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EVALUATION OF DEVELOPMENT ASSOCIATES, INC.

CONTRACT pha-c-1149

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EVALUATION OF DEVELOPMENT ASSOCIATES, INC.

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I. EXECUTIVE SUMMARY

A. Purpose of the Evaluation

Since early 1972, Development Associates, Inc. (DAI) has received AID funding to train paramedical and other associated family planning (FP) delivery systems in Latin America and the Caribbean. The initial contract AID/1a-707 was evaluated in 1974 and a detailed PAR completed in 1976. However, the current contract, AID/pha-c-1149, which has been effective since December 1, 1976, and is scheduled to terminate June 30, 1979, has yet to receive an intensive evaluation. Moreover, at no point in the life of either contract have independent evaluators visited the field to collect first-hand information on the effectiveness of Development Associates.

Thus, the purpose of the current evaluation is first, to review the record to date of the current contract (pha-c-1149) and secondarily, to review the project from 1972, to identify management procedures which have been effective in this particular project and could be useful in a future contract as well. Likewise, the team was asked to identify possible shortcomings of the contract which might be rectified or avoided in future programs.

B. Highlights of the Findings

Development Associates, Inc. (DAI) is responsible for training paramedical and other associated family planning (FP) and health personnel for expanded, improved FP delivery system in Latin America and the Caribbean, under AID contract pha-c-1149, effective December 1, 1976. This project represents a direct continuation of training activities since 1972 and under AID/1a-707.

DAI has far exceeded the requirements of the 1140 contract in terms of total numbers trained (2,000 required, 13,750 trained through November 1978) and total person weeks of training (6,000 required, 13,761 conducted). During the life of this and the prior contract, DAI has successfully complied with the AID directive to shift training whenever possible from U.S. to Latin American institutions. The percentage trained in the U.S. has dropped steadily from 60% in 1972 to 1.5% in 1978. Moreover, the quality of training has been maintained at a high level.

The shift to Latin American training is not only logistically sound but also cost-effective. The average participant costs per trainee week are \$621 in the U.S., \$323 in third (Latin) countries, and \$115 for in-country training. In each setting, participant costs account for 84 percent of the total, with an additional 16 percent for each administrative cost category.

Several factors have contributed to project success. The contract is highly specific (training), yet flexible as to category

of participants, training sites, and course content. The DAI staff has demonstrated sound managerial skills, responsiveness to the needs of the field, and the ability to relate well with Latin American personnel at all levels. Finally, the process has been greatly facilitated by a minimization of bureaucratic procedures within AID.

The shift of training to Latin America has resulted in the strengthening of existing institutions as well as the development of some new programs. Not one complaint was received about the quality of training under this system, although in-country training may not have the same incentive as does U.S. or third-country training. This need may be partially met by observation trips, which are also of great value in their own right.

Finally, DAI received high marks on two other sources: its effect on the status of women (for upgrading the technical skills of a work force which is primarily female) and its use of appropriate evaluation techniques (which serve to improve content and methods on a course-by-course basis rather than to document the actual effects of each course).

The only serious problem identified during the evaluation involves management training for population professionals and FP administrators. The needs of different institutions are many and diverse, so that a course (such as Denver) may be both too ambitious and too superficial. Moreover, such training through Latin American institutions has not materialized. Due to a variety of factors not within the control of the contractor, a second problem worthy of mention is the inadequate level of per diem for certain training activities and the double-standard for U.S. and Latin American personnel. Responsibility for this second problem lies with the contract, not DAI.

C. Recommendations

In the light of the findings, described in detail of this report, the Evaluation Team has outlined the following recommendations, both in terms of contract management and procedures, and substantive aspects of training.

1. Contract Management and Procedures

a. Measures should be taken to avoid loss of momentum of in-country and third-country training in family planning. Should there be a delay in establishing a new contract for this purpose, an extension of the existing contract to the end of September, 1979 should appear to be in order.

b. To make future FP training as effective as possible, the terms of the contract should remain flexible.
Location: Although almost all training should be carried out in Latin America, the contractor should retain the option for U.S. training and observation as needed. Category of Participants: While paramedicals should be the chief focus for training, there are occasional situations in which the training of others is essential to

insure the acceptance of new programs or procedures. Content: Efforts to assign a specific training area exclusively to a given intermediary agency and prohibit others from supporting it (e.g., training in sterilization) may prove counter-productive, since this may create fragmentation in a total training effort. While AID should specify the priority content areas, the contractor should be given flexibility in this respect.

c. The internal procedures within AID at the Washington level should be limited to those now in use: Only the program monitor and when necessary the contracting officer are required to approve a given project. It appears unnecessary to first seek approval from the local AID Missions through the corresponding regional bureaus, since these training projects originate from the field and the coordination procedure of the contractor appears effective.

d. In the evaluation of potential contractors for future training contracts of this nature, the following criteria should be heavily weighed:

- (1) Demonstrated managerial expertise;
- (2) Experience in training and curriculum development;
- (3) Previous work experience in the country areas involved and strong language abilities.

e. AID should allow the contractor to draw advance payments so that funds can be forwarded to the Latin American and U.S. institutions who subcontract to provide the actual training. With the expansion of the project to its current magnitude, it is unreasonable to expect the contractor (even a profit-making organization) to commit its own funds and have to wait for an extended period of time while vouchers are processed. For future contracts, this recommendation would pertain only after the subcontracts reach a critical magnitude and the organization has proven itself worthy of such programming flexibility.

f. In regard to the payment of per diem for trainees (including those who attend international conferences), this and future contractors should be authorized to pay up to the per diem rate allowed for U.S. personnel for the given country or course. The current allowable rates are often totally inadequate for third-country participants and the "double-standard" creates bad will.

g. It would be useful to AID to improve its program projections, especially in defining more precisely those categories of participants in the project papers/evaluation papers and annual contract. Advance agreement between AID and the contractor on training categories would reduce confusion and eliminate double counting.

h. To the extent possible, AID's funding year and the contractor's program year should coincide so that verification of progress indicators is more easily obtainable from both AID and contractor files. To this, AID should attempt to coordinate AID's planning process to the contractor's program year timetable.

2. Substantive Aspects of Training

a. There should be continued emphasis on in-country and third-country training, utilizing the presently identified institutions and further developing other in-country resources (e.g., training in vasectomy through APROFAM).

b. Institutions receiving subcontracts (especially for the first or second time) should be encouraged to make greater use of the contractor's Training and Technical Assistant in developing curricula and training programs. If necessary, additional assistance should be made available through short-term consultants.

c. Greater emphasis should be given to refresher training and in-service education, especially where clinical or pedagogical skills are involved.

d. Observation trips should be continued at the current level: Both for knowledge/skills acquisition and for sensitization to innovative programs.

e. As is currently the contractor's policy, all courses of at least a week's duration should be evaluated by a written questionnaire at the close of the course. For courses of longer duration or of international significance, the contractor should attempt to send a staff member to conduct personal interviews with trainees at the end of the course (when this is feasible). It is recommended that the annual mail questionnaire be discontinued as a contract requirement. As an evaluative follow-up to courses of several weeks' duration involving clinical or other specific skills, it is suggested that a member of the training staff and an evaluator (possibly hired on a consultant basis) visit trainees three to six months after their course at their own jobs. This activity could also be combined with recruitment for subsequent courses.

f. Renewed efforts should be made to seek alternatives for management training in family planning. One possibility would be to contract with an ongoing, well-run program (e.g., PROFAMILIA) to serve as an institutional base for such training. Experts in administration could be brought in to teach general aspects of the course (and thus relieve the host organization of part of the burden). However, this could be combined with tailor-made workshops on particular problems specified by trainees (e.g., budgeting, personnel selection, commodities flow, etc.). Also, all aspects of the host organization's

administrative procedures would be examined and used as examples for discussion -- thus making the training more practical. Participants to such training should be carefully selected and be as homogeneous as possible.

II. SCOPE OF WORK

A. Purpose of the Evaluation

The current report focuses on the extent to which DAI has fulfilled the terms of its contract (pha-c-1149), as well as a series of related issues:

- Factors contributing to project success.
- The shift of training from the U.S. to Latin American sites.
- The impact of these activities in the field.
- The effect of the training on the status of women.
- The types of evaluation procedures appropriate for these training activities.

This section on issues is intended as a response to the list of twelve "problem and issues" and four "additional themes" outlined in the initial scope of work.

B. Team Composition

The team was composed of four members, selected to provide the following input into the evaluation:

- Dr. Jane T. Bertrand, team leader, University of Chicago (Community and Family Study Center); familiarity with FP programs in Latin America and interest in the effect of DA efforts on the status of women.
- Dr. W.B. Rodgers Beasley, Frontier Nursing Service, Kentucky; ability to assess the technical level and appropriateness of training for paramedical personnel in family planning.
- Dr. Bruce Carlson, former deputy director of the IPPF Western Hemisphere Office; insight into population issues and programs in various Latin American and Caribbean countries as background for assessing the appropriateness of DA training and management.
- Dr. Larry Eicher, an AID employee (now on administrative leave from the agency) and former project manager of this contract; historical perspective on the changing role of DA and insight in DS/POP priorities.

C. Sources of Information and Sites Visited

In an effort to obtain a maximum amount of information in a two-week period (Jan. 8-19, 1979), the team divided its efforts as follows: Larry Eicher remained in Washington to interview DAI personnel involved in the current contract, to review DAI documents relating to the management of the contract, and to do a series of cost analyses reported below. Meanwhile, the other three team members traveled to four Latin American countries^{1/}: Brazil and Mexico (Bruce Carlson), Colombia and Guatemala (Rodgers Beasley and Jane Bertrand). In each country, an effort was made to visit projects in the field as well as recipient institutional headquarters in the capital or other cities. The team interviewed and discussed DAI involvement in Latin America with four groups:

1. AID Population Officers and other Mission personnel;
2. Directors and administrators of organizations that have received in-country or third-country training funds;
3. Individuals responsible for conducting in-country or third-country training;
4. Recipients of DAI funds for third-country training, observation trips or seminars.

The information gathered in this manner was then pooled and discussed jointly by the team members. As such, the current report reflects the consensus of the team members.

A complete list of the institutions and individuals contacted is attached to this report (Appendix A).

^{1/} These countries had been previously selected by AID and APHA on the basis of current levels of expenditure, types of training provided, and nature of AID funding in the country (e.g., bilateral agreement or not), among other criteria. No Caribbean country was visited since the focus on these countries is relatively recent and DAI has only begun to intensify activities there within the past year.

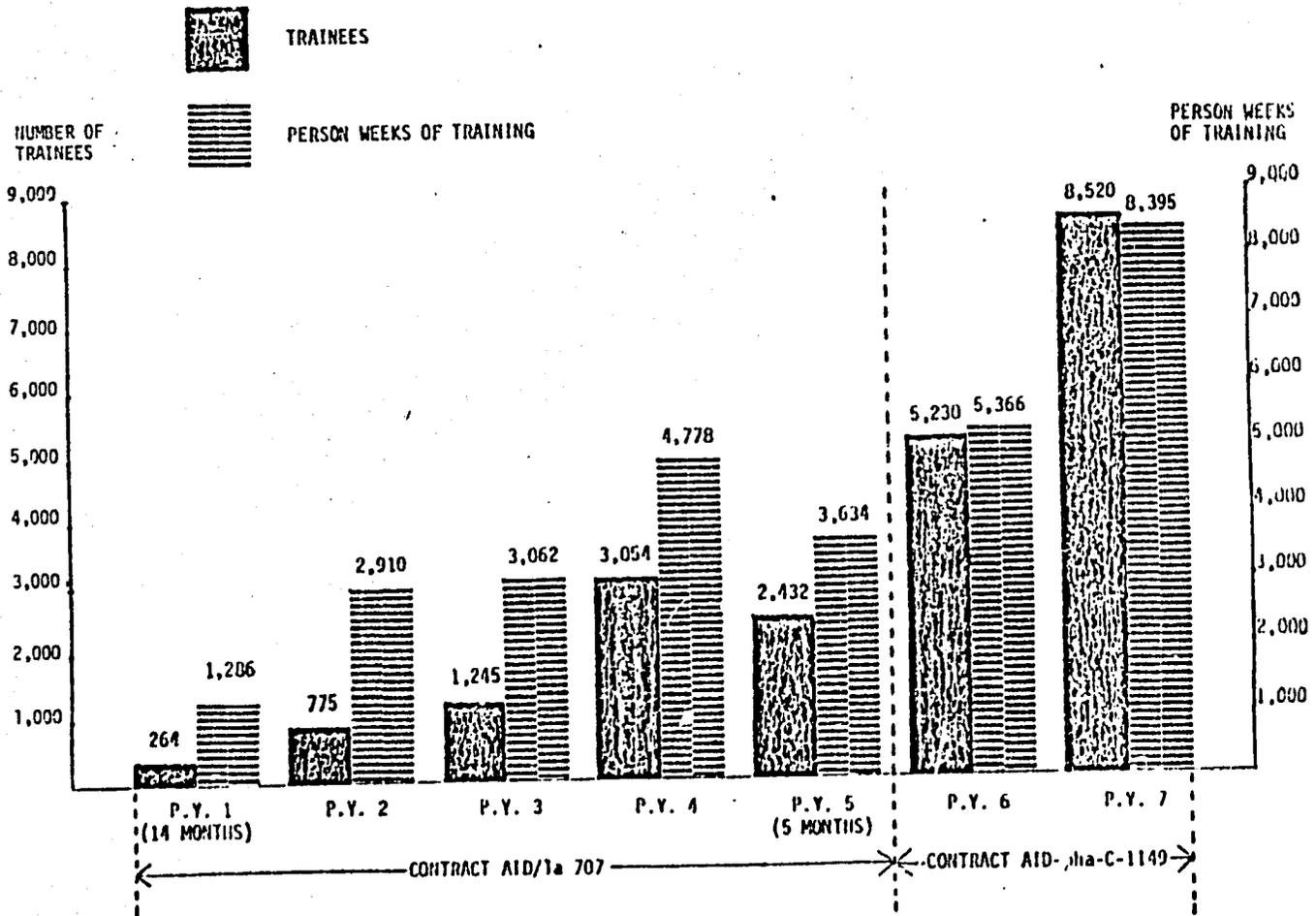
The evaluation team was in full agreement with this selection of countries, and chose to make no additions or substitutions; nor did they choose to visit the Denver training center, since no courses were then in progress.

