspects of family planning, both in the programming and the didactic material of the course.
- Utilize the pre-test as an instrument to reformulate the content of the course.
- Make the changes that were suggested on the instrument that is completed by the participants to evaluate the course.
- Open up participation to instructors from other institutions and from other specialties.

3. Fulfillment of the Projected Goals

The first result expected at the end of the three year project is for some 1,000 instructors in natural family planning to have been trained through approximately 66 courses, of whom approximately 600 will be active. These numbers include the reactivation of some 20 to 30 instructors through continuing education courses.

a. By Period:

(1) The activities programmed for the **period from July to December, 1993** were not completely carried out because of the financial difficulties that were faced by the project, which delayed the construction of the classrooms and the purchase of necessary equipment and materials, as well as the hiring of staff, the payment of presenters, and other problems. Thus Table No. 4 shows that 37.5% of the programmed courses were provided to 33.3% of the planned participants.

TABLE No. 4
PLANNED AND ACTUAL COURSES AND PARTICIPANTS
DURING THE PERIOD FROM JULY 1993 TO FEBRUARY 1996

PERIOD	COURSES			PARTICIPANTS		
	PLANNED	ACTUAL	%	PLANNED	ACTUAL	%
JULY TO DECEMBER, 1993	8	3	37.5	129	40	33.3
JANUARY TO JUNE, 1994	11	14	127.3	165	240	145
JULY TO DECEMBER, 1994	12			180		
JANUARY TO JUNE, 1995	14			210		
JULY TO DECEMBER, 1995	15			225		
JANUARY TO FEBRUARY, 1996	6			90		

(*) The courses were begun in October, 1993.

(2) During the second period from **January to June, 1994**, a larger number of courses were provided to more participants. The arrival of the donation payments, which helped to overcome the difficulties described above, reinforced the growing interest of the institutions and universities in the natural family planning course delivered by ATLF. With respect to the goals, this increase in courses and participants could be interpreted as excess performance (127.3% and 245% respectively).

b. By Number of Active Instructors:

ATLF does not have a current report on the sites or institutions where the instructors are pursuing their studies or conducting their professional work, nor on those who are effectively transmitting to users the information they learned in the courses provided by ATLF, that is, on active instructors. There are operational difficulties in maintaining these records that are related to an incipient supervision and monitoring system.

c. By number of Refresher Courses:

To this point no refresher courses have been provided to the participants in the courses provided through the project. This activity is very connected to the previous activity, and because there is not yet a profile of the activities and knowledge of the instructors who have already been trained, refresher courses have not yet been programmed.

RECOMMENDATIONS:

- Implement the suggestions regarding the modifications to the evaluation instrument that the participants complete on the natural family planning

- course.
- Establish a computerized monitoring system as soon as possible on the place of work or practice, and the activity status (instruction in natural family planning) of the instructors who have been trained.
- Define the criteria needed to conduct refresher courses for instructors.

C. Production of Trained Instructors

The second result expected from the project is for the natural family planning instructors to have trained between 6,000 and 10,000 pairs during the same period.

1. Number of Users by Reason for Enrollment:

Between July of 1993 and June of 1994, the trained instructors contributed some 282 users who received the instruction for various reasons:

	No.	%
• Avoid pregnancy	160	56.74%
• Get pregnant	14	4.96%
• Knowledge of fertility	<u>108</u>	<u>38.30%</u>
TOTAL	282	100.00

These figures indicate that some 62% of the "users" want to plan their families using natural family planning. In addition, of the 282 users, 34 (12.06%) were obtained in 1993 and 248 (87.94%) in 1994, figures that are related to the number of instructors trained during these years.

2. Fulfillment of Goals:

a. Total capture of users:

Considering the goals that were planned, prorated for each year of the project period (see Table No. 9), these figures are not very large:

- In 1993, some 3% of the minimum goal and 2% of the maximum goal was obtained.
- In 1994, through June, 11% and 7% respectively, of these goals were achieved; this means that if this trend continues, by the end of the year the project should have achieved some 22% and 14% of the goals, respectively.

- In cumulative form through the present (one third of the way through the project), some 5% and 3%, respectively, of the minimum and maximum goals have been reached. If this trend should continue, some 15% and 9% of the respective goals would be attained.

If we divide the total users captured by the total number of successfully graduated trained instructors, we obtain an average of 1.19 users per instructor, for all reasons, by instructor. However, if we focus only on those users who enrolled in the program in order to plan their families (avoiding or seeking pregnancy) by using natural family planning methods, this ratio drops to 0.73 users per instructor.

These averages are very low if one considers that the range for the goal is between 6 users per instructor as a minimum, and 10 users per instructor as a maximum. If the current output trend is projected into the future, some 3.6 users per instructor for any reason would be attained, with 2.2 users for natural family planning reasons per instructor, that is, only 35.7% and 21.9%, respectively, of the maximum goal and 59.5% and 36.5%, respectively, of the minimum goal.

The survey (which has yet to be processed and analyzed) that was implemented by the evaluation team will provide for a determination of the average differences between the instructors associated with health service agencies and those associated with the universities.

c. Number of independent users:

ATLF does not have data available on the real number of independent users who were generated by the teaching of the instructors. There is no report on the amount of time spent by an instructor for each user. In the opinion of the directors, this number may be very significant, but it is difficult to provide statistics on independent users.

3. Analysis of the Results:

The analysis of these results indicates to us that the optimum number of users is not being captured. There may be various reasons for this development, and they are described in a functional manner as follows:

- There were unfavorable comments on the use of natural family planning made by health professionals, regarding the difficulty of the instructors' communicating the information acquired during the course to users, above all from low educational backgrounds, given the relative complexity of natural family planning methods.
- There was insufficient emphasis in the courses provided by ATLF on the pedagogical aspects of teaching IEC, counseling, problems with the use of

natural family planning in Peru, and the administrative aspects of family planning.

- The constant changes of the students among their intern sites or SERUMS because of service rotations make it less possible for them to consistently dedicate themselves to family planning work in general and natural family planning in particular. For example, there were three students in obstetrics in San Marcos who were conducting their internships in the MINSA facility María Auxiliadora Hospital in San Juan de Miraflores who were visited by the evaluation team.
- There is probably insufficient support on the part of the institutions where the instructors are located, since, when there is adequate backing from the institution, production is high. There is, for example, a student in obstetrics in San Marcos who is performing her SERUMS in the parish health center "La Sagrada Trinidad" in Villa María del Triunfo, who, when provided the support of the nun who runs this center, was able to capture 25 users through group meetings with the Christian health promoters, utilizing for this purpose two areas in the center that are expressly dedicated to training meetings.
- It is possible that the instructors are being careless about the task of capturing users, which, together with the statistical deficiencies discussed above, again makes clear the need for an effective supervision and statistical monitoring system for this project in particular.

