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FINAL REPORT
on Contract AID/la-707

"Professional and Management Services
for the Recruiting, Selection and Training
of Latin American and Caribbean Personnel
in Family Planning and Population Programs"

Submitted to

Agency for International Development
PHA/POP/LA
Washington, D.C.

by

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INTRODUCTION

When Contract AID/la-707 was awarded to Development Associates, Inc., (DA) in the spring of 1972, its mandate was to train one hundred grantees from Latin America and the Caribbean in family planning/population/demography during the first year. At that time it would have been difficult to foresee the evolution of this project from a modest effort into what has become the major resource for family planning training in the Western Hemisphere; from a contract viewed with skepticism and grave reservations by many USAID Missions into a contract now considered essential to many Missions' family planning/population training plans.

In the four years and five months of the contract, DA suceeded in surpassing by far every program year's training goals without corresponding increases in project costs. DA likewise was able to respond quickly to special Mission requests and to design and implement a growing number of training programs through which grantees received training in their own or in third countries. During the project's last five months, 96 percent of the grantees were trained in Latin America and the Caribbean.

During this contract, 7,770 grantees received a total of over 15,670 weeks of training. With $4,966.896 funding for this contract, the average cost per trainee/week amounted to $ 317.00. This sum, it must be emphasized, includes all administrative costs, travel, per diem, tuition, course fees, books, overhead, and fee. Most important, though, in this context, is the fact that formal and informal evaluations by DA itself and by AID showed that the training provided under this contract was effective in significantly increasing ex-trainees' involvement in family planning service delivery and in expanding their professional skills.

Understandably, DA takes pride in what has been accomplished under this contract. It should be noted, however, that a good deal of this project's success is due to the cooperation and backstopping the DA project staff received not only from the various USAID Population Officers in the field, but especially from the Project Officers in PHA/POP/LA in AID/Washington. During the contract's first half this position was filled by Mr. John Peabody, and during the latter half by Mr. Lawrence Eicher. Equally essential has been the efficient and courteous way in which contract matters were handled by the Contracting Officers, Ms. Johni Pittenger and Mr. Gerald Gold.

It is hoped that this project has contributed its share to the complex and multi-faceted task of slowing down population growth in Latin America and the Caribbean. How DA went about implementing the contract is the subject of this final report.

I. HISTORICAL SUMMARY

This project, which over its lifetime provided training for 7,770 Latin American and Caribbean grantees, evolved from a relatively modest scope and mandate. The original contract specified that during the first program year (May 1, 1972 - April 30, 1973),

> "The Contractor will provide professional and management services in connection with the recruitement, selection and training of Latin American students for study in family planning and population fields in the U.S., Puerto Rico, and/or third countries in the Western Hemisphere.....The anticipated work load will be 100 trainees per calendar year of which approximately one-third will be enrolled in long-term academic training."

It was further stipulated that grantees selected for programs in the USA had to be proficient in English. Not contained explicitly in the contract, but communicated verbally to DA, was the directive that about one-third of all grantees were to be recruited and selected in Brazil.

It soon became clear that

- the contract was signed too late in the academic year for recruiting appreciable numbers of students for full academic programs in the 1972/73 academic year;
- an insignificant number of potential grantees knew enough English to benefit from stateside training offered in English;
- with one exception, no regular training courses in Spanish existed in the Continental USA;
- within a month of the project start, DA was advised to cease and desist from programming for Brazilian candidates.

In view of these constraints and unforeseen developments -- and with the concurrence of both the AID Project Monitor and the Contracting Officer -- DA developed the program along the following lines:

- Funds budgeted for full academic programs that could not be spent or committed because of the above mentioned time constraints, were utilized to increase the number of short-term trainees.
- DA worked with Continental US agencies and institutions to develop their professional training capabilities in Spanish so that they could offer special tailor-made family planning training programs in Spanish for nearly 50 percent of all grantees in Program Year I.
- Some 18 percent of the grantees in Program Year I were trained in Puerto Rico mostly in courses specially designed for DA.
- About 40 percent of the grantees participated in already existing or DA-created courses in Latin America.

By following this strategy, a total of 264 grantees from 23 countries and Caribbean Islands were trained in Program Year I which was extended to June 30, 1973. Only 3 were enrolled in academic programs.

For Program Year II (July 1, 1973 to June 30, 1974), a goal of 500 trainees was mandated. DA, however, succeded in training 775 grantees from 27 countries and Caribbean Islands representing a total of 2,910 person-weeks of training. Sixty-four percent were trained in their own or third countries. The number of grantees enrolled in academic or other long-term programs rose to 30. Whereas in the first program year no Brazilians were included, in Program Year II, eight Brazilian participants were permitted to receive grants for participation in international conferences and family planning training. While the policy of the Mexican Government during Program Year I prevented DA from giving grants to Mexicans, the change of government policy in Mexico now enabled DA to enroll 28 Mexicans in training programs and to enroll grantees from other Latin American countries in Mexican academic and other training institutions. On the other hand, grants to personnel from the "Southern Cone," i.e. Uruguay, Argentina and Chile, were drastically reduced toward the end of Program Year II because of these countries' lower priority in AID's population and family planning programs.

In Program Year III, 1,245 participants from 22 Latin American countries and Caribbean Islands were trained under DA auspices, and the percentage of trainees who were enrolled in programs in their own or third countries rose to 81. The number of long term grants was decreased to 23, as a beginning of the complete phase-out of long-term and academic programs. Whereas in the first two program years the length of most special stateside training courses ranged from 4 to 6 weeks, the average length of stateside training was increased to 8.1 weeks. Twelve week courses for auxiliary nurses were instituted. As a direct result of the DA-sponsored Women's Health Care Specialist Training Program at UCLA Harbor General Hospital, such a program was replicated in Costa Rica, staffed by alumni of the DA-sponsored program.

In compliance with the mandate to increase the percentage of grantees receiving training in their own and third countries, over 92 percent, or 2,814 of the 3,054 participants trained in Program Year IV received their training outside the USA and Puerto Rico. A total of 4,777.9 person weeks of training were delivered in the USA, Puerto Rico and 15 Latin American countries and the Caribbean. All long-term training in the USA and Puerto Rico was entirely phased out and grants were limited to non-degree programs of up to five months' duration. Training at UCLA's Harbor General Hospital was increased to 14 weeks to provide extra time to train participants as trainers. -- Increasingly, USAID Missions came to rely on DA's training resources as a significant factor in their country plans. Finally, Program Year IV saw the final edition of the quarterly newsletter INFO-FAMILIA HEMISPHERICA in compliance with the contract provision that its publication cease after three years. No Latin American organization could assume its publication without some level of subsidy.