III. FULLFILLMENT OF PROJECT OBJECTIVES

AID contract pha-c-1149 calls upon Development Associates, Inc. to provide professional and management services necessary for the recruitment, selection and training of qualified Latin American personnel in family planning and population fields in the U.S., Puerto Rico, and/or other countries in the Western Hemisphere (except Cuba). The basic objective of the contract was to train 1,000 trainees per calendar year having an estimated 3,000 weeks of training. Table I compares these projected totals under pha-c-1149 up to November 30, 1978. The record indicates that in 2½ years 13,750 trainees were trained for a total of 13,761 person weeks of training under this contract.

A. Number of Trainees and Person Weeks of Training By Program Year

Table I



1/ A summary of AID Contract pha-c-1149 can be found outlined in Appendix B, attached.

Table II represents a country-by-country comparison of trainee totals over the three-year period of contract pha-c-1149 based on AID's original project paper objectives and the contractor's actual total through November, 1978.

Table II
Summary of Participant Training Totals^{1/}

<u>Country</u>	<u>Pha-c-1149 Contract AID Project Paper Projections</u> ^{2/}	<u>Actual DAI Training Totals</u> ^{3/}
Argentina	-	5
Bolivia	300	6
Brazil	496	2,980
Chile	-	8
Colombia	1,204	2,353
Costa Rica	49	69
Dominican Republic	90	448
Ecuador	11	46
El Salvador	61	303
Guatemala	84	449
Haiti	140	86
Honduras	109	330
Jamaica	40	43
Mexico	41	2,233
Nicaragua	121	2,065
Panama	66	267
Paraguay	116	1,855
Peru	221	103
Uruguay	-	37
Venezuela	-	17
Lesser Caribbean Islands	4	37
Totals	3,153	13,750

Tables I and II clearly indicate that the contractor has far exceeded the original numbers of trained personnel forecast earlier in AID project documents and Congressional presentations.

^{1/} See Appendix C for a more detailed breakup country-by-country, as well as by training categories.

^{2/} Covers a three-year period.

^{3/} Actuals only extend to November, 1978 with contract to terminate on June 30, 1979.

B. Training of Family Planning Personnel

The contract calls for training qualified paramedical and other associated family planning and health personnel for expanded and improved family planning systems. Under pha-c-1149, these can be broken down in general categories per Table III:

Table III

Training Through November, 1978 by Training Category

Nurses/Nurse Midwives	393
Trainers	5,327
Clinic Staff	638
Administrators	664
Physicians	1,377
CBD Workers	1,747
Social Workers	203
Auxiliaries	148
Rural Extensionists	21
Miscellaneous	<u>3,232</u>
Total	13,750

C. Observation Training

Table IV indicates the level and cost of observational training wherein the contractor is to arrange independent study and observation programs for a limited number of Latin American participants.

TABLE IV^{1/}

Observation Training

Travel to Third Countries:

Number of People	62
Total Cost	\$70,697
Average Length	1.6 training weeks each
Average Cost per Person	\$ 1,140

Travel to the U.S.A:

Number of People	88
Total Cost	\$82,247
Average Length	1.27 training weeks each
Average Cost per Person	\$ 935

D. Training of Trainers

1. To implement training programs for trainers of paramedical personnel, three categories of training are cited in contract pha-c-1149 and other AID documents. These include:

- a. U.S. based training (4-24 weeks) in Spanish for physicians, trainers, nurse trainers, practitioners, nurse midwives, and auxiliaries.
- b. In-country training (1-3 weeks) principally for paramedicals.
- c. Academic training (4-6 months) in the U.S. or Puerto Rico for physicians and/or educators.

2. Table V below indicates the breakout of actual training accomplished within these more specific and narrow categories under pha-c-1149 as compared with earlier AID projections.

^{1/} Figures on this activity from Program Year VII include people from 12 Latin American Countries. The difference in costs between U.S. and third country observation trips is caused by the fact that a) trips to the U.S. have originated mainly from the Caribbean and Mexico. Cheaper air fare exists to the U.S. from these points compared to those even between some L.A. countries; b) difference in the length of trips (U.S. vs. third country); and, c) there is usually an institutional fee paid of L.A. institution being observed (e.g. Profamilia), whereas in the U.S. the donor agency usually requires no fee.

Table V

Trainers Trained by Category and Program Year

Training Categories	Program Year VI (8 months) ^{1/}		Program Year VII (12 months)		Program Year VIII Estimated to 6/30/79	
	Projected	Actual	Projected	Actual	Projected to Date	
1. U.S. based	235	174	146	125	117	51
2. In-Country	883	951	859	896	932	1,390
3. Academic	6	0	6	1	4	0

These figures indicate that the contractor has responded well to AID Contract requirements and directives to shift, wherever possible, U.S. based training to qualified Latin American institutions.

E. Training for Expanded Family Planning Delivery Services

1. The expressed purpose of this project is to provide qualified, trained paramedical and other associated health personnel for expanded and improved family planning services delivery systems.

2. An examination of the data available indicates that many of the conditions expected by the end of this project have already been achieved. Table VI lists these indicators:

Table VI

End of Project Conditions

<u>Categories and Projected Figures</u>	<u>Estimated Totals (Persons)</u>
A. 3,188 medical & paramedical personnel trained to deliver clinical contraceptive services in F.P. MCH clinics.	A. 2,847
B. 1,864 educational trainees utilized as instructors or trainers in F.P. training centers in L.A.	B. 3,248
100,000 additional personnel trained through a multiplier effect.	1,028,600 (est.)
C. Increased clinical F.P. services especially in rural areas, which offer a wider range of methods using allied health personnel where no doctors were readily or previously available (no figure given).	C. 641

^{1/} Projected figures come from AID's Project Paper approved in 1975; actual figures come from DAI records during the life of pha-c-1149.

Table VI (Continued)

D. Qualified instructors, doctors, administrators, and educators providing additional impetus in LDCs for additional paramedical training from either in-country F.P. organizations or regional F.P. training (no figure given).	D.	1,163
E. Administrators of F.P. programs trained to upgrade quality of programs.	E.	1,154

F. The Shift Toward Latin American Training

1. Table VII gives even further evidence to show the favorable trend toward moving training to host country institutions as facilities were found to meet necessary professional standards. In this way, the contractor has additionally succeeded in complying with AID's mandate to assist in the development and support of Latin American institutions involved in the population/family planning field.

Table VII

Number of Participants by Training Site and Program Year

		<u>US & Puerto Rico</u>	<u>In-Country Third-Country Latin America</u>	<u>Totals</u>	<u>In the U.S.</u>
AID 1a/707	{ Program Year I	158	106	264	60%
	{ Program Year II	277	498	775	36%
	{ Program Year III	238	1,007	1,245	19%
	{ Program Year IV	240	2,814	3,054	7.8%
	{ Program Year V (5 mos.)	96	2,336	2,432	4%
AID pha-c-1149	{ Program Year VI	174	5,055	5,230	3.3%
	{ Program Year VII	125	8,395	8,520	1.5%
	TOTALS	1,308	20,212	21,520	6%

2. As seen above DAI has successfully directed their training activities toward in-country and third-country training in Latin America, such that only 1.5% of the participants are now trained in the U.S. and Puerto Rico. Nevertheless, this latter training still represents one-fifth (approximately 22% in Program Year VI) of the total contract costs. This can be accounted for, in part, by the higher costs per trainee week in the U.S. and Puerto Rico (approximately double those in Latin America). This is due primarily, however, to the fact that the length of training in the U.S. and Puerto Rico is normally

four to ten times more than the average participant training time for Latin American in-country and third-country training.

G. In-Country and Third-Country Training

In Table VIII, an analysis of training by in-country institutions compared to third-country training indicates that, during the contract period of pha-c-1149, an ever-increasing number of participants is now able to be trained in their host country, again demonstrating the contractor's successful compliance to AID directives.

Table VIII

Comparison of In-Country to Third-Country Training ^{1/}

<u>Training Area</u>	<u>Program Year VI</u>	<u>Program Year VII</u>	<u>Persons Trained Totals</u>
In-Country	4,934 (97.6%)	8,176 (97.4%)	13,110 (97.5%)
Third-Country	122 (2.4%)	219 (2.6%)	341 (2.5%)

H. Total Trainees During Life of Project

Table IX shows the total number of trainees during the overall life of this project (covering both 1a/707 and pha-c-1149) as well as the total number of person weeks of training under this project.

^{1/} These figures also include observation training. This table covers training only during the last two program years of pha-c-1149, through November, 1978.

Table IX

Statistical Summary of Trainees by Program Year

Program Year	Totals Trained	Trained In		Percent Trained In the USA & Puerto Rico	Total Person Weeks of Training
		The USA & Puerto Rico	Latin America & Other Non-US		
(I	264	158	105	60%	1,286.0
(II	775	277	498	36%	2,910.5
1a/ (III	1,245	238	1,007	19%	3,062.0
707 (IV	3,054	240	2,814	7.8%	4,777.9
(V 1/	2,432	96	2,336	4%	3,633.8
((5 mos.)					
pha-(VI	5,230	174	5,056	3.3%	5,366.2
c-1149(VII	8,520	125	8,395	1.5%	8,394.6
TOTALS	21,520	1,308	20,212	6%	29,434.0

Source: Development Associates Summary and Evaluation Report Program Year VII, p. 3.

I. Response to Two Priority Countries

The contractor has responded rapidly and effectively to the training needs in two AID priority countries in Latin America where exciting new developments in the family planning field have recently begun, namely, in Brazil and Mexico. Previously under AID 1a/707 only three percent of all Latin American participants came from these two countries. However, as a direct result of dramatic events in both Mexico and Brazil, 38 percent of all participants in Latin America are now being trained under pha-c-1149 from just these two countries. However, it is also clear that training in other Latin American countries is still increasing based on total figures.

1/ The totals for PY V also contain numbers of trainees not reported in the preceding year because of late reporting by some Latin American training agencies.

Table X

Number of Participants Trained as of November 30, 1978

<u>Country</u>	<u>PY I-V</u> <u>(Contract 707)</u>		<u>PY VI-VII</u> <u>(Contract 1149)</u>		<u>TOTAL</u>	
Brazil	16		2,980		2,996	
Mexico	<u>181</u>		<u>2,233</u>		<u>2,414</u>	
Subtotal	197	3%	5,213	38%	5,410	25%
Others	<u>7,573</u>	97%	<u>8,537</u>	62%	<u>16,110</u>	75%
Total	7,770	100%	13,750	100%	21,520	100%

J. Total Project Costs and Comparisons

1. Funds previously projected by AID for this program under Contracts 1a/707 and pha-c-1149 totaled \$8,036,000 over the life of this project (FY 72 - FY 78). Actual obligations total \$9,970,765, an increase of \$1,934,765. Much of this increase is due to the growing number of training opportunities in high priority areas of Brazil, Mexico, and the Caribbean.