From a financial point of view the cost appears too high given that the expected cost per natural family planning user (the product of dividing the total budget by the total number of users to be captured) is between US\$ 19.00 as a minimum and US\$ 32.00 as a maximum, while the projected cost per user, if the current trends continue, will exceed this figure, rising to US\$ 228.00 (twelve times the minimum cost and 7 times the maximum cost).

As a consequence, the qualitative aspects of the project should be strengthened, while the quantitative goals of the project should not be insisted upon. The surveys to be implemented with instructors and users (awaiting processing and analysis) will help to clarify this situation.

RECOMMENDATION:

- Redefine the quantitative goals of the project, giving priority to the qualitative aspects of the project.

D. Supervision and Monitoring Systems

The third result expected from the project is to have developed and implemented **supervision and data collection systems** during the third year.

1. Organization of the System:

a. Mode of Operation:

In accordance with information provided by the course Coordinator, the monitoring and supervision of the natural family planning instructors is conducted periodically in the following way:

- The first monitoring and supervision visit is performed during the month when the course is attended.
- Monitoring visits are then conducted in order to determine whether the capture of 10 users has been achieved. When 10 users have been reported, a random sample of two users is taken, and they are visited.

With respect to the entire project, a total of 617 visits have been conducted, and 9 interviews in field work units (FWUs).

b. Contents:

The written supervision report stated that the monitoring and supervision includes, in addition to information on the users captured, additional information in certain areas requested by the instructor, or identified by the trainers if they detect weaknesses. The monitoring visits are conducted in the homes of the users, at the workplace, and less often in the FWUs of ATLF.

2. Supervision and/or Monitoring Instruments

The evaluation team has verified the existence of statistical supervision and/or monitoring instruments (see Annex No. 3), which have not yet been sufficiently modified and used. Thus there are the following:

a. For the Courses and Course Participants:

(1) A form to monitor the planned and actual courses delivered by period.

This form covers the courses and number of participants, planned and actual, and the % of actual vs. planned levels.

(2) **Report on the courses delivered, including date and number of participants by institution.** This report includes the name of the sponsoring institution, date of delivery, (start and end), number of participants (enrolled and graduated).

(3) **Report on graduates.** This report contains the following:

- Number in the group.
- Institution of origin.
- Length of the course.
- Hours worked.
- Author and date.
- Grade and percentage of pre- and post- tests.
- Oral evaluation (without specifying the content).
- Date of certification.
- Re-enrollment in a new course.
- Monitoring received (interviews, visits).
- Number of enrollees.

These reports are adequately designed. However, they are processed manually and they are not used systematically. Therefore we suggest:

- Utilize a simple computer system that will provide automated information in accordance with the various criteria, such as date, institution, number of participants, etc., as well as provide fast and accurate simple and complex statistics such as totals, percentages, averages, correlations, associations, etc.
- Use the temporary system, month by month, quarter by quarter, etc., in order to present the reports.

b. For the Capture of Users:

With respect to the capture of users by the instructors, the information is gathered in a rushed and unorganized manner using notebooks. A **Report of Natural Family Planning Users Enrolled by Instructor** was recently designed, which collects the following information:

- Reporting institution.
- Institution of origin.
- Date range of the information.
- On the users:
 - Number in sequential order.
 - First and last name.
 - Age.

- Address.
- Method selected.
- Reason for enrollment.
- Date of enrollment.
- Cumulative cycles (4 as a normal maximum).

This instrument does not include basic data on the number of independent users.

This instrument is adequate, short, clear and easily used. However, since the information is collected individually, i.e. by each instructor on users, it is cumbersome to process the data manually to the aggregate level. In addition, according to the course coordinator herself, to the extent that the number of instructors and users increases, it becomes more and more unmanageable by the central headquarters of the institution, given its small number of staff and its need for a computer and software system that is dedicated to this purpose.

For these reasons we suggest that for the purpose of service statistics on the project:

(1) Convert the instrument into a periodic report for which each instructor would summarize the following:

- No. of users by method.
- No. of users by reason for enrollment.
- No. of independent users.

This information should be collected in an ongoing manner by central headquarters in order for it to be processed in an automated manner.

(2) The rest of the data can be collected at the end of a suitable period (for example, a half year) on the basis of a statistically representative sample of user cards.

(3) Add to this the number of independent users.

It should be noted that this instrument would be implemented at the end of September. However, the last written report also presented other data collection instruments for the instructors (individual or group training and enrollment card). We will discuss these instruments again in the following chapter.

(4) By way of conclusion we can state that the supervision system that is in the process of being organized is still not complete, and this, together with the other factors discussed above, is having the following consequences:

- A lack of basic information on the sites where the trained instructors are applying their knowledge, the real number of active instructors, and the number of independent users by method.
- A continued minimal generation of new instructors in relation to the number of natural family planning users.

RECOMMENDATIONS:

- Design in three phases (design and testing, modifications, installation and consolidation) the statistical supervision and monitoring system for instructors, using a simple computer system for this purpose.
- Implement the specific suggestions provided above relative to the Report on Graduates and the Report on Enrolled Natural Family Planning Users by Instructor.

IV. OPERATING CAPACITY OF ATLF TO CONDUCT THE PROJECT

A. The Agency and its Projects

1. Definition, Organization and Functions

a. Definition:

ATLF is a legally incorporated non-governmental non-profit institution whose role or mission is to promote and encourage responsible parenthood among low income families in depressed and/or neglected areas, using natural family planning and providing educational, clinical and supplemental research services.

b. Organization:

ATLF is comprised of:

- General Administration, which is the highest administrative body.
- Moral Advisory Committee and technical advisory committees, as advisory bodies.
- Secretarial, accounting, personnel, supplies, information systems, transportation, janitorial, security and counseling as support services.
- Medical Administration and Educational Administration for the medical and educational services of the field work units (FWUs), Medical Center and Training Center, as executive bodies.

Its organization is vertical in nature, providing for close interaction so that the operating personnel and principally the instructors can participate actively in the agency's management process.

c. Functions of the Directors:

From an analysis of the ATLF Organization and Functions Manual, dated June 1985, one may reach the conclusion that the agency was conceived in terms of a very small sphere of influence, with a small number of staff that were adequate to the dimensions of the work originally planned for the fledgling ATLF, but not for work of a broader scope. Thus its principal executives (General Director, who is also the Medical Director and the gynecological and obstetrics physician of the Medical Center; and the Education Director) are assigned not only management tasks, but also operational duties.