Program Year V, consisting only of 5 months (July, 1976 - November 30, 1976, when the contract terminated), saw DA sponsorship of 2,544 trainees, of whom 96 percent received training in Latin American and the Caribbean. During this period the first signs of a changing attitude of the US Embassy in Brazil indicated that within a few months it will be possible for DA to sponsor family planning training

in Brazil and to train Brazilians abroad under DA's successor contract to AID/la-707.

Throughout this contract's four years and five months, DA professional contract staff maintained close liasion with all USAID Missions and US Embassies in countries included in contract activities. Whenever possible, special mission requests for training groups and individuals were taken into consideration and met. Likewise, close liaison was maintained with host country governmental and private agencies, organizations, and institutions that play some role in their countries' population/family planning programs. On the part of the US Missions and Embassies, as well as on the part of the host country agencies, DA is now recognized as the strongest and most reliable resource for the sponsorship and arrangement of population/family planning training in the Western Hemisphere.

II. PROJECT STATISTICS

As described in the preceding section, the contract developed from a modest effort to train relatively few grantees, and these few mainly in US and Puerto Rican institutions and agencies, into a major family planning training resource increasingly utilizing Latin American and Caribbean training institutions.

A. Statistical Summary by Program Year

This development is graphically illustrated by the following statistical summary:

STATISTICAL SUMMARY OF TRAINEES BY PROGRAM YEAR

PROGRAM YEAR	TOTALS TRAINED	TRAINED IN THE USA AND PUERTO RICO	TRAINED IN LATIN AMERICA AND OTHER NON-US	PERCENT TRAINED IN THE USA AND PUERTO RICO	TOTAL PER-PERSON WEEKS OF TRAINING
I	264	158	106	60%	1,286.0
II	775	277	498	36%	2,910.5
III	1,245	238	1,007	19%	3,062.0
IV	3,054	240	2,814	7.8%	4,777.9
V* (5 months)	2,432	96	2,336	4%	3,633.8
TOTALS	7,770	1,009	6,761	13%	15,670.2

* 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.

Besides the significant shift from training grantees predominantly in the USA and Puerto Rico to training them more and more in Latin America and the Caribbean, it is worth noting that the average length of training per grantee amounted to almost exactly two (2) weeks. Whereas most training programs in the USA and Puerto Rico were four to fourteen weeks long, training programs within Latin America and the Caribbean varied widely, from one or two days to several weeks.

B. Statistical Summary by Trainees' Country of Origin

The statistical summary by trainees' country of origin for the entire contract period shows not only where trainees were coming from, but also the breakdown of their training into short and long-term and location of training (USA, Puerto Rico, and Latin America and other Non-US). The relatively low total (66) of trainees having received grants for long-term training (six months or longer) reflects the change of the contract's mandate after Program Year II, through which academic training was drastically de emphasized and finally phased out all together.--The statistical summaries by trainees' countries of origin and Program Year will be found in Appendix I.

PROGRAM YEARS I - V

(May 1, 1972 - November 30, 1976)

STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES PROGRAMMED IN		
		the USA	Puerto Rico	Latin America & Other Non US	the USA	Puerto Rico	Latin America & Other Non US
Antigua	3	3					
Argentina	32	24	6	1	1		
Barbados							
Bolivia	646	100	13	524		9	
Brazil	16	4		11	1		
Chile	68	44	2	18	2	2	
Colombia	2,433	72		2,349	5		7
Costa Rica	84	47	7	28			2
Dominican Republic	348	64	1	280	2	1	
Dominica	1	1					
Ecuador	72	33	8	26			5
El Salvador	108	21	1	86			
Grenada	4	4					
Guatemala	274	42	7	221	1	3	
Haiti	425	20		405			
Honduras	95	54	15	24	1		1
Jamaica	115	16		99			
Mexico	181	21	1	156	2	1	
Montserrat	1	1					
Nevis	1		1				
Nicaragua	301	37	10	248		6	
Panama	158	40	3	112	2	1	
Paraguay	161	82	26	47	2	4	
Peru	707	68	5	633	1		
St. John's	1	1					
St. Kitts	1	1					
St. Lucia	5	5					
St. Vicent	2	2					
Trinidad & Tobago	8	8					
Uruguay	1,480	19	7	1,454			
Venezuela	39	9	1	25	3	1	
TOTAL	7,770	843	114	6,746	23	28	15

C. Numbers of Trainees by U.S. Training Institution and Calendar Year

The following lists all US and Puerto Rican training institutions utilized by DA in the course of the contract and the number of grantees trained by them per calendar year. In the cases of major training institutions, such as Harbor General Hospital, Metropolitan Hospital Center, DA Denver Family Planning Center, Margaret Sanger Center, University of Texas Medical School and Planned Parenthood of Houston, we have broken down the number of trainees by contry of origin as well.

Numbers of Trainees by U.S. Training Institution and Calendar Year

INSTITUTION	Trainees Country of Origen	CY 72	CY 73	CY 74	CY 75	CY 76	TOTAL
Harbor General Hospital	Dominican Rep.		2		16	4	22
	Ecuador		1				1
	Peru		4			6	10
	Honduras		2			8	10
	Costa Rica		4	10	2		16
	Paraguay		3	6		3	12
	El Salvador		2	8		1	11
	Chile	4	5				9
	Uruguay		4				4
	Guatemala				8		8
	Mexico				1		1
	Panama				7	10	17
	Nicaragua					4	4
						HARBOR TOTAL	125
Metropolitan Hospital Center	Chile		6				6
	Colombia		2				2
	Guatemala		3			3	6
	Honduras		4	1			5
	Peru			4			4
	Paraguay			2		2	4
	Nicaragua			1			1
	Bolivia(Auxiliares			10	22	2	34
	Haiti				6	6	12
	Dominican Rep.					4	4
						METROPOLITAN HOSPITAL CENTER TOTAL	189