Table XI

Funding Projections and Obligations

<u>Original AID Projections</u>		<u>Actual Obligations</u>	
1a/707	= \$3,684,000	1a/707	= \$4,966,896
pha-c-1149	= <u>\$4,352,000</u>	pha-c-1149	= <u>\$5,003,869</u>
Total	\$8,036,000	Total	\$9,970,765

2. An analysis of DAI's training costs in the U.S. under 1a/707 was made in December, 1974, by Dr. Sperling of the AID Office of International Training. He examined training costs at a number of U.S. based training organizations compared to costs incurred by Development Associates. Dr. Sperling's findings for 1a/707 indicated that "within the data available, DAI costs are reasonable and definitely efficient." Dr. Sperling examined administrative costs for training in the U.S. and overseas as well as participant costs for the U.S. and in Latin America. Participant costs per grantee week included per diem, local travel, tuition, course fees, orientation kits, books and other allowances, as well as visas and medical exams, all as a part of the contract. Administrative costs included all expenditures per grantee week at the contractor's office comprising salaries, wages, overhead, consultant fees, staff travel, publicity program announcements, printing, staff visas, telephone and communication, reports, and

the fixed fee. International travel was omitted in the computations in the belief that administrative efficiency could not be determined by that alone as international travel is the same for all contractors and it would be difficult to extract without a major audit.

K. Costs by Training Category

In the examination of costs under the current pha-c-1149, some interesting comparisons are self-evident. In Table XII, U.S., In-Country and Third-Country training are broken down by participant and administrative costs categories per grantee week. Again, the shift toward more Latin American training is evident by having 90.6% of costs in trainee weeks outside of the United States.

Table XII^{1/}

<u>Training Category</u>	<u>Participant Costs</u>	<u>Percent of Total</u>	<u>Development Associate Administrative Costs</u>	<u>Percent of Total</u>
U.S.	\$620.91 per grantee week	83.8%	\$119.93 per grantee week	16.2%
In-Country	\$114.95 per grantee week	83.6%	\$ 22.60 per grantee week	16.4%
Third-Country	\$323.20 per grantee week	83.4%	\$ 64.38 per grantee week	16.6%
Average Total	\$191.76 per grantee week	83.6%	\$ 37.62 per grantee week	16.4%

In conclusion, this cost analysis and examination of those specific training activities in contract pha-c-1149 seem to reinforce the belief that overall costs to this program continue to be both reasonable and efficient and that training activities have been in compliance with the terms of the contract guidelines. This includes both the number of persons trained, emphasis on the relevant training categories, and also the shift to more Latin American training institutions.

^{1/} This percent mix by trainee weeks of the total DAI effort equals 9.4% U.S. training, 76.6% for in-country training, and 14.0% for third-country.

IV. IMPACT OF DAI ACTIVITIES IN THE FIELD

As indicated earlier, DAI has far exceeded the requirements of its contract in terms of numbers of participants. Yet this is not an automatic guarantee of impact in terms of expansion of and improvement in the delivery of FP services.

It should be stressed that this evaluation can in no way quantify the impact of DAI activities in the field. It was not feasible to systematically follow up on the thousands of trainees over the years to determine the influence of training on their job performance. Nor has there been extensive research, such as a controlled field experiment, which would permit an exact assessment of the effects of this training on service delivery.

Instead, the current report underscores the measures taken by DAI to increase the probability that the training will be effective; and it cites a number of examples in which DAI training has contributed to overall improvements in FP program activities.

A. Measures to Insure the Effectiveness of Training

DAI actively assesses each training institution, its staff, curriculum, candidate selection process and evaluative elements to assure the effectiveness of training. A request for training support is first judged by DAI and AID staff on the basis of personal knowledge of the effectiveness (real and potential) of the requesting institution. The need for the training together with curriculum content is scrutinized; DAI technical assistance may be provided to enhance contact or improve methodology.

While selection of candidates for in-country training is an organizational activity, third-country participants are carefully reviewed by DAI and receive approval from local AID officers.

Every effort is made by DAI staff to observe personally at least part of the larger international training activities. Post training evaluations are made by participants and DAI assists the training institution in its efforts to incorporate appropriate recommendations.

B. Examples of the Impact of Training

Experience from the field would suggest that DAI training has had both direct and secondary effects. First, it has generally improved the technical level and increased the motivation of the individual trainee. Moreover, in many instances it has had a multiplier effect, in one of two forms:

- replication of the training itself: for example, participants to the Universidad del Valle sex education course incorporate materials and methods directly into their own curriculum. Through FUNOF in Colombia, sub-officials who receive the

sex education course are expected to provide similar instruction for their 39 recruits.

- replication/adaptation of programs or procedures: participants on observation trips often travel for the express purpose of learning techniques or procedures to be used in their own countries. For example, after staff members from APROFAM observed the mobile unit sterilization program in Colombia, they returned to Guatemala to establish a similar service.

While the following list is in no way complete, it suggests the type of impact which these training activities have had in the field.

1. Observation visits to PROFAMILIA by individuals from all over Latin America have resulted in the establishment of similar CBD activities in other countries.
2. APROFAM held a series of two-day conferences with MOH personnel from the different departments of Guatemala. This training was a key element in increasing the number of health centers of posts which would make contraceptives available from 126 to over 500.
3. The training of Nicaraguan school teachers in sex education at Universidad de Valle led to a DAI contract with ADN (The Nicaraguan National Family Planning Program) to train more than 1000 teachers and school directors in sex education.
4. Nurses trained in clinical contraception at Profamilia provide services at several APROFAM clinics. Patient volume and clinical space is now adequate to initiate in-country training.
5. Pedagogical techniques in sex education learned at The Guatemala Conference of 1978 have been introduced by FUNOF into its training of trainers for all its programs.
6. Jamaicans with overseas training via DAI contracts, based on needs assessment, will now enable Jamaican in-country training. See Appendix G cable from Jamaica.
7. Paraguay population officer reports Chilean and Colombian training of Paraguayan nurses and auxiliaries has been at a level which will now enable in-country training. See Appendix I.
8. In Paraguay, there was opposition to the use of auxiliaries in the delivery of FP services; DAI arranged to have two influential Paraguayan doctors make a two-day observation trip to Metropolitan Hospital, N.Y.C. to see first-hand the kind of training and work auxiliaries do. They were sufficiently impressed that today auxiliaries in Paraguay are now permitted to insert IUDs, distribute pills, and give training in family planning.

V. FACTORS CONTRIBUTING TO PROJECT SUCCESS

AID's contract with DAI to support family planning training activities in Latin America, and more recently in the Caribbean, has been demonstrably successful. As indicated above, many of the goals originally set have been surpassed. The evaluation team attributes the success of this important contribution to family planning in the region to the nature of the contract, the competence of DAI, and the minimization of bureaucratic procedures within AID. 1/

A. Nature of The Contract

1. Specificity

The contract is very project specific: to "train qualified paramedical and other associated family planning and health personnel" to improve family planning delivery systems. . . By limiting its mandate to training, AID has enabled the contractor to develop clear and consistent objectives and set specific guidelines for project development, thereby facilitating communication and understanding between contractor and subcontractor and expediting the project approval process.

2. Simplicity

The administration of the contract involves principally cash and tickets; the evaluation and reporting procedures are relatively simple and straightforward; and the staffing required is limited to four professionals, one administrative assistant and two secretaries, plus the contracting of short-term consultants, as needed.

3. Flexibility

The contract is very flexible. Although particular training program categories and countries are cited in the contract, "the Contractor is . . . not limited to only these programs or countries. . ." Moreover, the contractor is permitted "to operate this program with a maximum degree of independent action with regard to overall development and implementation of study, training, and observation programs in Title X area." Thus, the contract provides ample flexibility with respect to type of training (short and long-term courses, seminars, workshops, conferences, and observation trips); content (family planning, sex education, program orientation, etc.); and participants (medical, paramedical, social workers, trainers, educators, administrators, government officials, professionals, etc.). Shifts in line items between administrative to program costs are also possible with the exception of the fixed fee. See Appendix F for examples of this flexibility.

1/ For a detailed description of the procedures followed in implementing the contract and of the coordination mechanisms established, see Appendices C, D, E.

4. AID Controls

Despite the "independent action" of the contractor within its scope of work, the contract includes various controls to ensure AID that the work is carried out in close consultation with USAID and U.S. Embassies. For example, the contractor must seek approval prior to making field trips and be guided by AID "in determining priorities for trainee selection and geographic emphasis. . . ."

Specific training proposals are cleared initially with the mission and then in final form with AID/W Project Monitor.

B. Competence of Contractor

1. The Contractor

Development Associates, Inc., founded in 1969, is a private, profit-making organization, with more than 100 full-time employees. Most of its activities involve contract work with a number of domestic agencies of the U.S. Government. DAI's contract with USAID for "population training services," now in its seventh program year, currently represents the major international project of the organization and involves seven full-time employees. The project director is given complete autonomy to manage the training contract, with backup support from DAI's administrative resources.

2. Favorable Reports

The evaluation team received extremely favorable reports from AID population officers and representatives of recipient organizations regarding the implementation of the training contract by DAI -- "the least cumbersome and bureaucratic, but with sufficient controls. . . . the model on how to do contracts. . . . agencia de emergencia. . . . most responsive contractor AID has. . . ."

3. Response to Needs

The team has been impressed, both in the field and from the data available, with DAI's ability not to overidentify with any one organization in a given country, with Colombia and Paraguay being particularly good examples. ^{1/} Concomitantly, DAI has demonstrated its ability to identify local organizations involved in population and to respond to targets of opportunity, many of which were not foreseen in the original contract.

^{1/} Even though BEMFAM receives the lion's share of its assistance in Brazil, DAI has supported other private organizations and is actively attempting to identify others.

4. Multiple Skills

DAI has demonstrated a number of professional and personal skills in effectively managing the contract. The staff have extensive experience in Latin America and good language capability. They also combine knowledge of population/family planning with a special ability in management and financial administration. In addition, they have exercised common sense; exhibited skillful diplomacy; interacted well with the overall population community; adhered to AID's strategy in the region; and closely coordinated activities and developments with AID population officers and AID/Washington, as well as with other international donor agencies. 1/

5. Two Examples

The work, flexibility, and speed-of-action of DAI during the current contract in two priority non-bilateral countries, Brazil and Mexico, are illustrative of its skills and competence. Brazil represents a country in which population has been a particularly sensitive issue, and where no population attache was appointed until January this year.2/ By contrast, in Mexico, the government has launched a comprehensive national family planning program coordinated and monitored by a high-level body (CPF), and a population attache/AID representative was assigned to the Embassy in early 1977.

a. The DAI staff played an important role in Brazil in obtaining U.S. Embassy approval for the use of Title X funds to support population activities carried out by private and voluntary agencies. In Mexico, on the other hand, DAI has essentially responded to the project opportunities identified by the CPF and the population attache.

b. Although DAI support in Brazil goes exclusively to the private sector, its assistance in Mexico is primarily directed to the official sector through the CPF.

c. In Brazil, DAI focuses principally on the training of personnel responsible for the delivery of family planning services; while in Mexico, DAI's most important contribution has involved the funding of coordination and planning meetings for high-level government

1/ Two of DAI's four professionals, including the project director, have worked with this program since the original contract began in 1972. In the process, they have developed the confidence of AID in Washington and the field and established credibility and integrity among all parties.

2/ Responsibility for population matters within the U.S. Embassy prior to January rested with the science attache and his assistant.

officials responsible for implementing the national plan.

C. Minimization of the Bureaucratic Procedures Within AID

1. Field-oriented

Although the AID/DAI training contract originates in Washington, D.C. and AID/Washington provides general guidance regarding country and program priorities, the contractor normally develops subcontract agreements at the country level. Project development either a) occurs at the behest of host country family planning institutions and/or population officers, or b) results from the identification of training opportunities and local organizations by DAI's professional staff while in the field. Since the DAI staff maintains close contact with the population officers during each country visit, the U.S. Missions are kept well abreast of DAI project development and activities within their respective countries.

2. Signing Off at the Washington Level

Once the project is processed internally by DAI, the subcontract is presented to the AID/W program monitor (CTO) for approval. If the amount of the subcontract exceeds \$25,000, it also requires the approval of the contracting officer. This process normally takes less than five working days. ^{1/}

3. Notification of Subcontractor

DAI sends two copies of the subcontract to the host country training institution (via the population officer, if so requested), and the subcontractor signs and returns both copies to DAI. These are then signed by the president of DAI and one certified final copy is returned to the subcontractor, together with an advanced check for course expenses. Succeeding checks follow at agreed upon intervals during the project based on the time frame included in the subcontract.