Although this way of conceiving and organizing the institution ensured that it would not grow bureaucratically, it has, on the other hand, limited the operational capacity of the agency to take on projects of greater breadth than those that it has traditionally undertaken. This is because such a structure has reduced the amount of time that its executives

could have used to carry out functions that are properly managerial, such as designing expansion strategies that would ensure fulfillment not only of the goals and objectives of this project, but also of others of a similar or greater scope of activity.

A new Organization and Functions Manual began to be used in 1993, which formally changed this structure, raising the responsibilities of these directors to the appropriate level. However, as we said above, the time of the directors is still too saturated with concrete responsibilities and tasks.

2. Projects Implemented by the Agency:

During this year, ATLF is conducting the following projects:

a. Project with Georgetown University: The presentation of this project was made in Chapter II.

b. Project with PRISMA: The overall objective of this project is to move the Peruvian family toward responsible parenthood through the use of natural family planning. Its principal activities are:

(1) Develop educational programs whose purpose is to motivate, train and conduct the necessary monitoring so that users become independent.

(2) Carry out medical activities whose purpose is to ensure that users maintain themselves in perfect health so that they can utilize natural methods.

c. MIS Project with FIDAF: The overall objective of this project is to identify the statistical data that concern the users that follow natural methods, in order to evaluate their use. The principal activity of the project is to collect management statistics on the users of natural family planning.

These projects have established some relationships between each other. Thus, PRISMA has a direct relationship with the services, with capturing users and obtaining an MIS, a statistical data system. In financial terms these three projects constitute at this time the only financial sources for ATLF. They contribute 100% of the available funds (US\$ 15.13). The following table shows the financing available from these three sources:

	AMOUNT	CONTRIBUTION	
PROJECT	US\$	%	SOURCE
IRH-GU	75,008.08	78.73	IRH-GU
PRISMA	14,221.71	14.93	AID
MIS	6,040.68	6.34	FIDAF
TOTAL	95,270.47	100.00	

ATLF has few financial resources of its own, so that it had to close its pharmacy, and the clinic operates three days per week. These developments show the vulnerability of the agency, given that it depends almost exclusively on donations.

B. Positive and Negative Characteristics of the Agency:

The analysis of the agency by the evaluation team categorizes the various aspects of the agency in terms of their positive or negative influence on the progress of the project. We analyze each one of the aspects discussed:

1. Resources

These are the goods that are used in combination in order to provide the services and carry out the activities. The specification and organization of these goods are meant to fulfill the objectives of the agency. These resources are classified as physical, material, human and financial.

a. Human Resources:

In accordance with Table No. 6, ATLF currently has 37 positions, which are distributed according to their area of activity in the following manner (the detail comprises part of Annex No. 4):

	No.	%
Medical Center	12	32.43
Medical Department (FWU)	8	21.62
Educational Department	11	29.73
Administrative Department	5	13.52
General Administration	<u>1</u>	<u>2.70</u>
TOTAL	37	100.00

This means that the agency, in regards to personnel, is better equipped to carry out activities of a clinical rather than an educational nature, given that more than half of its positions are dedicated to the former area, while one third comprise the latter activity. The distribution by profession yields the following distribution by department:

	No.	%
Physicians, Obstetricians, Dentists, Pharmacist	14	37.84
Nurses's Aides, Laboratory Aides, Laboratory Medical Techs.	8	21.62
Lawyer - Psychologist. Social Workers, Home Worker	9	24.32
Accountant, Accounting Assistant	2	5.41
Secretaries	2	5.41
Driver	1	2.70
Unspecified	<u>1</u>	<u>2.70</u>
TOTAL	37	100.00

However, there is a discrepancy with the real operation of the institution, given that:

- The Medical Center functions on Mondays, Wednesdays and Fridays for general medicine, and every day during the afternoon for gynecology.
- The pharmacy does not function for lack of funds.
- The FWUs also function during the afternoons.

From the point of view of the financing sources, the following table shows the distribution of positions:

	No.	%
PRISMA	17	45.94
Georgetown	6	16.22
Own Resources	<u>14</u>	<u>37.24</u>
TOTAL	37	100.00

There is institutional vulnerability with respect to personnel, which is a function of its lack of financial liquidity, since at the end of the projects the agency would have only a third of the positions funded. It could not assume funding for the remaining positions given its own lack of funding sources.

In spite of these problems, ATLF has adequate human resources available for the work, given the limited dimensions of its scope of activity.

RECOMMENDATIONS:

- Conduct an inter - institutional workshop so that the activities of the three projects do not overlap or leave gaps in the implementation of a properly coordinated program.
- Broaden the financial bases of the institution through the provision of services for fees charged to clients from higher income social sectors, using for this purpose the installed capacity of the clinic and the pharmacy, in order to generate more staff who are funded by the agency itself.
- Train personnel from the community (schools, religious congregations) who can help support the program by expanding its base with IEC to the community, and possibly increase the agency's coverage through the use of these resources.
- Explore the possibility of participating in the activities of other NGOs, emphasizing the staff under their supervision, to work with natural family planning.
- In order to assume the responsibility for covering the natural family planning needs that have been allocated to the public and private sectors, the current availability of staff resources will have to be changed, as well as the institutional structure, in order to free the managerial staff from operational tasks.
- Make efforts to redistribute staff in relation to an institutional strategy that accords priority to educational over clinical activities.

b. Physical Resources:

The agency has the following physical resources in terms of physical plant:

In Lima the agency has one administrative headquarters and one medical center (located in the district of Miraflores, Lima), and six community work units (CWU), which are called:

(1) Condevilla, located in Santissimo Sacramento Parish, in the district of San Martín de Porres.

(2) El Pedregal, in San Mateo Parish, in the same district.

(3) La Matriz, in the parish of the same name, in the district of Callao, Constitutional Province of Callao, (a port located close to Lima).

(4) PREVI, in Cristo Liberador Parish in the PREVI section of Callao.

(5) Reynoso, in the Carmen district of La Legua, Reynoso, Callao.

(6) Lince, in Nuestra Señora del Sagrado Corazón Parish in the district of Lince, Lima. This CWU is solely educational in nature.

The agency has its CWUs located in Catholic parishes. They have been set up as health posts, and the *instructors who have been trained through the project* conduct their natural family planning practice there.

In general these CWUs are adequately equipped with respect to their basic services (water and power), and work areas (consulting room, counseling, reception and waiting areas, examination and procedure rooms). There are, however, limitations: they only see patients in the afternoon, and their operational capacity and number are low in relation to the large geographical area and population of the Lima metropolitan area.

At the central location, the medical center has two equipped consultation rooms in one of which general medical care is provided. The other room is used for cardiology and ultrasound.