Numbers of Trainees by U.S. Training Institution and Calendar Year

INSTITUTION	Trainees Country of Origen	CY 72	CY 73	CY 74	CY 75	CY 76	TOTAL
DA Denver Family Planning Center	Paraguay		5	23	6	1	35
	Dominica Rep.		2	1	2	3	8
	Costa Rica		2	3	4	2	11
	Bolivia		1	11	17	9	38
	Nicaragua			6	3	4	13
	Peru			8	6	9	23
	Honduras			3	7	10	20
	Guatemala				2	10	12
	Ecuador				1	1	2
	Panama				9	9	18
	El Salvador				1	3	4
	Chile					3	3
	Mexico					2	2
						DA DENVER TOTAL	189
University of Texas Medical School	Argentina		2	4			6
	Chile		4	6	5		15
	Paraguay			4	4		8
	Honduras				1		1
	Mexico			6	1		7
	Nicaragua				1		1
	Peru			3	15		18
	Panama				1		1
	Bolivia			5	6		11
	Ecuador				2		2
	Uruguay			7			7
	Guatemala			1			1
						UTMS TOTAL	78
Planned Parenthood of Houston	Paraguay	3	11	4			18
	Uruguay	2					2
	Nicaragua		1	2		2	5
	Guatemala		1			3	4
	Dominican Rep.		1				1
	Argentina		2	1			3
	Costa Rica		2	2			4
	Ecuador		1	1			2
	Peru		3	1			4
	Bolivia		1	3			4
	Chile			1			1
	Mexico			2	1	1	4
	Honduras					2	2
	El Salvador					3	3
						P.P.OF HOUSTON TOTAL	57

Numbers of Trainees by U.S. Training Institution and Calendar Year

INSTITUTION	Trainees Country of Origen	CY 72	CY 73	CY 74	CY 75	CY 76	TOTAL
Margaret Sanger Center	Mexico			4		1	5
	Dominican Rep.			8	6	11	19
	Paraguay				8		8
	Bolivia				5		5
	Colombia				1	26	27
	Ecuador					14	14
	Trinidad/ Tobago					4	4
	BWI				6		6
						MARGARET SANGER CENTER TOTAL	88

INSTITUTION	CY 72	CY 73	CY 74	CY 75	CY 76	TOTAL
Instituto of Human Relations, P.R.		27	5	7		39
u.s. Bureau of Census		12	1			13
Downstate Medical Center	1	8	6			15
Planned Parenthood, Ft. Worth		6				6
Planned Parenthood, Houston	5	23	17	1	11	57
Planned Parenthood, Chicago			3	2	7	12
U. of Connecticut			2			2
Rocky Mountain P.P., Denver		6				6
Howard University		6				6
A.R. Sirey		56				56
U. of North Carolina		19			5	24
U. of Chicago		1				1
Planned Parenthood, Columbus	6	20				26
GAI/PAC		7	1	2	4	14
U. of Puerto Rico	2	13	8	14	18	55

D. Participants Trained in Third Country and In-Country Programs by Training Institutions and Year

	PY I	PY II	PY III	PY IV	July 1, Nov. 30, 1976	ORGANIZATIONAL TOTALS	COUNTRY TOTALS
• Argentina							6
Instituto Superior de Conduccion Educativa, La Salle College	4	2					
• Bolivia							479
CENAFA				149	330	479	
• Chile							3
Asociación Chilena de Protección Familiar			1			1	
CELADE					2	2	
• Colombia							2,565
ACEP	70	189	313	295	305	1,172	
CCRP		1		50	165	216	
FUNOF				922	112	1,034	
PROFAMILIA	26	57		6		89	
Universidad Javeriana				34		34	
Other		3		17		20	
• Costa Rica							53
Asociación Demográfica Costarricense				4		4	
CESPO, U. de Costa Rica		4				4	
CIACOP			7	25	2	34	
INCAE of Managua, Nicaragua		11				11	
• Dominican Republic							265
ADPBF					265	265	
• El Salvador							71
INCAE of Managua, Nicaragua				51	20	71	
• Guatemala							206
APROFAM		177	9			186	
Unv. del Valle					20	20	
• Haiti							405
Dpt. of Public Health, Port-au-Prince					405	405	
• Jamaica							99
Family Planning Board			99			99	
• Mexico							146
Asociación Pro-Salud Maternal				140		140	
INSS		5				5	
Unv. Iberoamericana		1				1	
• Nicaragua							194
ADN				85	100	185	
INCAE		9				9	
• Panama							104
APLAFA				25	29	54	
SIS				50		50	
• Paraguay							20
CEPEP					20	20	
• Peru							602
CCRP				80	509	589	
Unv. Cayetano Heredia		11	2			13	
• Uruguay							1,445
AUPFIRH			298	70		368	
CENAPLANF			273	804		1,077	
• Venezuela							31
IESA		24			7	31	
• Multi-country observations, Congresses, Conf.		5		14		19	19
TOTALS	100	499	1,002	2,821	2,291	6,713	6,713

E. Participants Trained by Professional Category and Project Year

PROFESSIONAL CATEGORY	PY I	PY II	PY III	PY IV	PY V (5 months plus prevsly. unreported)	Total
Nurses and Nurse-Midwives	115	184	113	132	271	815
Auxiliary Nurse			22	62		84
Empirical Midwives					381	381
Physicians	5	44	149	24	73	295
Administrators	6	74	26	146	60	312
Armed Forces Instructors		32	81	488	26	627
Social Workers	26	53	19	200	223	521
Labor Leaders	22	70		134	191	417
Women's Leaders	48	45		90	18	201
Newspaper, Radio & TV Journalists		177		226	29	432
Other-Trainers Demographers Educators, Volunteers	42	96	835	1,552	1,160	3,685
TOTAL	264	775	1,245	3,054	2,432	7,770

III. TRAINING EMPHASES

Neither the language of Contract AID/la-707 nor its implicit mandate was clear on what the training emphases were to be. Article I-D simply gave the following list:

Subject Matter, POP/FP

1. Program Development
   - a. Orientation on nature of population problem
   - b. Organization and management of population programs
   - c. Facilities
   - d. Personnel training
   - e. Evaluation and measurement
2. Demography
   - a. Census
   - b. Biostatistics
   - c. Economic Development/Pop.
   - d. Socio-Political Development/Pop.
   - e. Population Dynamics
3. Research
   - a. Sociological/Pop.
   - b. Bio-Medical/Pop.
4. Communication
   - a. Content
   - b. Methodology
   - c. Evaluation
5. Population Education (Organized School System)
   - a. Attitude formation/change
   - b. Curriculum (primary, secondary, higher)
   - c. Evaluation

6. Population Education (Health and Ecology)

   a. Nutrition

   b. MCH (Maternal Child Health)

   c. Food and Agriculture

   d. Urbanization

7. Clinical Aspects

   a. Training

      1) Medical (FP: Doctors, nurses, nurse-midwives)

      2) Paramedical/FP and operations

   b. Facilities

      1) Central

      2) Outreach

   c. Supply and logistic management

   d. Evaluation and measurement

This varied and imprecised list gave no guidance as to what kind of training was to be emphasized and in what specialties. However, from the very beginning of the contract, and in frequent contact and discussions with the PHA/POP/LA Officer, it was decided to de-emphasize the demographic aspects.