The favorable factors outlined above enable DAI to perform much more rapidly and efficiently than most other international donor agencies in the population field. It should be pointed out, however, that other donors have broader mandates; longer term commitments; larger organizational structures; more complicated internal decision-making procedures; and projects which normally involve the procurement and shipping of multiple types of commodities. Moreover, while DAI focuses principally on project support, the other donors must pick up the administrative costs as well. Therefore, the comparison of performance among international donors should include a number of

^{1/} The approval and processing of such subcontracts is expedited by the contractor's location in the D.C. area and its willingness to hand-carry the documentation within the corridors (and alley ways) of AID, rather than await the outcome of inter-office mail.

criteria. Finally, it cannot be assumed that the effective management of a project-specific contract by one contractor could be necessarily replicated if expanded to other program areas or cast in a broader context.

VI. SHIFT OF TRAINING FROM THE U.S. TO LATIN AMERICAN SITES

Abiding by the AID mandate of increased program activity within Latin America, DAI has supported the training of an impressive sample of political and military leaders; journalists; administrators and educators, physicians, nurses, auxiliaries, distribuidoras and supervisors, for the improvement and expansion of family planning services with a focus on the rural population. In emphasizing paramedical training, the program has not neglected to provide training to that most essential support staff of physicians and politicians.

According to DAI records, more than 40% of these individuals trained were directly involved with rural family planning in Brazil, Paraguay, and Colombia, in Nicaragua, Honduras, El Salvador and Mexico (see Appendix F). In PY VII, 37% of these individuals were trained in courses of at least one full week duration, providing a substantial increase in knowledge and skills.

A. Scope of Training

At the present time, training is available through Latin American institutions in the following areas:

1. Delivery of Services

Surgical skills for laparoscopies and vasectomies; clinical contraceptive skills for nurses and auxiliaries; Community Based Distribution skills for distribuidoras, their instructors and supervisors.

2. Information and Communication

Workshops and courses in development, sex education, media and communication skills for trainers, educators, and practitioners.

3. Community Acceptance and Support

Conferences and courses in (1) sex and family life, (2) the changing role of women, (3) population and health for generals and journalists, unions, secretaries, ministry staff and spiritual leaders.

4. Coordination of National Family Planning Efforts

Support of Committees and Conferences for Directors of Programs, both private and public. DAI was only one factor in this diversification of training, and much credit must be given to the host organizations involved. Yet, it is unlikely that training possibilities would have materialized to this extent without DAI support.

B. The Institutions

In line with this shift toward in-country or third-country training, DAI has identified institutions with an existing training capability or has worked with promising organizations to develop this capability. The evaluation team visited six of these institutions which account for more than 70% of participants trained in Program Year VII, and observed the following:

1. PROFAMILIA, Colombia

This group teaches clinical contraceptive skills to nurses and to auxiliaries in separate courses; tuition is paid for each participant as the staff is already in place. The staff, curricula, facilities and case work were reviewed during the site visit and were judged to be of high quality. Ongoing evaluation of this program includes follow-up site visits to former trainees by a Profamilia staff member -- a procedure recommended for other programs (whenever practical). Physician training in laparoscopic techniques was comprehensive, imaginative, and above average in intensity and quality at the Medellin Center. Management training included a review of personnel, equipment, procedures, and budget for mobile units.

Community Based Distribution centers were active in Urban Bogota and rural Antioquia; well-informed distribuidoras, exacting yet supportive instructors/supervisors and regional directors with adequate transportation provided a useful model for observation and study for trainers and administrators of new or proposed CBDs.

This complete family planning program of service, education, research and evaluation is accessible for study and review by administrators of national voluntary or government programs, and has been extensively used as a site for observation trips for other Latin Americans.

2. Universidad de Valle, Guatemala

Training is offered in human development, sex education and contraception through four week courses, to sex educators of both voluntary and official family planning organizations, as well as to private practitioners and community leaders. DAI has provided technical assistance in broadening this course content. The Universidad de Valle faculty has participated in other international Latin American family planning training activities.

3. FUNOF (Fondacion para la Orientacion Familiale), Colombia

The experienced staff and astute director have provided sex education in the context of family life, which effectively leads into contraceptive services, to such unlikely groups as the Armed Forces of Colombia. This approach has served as a model to international visitors. Also, FUNOF has directly contributed to the strengthening of several international women's groups through DAI contracts.

4. APSM (Asociacion Pro-Salud Maternal), Mexico

A leader for years in practical family planning services and contraceptive research, APSM provides training to social workers, administrators, and other family planning workers on an international scale, in addition to a vast in-country training offering. APSM has been a standard for DAI Social Workers' training.

5. BEMFAM, Brazil

At the time of the site visit, BEMFAM proved to be a vigorous example of in-country training by a voluntary organization (an IPPF affiliate), whose training contracts were initiated principally by DAI. The CBD services are admirable in northern rural states where more than 1,900 workers have been trained, and where scheduled refresher courses are in progress (already completed for 850 workers). Some 710 physicians have also had training/orientation in PY VII.

The imaginative affiliation with the African spiritual leaders suggests the desirability of keeping this type of contract flexible in regard to category of participants. Indeed, it may be a useful model for international observation trips in the future.

6. CPF, Mexico

CPF (Coordinacion del Programa Nacional de Planificacion Familiar), the Mexican Government's national coordinating body, has, in consultation with the population attache, used DAI extensively to support training during the initial start-up years. The training has included state and regional organization meetings for high-level officials of Salubridad (SSA), IMSS, and ISSRW, basic training for rural CBD workers and nurse trainers, and coordination of basic research.

C. Needs Unmet by Latin American Training

Public officials, private administrators and practitioners acknowledge the success, quality and acceptability of contract emphasis on training in Latin America.

However, these same administrators acknowledge the need for an incentive to the occasional middle to high level staff member who has produced well and who both needs a reward to reinforce a continued outstanding record of productivity and will profit by the stimulation of a brief observation study in the United States or third-country to broaden experience.

It should also be noted that North American family planners can derive great benefit from the input of these Latin American visitors, and tend to be less insular as a result of such contact.

Refresher training at service levels have been minimal, with the exception of the impressive recent activity in BEMFAM. Regular updating of clinical and pedagogical skills is needed as well as in-service education for current information. This should follow the annual evaluation of all service and training programs.

VII. The Importance of Observation Trips

Under the current contract, "training" is interpreted in a broad context to include short trips to other countries (the U.S., other Latin American countries and in a few cases, Asian countries) to observe program developments, procedures, personnel, and so forth. Also, professionals have been sent to attend professional meetings and seminars related to their area of interest.

A. Rationale for Observation

Although this type of activity represented less than two percent of the total number of participants trained to date under the current contract, it would appear to be a highly effective mechanism for triggering advances in the family planning movement. Interviews with individuals who had been on such trips or sent members of their staff for such training revealed that this type of activity:

1. Provides exposure to other, usually more progressive systems of FP delivery;
2. Provides the opportunity to get out of one's own culture and system, and thus be able to view the program back at home more objectively;
3. Allows one to learn specific procedures for implementing or improving programs (e.g., management procedures, equipment necessary in a mobile unit for sterilization, educational techniques used in teenage FP clinics, etc.);
4. Provides a basis of comparison for one's own efforts and in some cases confirmation of being on the right track;
5. Promotes communication between key individuals from a given country who often have not developed professional ties prior to the trip;
6. Can be used effectively as a reward for hard-working staff and an incentive for others to perform well with the organization.

Participants on observation trips can be broadly classified into two categories: (1) those actively working in FP who want to learn more of new programs and procedures, and (2) non-FP personnel, often

political, military, or community leaders, whose support is essential for the implementation and/or expansion of FP services in a given area. According to the PROFAMILIA staff member who coordinates observation trips to Colombia, the first group tends to take more active interest in and greater advantage of this learning opportunity. Indeed, this group is already convinced of the need for FP. However, observation trips for this second group would seem to be equally important for the future of FP programs, especially where innovations are being introduced.

B. Examples of the Value of Observation Trips

Numerous examples exist where observation trips have been valuable for future program development. In Paraguay, there was opposition to the use of auxiliaries in the delivery of FP services. Instead, the Paraguayans wanted to train doctors, administrators, nurses, nurse midwives and then, in a few years, finally address the issue of auxiliaries. DAI arranged to have two influential Paraguayan doctors make a two-day observation trip to Metropolitan Hospital to see first-hand the kind of training and work auxiliaries can do. They were sufficiently impressed that today auxiliaries in Paraguay are now permitted to insert IUDs, distribute pills, and give training in family planning. Without the observation trip of these key officials, it is doubtful such a change could have occurred this rapidly.

Another example is DAI's training of nurse midwives at the Centro Docente in Santiago, Chile. In Uruguay, DAI discovered that nurse midwives were not able to insert IUDs because of opposition from the Medical Doctors Association. An observation trip to Chile by a number of doctors to observe the role of midwives in Chile, and the training they receive in family planning, assisted in showing that midwives can indeed function safely and effectively in the family planning field without the need of a medical doctor.

In Mexico, when their CRS program was first starting, DAI arranged observation trips for the head of the program to Colombia and Jamaica. He then was sent to other successful CRS programs in Asia and, as a result, came back to Mexico with a number of new ideas to apply to the Mexican program to be carried out by PROFAM.

In Honduras, government officials were sent to Metropolitan Hospital to observe the WHCS Honduran trainees to facilitate their later job involvement in key family planning agencies in the country. In Panama, five functionaries from the Ministry of Health and Education were sent to the Universidad del Valle in Guatemala on this type of observation visit. As a result, Panama has requested assistance in the establishment of a sex education program in their country.

C. Planning and Coordination Trips

Obviously, there is the need to have good judgment in the programming of such trips in order to increase impact and to prevent it from

becoming a travel junket. DAI works closely with the population officers in the field to ensure that such trips will have the maximum impact. In many cases, DAI receives requests from population officers who have identified high-level functionaries in a program who are creating obstacles to the speedy implementation of FP programs. DAI is then requested to identify an observation trip that might overcome this obstacle. Obviously, this is where flexibility in the DAI contract is vital because precise advance program planning is quite difficult. In addition, it is quite helpful to have a "private" organization in the U.S. arrange this type of activity rather than the U.S. Embassy simply because it avoids any charges of politics. Timing is also critical when these obstacles occur. DAI has been able to assist USAID within one to two weeks after a USAID request, whereas bureaucratic procedures existing between the USAIDs and SER/IT might mean that no observation training could occur until one to two months had passed.

VIII. EFFECT ON THE STATUS OF WOMEN

A. Direct and Indirect Action

While DAI's main order of business is the training of family planning personnel, the effect of this activity on the status of women is unquestionably positive. One important indicator of this is the percentage of women trained under the DAI contract: Women represent over 80% of the total. This type of training helps to increase their competency and prestige when they return to their jobs. This is true even of lower-level personnel, such as community-based distributors, whose position is usually enhanced by additional training.

A second indicator of DAI's efforts to improve the status of women is its support to institutions who work directly with women's groups. Although this represents a small part of the overall budget, DAI has provided funds for these activities and in one case was partially responsible for reviving an institution (FUNOF of Colombia) that is now active in this area.

It should also be stressed that the ultimate goal of all this training -- to improve the delivery of FP services -- is itself beneficial to the status of women. In this sense, DAI cannot take special credit. Nonetheless, the greater availability of contraceptives and greater public acceptance of family planning -- which is in fact all an important goal of DAI-funded training -- provide women with alternatives to constant child-bearing, which is an important first step to their wider participation in the work force and public life.

B. Participation of Women in the FP Movement

Perhaps more important than all of the above is the fact that DAI funds are used to upgrade the technical skills of a work force which is

primarily female. Although the male doctors and administrators played a predominant role in the earlier days of family planning programs, women are now assuming increasing responsibility in the FP movement, especially as greater use of community-based distribution is made. The growth and expansion of FP programs have created thousands of jobs and DAI has facilitated the entry of women into these positions through training efforts.

To cite the specific example of Mexico:

- Since the vigorous implementation of the government program two years ago, hundreds of FP-related jobs have been created.
- Most of the FP Promotores are women.
- Most of the state-level administrators (jefes departamento de materno-infantil y planificacion familiar) are women.
- At the federal level, a woman is in charge of the rural programs.
- The national group of FP volunteers is primarily female.
- The beneficiaries of FP services are 98% women.

Similar statistics are available for Brazil:

- BEMFAM has FP programs in four states of Northeastern Brazil. The regional coordinator is a woman, as are all four state coordinators.
- At the state supervisory levels, women outnumber men in three of the four states. In total, 30 of the 43 supervisors are female.
- The educators and distributors within the program are almost all women.