In addition to its own physical resources there are also the two classrooms that were constructed for the delivery of the project courses, as well as the locales where the project instructors are working or performing their internships, that is, public hospitals, the clinics of the students in obstetrics and, to a lesser extent, health establishments of NGOs involved in the project.

RECOMMENDATIONS:

- Broaden the strategy of institutional development so that ATLF can utilize the infrastructure of the MINSA, IPSS and NGOs, principally at the primary health care level, and on the periphery.
- Encourage the parishes to undertake a mass education campaign targeted to the youth population (movements such as MOJUPE, EJE, ESCOJE). The CWUs that can be installed in these parishes can only be educational in nature, as is the case currently in Lince.

c. Material Resources and Supplies:

The institution has a regular supply of material resources, which constitutes a positive factor for the implementation of the project. Thus ATLF has the following:

(1) Its own mobile unit that is permanently available with adequate fuel to transport people and materials, and supervise the CWUs.

(2) Computer furniture and equipment that are more or less adequate. However, the computers are dedicated more to word processing, and no software has been installed for statistical supervision and monitoring.

(3) Carrying cases for the instructors and their volunteer workers (although they are not used for fear of theft, the material is nonetheless available with them).

RECOMMENDATION:

- Install on the computer equipment an adequate software package so that the project can implement its statistical supervision and monitoring systems in a more efficient manner.

2. Administrative Support Systems

<p>These are the systems that support the efficient operation of the intermediate and final services.</p>

a. Standards and Procedures:

The purpose of standards is for program activities to be carried out in accordance with general and uniform criteria that can be applied to the local situation and used in an ongoing manner by the staff.

The executive staff of the agency informed us during our interviews with them that ATLF has an Organization and Functions Manual (updated in 1993), and another Standards and Procedures Manual.

RECOMMENDATIONS:

- Implement a risk sheet in order to refer high risk patients to other agencies.
- Update the Natural Family Planning Standards and Procedures Manual so that it includes the steps to follow with users who request other methods.

b. Planning:

The planning area covers the topics of programming, information systems and evaluation.

(1) Programming:

The General Director and the Education Director are those responsible for developing the programs with their respective goals and activities.

The goals are established in accordance with the progress achieved during the previous period and in accordance with the utilization of services. The real needs of the population are therefore not considered, and these were addressed in Chapter II.

In addition, although plans and programs are developed in the central headquarters, the programming tasks are regularly managed by the line staff.

We believe that there is a need to identify the target population, the population that has been identified as the subject of programming. At the same time, it is necessary to determine the volume and mix of family planning needs among the resources of other agencies, and therefore the way in which the overall goal can be distributed among all of the agencies.

At the level of programming weekly activities, ATLF uses Monday mornings in order to work out the details of the activities that will be conducted during the week. These activities are then recorded on a weekly work plan sheet. We believe this procedure is very helpful.

RECOMMENDATIONS:

- Participate in the linkage of the programming function with the other public and private family planning agencies.
- Support the other NGOs and the public sector in various natural family planning activities.
- Develop a manual programming instrument with accompanying instructions.
- Carry out the programming with the participation of all levels of the program in ATLF.

(2) Information:

The phases of the information system to be evaluated include the recording, collection, processing, presentation, analysis and use of the data generated by the institution as a whole (the portion of this data corresponding to the project was already analyzed in Chapter III).

(a) Recording and Collection of Information:

The statistical system used by ATLF includes a series of forms to record and collect information in a systematic way on the various services provided to the population by the agency, at the individual as well as at the aggregate level (see Annex No. 4).

There are too many forms, and in the case of the individual data, do not correspond to reports of a periodic nature. These reports must be simple in order to be able to be processed quickly, above all if the agency lacks automated data processing equipment, as is the case with ATLF.

The basic forms are used in the CWUs. The information that is recorded there is sent to central headquarters on a weekly basis by the CWUs, and is then used by the agency for its evaluations.

(b) Processing and Presentation:

The data collected on natural family planning health and education services are still processed manually, and the aggregated figures are simply transcribed to other systems.

(c) Use of the Information:

The agency uses the information collected (not necessarily all of it), and after is processed, it is discussed with the operations staff in monthly meetings.

RECOMMENDATIONS:

- Implement the Research and Programming Unit that is included in the organizational chart of the agency. This unit should also undertake the tasks of statistical monitoring and evaluation.
- Provide this unit with trained staff and computer equipment, and designate a full time staff person to resolve the problems associated with recording, collecting, processing and utilizing the data concerning services provided to users. This individual would preferably be a professional with experience in statistical and computer work.
- Include topics related to the information system in the training sessions.
- Simplify the forms at the level of the individual, transferring most of the variables on these forms to surveys that can be implemented every six months.
- Install a data processing system, and train ATLF staff in its management.
- Involve all levels of the organization in the analysis and use of the information.

(3) Evaluation:

The Statistics Department of ATLF performs certain evaluation functions. The agency provided us with evaluation documents, where the data that is processed manually is compared with the planned goals. This information is copied to a form designed for this purpose, and which satisfies the requirements for presentation. However, for purposes of analysis the form has some limitations:

- The figures are not contrasted with the population that is the subject of the programming (that is, the women of reproductive age in its care) in order to obtain some of the indicators that are listed in the evaluation of services.
- The data is not analyzed in terms of the couple protection cycles provided by natural family planning, which would facilitate their comparison with the couple protection years associated with the non-natural methods. This figure would represent the female fertility cycles protected by natural methods.
- The statistics are not compared with the planned goals, analyzing the comparison as a function of the factors that assist or hinder the achievement of the goals for each one of the family planning methods, by establishment, type of establishment, program and geographic location, to mention only some of the aspects of an evaluation.
- There is no presentation of graphs or tables that would facilitate the analysis of the data over time, in order to observe trends indicating improvement or decline over long periods.

RECOMMENDATIONS:

- Optimize the evaluation function with the aid of computer tools that are designed expressly for this purpose.
- Integrate the service statistics, evaluation and programming tasks into a single unit (the Statistical Unit), which would be separate from the administrative unit.

c. Information, Education and Communication (IEC):

The central headquarters of ATLF has shown positive activity with respect to IEC, given that it has designed and produced, with the aid of Georgetown University, pamphlets, flyers, stickers, posters, videos and radio ads and spots (see Annex No. 4). However, these media are not being disseminated, or they are not being reproduced in sufficient quantities because of a lack of funding.

In addition, ATLF has produced a booklet on the four natural methods, recommendations on their use and the use of the graphics on the natural methods, examples of

finished graphics, and blank graphics to be used with users who are not formally enrolled in the natural family planning program.

ATLF conducts two types of activities:

- Informative talks and user recruitment talks given by the instructors to potential users of natural methods.
- A program of talks in the secondary schools of Callao, targeted to students of the fourth and fifth years of middle school, professors and heads of household on responsible parenthood, family planning and human sexuality.