Consequently, almost all group training in the USA, Puerto Rico, and Latin America was designed with emphasis on family planning and related matters. This meant the training programs for midwives and nurses emphasized medical-clinical aspects of family planning; social workers' training dealt largely with family planning patient motivation and education, human sexuality and sex education. Administrators' courses were designed to improve the effectiveness and efficiency of family planning service programs, both governmental and private. Likewise, the dozens of courses sponsored in Latin American countries for such diverse groups as school teachers, community volunteers, rural leaders, labor leaders, flower makers, armed forced instructors and journalists emphasized the need for family planning services and family planning communication and motivation techniques.

Another training emphasis throughout the life of the contract was upgrading and enhancing the role of women. As a result of DA-sponsored stateside training of paraprofessionals (nurses, midwives, and auxiliaries) many were promoted to positions of increased responsibility upon returning to their agencies.

All training of paraprofessionals and auxiliary nurses dealt with theoretical as well as practical aspects of family planning. When it became clear that

the originally scheduled four weeks of training time for paraprofessionals was not sufficient to give them enough exposure and experience in the practical application of family planning techniques, courses for nurses and nurse-midwives were extended to six weeks. Harbor General Hospital courses were extended to 12 weeks to be able to graduate the participants as "Women's Health Care Specialists." Likewise, courses offered at New York City's Metropolitan Hospital Center were designed to last from six to twelve weeks, depending on the participants' pre-course level of knowledge and skills.

Training institutions that turned out to be unable to include sufficient practice training in their curricula, such as training IUD insertion in clinic patients, were dropped from the roster of training sites (A.R. Sirey Associates; Planned Parenthood of Columbus, University of Texas Medical School).

(For representative samples of training curricula see Appendix IV)

In the case of training the great variety of personnel in Latin America and the Caribbean, training arrangements were made with host country agencies to insure that the kind of training offered benefited the family planning activities in the respective countries (For sample curricula see Appendix V). Such training ranged from one-day seminars and week-long workshops to courses of several weeks' duration.

IV. PROJECT ADMINISTRATION

The following is a description of the process by which a typical grantee bound for training in the US is recruited, selected and brought to training. This process has a number of variations (e.g., those going to Puerto Rico or Los Angeles usually do not receive a Washington orientation; selection-invitation lead times vary greatly depending on circusmtances; the process of recruiting and selecting third country and in-country grantees is usually somewhat abbreviated, etc.) but the example given here is still illustrative.

Recruitement and Selection DA's Washington office receives a completed application form from a private or government family planning agency with a cover letter indicating the agency's recommendation that the applicant receive a particular skill such as fertility management for nurse-midwives. The application form includes information about past education and training (see Appendix VI), present level of knowledge about family planning, length of course desired and approximate dates when she/he could participate. The application is reviewed by DA-project staff, sometimes in consultation with the Project Monitor and/or AID field staff. If found qualified for training, the applicant is ready for placement.

Placement. Four to six weeks prior to the course's start, an invitation package is sent to the grantee, usually in care of the local Population Officer or the grantee's supervisor. The envelope contains (See Appendix VII) a Letter of Appointment, two copies of a Letter of Agreement stating the terms and conditions of the grant, Form DSP-66 (document to obtain a J-1 student visa), visa instructions, instrucions on getting a required physical examination, flight itinerary, and a DA Participant Manual (See Appendix VII). The grantee signs and returns one copy of the Letter of Agreement. Once DA receives the Agreement, a prepaid ticket is sent to the airline office in the capital city of the grantee's country.

Washington Reception and Orientation. Each grantee arriving in Washington is met at one of the three area airports where she/he is given one day's per diem in cash ($35), a map of the city marked with the DA office, hotel where the grantee will stay, and the location of the Washington International Center (WIC). From the airport the grantee is sent by taxi or limousine to the hotel with the remainder of the day/evening free. The following morning (generally a Wednesday) the grantees are asked to report to DA's conference room. There, they are served a continental breakfast followed by a general introductiron to DA's programs and an administrative briefing conducted by project staff. The afternoon is free. The following two days are devoted to sessions on family planning in the United States presented by Planned Parenthood International Orientation and seminars at WIC covering cultural and political life in the US. WIC also provides a Thursday afternoon tour of the Capitol and other points of interest, plus a Saturday morning tour of Mt. Vernon and Arlington National Cemetery. On Sunday (sometimes Monday morning) the trainees fly to their US training site to begin their course.

Allowances. In addition to receiving round trip air fare, tuition and health/accident insurance, each DA grantee receives standard OIT-approved

per diem and allowances for purchase and shipping of books back to her/his home country.

Field Liaison. Approximately four to six times a year each of the three key project staff (Project Director, Deputy Project Director and Assistant Project Director) travels to Latin America for the purpose of maintaining close and continuing liaison with the various AID missions, and local private and government family planning agencies. These trips also serve to review in-country and third country training plans, monitor ongoing courses and to negotiate future training contracts. Likewise, project staff periodically travel to US and Puerto Rico training programs, usually during the final week of a course, in order to evaluate the quality of training and to discuss future plans.

V. PROJECT EVALUATION

The DA project professional staff monitored and evaluated a large percentage of the training programs sponsored and arranged under this contract. All group training wholly sponsored by DA in the USA and Puerto Rico was monitored and evaluated informally and formally with standard evaluation questionnaires (See Appendix VIII). One professional staff member usually visited a training program during the final week of the course. Through interviews of trainees and training staff and observation of ongoing training the DA monitor formed reasonably valid impressions regarding the training program's effectiveness.