One could go on to cite examples of institutions and/or training programs which are headed by women. While women are still in the minority in this respect, the support from DAI helps those in positions of responsibility to set an example for others and aids in their professional advancement.

C. DAI Staffing

Finally, the composition of the DAI professional staff should not go unmentioned. Two of the four professionals are women, and the impression which they have created in the field is extremely positive.

Since Melodie Trott is relatively new to the staff and has only made one visit to any of the countries visited (Guatemala), we can only report that initial reaction to her performance has been favorable. In the case of Anne Terborgh, the team found widespread recognition and appreciation of her technical competence and efficiency from a number of men and women who have worked with her. In a time when there is much rhetoric about women's status, DAI is setting the example of employing women in positions of great responsibility which does not go unnoticed by the many organizations with which they come in contact.

IX. EVALUATION PROCEDURES

A. Stipulation of the Contract

The pha-c-1140 contract stipulates that DAI is to follow certain guidelines in monitoring and evaluating its activities and subcontracts:

- Ascertain periodically that each academic student is receiving counseling and guidance.
- Monitor and evaluate contents and reactions of trainees to short-term courses toward the end of the training.
- Periodically monitor and evaluate training courses abroad in conjunction with staff travel abroad.
- Determine impact of training and effect on trainee's performance on his/her job in a host country by way of a mail questionnaire, sent out annually.

Since long-term academic training has been virtually eliminated, the bulk of evaluation involves the final three procedures. From DAI files and interviews from the field, it is evident that DAI has routinely obtained feedback via questionnaires on training activities of at least a week's duration; also, DAI staff has periodically interviewed participants at the close of a number of the longer training courses.

DAI did not comply with the requirement to send out a mail questionnaire in Program Year VII (1978). Apparently this resulted from two factors: DAI was under pressure to intensify its field activities in Mexico and Brazil, which detracted from this U.S.-based activity; and due to personnel changes within AID, there was no initiative from AID to move forward on jointly designing the questionnaire.

In short, DAI has complied with the contract regarding evaluation procedures with the exception of the mail questionnaire in 1978. Also, the evaluation team found that this type of information was generally fed back into the programs in designing subsequent training.

B. Adequacy of the Current Evaluation Procedures

The evaluation team strongly recommends that DAI continue with two of these three evaluative procedures: Obtaining the subjective reaction of participants to the content and methods of training, both by questionnaires and by personal interviews with participants (when-ever possible) at the close of a course. The latter is especially important in light of two instances reported to the evaluators where participants did not respond candidly to weekly written evaluations (in one case because of "le dio pena" since the instructors also acted very attentively as social hosts; in another case, because questionnaires were "too impersonal"). Personal interviews with participants do allow for a more in-depth assessment of a given training activity and ways of improving it.

In contrast, the team questions the value of requiring the annual mail questionnaire for two reasons. First, the response rate for two consecutive attempts -- even with letters of reminder -- has been 50% or less. Moreover, those favorable to the course would be more likely to respond. While this type of survey may be useful for public relations, it does not provide an accurate description of the effects of training. Nor is it likely to provide detailed information for restructuring future course.

Rather, it is recommended that the evaluation activities at the end of a given course be complemented whenever possible by personal interviews with participants several months after the training has been completed. The purpose of these interviews would be to determine:

1. The percentage of trainees in positions where their training is being put to use;
2. Possible changes which resulted from training (new approaches, improved techniques, more time dedicated to FP, etc.);
3. Needs which were unmet by the training and suggestions for improving future course;
4. The changes, if any, observed by the trainee's superior in job performance.

Although DAI staff routinely visits the countries where trainees reside, it is recommended that the responsibility for such follow-up be delegated to another individual, possibly contracted at periodic intervals for this specific purpose. (However, DAI staff should continue to receive as much feedback as possible on field visits.) Moreover, for those courses which are to be repeated, it is suggested that the evaluator be accompanied by one of the trainers whenever possible. This would provide the trainer with direct feedback on the course, as well as familiarize him/her with the needs from the field for future course. Yet the presence of the evaluator would lend greater objectivity and continuity to this activity.

In fact, this type of follow-up of a given course could in some cases be combined with recruitment for subsequent courses. Since selection of appropriate candidates has been a problem for DAI throughout the contract, this would serve as a means of improving upon the usual procedures and thus increasing the effectiveness of future training efforts. Indeed, one training institution in Guatemala felt that there was a great need for this type of recruiting and lamented the fact that this was not being done under the DAI contract. While this would not be practical for most short-term courses, it could serve as a useful feedback device for courses in which DAI has invested large amounts of resources.

Finally, the question arises as to whether DAI should attempt more rigorous evaluation of its training activities: research which would measure the precise effect of training on the expansion and quality of FP service delivery. Such research would most probably require a controlled field experiment, which would provide valid measures of effect not currently available. However, this type of rigorous evaluation would also:

- Greatly increase the costs of program activities.
- Require a DAI staff member or consultants to invest large amounts of time in design, data collection and analysis.
- Decrease the flexibility of training activities, since procedures must generally remain constant once an experiment has begun.

Moreover, given the great diversity of training situation, types of participants, course objectives, etc., the results of one training experience would not generalize to others. Rather, the experiment would have to be repeated many times over.

In light of the above, it is recommended that DAI continue to concentrated evaluation efforts on upgrading the quality of ongoing training programs, rather than investing large amounts of resources in documenting the precise effects of training in isolated cases.

X. PROBLEMS ENCOUNTERED

A. Management Training

The provision of management training for population professionals and family planning administrators remains an unresolved dilemma, not only for DAI but for the region in general. DAI has attempted to meet this need by sending participants to its management training course

in Denver^{1/}, and by sponsoring some participants to attend similar training at the University of North Carolina and CEFPA in Washington, D.C. The fact remains, however, that the available resources do not adequately meet the needs.

The problem is at least twofold. On the one hand, it was hoped several years ago that institutional resources in Latin America, such as INCAE in Nicaragua and IESA in Venezuela, could play an important role in providing management training and expertise to family planning programs. Unfortunately, except for several isolated cases, this development has not, for different reasons, materialized. On the other hand, the management needs of institutions and personnel are many and diverse, ranging from the more general (organizational structure and reorientation of overall program strategy) to the more specific (financial administration and information control systems). Consequently, it is very difficult to respond to the actual needs through general management training programs, particularly in the absence of any special follow-up activities.

In view of the continuing needs in the management of family planning programs and the general lack of management training resources, it is important that DAI, together with AID and other international donor agencies, particularly IPPF and ICOMP, increase its efforts to find a more adequate solution to this important problem.

B. Per Diem Levels for Third-Country Training

Problems for the contractor arise in some countries in arranging per diem payments. Increasing inflation causes this problem when trying to plan training programs with Latin American training agencies. In the past DAI has reviewed in-country per diem rates twice a year and then asked USAIDs to notify AID/W to increase per diem training rate.

Action to change per diem rates is the responsibility of each USAID/Embassy but ever since training officers have been eliminated from USAIDs, revision is usually not done unless an organization like DAI specifically requests mission action. To assist DAI, the Office of Population in AID/W has cabled Missions asking that this problem be addressed. This is a cumbersome and bureaucratic approach. When DAI sometimes sponsors high-level professionals to family planning conferences in countries where the per diem rates are very low, other participants (e.g., U.S. Nationals) usually receive a higher rate. This can cause morale problems and embarrassment to the contractor. To resolve this problem, DAI has requested approval from the con-

^{1/} The evaluation team did not visit DAI's Denver training facility since there were no courses in session at the time.

tracts office to pay a higher per diem rate than what might normally be permitted for AID sponsored participants. It would be far more simple if DAI could be authorized to pay up to the allowable per diem rate allowed U.S. personnel for these special courses. Obviously, this should only apply to a contractor which has a proven track record so that this authority could not be abused. Such flexibility would assist a contractor by helping to speed participant travel arrangements.

APPENDIX A

CONTACTS

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CCRP

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Adriana de Varella, Director of
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Jose Orlando

Spiritual Leaders

Pai Edu (Father Edu), Popular Africa Cult Priest
Manoel da Penha Souza, President, Federation of African Cults & Temples of Umbanda in Pernambuco
Reginald Benjamim dos Santos
Maria da Solida de Santos

FIELD VISITS

Participants in BEMFAM's three-day refresher course, State of Pernambuco

Educators (9)
Distributors (14)

Centro Urbano Social,
Municipality of Paulista

Educator
Distributor
Wife of Mayor

Centro Urbano Social
Municipality of Igarassu

Educator/distributor

Municipality of Itamaraca

Educator
Public Health Physician

Centro Urbano Social,
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Distributor

Centro Urbano Social,
Municipality of Recife

Distributor

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Asociacion Nacional del
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President
Sra. de Arias Huerta, Vice President

Asociacion Pro-Salud Maternal
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Health & Family planning

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Worker, 19th Battalion, Police &
Traffic
Regina Audiffred Serrano, Educator
Cristina S. de Audiffred, Volunteer,
Voluntary Group
Rosalia Vargas Correa, Nurse Instructor
Guadalupe Behio R., Social Worker,
Police & Traffic

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FPIA

Nell Munch
Steven Orr

Population Council

Luis Sobrevilla

APPENDIX B

SUMMARY OF AID CONTRACT pha-c-1149

I. WORKSCOPE

A. The contractor is to provide professional and management services necessary for recruitment, selection, and training of Latin American personnel in family planning and population fields in the U.S., Puerto Rico and/or other countries in the Western Hemisphere (except Cuba).

B. The contractor shall train qualified paramedical and other associated family planning and health personnel for expanded, improved family planning systems of training nurses, nurse midwives, trainers of family planning, clinic staff, health educators, administrators, and physician in family planning to establish and introduced programs which utilize auxiliary and paramedical personnel to provide family planning services.

In addition, the contractor will arrange independent study and observation programs for a limited number of participants.

C. The anticipated workload will be 1,000 trainers per calendar year with an estimated 3,000 weeks of training.

D. To accomplish the above, the contractor is to arrange three kinds of family planning training programs, in English, Spanish, Portuguese, or French, as required.

1. Training courses of 2-24 weeks for professional and paraprofessional categories such as physicians, administrators, nurses, midwives, social workers, and support personnel such as auxiliary nurses.

2. Training in academic or non-academic programs, including observation training for physicians, administrators, governmental functionaries, and other professionals.

3. Training through in-country or third country agencies, organizations and institutions.

II. FLEXIBILITY IN WORKSCOPE

A. The contractor is to be guided by individual programs listed in the contract but shall not necessarily be limited to only those programs or countries due to circumstances beyond its control.

B. Whenever possible, the contractor will be permitted to operate the program with a maximum degree of independent action to overall development, and implementation of programs.

III. WORKSCOPE PRIORITIES AND GUIDANCE

A. The contractor will give priority attention to the development and support of Latin American institutions and, to the maximum extent possible, utilize Latin American training institutions involved in the population/family planning field.

B. The objective of this contract is to shift as much U.S. based training as possible to Latin American institutions over the life of this project.

IV. WORKSCOPE LIMITATIONS

A. If program adjustments are necessary, the contractor shall notify the AID Cognizant Technical Officer (CTO) for necessary review and the contract shall be modified accordingly.

B. Enrollment of participants in appropriate academic programs up to six months duration is permitted in the U.S., Puerto Rico, or in Latin America academic institutions. However, CTO written approval is required for an additional six months, and in no case shall academic training exceed one year.

V. SUBCONTRACTS

A. General Arrangements

1. The contractor, in consultation with the CTO and appropriate USAID Mission or U.S. Embassy personnel, is authorized to enter into sub-contracts and agreements for training with institutions in the USA, Puerto Rico, or host country agencies, organizations and institutions with a proven training capability in family planning/population and related fields.

2. The contractor shall be guided in his training arrangements by expressed needs and requests from Latin American governmental and private organizations active in the family planning field, or brought to the contractor's attention by USAID Mission or U.S. Embassies.

3. The contractor will be responsible for the recruitment of trainees for this program subject to the approval of the CTO.

B. Participant Categories

1. U.S. long-term participant training (longer than 6 months) shall be reviewed and approved in writing by the AID CTO based on bio- and training data submitted by the contractor.

2. U.S. short-term participants' (less than six months) bio- data and training program shall be reported to the CTO one month prior to the beginning of such training. If AID registers no objection in 10 working days, such training is automatically approved.

3. In-country training shall be first coordinated with the USAID/Embassy as well as the host country FP organizations most affected by such training.

4. No AID/W CTO approval is required for trainees selected for in-country or third country short-term training so long as there is no repeat training.