There are guides and information recording instruments that are used to deliver the latter kind of talks.

RECOMMENDATIONS:

- Establish relationships with other institutions (such as MINSA), as is being done through the project that we are evaluating, in order to increase the possibility of broadening its IEC activities by using the network comprised of these institutions.
- Coordinate with the other NGOs in order to take advantage of the infrastructure and experience gained with respect to the printing, reproduction and distribution of printed materials.

3. Production and Quality:

a. Production:

Production is defined as the sum total of activities and services produced (numerator only), and Productivity as this total per unit of existing resources during a given period of time. In addition, Output is defined as the number of activities produced per unit of resources utilized.

(1) The information produced by the agency on the total number of users of natural methods over its thirteen and a half years of operation (1980 to June 1994) amounts to 5,985 users. This figure is low if it is compared with the number of users of this type of method at the national level, which number was estimated in Chapter II at 750,000 women for 1992. In addition, it is an indicator of the difficulty of an institution to succeed in capturing 10,000 users in only a three year project period, a figure that is almost double the number of users obtained over thirteen and a half years.

The following table shows the distribution of ATLF users with respect to their independence in relationship to the service:

SERVICE	No.	%
Independent	1,964	33
Withdrew - left	2,035	35
Losses	643	11
Active	<u>1,253</u>	<u>21</u>
TOTAL	5,895	100

These figures indicate that:

(a) One third of the users achieve independence, that is women who no longer need to be trained in the use of natural methods on their own.

(b) Less than two independent users (1.57) are obtained per each active user (in training).

(c) There is a high percentage (46%) of women who leave the training and probably do not achieve independence.

(2) Assuming that each user could be in the program for an average of a year, when the number of natural family planning users (active and independent) is multiplied by the number of menstrual cycles per woman (13 per year), one obtains the total number of cycles of protection achieved by the institution, or 38,222. This figure is distributed by specific natural family planning method as follows:

METHOD	No.	%
Calendar Rhythm	25,935	67.9
Cervical Mucous	6,134	16.0
Basal Temperature	3,277	8.6
Sympto-thermal	<u>2,876</u>	<u>7.5</u>
TOTAL	38,222	100

The largest number of users of the rhythm method in the institution corresponds with the prevalence of this method at the national level. It is certain that the training provided users through ATLF has modified the incorrect use of the methods. However, as discussed above, the impact of this work in terms of coverage is very low.

(3) If one considers the data on users for the period from January 1993 to June 1994, the following results are obtained:

(a) Some 4,600 individuals were informed of natural family planning, resulting in 87 potential users. That is, for every 100 informed persons, two potential users are obtained.

(b) Some 1,102 users were enrolled, the large majority of whom (90.20%) enrolled in order to avoid pregnancy. Very few enrolled in order to obtain information on their fertility (8.89%), and almost none in order to achieve pregnancy (0.91%). These figures agree very closely with those obtained from the project (see Chapter III), differing in their relative percentages, given that in the project there was a lower percentage of users who wished to avoid a pregnancy (57%), a much greater number of users who wanted to learn about fertility (38%), and a somewhat larger number of users who wanted to get pregnant (5%).

(c) The percentage of unplanned pregnancies among users reached 2%.

RECOMMENDATIONS:

- We insist on the urgent need for ATLF to continue expanding its natural family planning activities through the other NGOs and the public sector in order to increase the capture of users of natural methods through these institutions.
- Develop didactic material that can be used independently by users, and disseminate the methods through the communications media, in order to correct the errors in their use.
- Modify the goals of the project in accordance with the real capacity of the agency.

b. Quality of Care

Quality of care is the sum total of characteristics that family planning and health services should possess with respect to the process of providing care to users, from the technical and human point of view, in order to achieve the desired results both for the providers and for the users (satisfy their needs).

Management must necessarily make a decision to support the implementation and ongoing evaluation of the quality of service, so that this function does not take place in an administrative vacuum that is neither occupied nor claimed by anyone, as is the case now.

Evaluation of quality of care encompasses the techniques used to capture and analyze in a systematic way the information that occurs in the functional relationship between supply and demand, which are the factors that determine CARE.

In the following we present some indicators of the quality of services provided by the agency we have evaluated:

(1) Integrity

This indicator includes the provision of various services, the number of family planning methods offered, and internal accessibility.

(a) Provision of Various Services:

The agency offers certain services, including natural family planning services. For problems of infertility, the couples are only identified and are then referred to other institutions for treatment.

(b) Provision and Choice of Family Planning Method:

The agency only offers natural methods: cervical mucous, basal body temperature, calendar rhythm and symptothermal. The choice of method is made after providing information to the user and/or couple in an exhaustive manner. The decision is free.

(c) Internal Accessibility:

Given that ATLF does not have formal linkages with other NGOs and the public sector, the couples who contact the agency and choose methods other than natural methods only receive a verbal referral. There are no referral mechanisms in terms of agreements with other institutions to receive users of other methods that are not provided in ATLF, means of transportation, and referral forms.

(2) Timeliness:

Two dimensions of this variable can be observed. The first dimension concerns the time elapsed between the perception of the need for natural family planning and the decision to request the service up to the moment when the individual makes contact with ATLF. We are not discussing the travel time of the user to the central clinic or the CWU (see the report on the user survey).

(3) Continuity:

Continuity should be reflected in the interest and ability of the agency to promote continuity in the use of contraceptives. Discontinuity may occur in different phases of the process, and results from various causes:

(a) Errors by the user in following instructions or missing appointments. The opinion of staff is that in the majority of cases, the users do not attend their appointments with the CWUs.

(b) Errors by the agency, fundamentally in the interruption of a service. This is not applicable in this case.

(4) Human Quality:

The agency is performing extremely well given its very thin staffing relative to the work and the number of users. The staff demonstrate a high level of conviction, strong solidarity and communication with the patients.

(5) Technical Excellence:

ATLF is in very good condition given that in its establishments, the clinic histories include symptoms, background, clinical exams, and treatment. These clinical histories show that prenatal control only includes uterine height, blood pressure and fetal heartbeat. The examination of a new user only includes the gynecological exam, a general exam and PAP smear, but no breast exam.

(6) Community Participation:

The agency presents a positive situation in that it has been able to identify community organizations and leaders, as well as official and private institutions. However, it has not succeeded in gaining their direct or indirect participation in the programming and evaluation of its activities. In these establishments, community health agents are identified, such as traditional midwives, healers, etc., but these individuals are not helped to participate, nor are they trained.