A. Participants' Reactions to Completed Courses

More significant indicators as to the trainees' reactions to a training program were obtained through the tabulations of a questionnaire completed by the trainees during the last day of their training. The summary on pages 21-22 is based on the tabulated responses from 636 questionnaires completed by participants in US and Puerto Rico training and in one course in sex education training for Nicaraguan school teachers at the Universidad del Valle, Guatemala. Most of the responses from the US and Puerto Rico short-term training courses came from nurses, nurse-midwives, social workers, and nurses aides, but there were also some administrators, health educators, and physicians.

In most cases, completed questionnaires were immediately tabulated, discussed with the training staff, possible shortcomings, criticisms, and recommendations were noted, and remedial actions were recommended and instituted. Where analysis of findings indicated that instructional and/or institutional shortcomings were not likely to be remedied promptly, DA discontinued training at the institution (such as Rocky Mountain Planned Parenthood in Denver, Planned Parenthood of Columbus, Ohio and New Dimensions in Public Health--A.R. Sirey, New York). Some training institutions which conducted DA courses in Latin America administered their own evaluation instruments to measure participants' reactions and their assessment of each course.

As will be noted from the table summarizing the trainee responses, more than 90 percent of all trainees judged performance, arrangements, quality, applicability, etc. of training as "excellent" or "good".

B. The Project's Efficiency and Effectiveness

An interim evaluation of the Project's efficiency and effectiveness was carried out by Dr. Philip Sperling, Office of International Training, Bureau for Program Management Services, in the fall of 1974. Not only did Dr. Sperling make cost comparisons between this and similar AID-financed training contracts, but he administered questionnaires to trainees in courses at Metropolitan Hospital Center (MHC) New York, Planned Parenthood of Houston, Texas (PPH), Harbor General Hospital (HGH), Los Angeles, and DA's Family Planning Training Center (DA), Denver. A complete copy of Dr. Sperling's report is reproduced in Appendix IX. The highlights of his findings and recommendations are:

- Students as a group were highly satisfied with their training (MHC);

- The highly consistent agreement among the students about the course's relevance, practicality, usefulness...is very strong evidence on the positive side. (MHC);

- The six students (were) unanimous in their opinion that the course was relevant, applicable, and useful and extremely satisfied with their training (HGH);

- In their estimation of their own ability to accomplish the things taught in the course, almost all were in the "I can do it very well" column. With respect to their judgment about goals for the course being reached, almost all felt they were being met "in large measure".(HGH);

- ...all thought (the course) was relevant, applicable, and useful. Their satisfactions were exceedingly high (DAI);

- With respect to the goals of the course having been met, about all students thought they were being met "in large measure." This is a highly positive indication of effectiveness. (DAI);

- With respect to effectiveness, there is little or no evidence to point to any ineffectiveness of the courses being given by subcontractors under the DAI prime contract. The students by and large are highly satisfied and believe that their skills have been increased and that the goals set for their course are being met in large measure or at least partially... The judgment of the staff and faculty indicate that they too are satisfied with the course; are giving tests to determine the students' increase in skills and are satisfied with the results; and that the goals set by the DAI contract are being met...All of the above boils down to almost everyone agreeing that goals for training are being met in large measure. That is evidence on the positive side that <u>training under the DAI contract is effective</u>;

- With respect to <u>efficiency</u>, evidence has been presented that costs this type of contract tend to cover a relatively wide ball-park, but that DAI cost are well within that ball-park...Even the so-called "high" DAI cost for special courses is considerably lower than costs for kindred courses under other AID contracts;

- The extra cost that usually exists for escorts, interpreters, translators, and such does not seem to exist for the DAI training given in Spanish. While it has been exceedingly difficult to gather reliable cost data against which a fair comparison with DAI costs might be made, within the data available, DAI costs are reasonable and definitely efficient;

- The administrative aspects of the contract have been determined to be efficient; the training provided is effective. <u>It is recommended that the necessary action be taken to extend the contract and provide additional funds as deemed appropriate</u>;

C. Impact of Training on Ex-Participants' Work Back Home

Twice during this project, DA carried out mail evaluations designed to measure the impact of DA-sponsored U.S. and Puerto Rico training upon the ex-participants' work in their respective home countries.

The first mail evaluation was performed early in CY 75 One hundred eighty-three questionnaires (approved by AID/PHA/POP/LA) were mailed to FY 74 US and Puerto Rico course participants, followed by a second mailing to non-respondents two months later. By tabulation time, a total of 92 responses had been received (Two additional completed questionnaires were received after the report was compiled).

The second mail evaluation was carried out in the late spring and summer of 1976. On May 24, 1976, a total of 240 questionnaires were mailed to ex-grantees who had been trained in the USA and Puerto Rico between July 1, 1974 and December 31, 1975. The questionnaires were identical to the ones used in the first mail evaluation in the Spring of 1974. By early July, 1976, fifty-one (51) completed questionnaires had been returned. A followup mailing brought another 48 responses by tabulation time, so that the final tabulations are based on 99 responses (11 additional completed questionnaires were received after the report was compiled on September 30, 1976).

Copies of the results are reproduced in Appendices X and XI.

Highlights of the findings are:

- Both evaluations showed that ex-grantees spend a significantly higher percentage of their work time in family planning activities now than before their training.
- 52% of the respondents in Evaluation One, and 65.7% in Evaluation Two now have more responsibilities in family planning activities and related tasks.
- 82.6% of the Evaluation One respondents and 90% of those in Evaluation Two have had opportunities to teach or pass on to others what they learned in DA-sponsored training
- On the average, each ex-trainee reached:

Evaluation One	Evaluation Two
392 patients	707 patients
359 prospective patients	369 prospective patients
30 colleagues	42 colleagues
227 others	159 others
1,008 persons taught or reached (average per trainee)	1,277 persons taught or reached (average per trainee)

The average per trainees in Evaluation Two computed on the basis of 83 respondents who actually stated that they had taught or passed on to others what they had learned, is 1,523.

- 90.2% in Evaluation One, and 91% in Evaluation Two are providing contraceptive counseling now, to an average of 563 persons per ex-grantee in Evaluation One and 1077 in Evaluation Two.

- 97.3% in Evaluation One, and 95.2% in Evaluation Two are now counseling a larger number of patients.

- 46.7% in Evaluation One, and 59% in Evaluation Two state that the DA-sponsored course has made them "much more effective" as family planning workers; 44.5% in Evaluation One, and 32% in Evaluation Two "more effective".