5. If a subcontract exceeds \$25,000, AID Contracting Officer (CO) counter approval is required as well as CTO approval.

6. Two copies of all signed subcontracts as to be made available to the CTO.

C. Management Procedures

1. The contractor will coordinate all training activities with USAID/Embassy population personnel, either through prior clearance of proposed grantees or courses, or simply notification of actions taken, depending on the preference of the affected post.

2. The contractor will make the necessary arrangements for trainees to travel to and from their countries and training sites, except in cases where such arrangements are delegated to host country training institutions.

3. The contractor may delegate responsibility for trainee recruitment and selection for in-country and third-country programs in Latin America after advising the CTO and the affected USAID/Embassy Office.

4. The contractor can enter into training agreements with these training institutions after having satisfied itself that such subcontractor programs and selection criteria meet expected professional standards.

VI. MONITORING AND EVALUATION

A. Travel to Latin America by the contractor's staff and/or consultants on official business is permitted, provided 10 working days advance notice is given to the CTO. This information is then transmitted to affected USAID/Embassies for the comments and/or approval. CTO approval or disapproval is then given in writing to the Contractor.

B. Training courses abroad will be monitored and evaluated periodically in conjunction with Contract staff travel abroad.

C. Periodically, contractor will ascertain that each academic student in the U.S. is receiving counseling and guidance.

D. Short-term U.S. training content and trainees' reactions will be monitored and evaluated by the contractor toward the end of each training course.

E. Follow-up evaluation of the training's impact and effect on a trainee's performance on his/her job in a host country shall be determined annually through the use of a mail questionnaire, jointly developed by the Contractor and the CTO.

F. The actual mailing data collection and presentation to AID shall be done exclusively by the Contractor.

VII. REPORTS REQUIRED FROM THE CONTRACTOR

<u>Type</u>	<u>Frequency</u>
Financial	Monthly
Quarterly Progress	Quarterly
Summary and Evaluation	60 days following the contract's anniversary
Trip Report	Two weeks after trip
Final Report	45 days following contract completion

APPENDIX C

Country by Country Training Projected
By Categories for Duration of Contract Aid pha-c-1149
December 1976 thru June 30, 1979

	MEDICAL							NON MEDICAL							Total			
	Nurse Practitioners	Nurse Midwife Trainers	Auxiliary Trainers	Doctor/Practitioners	Doctor/Trainers	Health Educators	Supervisors	Doctor/Social Workers	Program Administrators	Education	Community Trainers	Rural Extensionists	University Professors	Teachers/Trainers		Union/Rural Educators	Armed Forces Trainers	Miscellaneous
Antigua																		
Argentina																		
Barbados																		
Bolivia	45	13	15	7	11	40	4		12	5	30		4	50	10	25	24	300
Brazil	140	20	16	4	26	55	10		18	16	32	30	4	50	30	55	40	496
Chile																		
Colombia	5	17	5	14	4	55			30	6	250	200	25	160	220	120	85	1,204
Costa Rica	5	7	12		5					4	6						10	49
Dominican Rep.	5	18	14			10	9		6	5	15						8	90
Ecuador	3	2									6							11
El Salvador	15	10	4		5				4	2	11						10	61
Grenada																	4	4
Guatemala	12	14	6		8	12	5		4	9	8						6	84
Haiti	27	17	12		7	4	8		12	3	19		2	10			19	140
Honduras	20	13	20	3	6	8	4			9	12			10			14	109
Jamaica	10	11			5		1			9	6						8	40
Mexico		7			7		2			4	5						16	41
Navis																		
Nicaragua	9	13	6	6	8	16	4		3	6	12			10	10		18	121
Panama	4	14	14		6		7			6	9						6	66
Paraguay	17	16	10	5	9	18	3		6	6	10						17	116
Peru	33	21	14	6	8	22	3		24	10	13	36		15			16	221
St. Lucia																		
St. Vincent																		
Trinidad-Tobago																		
Uruguay																		
Venezuela																		
Total	350	213	142	45	115	230	60	119	100	444	286	35	295	270	200	301	3,153	

Training by Countries and Categories
 Contract Aid pha-c-1149, P. 4 VI & VII
 (December 1976 - November 30, 1978)

Country	MEDICAL								NON MEDICAL										Total				
	Nurse Practitioners	Nurse Midwife Trainers	Auxiliary Trainers	Auxiliaries	Doctor Trainers	Doctor Practitioners	Health Trainers	Doctor Educators	Social Supervisors	Administrators	Education Program	Rural Extension Trainers	Community Trainers	University Professors	Teachers/Trainers	Union/Rural Educators	Armed Forces Trainers	Police and GBD Workers		Radio, Press, TV Journalists	Miscellaneous		
Argentina											1										4	5	
Bolivia																	3				3	6	
Brazil	5					596						5	2			12				1,747	613	2,980	
Chile													1			4					3	8	
Colombia					45	15					14	1	19	74		35	21	795	982		352	2,353	
Costa Rica	4	1				6	1				3		6				5	39			4	59	
Dominican Rep.	5	2				13						8	24	27						1	365	448	
Ecuador	6	14				1						2	2		21	3	4				3	56	
El Salvador	9	7	2		4	2						3	109					7	149		11	303	
Guatemala	7	6	2		8	50	2				5	1	14	1				12		4	90	247	449
Haiti	7				31								8	10							30	86	
Honduras	1		139			124	1				5	1	11	1				13	20		14	330	
Jamaica			1										11	24							7	43	
Mexico	30	27			4	2	1				449	135	400	39		1	7				1138	2,233	
Nicaragua	8	2			4	301					4	1	6				161	5			2115	2,065	
Panama	5	8				1	1				4	1	32	57				18		76	64	267	
Paraguay	181	29	5		2	266	1	2			2	42	6				1193				126	1,855	
Peru	18	4			2						3	3	10			2	5				56	103	
Uruguay		5																			32	37	
Venezuela																					17	17	
Trinidad-Tobago													1	5								6	6
Lesser Caribbean Islands	1												2								28	31	
Total	287	106	148	100	1,377	7	2	490	203	664	238	21	57	2,910	1,008	987	1,747	166	3,232	13,750			

APPENDIX D

COORDINATION WITH AID/W, USAID/MISSIONS AND HOST COUNTRY ORGANIZATIONS

I. COORDINATION WITH AID/WASHINGTON

A. General Procedures

DAI responds well to AID directives to train participants in high priority countries. Meeting with the AID/W monitor gives overall AID country priorities. Travel of DAI staff to those countries then helps program participants in areas critical to population strategy with the proper mix based on USAID guidance.

In order to respond to the training needs of the Missions, AID/POP and the AID contracts office have built in a flexibility mechanism into the contract so that training can be shifted depending on changing situations and priorities in different countries of Latin America. It is recognized that due to the ever-changing and evolving nature of family planning training needs in the region, AID permits the contractor to give illustrative levels of program effort tied to funds that AID is able to make available for this type of training. One of the strengths of this contract is the fact that the "illustrative level of effort" submitted by the contractor is always based on the contractor's prior coordination efforts with AID/W and each USAID and the needs of local family planning organizations. If, however, during the ensuing program year, political or other events cause the need to lower or increase the level of family planning training in a country, DAI is able to shift all line items (with the exception of the fixed fee) and adjust training efforts accordingly. All line items can be adjusted, including administrative to program costs. It is also important to know that over the 6½ year history of this contract, funds have always shifted away from administrative to program costs in order to permit more program activity as population officers contacted DAI during the program year for last minute training requests.

In addition, AID/W receives monthly financial reports; trip reports of the contractor two weeks after the completion of a trip; quarterly progress reports; a summary and evaluation report due 60 days after the anniversary of the contract; and a final report 45 days following the completion of the contract.

B. AID/W Approval Process of Subcontracts

When a subcontract agreement is developed in the field with a family planning organization in Latin America, the population officer is debriefed about its general outlines. The subcontract is then written in Washington and hand carried to the AID/W program monitor to be read and approved. This usually is done on the spot but does not exceed more than one day. The document is then hand carried to the AID/W contracts office if it is over \$25,000 for their counter approval, and within

two to three days, DAI is advised whether they can proceed. Two copies of the subcontract are then sent to the host country training institution (via the population officer, if that is desired).

The population officer examines it once again and, if approved, passes it on to the recipient training organization. If it is not approved, the Mission can destroy the contract and advise DAI of the action taken. After the subcontractor receives the subcontract, the organization signs and returns both copies to DAI. These are then signed by the president of DAI and one certified final copy is returned to the subcontractor, together with an advance check for course expenses. Succeeding checks follow at agreed upon intervals during the course based on the time frame included in the subcontract.

In the development of subcontracts, AID/W changed approval procedures early in this contract with DAI. Originally, DAI simply drew up one-page written agreements with the Latin American training organizations. However, the AID contracts office felt that a formal subcontract would be better for all parties concerned. DAI indicated concern at the time that such a process might slow down the whole process of implementing agreements with family planning organizations, viz., in starting the actual training and disbursing funds to the field. This problem has not developed primarily because the contracting staff at AID/W has cooperated in expediting DAI subcontract agreements.

C. Contractor Problems in the Subcontracting Process

Sometimes there are problems with subcontracts because of political sensitivity in a country. For example, the General Provisions of the main DAI contract with AID permit the U.S. Controller General to audit any subcontract. The Mexican Government objected to this proviso and refused to sign any subcontracts with DAI until AID approved a waiver of this proviso. This exception applies only to the Mexican Government family planning institutions and not to any other private family planning training agencies now active in Mexico.

In addition, over the years certain special provisions have been added to DAI's contract because of changes in AID's Foreign Assistance Act. One prevents contractors from promoting abortion as a means of family planning. Another recent addition concerns informed consent for VSC procedures. These provisions have to be included in each subcontract in both English and Spanish. DAI has found that these additions have not hurt their training activities and, in fact, in some countries such provisions are helpful to the training agencies in blunting criticism that opposition groups might direct against them. With these ground rules clearly spelled out in each subcontract, DAI and their LA training counterparts are still able to train the necessary family planning personnel.

II. CONTRACTOR COORDINATION WITH USAIDs/EMBASSIES

DAI is specifically identified in many USAID planning documents as an essential element on how the Mission expects to accomplish family planning training objectives, especially when bilateral funds are expected to be low. Specific examples include Colombia and Paraguay.

Staff travel to Latin America for program development is always undertaken with the prior knowledge of the Mission with the understanding that the DAI staff member first goes to the USAID Mission for a briefing prior to any other country contacts; as well as to brief the Mission on the nature of each visit. In many instances, the Mission population officer makes a number of appointments for the DAI staff to meet with organizations the USAID wishes to assist in the training field. This further ensures that training programs are developed with organizations supported by the Mission and is a part of the country population strategy. In addition, DAI's training assists the family planning strategy of a Mission by training people and assisting host country organizations that the USAID either cannot fund due to lack of Mission funds or cannot support directly due to political sensitivity.

When a participant is going to a third country for training, AID's prior approval is not needed but DAI makes sure that coordination with the Mission occurs. It may, in fact, be the result of the Mission requesting such training in the first place. Appointments in most cases have come from Mission suggestions but in every case they are sent to the population officer.

DAI's coordination procedure is that all activities are closely tied into the USAID strategy. Training appointment of any individual or group is sent via the USAID population officers or Embassy cognizant officers with a cover letter asking that they pass it on to either the affected host country family planning organization or individual. If it does not meet with USAID/Embassy approval, they can tear up the invitation and advise DAI. Whenever DAI contracts with any family planning agency, such a program has also been discussed in advance with the USAID and is then sent via the USAID/embassy for delivery to the organization. This permits the USAID/Embassy officer to again look over the final version for approval before passing it on. Flexibility is built into the contract so that sometimes, depending on the desires of the USAID/Embassy on how they want to be involved (e.g., in Argentina, Dominican Republic and Uruguay), information copies are sufficient to keep the Mission informed. This keeps the private nature of the program and yet still keeps the Embassy/USAID advised.

In many cases, DAI staff travel to Latin America may produce potential new programs that the population officer is then advised of during the DAI departure debriefing. If these meet USAID objectives, DAI can then send the final document directly to the local family planning organization with an info copy to the USAID. This reflects, in many instances, the confidence many USAIDs place in DAI's abilities to initiate new family planning activities.

III. CONTRACTOR PROCEDURES WITH HOST COUNTRY ORGANIZATIONS

A. Visits

Staff visits all Latin American countries at least twice a year and in countries such as Brazil or Mexico where larger training activities are under way, staff visits occur much more frequently. These visits ensure more timely submissions from the subcontractors, ongoing courses can be monitored and, as necessary, assistance in financial accounting can be given while future programming is being developed with family planning organizations. In addition, the fact DAI operates programs in the Western Hemisphere where countries are relatively close to the U.S. and in similar time zones, a phone call or travel directly to a problem country does not cause too great an expense to this contract.