RECOMMENDATIONS:

- The agency should include indicators of quality in the information system and perform monitoring of these indicators.
- Establish formal referral mechanisms for couples who want to use other non-natural family planning methods.
- Achieve greater participation of organizations and natural leaders in its programs.

EXECUTIVE SUMMARY

The general objective of the study was to evaluate the progress of the project "Training of Instructors in Natural Family Planning (NFP)" contracted by IRH/GU to ATLF, as well as to identify the changes that may be necessary for the project to achieve the success desired.

With a view to this objective, and the specific objectives and directives issued by IRH/GU, the evaluation team processed and analyzed information derived from: a review of demographic surveys and documents pertaining to the project and ATLF; interviews with staff at the central headquarters of ATLF, executives of the other participating institutions, and instructors at their practicum sites; the observation of courses; and the use of surveys with these instructors and the users of natural family planning methods. The results of this work are provided in the conclusions and recommendations that we present below:

A. On the Purpose of the Project:

The purpose of the project is to ensure that responsible parenthood and natural family planning are accessible to the community.

The trend in the current use of contraceptive methods locates natural family planning in the first position of prevalence, with 750,000 users at the national level. However, an important segment of Peruvian women of reproductive age need some technical assistance in order to improve the quality of use of these methods, in order to avoid undesired pregnancies and their associated consequences. The project has, therefore, broad justification that is rooted in the needs of the population, but its methods of capturing users (10,000 in three years) are yielding small results compared with the existing volume.

In addition, the activities implemented by the project have been carried out in an urban environment, since they are conducted in the same area as other ATLF activities. In this area there are institutions that have been selected to deliver the courses, and where the course participants are performing their internships and SERUMS.

It is therefore **recommended** that:

1. The project should not emphasize quantitative goals associated with reaching more users, but rather stress an improvement in the quality of use. The project should also emphasize its positive influence on the women of reproductive age who are using natural family planning methods incorrectly. Such an effort will reduce abortion and infant and maternal mortality. The only way to be able to ensure an effectively broad coverage and sustainable provision of natural family planning services is for ATLF to join efforts with other sectors (public, NGOs and commercial).
2. A process to increase the scope of activity of the project is being initiated in order to expand its current central urban influence to other urban and rural areas, and hopefully to the

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national level, where the greatest problems in the improper use of natural family planning methods exist. There are two alternatives for this expansion:

a) ATLF could initiate a process to expand to the national level with its own resources, creating a network with representatives and reaching agreements with institutions at the local level. This would be a very long road.

b) The creation of a natural family planning service network with NGOs and the family planning program of the MINSA, carried out within a strategy of progressive implementation by phases, would guarantee ATLF the use of a wide service network with the application of standards (modified for natural family planning), procedures and standardized management systems, and would ensure the expansion and sustainability of the project. Such coordination would assist the agency in moving to other stages in its institutional development, and MINSA would be assisted with the consulting expertise of ATLF, and be provided political cover by offering natural family planning services. According to the Director of Family Planning of MINSA, some activities can begin immediately, such as changes to the Ministry's standards and procedures for natural family planning, and the participation of ATLF instructors in training courses that have been programmed by MINSA. If this alternative is chosen, the goals and objectives of the project would have to be reformulated.

B. On the Objectives and Expected Results:

Within ATLF no special structure has been established to implement the natural family planning project, although such a structure would provide for greater speed in its implementation. In addition, at the beginning of the project the reimbursements did not arrive in a timely manner, which prevented the construction of classrooms, the hiring of staff, and the purchase of equipment, and had a negative impact on the fulfillment of the objectives and results expected from the project. This difficulty has since been overcome, and therefore educational output has become more normal.

1. Objectives:

The objectives of the project are:

- **Create the optimal conditions for natural family planning services within the six institutions (three hospitals and three NGOs) that serve the community.**
- **Introduce the training into three universities, thereby producing high quality natural family planning instructors.**

a. An understanding has been reached with the Director of a MINSA hospital. The formalization of this understanding will be possible to the extent that ATLF strengthens its ties with and the project expands to other establishments. However, this road is too long and can change, depending on who the executives are. Thus it is that only two courses with 19 participants have been delivered in this hospital. These courses were delivered without

coordination with the family planning program of MINSA, and as a consequence, the participation of the obstetricians and obstetrics interns (who are students in the ATLF courses) in the family planning activities of the hospital has been haphazard. This is one of the reasons why the generation of natural family planning users has been very low. In addition, the lack of coordination is not explained by the extent to which the MINSA is open, both technically and politically, to the implementation of natural family planning in its service agencies. Moreover, three NGOs have conducted their own courses with a total of 52 participants. The NGOs also need to assign staff to the teaching of natural family planning. Standards, procedures, and standardized information systems are also needed for the proper care of natural family planning users in all of these health institutions.

San Marcos is the university that has most supported the project, given that most of the courses (10) have been delivered there, with the greatest number of enrollees (154). At the sites of the Universidad San Martín, only three courses have been provided to 55 participants.

b. The thematic contents of the courses place too much emphasis on the anatomical and physiological aspects of the subject, above all considering that the participants are obstetricians with years of practical experience or students in obstetrics who already have a basic knowledge of these areas. The topic of natural methods is emphasized, and to a much lesser extent the pedagogical aspects of the instruction and information, education and communication (IEC). The courses do not address such important topics as natural family planning counseling and problems with the incorrect use of natural methods in Peru. Nor do the courses address the programming, statistical monitoring, supervision and evaluation systems that are necessary for the proper operation of any program of family planning services. This observation is also applicable to the didactic material that is imparted before and during the class sessions, as well as to the evaluation instruments, which do not address these topics either.

c. Social workers provide the fundamental support for the delivery of the courses. In the opinion of the students, these instructors demonstrate a level of knowledge that ensures the proper training of the participants. These professionals have mastered the topic, and demonstrated facility in the dissemination and proper management of each one of the pedagogical techniques. The physicians participate on specialized topics during the theoretical part of the training. Instructors with expertise in areas of IEC and MINSA staff, etc. should be brought in if the other topics that have been suggested for inclusion in the course are adopted.

d. Prior to the course an information packet is delivered, which consists of brief texts that are easily understood for the level of the participants. Didactic materials are used during the course, including summary sheets that are technical and scientific in nature and easily understood, and are supported by material that is oriented to Catholic doctrine on family planning. Self-instruction material still needs to be produced that will ensure the continuity of the courses once the project has been completed, and which can be used by instructors who cannot attend the courses but who are interested in learning and teaching natural family planning.

e. Evaluations of and by the participants are conducted, including pre-tests and post-tests.