PERCENT RESPONSES BY 636 GRANTEES WHO PARTICIPATED IN GROUP TRAINING PROGRAMS DURING THE PERIOD SEPTEMBER, 1972* - NOVEMBER, 1976

A. Administration	Excellent	Good	Average	Below Average	Poor
1. Travel arrangements	79	16	1	3	1
2. Arrival arrangements	72	23	4	1	
3. Orientation program	70	28	2		
4. Living accomodations arranged for you	62	30	5	3	
5. Social activities	72	24	3	1	
B. Training					
1. Relevance of training to your work back home	47	50	3		
2. Quality of practical training	50	42	7	1	
3. Quality of theoretical	64	33	3		
4. Quality of training personnel	73	25	2		
5. Relevance of texts and materials to your work back home	44	50	5	1	
6. Overall rating of training	63	36	1		
7. All in all, the training was	11 -too theoretical -- -too practical 89 -just the right mix between theoretical & practical				
8. The training was for me	5 -too elementary 1 -too advanced 94 -just right				

* The Project began operations May 1, 1972 but the first participants did not enter training until September.

9. My specific professional needs were taken into account	81	-very much
	18	-some
	1	-not at all
10. As a result of this training course I shall be able to work in family planning	74	-much better
	25	-better
	1	-about the same

*14. Did you learn or benefit from this training as much as you expected?

94 - Yes 6 - No

15. All in all, this training course was:	86	-very helpful
	14	-of some value
	--	-a waste of my time

* Questions 11 through 13 required narrative responses and were not tabulated.

VI. TRAINING INSTITUTIONS

In this section only the utilization of US and Puerto Rican training institutions will be discussed. DA's work with and the training provided by host-country institutions will be dealt with in a subsequent section: VII - DA's Country Contacts.

At the time contract AID/la-707 was signed, no ongoing family planning programs for paraprofessionals in Spanish or French existed in the Continental USA, with the exception of the program at Downstate Medical Center, Brooklyn, N.Y., which once a year offered a course in Spanish for nurse-midwives. It soon became obvious that the contract stipulation requiring stateside trainees to have a working knowledge of English would automatically eliminate over 95 percent of Latin American paraprofessionals from such training. For this reason, DA, with the approval of the Project Monitor and the Contracting Officer, set out to find and work with agencies and institutions that could offer appropriate short-term training in the native language of the grantees. In this section we discuss only the non-academic training. A small number (66) of grantees were, during the project's first two and one-half years enrolled in academic degree and non-degree programs in various universities in the USA and Puerto Rico.

The US and Puerto Rico training institutions and agencies utilized in the course of this contract were the following:

- Rocky Mountain Planned Parenthood, Denver, Colorado

  1972 - 6

  Only one group of six nurse-midwives was trained there in a five-week course. Because the training was too theoretical and the instructional staff's Spanish-speaking ability was limited, no further training took place.

- Planned Parenthood of Columbus, Columbus, Ohio

  1972 - 6
  1973 - 20

  This agency trained four groups of nurse-midwives during Program Years 1 and 2. When the agency's Spanish speaking instructors became fewer and fewer, and training sessions increasingly had to resort to interpreters, DA discontinued contracting with the agency.

- A.R. Sirey Associates, New York, N.Y.

  1973 - 56

  A.R. Sirey trained one group of six and one group of 16 nurse-midwives (5 weeks) and one group of 26 social workers (4 weeks). Though in both cases the theoretical training was excellent, practical training left much to be desired because the firm was unable to

secure sufficient clinical facilities. DA discontinued contracting with A.R. Sirey when the course fees, in the opinion of the DA project staff, became unreasonably high.

- Planned Parenthood of Houston, Houston, Texas

1972 - 5
1973 - 23
1974 - 17
1975 - 1
1976 - 11

Throughout the duration of the contract, Planned Parenthood of Houston provided a variety of training to DA grantees. During the first two years, four groups of nurses and nurse-midwives received training in four-week courses. During the latter half of the contract, two groups of social workers were trained and various individual physicians received training in surgical sterilization techniques.

- University of Texas Medical School, Houston, Texas

1973 - 6
1974 - 36
1975 - 36

Between August 1973, and December, 1975, groups containing six nurses and/or midwives were trained in six-week courses that were offered regularly every seven or eight weeks. As excellent as the training was, it fell short in its practical component, since the trainees were never permitted to practice IUD insertions on patients because of unresolved questions of licensing for foreign medical practitioners. Additionally, several physicians received special training laparoscopy at UTMS.

- Institute of Human Relations, San Juan, Puerto Rico

1973 - 27
1974 - 5
1975 - 7

The Institute of Human Relations had been offering courses for family planning trainers long before DA implemented this contract. At various times DA enrolled small groups and individual family planning trainers in IHR's regular training courses. In the spring of 1973 IHR trained a group of 13 social workers and nurse-trainers. In late 1973 IHR trained a group of 12 Honduran Ministry of Health Functionaries, and in early 1975 a group of health educators from the Paraguayan Ministry of Health and Social Welfare.

- Planned Parenthood Center of Fort Worth, Texas

1973 - 6

This agency trained only one group of six nurse midwives in a special six-week program. Because the quality of training and Spanish capability of the training staff did not quite meet DA's standards, this agency was dropped from the roster of training insttitutions utilized by DA.

- Governmental Affairs Institute -Center for Population Activities, Washington, D.C.

1973 - 7
1974 - 1
1975 - 2
1976 - 4

Six-week courses for English-speaking family planning administrators were offered in the early days of this contract by GAI and DA sponsored several participants in them. When most of the key training staff left GAI and continued the training program under the auspices of a new agency - CPA - DA sponsored the participation of a few grantees in several such courses per year.

- U.S. Census Bureau, Washington, D.C.

1973 - 12
1974 - 1

At various times throughout the life of this contract, DA enrolled individuals in the Bureau's short-term workshops, as well as in its long-term courses during the contract's early days. With de-emphasis of demographic and related training and stronger emphasis on family planning training, no grantees were enrolled in the Bureau's programs during the last program years.

- University of Puerto Rico, San Juan, Puerto Rico

1972 - 2
1973 - 13
1974 - 8
1975 - 14
1976 - 18

The University's School of Public Health as well as the school of Obstetric Nursing trained some special groups for DA. Throughout this project, the School of Public Health provided special, tailor-made training for a number of individual grantees, mostly physicians, in a great variety of family planning and related subject matter.

- Downstate Medical Center, Brooklyn, N.Y.