B. Travel Arrangements

For participants to the U.S., DAI arranges all travel arrangements and sends prepaid tickets to the airlines in the capital of the country of each participant. For third country training, many family planning agencies are directed to arrange the participants' per diem and ticketing to the course site. In a country as large as Brazil, to permit BEMFAM to handle these arrangements as part of their subcontract permits a more efficient and faster handling of in-country participants than if DAI tried to arrange everything from Washington.

C. Subcontract Requirements

DAI family planning requirements for local or host country organizations are quite stringent. DAI requires the submission of a full financial report including signed receipts for per diem and travel costs, as well as a cost report. Each subcontract has a payment schedule built into it wherein 75% of the funds are disbursed to a family planning agency during the course. The remainder is then disbursed upon receipt and examination of the subcontractor's final cost and accounting report. If DAI's examination indicates any problem areas, clarification is requested of the subcontractor. If their response is still not satisfactory, DAI sends a staff member to the country to personally examine the agency's books to ensure that funds have been satisfactorily spent.

DAI's record for paying per diem is that it pays only that amount of per diem necessary, commensurate with the level of training. This is usually lower than the per diem permitted under AID Handbook Regulations for participant trainees. For example, in Paraguay DAI could pay \$16 per diem for rural midwives, but the actual rate paid is only \$5 per participant due to a special arrangement made with hotels where the training occurs. Latin training institutions are encouraged to follow this policy whenever possible when subcontracts are negotiated.

E. Subcontract Management Problems

1. A subcontract is strict as it applies to cost overruns. If a subcontracting agency exceeds the estimated cost for a course, they are required to pay the overrun. However, DAI has also had a number of experiences where subcontractors did not spend all the funds allocated to the subcontract. This can occur over a period of time when a series of courses being sponsored and some pipeline may exist toward the end. In such cases, if DAI feels it would be beneficial to the family planning efforts in the country, and in close coordination with the affected agency and USAID population office, DAI might propose an amendment to the subcontract to train additional personnel with those remaining funds. One example occurred in Salvador where DAI had subcontracted to train 400 campesino leaders in family planning over a six-month period. The USAID advised DAI that funds would be available toward the end of the training period and requested that any remaining funds be used to train campesino women family planning motivators. DAI asked for a training proposal with dates, numbers, course curricula, etc. be developed in order to make a final decision. On that basis, a new subcontract was signed utilizing the remaining money.

2. In Latin America, slippage in holding courses can occur from time to time. Therefore, strict conformance to course dates as outlined in the subcontract is not an issue, and is not the basis for necessitating a formal subcontract amendment.

3. Basic management procedures conducted by DAI to subcontractors can cause problems as they center mainly on the timely submission of reports from Latin America. To overcome this problem, DAI finds that withholding the final 25 percent of the subcontract funds helps to speed up the submission process.

4. In addition, where subcontracts extend over six months, DAI in the past was not receiving statistical training data on those projects for use in their required quarterly reports. To resolve this problem, DAI has devised a new, simplified reporting form for each subcontract so that DAI could learn shortly after the end of a training course or seminar how many people were trained for the period of each course. This is important to DAI in then being able to supply AID and the USAIDs with accurate statistical training data and also encourages the subcontractors to focus on this issue so that they can receive their final payment.

APPENDIX E

TRAINING OF PERSONNEL IN AND FROM RURAL AREAS UNDER CONTRACT AID-pha-c-1149

In fulfillment of the contract's mandate to "train qualified paramedical and other associated family planning health personnel for expanded, improved family planning delivery systems. . . especially in rural areas (emphasis added), DAI entered into a series of contracts with Latin American agencies which emphasized this aspect.

During Program Year VII (December 1, 1977 - November 30, 1978), for example, a total of 4,021 persons were trained for working exclusively in rural areas. Not included in this figure are an estimated 3,000 trainees who received training in courses that included family planning workers from rural areas as well as small towns and cities.

Among the contracts DAI signed during PY VII that were exclusively designed to benefit rural areas are the following (some of the contracts cited below are for training activities extending into PY VIII; therefore, the sum of the figures cited below adds up to more than 4,021, namely 6,267):

- 520 CBD workers (educators and distributors) in Rio Grande do Norte;
- 770 public health service physicians from rural areas in CBD support in Northeastern States of Brazil;
- 284 campesinos and campesino leaders in family planning and motivations in El Salvador;
- 590 nurses and physicians in Honduras in family planning and CBD;
- 490 school teachers from rural areas of Nicaragua in methods of sex education;
- 288 family planning workers from rural Brazil to be trained in three-week courses in BEMFAM's Family Planning Training Center;
- 480 spiritual leaders of the Afro-Brazilian cult in the 4 CBD states of NE Brazil in family planning theory, motivation and CBD support;
- 550 CBD workers in Pernambuco, Brazil;
- 135 Colombian campesino leaders in family planning and motivation;

- 300 CBD workers in Alagoas, Brazil;
- refresher courses for 1,705 rural promoters in Mexico;
- refresher courses for 120 DEPROFA employees from rural areas of Paraguay;
- Family planning theory and practice for 36 mid-level rural midwives in Paraguay.

APPENDIX F

COPIES OF CABLES RECEIVED FROM MISSIONS IN RESPONSE
TO INQUIRY FROM AID/W REGARDING DAI EVALUATION

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TO - AIDTO CIRCULAR A 527

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FROM - AID/Washington

DATE REC'D

12/29/78

SUBJECT - Evaluation - Development Associates

REFERENCE - State 122156

1. DS/POP has scheduled an evaluation of the Development Associates Training Contract to be carried out by APHA, January 8 through January 26. As part of the evaluation, field visits are tentatively scheduled for Brazil, Colombia, Mexico and Guatemala to discuss the activity with the Mission and with training institutions and/or host country personnel involved in identifying training needs.

2. We would like to provide adequate opportunity for Population officers in these countries and others where Development Associates has supported training to express their opinion on the need for and adequacy of this approach. This particular project terminates the end of June 1979. Based on the replies to the reference, DS/POP is presently developing a project paper to continue a similar and expanded emphasis on the training of paramedical and auxiliary personnel. We expect that what we learn from this evaluation will be particularly useful in the implementation stages of the new project. Attached is a copy of the scope of work for the evaluation. We would appreciate any Mission comments on D.A.'s performance of the basic work of their contract as cited page 2, section H of the evaluation scope of work. We would also appreciate any comments related to Section J. Problems and Issues pages 3 and 4. Comments of a general nature would also be helpful.

3. Your comments will be most helpful to the evaluation team if cabled before January 19.

DATE	PAGE
2	OF 2

W.D. Ball, DSB/POP	DSB/POP/LA	235-9677	12/19/78	DSB/POP: RTT/DB
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- Attachments: 1. Scope of Work of Evaluation
 2. State 122156
 3. State 318349

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AIDAC

E. O. 12065: N/A
SUBJECT: EVALUATION - DEVELOPMENT ASSOCIATES

REF: AIDTO A-527

1. MISSION RECEIVED REF AIDTO A-527 ON 1/22/79.

2. COMMENTS ON DA PROBLEMS & ISSUES:

A) LOCAL AID HAS NOT BEEN CONTACTED IN SEVERAL OPPORTUNITIES
TO CONCUR WITH PROJECTS OR PARTICIPANTS.

B) ONE OF DA PROBLEMS HAS BEEN LACK OF IMPACT EVALUATION
ON COURSES. USE OF MULTIPLIERS AGENTS STILL UNKNOWN.

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AIDAC

E. O. 12065: N/A

SUBJ: POPULATION: EVALUATION OF DEVELOPMENT ASSOCIATES

REF: AIDTO CIRC A-527

1. EXPERIENCE TO DATE WITH DEVELOPMENT ASSOCIATES HAS BEEN VERY SATISFACTORY. WE ATTRIBUTE MUCH OF THEIR EFFECTIVENESS TO THE FLEXIBILITY THEY CAN EXERCISE IN RESPONDING TO HOST COUNTRY REQUESTS. IN PARTICULAR THEIR ABILITY TO SUPPORT VARIOUS LOCAL TRAINING ACTIVITIES FOR PROFESSIONAL AND PARA-PROFESSIONAL PEOPLE. THIS FLEXIBILITY SHOULD CONTINUE TO BE EMPHASIZED IN FUTURE CENTRALLY-FUNDED TRAINING CONTRACTS.

2. WE ALSO HAVE BEEN IMPRESSED WITH THE SPEED WITH WHICH DA CAN RESPOND TO REQUESTS ON SHORT NOTICE. TRAINING OPPORTUNITIES OFTEN SUDDENLY ARISE BECAUSE OF UNFORSEEN COINCIDENCES OF TIMING, LOCATION, CANDIDATE AVAILABILITY, SUBJECT MATTER, LANGUAGE, PROGRAM NEEDS, ETC. AND WE CAN REMEMBER SEVERAL INSTANCES WHEN WE WOULD NOT HAVE BEEN ABLE TO RESPOND IN TIME THROUGH ROUTINE PIO/P PROCEDURES. THIS ABILITY TO EXPLOIT TRAINING OPPORTUNITIES IN A TIMELY FASHION HAS BEEN ONE OF DA'S STRONGEST ASSETS, AND IT SHOULD BE MAINTAINED IN FUTURE CENTRALLY-FUNDED CONTRACTS.

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AIDAC

EO 12065: N/A
SUBJ: EVALUATION - DEVELOPMENT ASSOCIATES

REF: AIDTO CIRCULAR A-527

1. MISSION HIGHLY SATISFIED DA'S ADEQUATE AND EXPEDITIOUS RESPONSE
TRAINING NEEDS IN POPULATION/FAMILY PLANNING.

2. IT IS GOOD TO HAVE AVAILABLE AN ORGANIZATION WHOSE
MANAGERIAL FLEXIBILITY ALLOWS FOR A QUICK AND EFFECTIVE RESPONSE
WHEN THE OPPORTUNITY AND THE NECESSITY BECOME EVIDENT.
WEISSMAN

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UNITED STATES GOVERNMENT

Memorandum

*File
Send copy to APHA
for evaluation report*

TO : Mr. David Denman, DS/POP/LA

DATE: Jan. 29, 1979

FROM : Scott W. Edmonds, Pop. Officer *SWE*
Public Health Division

SUBJECT: Evaluation of Development Associates' Activities in Guatemala

Ref.: AIDTO A-527

I realize that Guatemala was one of the sites where the evaluation team visited and certainly a balanced report from them will be forthcoming. However, I would like to forward some comments:

The projects carried out here have impacted, some directly, on the program. One example is the training of Ministry of Health personnel in family planning which has resulted in the expansion of MOH facilities from 127 in 1976 to more than 600 currently offering family planning services. The orientation of doctors and para-medical personnel has been a factor in this rapid expansion. Even though output is comparatively low, an average of 35 active users per clinic, it never would have occurred within the context of a Ministry and Government which was not committed to family planning as an integral part of health services without this vital support element.

Another case pertains to the sending of one of the doctors in charge of a health area and the Director of the school which trains Rural Health Technicians and nurses to an observation tour to PROFAMILIA in Colombia under D.A. auspices. Upon return the Area Chief started new family programs in his area and the Director incorporated family planning in his curriculum.

It's harder to assess the impact of courses over a short period of time with topics such as sex education and orientation. However, I found the personnel of D.A. to be technically competent and the design of the projects which they funded to be well above average. They also emphasized thrift and evaluation.



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E. O. 12065: NA
SUBJECT: EVALUATION - DEVELOPMENT ASSOCIATES

REF: AID TO CIRC A-527

1. MISSION RECEIVED REPAIR ON JANUARY 17 WHICH DOES NOT ALLOW SUFFICIENT TIME TO PREPARE COMMENTS TO SECTIONS OF EVALUATION SCOPE OF WORK AS REQUESTED AND MEET JANUARY 19 DEADLINE. HOWEVER, MISSION OFFERS FOLLOWING COMMENTS OF GENERAL NATURE.