These tests primarily address the anatomical and physiological aspects of reproduction and their relationship to natural family planning. These instruments are currently utilized to evaluate the course participants, but not to modify the course content in accordance with the level of success on the pre-test.

f. The instructors demonstrate very positive attitudes and a high level of objective knowledge of natural methods. They also have a very favorable opinion of the course, which should result in the capture of users. However, this is not happening because there is the presumption that the training of instructors in itself ensures the success of the project, and proper priority has not been accorded to the creation of optimal conditions (recognized in the formulation of the project) so that natural family planning services are offered in health establishments (State hospitals, NGOs).

The following is **recommended** with respect to the objectives:

- Specify aspects of the implementation strategy for each objective of the project and the evaluation criteria for each in a detailed manner.
- Implement the criteria for the optimal conditions for natural family planning services.
- Integrate the current practices of the natural family planning instructors into the services that the hospitals provide through the MINSA's national family planning program.
- Reach an agreement with the central level of MINSA that will ensure a rapid expansion of the provision of natural family planning services in terms of volume and distribution throughout the national territory.
- Accelerate the process of concluding agreements with CARITAS of Peru, and with other NGOs.
- Modify the natural family planning standards and procedures for the public sector and NGO agencies.
- Modify the SIS and other systems that ensure uniform support to natural family planning service agencies.
- Agree on the delivery of courses in the Universidad Nacional Federico Villarreal.
- Conduct a workshop, with the participation of all of the institutions involved, in order to determine the programming, content and duration of the natural family planning course.
- Include topics that address IEC, counseling, problems with the use of the rhythm method in Peru and the administrative aspects of family planning in the programming, didactic material provided in the courses, and participant evaluation instruments.
- Utilize the pre-test as a tool to reformulate the content of the courses.
- Make the suggested modifications to the instrument used by the participants to evaluate the courses, using as a basis the questionnaire that was developed by the evaluation team.

- Open the courses to the participation of instructors from other institutions and from other specialties.
- Create self-instruction materials.

2. Results Expected:

a. The first result expected is to have trained 1,000 instructors through approximately 600 courses, and for approximately 600 of these instructors to be active. These figures include the reactivation of 20 to 30 instructors through refresher courses.

The activities that have been programmed for the period from July to December 1993 were not entirely completed due to the financial difficulties experienced by the project. During the second period from January to June 1994, a larger number of courses were delivered to a larger number of participants because the difficulties had been overcome and the institutions had developed greater interest.

ATLF does not have a current report on the sites or institutions where the instructors are conducting their studies or carrying out their professional work; nor is there a report on active instructors. There are difficulties with maintaining these records, which are related to the fledgling nature of the supervision, monitoring and support systems. In addition, to this point no refresher courses have been provided to instructors who have already been trained.

b. The second result expected is for the new natural family planning instructors to have taught natural family planning to between 6,000 and 10,000 couples.

The 282 users captured during one year by the instructors is not a very large number when compared with the goals. In addition, there is no data available in ATLF on the real number of independent users. From the point of view of cost, losses would be incurred given that the projected cost per user according to current trends (US\$ 228) is much higher than the expected expenditure (between 19 and 32 dollars).

c. The third result expected is to have developed and implemented supervision and data collection systems.

There are supervision and statistical monitoring instruments for the courses and participants. Recently a card was designed to capture users, but which does not include a basic datum: the number of independent users. This instrument is adequate, short, clear and easily applied. However, given that the information is on an individual user basis for each instructor, it is very cumbersome to process manually to the aggregate level, and to the extent that the number of instructors and users increases, it becomes unmanageable.

The perception that the instructors have of supervision, statistical monitoring and the support provided by ATLF through these mechanisms with respect to educational materials and IEC, is positive, above all with regard to the availability and use of educational material and

supervision. Only training and forms are lacking for the collection of statistical data. On the other hand, the availability and use of IEC material is deficient. One might assume that the factors that are perceived as positive could have a positive impact on the capture of users, but in general these numbers are very low, which reinforces the judgment that the principal negative influence on this capture is an inadequate strategy that has not institutionalized the teaching of natural family planning in the health establishments of the MINSA and NGOs. The supervision, statistical monitoring and support system that is in the organization stage has not yet been completed.

With respect to these three expected results, we **recommend:**

- Implement the instructor supervision and statistical monitoring system in three phases (design and testing, modifications, installation and consolidation), using a simple computer system for this purpose. Take into account the instrument designed by the evaluation team.
- Establish the criteria for delivering the refresher courses for instructors who have already been trained, considering the results of the survey that was used by the evaluation team with the instructors.
- Implement the specific suggestions regarding the content of the instruments: Report on Graduates and Report on Natural Family Planning Users Enrolled by Instructor.
- Support the instructors with a greater number of pamphlets, flyers, posters, etc. for distribution to the users.

C. On Positive and Negative Factors:

ATLF exhibits the following positive and negative factors that affect the success of the project:

Positive:

1. In spite of its financial limitations, its personnel resources are available and dedicated to the work, given its scope of activity.
2. Its community work units (CWUs) are adequately equipped to provide basic services.
3. Its medical center has two equipped consulting rooms where general medical care, ultrasound and cardiology services are provided. The two classrooms that are part of the natural family planning project have been constructed in these headquarters.
4. ATLF has a regular supply of resource materials such as its own mobile unit, with a supply of fuel, and the unit always available to transport people carry materials and supervise the CWUs.

5. The agency uses Monday mornings to determine the schedule of activities that will be conducted during the week, and these activities are recorded on a Weekly Work Plan sheet.

6. The agency's statistical system has a series of forms for the systematic recording and collection of data on the various services provided by the agency to the population, both at the individual and at the aggregate levels. The basic forms are used in the CWUs, the information recorded is sent to headquarters on a weekly basis by the CWUs, and it is used by the institution for its evaluations and discussed with its operations staff during monthly meetings.

7. The agency's Statistics Department performs certain evaluation functions. The evaluation documents compare the data that is processed manually with the programmed goals. This information is then copied to a form that is designed for this purpose, and which complies with the requirements for presentation.

8. ATLF has carried out positive IEC activities given that it has designed and produced pamphlets, flyers, stickers, posters, videos and radio spots and ads with the assistance of IRH/GU.

9. The agency provides various natural family planning methods: cervical mucous, basal body temperature, calendar rhythm and sympto-thermal. The method is selected after exhaustively providing information to the user and/or the couple, and the decision is free.

10. The travel time for users from their homes to an ATLF service agency is short, and the users wait only a short time to be attended.

11. The attitude of the staff towards the work and the users is good, showing a high degree of conviction, strong solidarity and good communication with the patients.

12. The clinical history used in the agencies includes symptoms, background, clinical exam and treatment. In these histories, prenatal control includes uterine height, blood pressure and fetal heartbeat. The examination of a new user includes a gynecological exam, general exam and PAP smear, but no breast exam.