1972 - 1
1973 - 8
1974 - 6

DA made only limited use of the well-known Downstate course of family planning for nurse-midwives because the instruction was limited to English. A total of fifteen DA-sponsored midwives from the English speaking Caribbean received training at Downstate during the years 1972-1974. There were none after that time because programming for the West Indies was sharply curtailed thereafter.

- University of North Carolina at Chapel Hill

1973 - 19
1976 - 5

The University of North Carolina's Population Center has offered specially designed short-term training for DA grantees on three occasions. Two groups trained there were faculty from the Universidad Javeriana in Bogota who attended seminars in population and demography aimed at preparing the faculty for Javeriana's own population center. The third group consisted of faculty from Venezuela's Graduated School of Business Administration (IESA) who were trained to write family planning management case studies for IESA's new MBA program in family planning management.

- Metropolitan Hospital Center, New York Medical College, New York

1973 - 15
1974 - 18
1975 - 28
1976 - 17

MHC's International Training Center, under the direction of Dr. Maria Boria, has offered two to three courses a year for DA-sponsored grantees since 1973. The first three of these courses were for nurses and nurse-midwives. Then, when other training facilities for nurses became available elsewhere, DA worked with the Center on the design of a longer, more comprehensive course for auxiliary nurses, mostly from Bolivia. In 1975 and 1976 additional courses were given, in French, for Haitian nurse-midwives. DA has also arranged for special individual programs for physicians at MHC in fertility management techniques, including sterilization.

- Planned Parenthood of Greater Chicago

1974 - 3
1975 - 2
1976 - 7

DA-sponsored training at PPGC has been limited to a total of

only twelve grantees. The trainees have mostly been family planning administrators from Jamaica, and Trinidad. PRGC does not offer training in Spanish.

- Development Associates' Family Planning Training Center

1973 - 10
1974 - 55
1975 - 58
1976 - 66

During the project's first program year, when the staff was still actively looking for family planning training institutions in the United States with the capability to teach in Spanish, DA came to the conclusion that it made good sense to call upon the resources of the firms' own Family Planning Training Center in Denver, Colorado. The Center already had nearly three years experience training the staff of family planning clinics in the Rocky Mountain Region under contract with the U.S. Department of Health, Education, and Welfare. Furthermore, the DA staff in Denver spoke fluent Spanish and could call upon the resources of local clinics serving Spanish-speaking patients.

In October 1973 permission was received from the AID Project Monitor and Contrating Officer to begin training in Denver for Latin American nurse and nurse-midwives. Later, courses for social workers and administrators were designed and added to the year-round cycle of training activities.

Since the first course began in November, 1973, the DA Denver Center has trained 141 nurses and nurse-midwives, 30 social workers and 19 administrators from 13 Latin American countries.

- Harbor General Hospital/UCLA, Torrance, California

1972 - 4
1973 - 27
1974 - 24
1975 - 34
1976 - 36

In 1972 Harbor General Hospital became one of the first training institutions used by DA. As a result of a survey trip to look at U.S. family training institution by the Deputy Project Director in October 1972, DA asked Harbor General to train a group of four nurse-midwives in a four week course in family planning techniques. This work took place in November of that year and was followed by four more groups in 1973.

In January of 1974 DA began a projected three-year program at Harbor based on the Women's Health Care Specialist Course developed there for North American RN's and other with no medical background. The purpose of the DA-Harbor project was to create trained cadres of women in several Central American

countries who would become instructors in similar in-country courses. The selection of countries to participate in the program, as well as the selection of personnel to be trained, was closely coordinated with the local AID Missions and AID/Washington.

The quality of training has generally been high, and a number of Harbor graduates have returned now to become instructors in courses established in Costa Rica, Honduras and the Dominican Republic. Additional in-country training programs using Harbor-trained personnel are due to begin in Peru and Panama during the early part of 1977.

Margaret Sanger Center, New York

1974 - 12
1975 - 20
1976 - 56

Since its creation in May, 1975, DA has financed training at the Margaret Sanger Center on an intermittent basis. The type of training provided by the Center was largely in the area of program management, development, and planning, but a few groups of nurse-clinicians were given instruction in family planning techniques. Participants have come mostly from Colombia, Ecuador, Bolivia, Mexico, Dominican Republic, and Paraguay.

The Margaret Sanger Center training has been particularly useful in the area of program planning and management for "critical teams" who acquire programming skills while at the same time learn to work together more effectively as a management team.

In 1975 DA financed the use of Sanger staff in providing in-country followup training seminars for groups previously trained in New York.

VII. DA'S COUNTRY CONTACTS

During the first program year project staff personally recruited and selected grantees through host country organizations, governmental agencies, and professional associations as well as individually. Thereafter, applications for training began to be channeled through one or more DA-designated entities in each country. Likewise, arrangements for in-country and third country training were made with specific host-country organizations with the approval of the respective USAID Missions or U.S. Embassies. Arrangements varied widely from country to country, so did the level of activities. Following are summaries of the most important contacts DA established and maintained and through which it worked in each of the countries affected by this project.

ARGENTINA

Whereas in the project's first two years 31 Argentines were trained, only one received a grant in PY III and none thereafter. No in-country or third country training was sponsored. The reasons for the suspension of programming for Argentines were twofold:

1. The GOA decree of early 1974 practically outlawed all family planning activities, and

2. Inclusion of Argentina in the list of exempted countries under this contract because its low priority in AID's population assistance efforts.

For the period that Argentina was included in programming, DA worked through the Federation of Midwives of the Republic of Argentina (FORA), the IPPF affiliated Asociación Argentina Protección de Familia (AAPF) and the Centro de Planificación Familiar of the Hospital Ramón Sardá in Buenos Aires. A promising contact with the Instituto Latinoamericano de Fisiología de la Reproducción was made shortly before the suspension of contract activities in Argentina and consequently never bore fruit.

BRAZIL

Although it was the original intent of this contract that about one-third of all grants were to be given to Brazilians, for political reasons all activities concerning Brazil had to be suspended within two months of the project's start. Consequently, no Branzilians received grants during PY I, 8 in PY II, 7 in PY III and only 1 in PY IV. Most of these Brazilians participated in international programs in third Latin American countries, although a few, with the concurrence of the U.S. Embassy in Brasilia, were enrolled in programs in the US and Puerto Rico.

Throughout of the life of this contract the US Embassy maintained a prohibition of in-country training activities sponsored by DA, unless a federal minister stated in writing that the GOB approved of such training and that the GOB acknowledged that the use of Title X funds might lead to publicity. The US Embassy further required that such statements also had to be obtained from appropriate state governors in the case of training projects in the various states.