2. DAI ASSISTANCE TO THE JAMAICA PROGRAM HAS BEEN INVALUABLE. WITH THEIR ASSISTANCE, WE HAVE MANAGED TO TRAIN A SUFFICIENT NUMBER OF JAMAICANS OVERSEAS SUCH THAT WE NOW HAVE A CADRE WE CAN LOOK TO FOR DEVELOPING IN-COUNTRY TRAINING. WE HAVE BEEN ABLE TO TAKE ADVANTAGE OF TRAINING OPPORTUNITIES AVAILABLE IN THE U.S. AND ELSEWHERE BECAUSE OF DAI'S CLOSE COORDINATION AND CONSTANT COMMUNICATIONS WITH THE MISSION. THE MAGNITUDE OF TRAINING WE HAVE BEEN ABLE TO ARRANGE WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE CONSCIENTIOUS AND HARD-WORKING STAFF OF DAI WHO TOOK THE ADMINISTRATIVE BURDEN OFF THE MISSION BY HANDLING ALL ARRANGEMENTS. WE HAVE FOUND DAI PERSONNEL TO BE EXTREMELY SENSITIVE AND COGNIZANT OF THE REALITIES OF FP PROGRAMMING NEEDS IN JAMAICA AND THEIR TECHNICAL ADVICE TO BE HIGHLY SOUND. THEY HAVE ALSO ASSISTED US IN A PRELIMINARY REVIEW OF IN-COUNTRY TRAINING NEEDS AND RESOURCES AND WE HAVE ARRANGED TO HAVE A MEMBER OF THEIR STAFF VISIT JAMAICA LATE FEBRUARY/EARLY MARCH TO ASSIST US IN A COMPREHENSIVE ASSESSMENT OF FP TRAINING NEEDS AND RESOURCES. DAI HAS ALWAYS BEEN MOST RESPONSIVE TO OUR REQUESTS AND OFTEN HAS GONE OUT OF THEIR WAY TO ACCOMMODATE OUR NEEDS. THEY HAVE ALSO FORGED AHEAD IN IDENTIFYING AND PLANNING REGIONAL PROGRAMS IN FP AND ARE WELL-INFORMED ABOUT THE DIFFERENT NEEDS OF THE SO-CALLED LDCS AND MDCS OF THE REGION. THEY ARE WELL-KNOWN AND ARE WELL RECEIVED BY THE JAMAICAN FP COMMUNITY.

3. MISSION FEELS THE JAMAICA FP PROGRAM HAS GREATLY BENEFITED FROM THE CENTRALLY-FUNDED TRAINING PROJECT AND IN PARTICULAR FROM THE CONTRACT PERSONNEL WHO HAVE WORKED VERY CLOSELY WITH US AND THE GOJ IN ACHIEVING OUR PROGRAM GOALS. WE HOPE THAT THIS VITA CENTRALLY-FUNDED FIELD SUPPORT SERVICE WILL CONTINUE.
HAVERKAMP

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E. O. 12065: N/A
SUBJECT: EVALUATION - DEVELOPMENT ASSOCIATES

REF: AIDTO CIRCULAR A 527

1. DA'S PERFORMANCE ON BASIC WORK OF THEIR CONTRACT (PAGE 2-H): DA HAS CLOSELY FOLLOWED THE TYPES OF FAMILY PLANNING TRAINING PROGRAMS IN SPANISH, AS SPECIFIED IN THE CONTRACT STATEMENT OF WORK. ITS QUALIFIED STAFF HAS KEPT IN CLOSE CONTACT WITH THIS MISSION TO DETERMINE PRIORITIES BASED ON SHORT AND LONG-RANGE OBJECTIVES, AS WELL AS TO PROVIDE TRAINING TO A WIDE VARIETY OF PROFESSIONALS AND NON-PROFESSIONALS WORKING AT VARIOUS LEVELS IN THE DELIVERY OF FAMILY PLANNING SERVICES.

2. PROBLEMS-ISSUES: TO DATE, THIS MISSION HAS NOT ENCOUNTERED ANY PROBLEMS/ISSUES OF AND KIND WITH DA. CONTACTS AT ALL TIMES HAVE BEEN THROUGH THIS OFFICE. ALTHOUGH THE MULTIPLIER EFFECT HAS BEEN STRESSED TO THE PARTICIPANTS PRIOR TO THEIR DEPARTURE TO ANY COURSE, IT HAS NOT BEEN AS EFFECTIVE AS DESIRED MAINLY DUE TO LACK OF SUPPORT FROM THE INSTITUTION FROM WHERE THE PARTICIPANT ORIGINATES. HOWEVER, SEVERAL PROJECTS HAVE BEEN DEVELOPED ON THE PARTICIPANT'S OWN INITIATIVE WITHIN HIS AREA OF WORK. (EX. SEX EDUCATION FOR ADOLESCENTS AND PARENTS OF SPECIAL EDUCATION) BASED ON PAPERS PRESENTED DURING TRAINING PERIOD.

3. GENERAL COMMENTS: THIS MISSION CONSIDERS DA'S TRAINING ACTIVITIES AS A VALUABLE SUPPORT, PARTICULARLY IN THOSE AREAS WHERE FUNDS ARE LIMITED TO THE MINISTRY OF HEALTH'S PROGRAM. ANOTHER IMPORTANT ASPECT IS THE OPPORTUNITY PROVIDED THROUGH THE OBSERVATION TOURS OF THE VARIOUS PROGRAMS DEVELOPED IN OTHER COUNTRIES. IN MANY CASES THEY HAVE BEEN COPIED HERE OR THE VISITORS HAVE BEEN SO IMPRESSED WITH THE LOCAL PROGRAMS THAT THEY HAVE RETURNED TO THEIR COUNTRIES WITH VALUABLE IDEAS FOR IMPROVING THEIR OWN PROGRAMS. ATTACHMENT FOLLOWS. MOSS

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E.O. 12065: N/A

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SUBJECT: EVALUATION: DEVELOPMENT ASSOCIATES

REF: AIDTO CIRCULAR A-527

1. USAID WANTS TO TAKE THIS OPPORTUNITY TO COMMEND DEVELOPMENT ASSOCIATES FOR ITS OUTSTANDING PERFORMANCE TO DATE UNDER CONTRACT AID/PHA-C-1149. THE USAID POPULATION OFFICER VIEWS THE DEVELOPMENT ASSOCIATES TRAINING CONTRACT AS THE SINGLE MOST IMPORTANT AID/W-FUNDED POPULATION RESOURCE AVAILABLE TO THE MISSION. ERICH HOFMANN, THE PROJECT DIRECTOR, HAS DEVELOPED INSTITUTIONS DURING HIS MANY VISITS TO PARAGUAY. WE HAVE FOUND DA TO BE EXTREMELY RESPONSIVE TO MISSION SUGGESTIONS. THE TERMS OF THE CONTRACT HAVE BEEN SUFFICIENTLY FLEXIBLE TO ALLOW DA TO TAKE ADVANTAGE OF TARGETS OF OPPORTUNITY. DA HAS CHANGED ITS ORIGINAL EMPHASIS ON U.S. TRAINING TO TRAINING OF PARAMEDICALS AND AUXILIARIES IN-COUNTRY OR IN THIRD COUNTRIES SUCH AS COLOMBIA AND CHILE. PARAMEDICALS TRAINED UNDER DA AUSPICES ARE INSERTING IUDS WHILE AUXILIARIES ARE PRESCRIBING ORAL CONTRACEPTIVES, ACTIVITIES WHICH IN SOME COUNTRIES ARE PERMITTED TO BE PERFORMED ONLY BY SCARCE PHYSICIANS.

2. DA HAS HAD NO PROBLEM IN COORDINATING ITS INPUTS WITH USAID AND OTHER INTERMEDIARIES. DA ROUTINELY SENDS THE USAID POPULATION OFFICER COPIES OF ALL CORRESPONDENCE WITH PARAGUAYAN INSTITUTIONS AND ALL SUB-CONTRACTS BEFORE THEY ARE SIGNED. THE POPULATION OFFICER MAINTAINS A CONTINUOUS CORRESPONDENCE WITH DA OFFICIALS ABOUT PAST, ONGOING, OR PROPOSED DA TRAINING ACTIVITIES. WHENEVER DA STAFF VISIT PARAGUAY, THEY ALWAYS INFORM THE POPULATION OFFICER ABOUT THEIR ACTIVITIES. DA HAS CONSULTED OTHER INTERMEDIARIES SUCH AS PATHFINDER FUND TO AVOID DUPLICATION OF EFFORT. USAID WISHES THAT EVERY AID/W INTERMEDIARY WERE AS COOPERATIVE AND EFFECTIVE AS DA.

3. USAID BELIEVES THAT THE PREMISE THAT THE MAJORITY OF THE TRAINING COULD BE SHIFTED OVERSEAS HAS PROVED TO BE VALID. WE BELIEVE THAT THE TRAINING COURSES ORGANIZED IN CHILE AND COLOMBIA FOR PARAGUAYAN PARAMEDICALS AND AUXILIARIES ARE PROBABLY MORE EFFECTIVE THAN COURSES FORMERLY ORGANIZED IN THE U.S. THE THIRD-COUNTRY COURSES ARE CERTAINLY A GREAT DEAL CHEAPER. IT SHOULD NOW BE POSSIBLE TO MEET MOST OF PARAGUAY'S PARAMEDICAL TRAINING NEEDS THROUGH DA-SPONSORED IN-COUNTRY COURSES. USAID RECOMMENDS THAT DA STAFF PROVIDE TECHNICAL ASSISTANCE TO GROUPS ORGANIZING IN-COUNTRY COURSES. USAID FEELS THAT ANN TERBORGH, A RECENT ADDITION TO THE DA STAFF, COULD BE EXTREMELY USEFUL TO PARAGUAYAN INSTITUTIONS IN ORGANIZING THEIR TRAINING PROGRAMS TO BE FUNDED BY DA.

4. USAID FEELS THAT DA SUCCESS IN TRAINING LARGE NUMBERS OF PARAGUAYAN PARAMEDICALS HAS INFLUENCED THE MINISTRY OF HEALTH TO DELEGATE SUBSTANTIAL AUTHORITY TO NURSES AND AUXILIARIES SERVING IN REMOTE RURAL AREAS. THIS HAS ALLOWED A DRAMATIC EXPANSION IN THE AVAILABILITY OF FAMILY PLANNING SERVICES. USAID HAS THE HIGHEST REGARD FOR DA AS A CONTRACTOR AND RECOMMENDS THAT A NEW CONTRACT WITH DA BE INITIATED ON 7/1/79.

5. ONE ADMINISTRATIVE PROBLEM OF DA IS

USAID/P. ON SEVERAL OCCASIONS PARTICIPANTS SELECTED FOR TRAINING ABROAD HAVE NOT RECEIVED AIRLINE TICKETS AND PER DIEM CHECKS FROM DA UNTIL THE LAST MINUTE BEFORE DEPARTURE, EVEN THOUGH THERE APPEARED TO BE ADEQUATE TIME FOR DA TO COMPLETE THESE ARRANGEMENTS IN ADVANCE. IT HAS ALSO FREQUENTLY HAPPENED THAT CHECKS TO PARAGUAYAN INSTITUTIONS WHO WERE TO CONDUCT TRAINING UNDER DA AUSPICES WERE NOT DELIVERED IN TIME TO BEGIN TIMELY IMPLEMENTATION OF THE COURSE. IN CONSIDERING AN EXTENSION OF THIS PROGRAM AID/W MAY WISH TO CONSIDER WHETHER MORE CONTRACT FUNDS SHOULD BE BUDGETED FOR ADMINISTRATIVE SUPPORT.
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EO 12065: N/A
SUBJ: EVALUATION - DEVELOPMENT ASSOCIATES

REF: 78 AIDTO CIRCULAR A 527

1. USAID WITH ASSISTANCE OF DEVELOPMENT ASSOCIATES AMONG OTHERS HAS PROVIDED TRAINING TO HUNDREDS OF HEALTH PERSONNEL INCLUDING PARAMEDICALS AND AUXILIARIES. IN ADDITION DEVELOPMENT ASSOCIATES HAS EXCELLENT RELATIONSHIP WITH MOE AND WAS INSTRUMENTAL IN ASSISTING IN COMPLETION OF MOE NATIONAL SEX EDUCATION PROJECT.

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2. MOE AND MOH HAVE REQUESTED ASSISTANCE FOR TRAINING. SEMINARS, OBSERVATION TRIPS AS DAI HAS PROVIDED PREVIOUSLY.

3. USAID BELIEVES DAI CONTINUITY IS CRITICAL IN RELATION TO MEETING HOST GOVERNMENT TRAINING NEEDS AND ASSURING QUALITY AND TIMELY PROCESSING OF TRAINING REQUESTS. THE TECHNICAL AND SUPPORT ASSISTANCE OF DAI HAS BEEN OUTSTANDING BOTH IN COUNTRY AND WASHINGTON.

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4. BECAUSE OF THEIR OUTSTANDING PERFORMANCE, INVALUABLE EXPERIENCE AND THE NEED TO MAINTAIN CONTINUITY OF RELATIONSHIPS ALREADY ESTABLISHED, USAID STRONGLY URGES CONTINUATION OF EXISTING CENTRALLY FUNDED CONTRACT WITH DAI.
SHLAUCEMAN

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