Negative:

1. The organization of the agency is vertical in nature, providing only a narrow window for the operations staff and principally the instructors to participate in an active manner in the management process of the institution. **It is recommended** that the internal relationships of the institution be made more horizontal.

2. ATLF was conceived in terms of a narrow sphere of influence, with a small number of staff that were adequate to the scope of the work as originally planned, but not for broader tasks. Thus the principal executives of the agency are not only assigned management functions, but also operational tasks. Beginning in 1993, ATLF has a new Organization and Functions Manual.

which formally changes this structure, elevating the duties of the directors to the appropriate level. However, in practice the directors are still saturated with concrete responsibilities and tasks. **It is recommended** that the standards in this manual be implemented.

3. The three projects implemented by ATLF have established relationships between each other, but it would be useful to coordinate them, both in their design and in their implementation. **It is recommended** that an inter-agency workshop be conducted for the overall programming of the activities of the three projects, thus avoiding overlaps or gaps in the context of a coordinated program.

4. From the point of view of human resources, the institution is better staffed to carry out clinical service activities rather than educational activities. **It is recommended:**

- Redistribute the staff as a function of an institutional strategy that accords priority to activities that are coordinated with the public sector.
- Study the possibility of assigning some of its staff to provide natural family planning in other institutions such as NGOs.

5. The three projects that are being implemented by ATLF constitute its principal source of financial support, given that it has few resources of its own and few mechanisms to obtain them. Since two thirds of its staff is funded by these projects, upon their completion the agency will suffer reductions in its professional staff. **It is recommended** that the financial foundation of the agency be broadened through the provision of fee based services to more affluent social classes, using for this purpose the existing capacity of the clinic and the pharmacy so that the agency can retain more staff that are supported by its own activities.

6. The standards concerning natural family planning clinical and educational procedures are not included in the family planning standards of MINSA. **It is recommended** that the basic features of natural family planning be incorporated into the MINSA standards.

7. The goals are set in accordance with the progress attained during the prior period and the use of the services, which allows for continued low production. **It is recommended:**

- Carry out the programming with the participation of all levels of the program in ATLF.
- Coordinate the program with various private and public family planning agencies.
- Support the other NGOs and the public sector in their natural family planning activities that they program together.
- Include natural family planning activities in the programming instruments of the MINSA.

8. There are too many forms, and in the case of individual data, the data recorded does not correspond to reports of a periodic nature. The data collected on natural family planning health

and education services is processed manually, and the aggregate figures are copied to other systems. **It is recommended:**

- Establish a Research and Programming Unit that would carry out the tasks associated with statistical monitoring and evaluation.
- Provide this unit with trained personnel and computer equipment (purchase computer equipment or transfer the existing equipment to be used in the data processing area) and designate a full time staff person to resolve the problems associated with recording, collecting, processing and utilizing the data on the services provided to users. This individual should preferably be a professional with experience in statistics and computing.
- Include information system topics in the training sessions.
- Simplify the forms at the individual level by transferring most of the variables on them to surveys that can be performed every six months.
- Include indicators of quality in the information system and monitor them.
- Install an automated data processing system, and train the staff to manage it.
- Involve all levels in the analysis and use of the information.

9. There are some limitations to the evaluation:

- The results are not compared to the women of reproductive age under its care to obtain some of the indicators that are listed in the evaluation of services.
- The results are not analyzed in terms of the couple protection cycles provided by natural family planning, which analysis would facilitate their comparison with the couple protection years associated with modern methods.
- They results are not analyzed as a function of the factors that facilitate or hinder the fulfillment of the goals set for each natural family planning method, by place, type of establishment, project or period.
- There is no presentation of graphs or charts that would facilitate the analysis over time and be used to describe improving or descending trends.

It is recommended:

- Optimize the evaluation function with the aid of computer tools that are expressly designed for this purpose.
- Integrate the service statistics, evaluation and programming tasks into a single unit (the Statistical Unit).

10. The natural family planning IEC material produced by ATLF is not disseminated or is not reproduced in sufficient quantities because of a lack of financing. There are other NGOs such as APROPO and Pathfinder International that continue to produce and disseminate IEC material on natural family planning as part of MINSA's and the IPSS's family planning programs. **It is recommended:**

- Establish relationships with other institutions in order to broaden its IEC activities by utilizing the network constituted by these institutions.
- Coordinate with other NGOs in order to take advantage of the infrastructure and experience that other agencies have gained in the printing, reproduction and distribution of printed material, and lower the costs of production.
- Develop self study didactic material and spread the natural family planning methods through the social communications media, in order to correct their improper use by women of reproductive age.

11. A total of 5,892 users of natural methods have been captured over thirteen and a half years of work, a number that is small when compared with the users of these kinds of methods at the national level (750,000). In addition, this figure is an indicator of the difficulty for a project to generate 10,000 users in three years. Moreover, natural family planning users have been captured from among users of artificial methods, and the strategy of the project is not having an impact on the large number of users of the rhythm method who are using this method improperly. One of the reasons for the low coverage is that the CWUs only operate during the afternoons and their capacity to provide services is small in relation to the large geographical area and population of Metropolitan Lima. **It is recommended:**

- Broaden the natural family planning service network under the management of ATLF, utilizing the infrastructure of the MINSA, IPSS, and NGOs, principally at the primary health care level and on the periphery.
- Encourage parishes to undertake mass education campaigns targeted to the youth population (movements such as MOJUPE, EJE, ESCOJE). The CWUs that can be installed in these parishes can only be educational in nature.
- Modify the goals of the project to reflect the real capacity of the agency.
- Change the focus of care from users of artificial methods outside of ATLF service agencies to the users who improperly use the rhythm method outside of these service agencies.

12. ATLF offers various maternal health services, including natural family planning services. It only identifies couples for infertility services and refers them to other institutions.

13. Given that ATLF does not have formal ties with other NGOs and the public sector, the couples who contact the agency and select non-natural methods only receive a verbal referral. There are no referral mechanisms in terms of agreements with other institutions that could receive users of methods other than those provided at ATLF. **It is recommended:**

- Establish formal referral mechanisms for couples who wish to treat their infertility problem or use other than natural methods.
- Include in the Natural Family Planning Standards and Procedures Manual the steps to follow with users who request other methods in ATLF.

14. The agency has been able to identify community organizations and leaders, as well as public and private institutions, but does not have them participate either directly or indirectly in the programming and evaluation of its activities. These establishments are able to identify community health agents such as traditional midwives, medicine providers, faith healers, etc., but they do not participate and are not trained. **It is recommended** that greater participation in the agency's programs of organizations and natural leaders be achieved, and that these leaders be trained.