DA maintained close liaison and worked with the IPPF affiliate, BEMFAM, and the federally-affiliated PAIMC.

BEMFAM has a very active community-based contraceptive distribution program under contract with various state governments. These programs should be supplemented and enhanced by a massive training program of community volunteers.

PAIMC (Programa de Assistencia à Mulher e à Criança) is setting up an integrated MCH Care Community system centered on the San Francisco Assis Clinic. All persons involved in this project need training in family planning and related matters. A further project calls for the establishment of a training school for paraprofessionals

As of November 30, 1976, i.e., the end of the Contract AID/la-707, all indications pointed toward a breakthrough. Drs. Walter Rodrigues (BEMFAM) and Helio Aguinaga (PAIMC) had various meetings with US. Embassy staff, including Ambassador Crimmins and with Ambassador Greene. Dr. Rodrigues obtained the required Title X statement from the governor of the State of Pernambuco. DA has negotiated a draft contract with BEMFAM for the training of community workers in Permambuco which can be refined and concluded as soon as permission from the US Embassy is obtained, which is expected in early 1977.

CHILE

In the course of this contract, a total of 68 Chileans received training. In view of the crucial role played by the nurse-midwife in the Chilean family planning system, most of the training grants went to nurse-midwives, recruited through the Colegio de Matronas de Chile and the IPPF-Affiliate, Asociación Chilena de Protección Familiar (APROFA). Most of the 68 Chileans received training during the project's first two years. Thereafter, training of personnel form the "Southern Cone" (Uruguay, Argentina, Chile) was de-emphasized as a matter of priority. Nevertheless, in Program Year III, five more midwives from Chile were trained in the USA (with special permission from PHA/POP/LA), since their host country agency paid their travel and per diem. During the project's last year, the ban on training Chileans was relaxed and finally lifted, but without an immediate increase in training for Chileans.

Since Chile is far ahead of other Latin American countries in most aspects of providing family planning services with excellent facilities and exemplary coordination and integration of governmental and private association activities, DA has made preliminary arrangements for training Chileans as well as professionals and paraprofessionals from other Latin American countries in Chile. This training will be offered at the Centro Docente de Planificación Integral (Departamento de Obstetricia, Facultad de Medicina, Sede Oriente, Universidad de Chile, Hospital Salvador, Maternidad). In addition, APROFA will offer a series of in-country training programs for auxiliary nurses and nurse-midwives. Preliminary negotiations for these programs, which will be implemented under DA's contract AID/pha-C-1149, the successor project to AID/la-707, have been started.

DOMINICAN REPUBLIC

Grantees from the D.R. were trained throughout the life of this contract. Eighty-three, mostly paraprofessionals (nurses,auxiliary nurses, social workers),

received their training in the USA and Puerto Rico, while 280 participated in DA-sponsored courses in-country.

From the very beginning, DA worked with and through CONAPOFA (Consejo Nacional de Población y Familia) and the Asociación Dominicana Pro-Bienestar de la Familia (ADPBF) through which most of the grantees were recruited and selected. Since the majority of the grantees trained abroad received training at UCLA's Harbor General Hospital and the Margaret Sanger Center, DA sponsored various selection-technical assistance trips to the DR of these two institutions' nurse-trainers.

During the fourth and fifth contract year DA sponsored a series of training courses through ADPBF for the training of 265 Volunteers and Volunteer Leaders to work in the Association's Escuela Radiofónica de Educación Familiar (EREP) program. This program is regarded such a successful model that a group of Latin American family planning communicators, partially sponsored by DA, was taken to CIACOP (Costa Rica) to study it for evaluation and adaptation in their countries.

COSTA RICA

Training of Costa Rica grantees was heavier during this project's first year when a high ratio of the trainees in the UCLA Harbor General Hospital Women's Health Care Specialist training program came from Costa Rica. Altogether, [illegible] Costa Ricans received training (54 in the USA and Puerto Rico; 29 in Latin America).

In contrast to several other Latin American countries where various organizations and agencies having a role in family planning compete for DA training grants, all Costa Rican agencies working in the population/family planning field cooperate and coordinate their activities and plans through CONAPO (Consejo Nacional de Población), which comprises such diverse entities as the Ministries of Health and Education, the Catholic Center for Family Integration, the University, the Social Security Institute, the Center for Family Orientation, and the Costa Rican Demographic Association (including CIACOP - Centro Interamericano de Adiestramiento en Comunicaciones para Población). Consequently, DA coordinated all training grants with and channeled them through CONAPO. Nevertheless DA did contact and confer with individual CONAPO member agencies and organizations.

As a direct result of having trained CCSS (Social Security) nurses as Women's Health Care Specialists at UCLA's Harbor General Hospital, CCSS was able to replicate the Harbor program at the Hospital de Mexico in San José, where Costa Rican nurses are now being trained in 12-week courses as Women's Health Care Specialists.

HAITI

Except for two nurse-midwives in the first program year, and one family planning agency administrator in the third program year, no grantees were sponsored before the fourth program year. Then, as a result of DA's visit to [illegible] and negotiations with the Department of Family Hygiene of the Ministry of [illegible] a series of 10-week training programs for Haitian nurses was designed and [illegible] at the Metropolitan Hospital Center, New York. Candidates were interviewed [illegible] selected with the assistance of the Director of the Metropolitan Hospital Center Family Planning Training program.

During Program Year IV, DA contracted with the Department of Family Hygiene for a 12-day training program for 300 empirical midwives and a 12-week program to train Sanitary agents in family planning concepts and practices.

In the course of this contract, 20 Haitian grantees were trained in the USA, and 405 received training in Haiti.

JAMAICA

Of the 113 Jamaicans trained through this project, only 14 were enrolled in programs in the USA. These 14 were family planning administrators, nurses and one was a physician. The other 99, general practitioners from throughout the Island participated in three weekend seminars to familiarize them with the latest contraceptive developments and to prepare them for the impending commercial contraceptive distribution program through the AID-Westinghouse contract.

All trainees were recruited through the National Family Planning Board (NFPB) whose director (since mid-1976), had himself been trained through a DA grant. Even though DA dealt exclusively through the NFPB, contacts were also maintained with the MCH/FP/Nutrition Section of the Ministry of Health, the Family Planning /Epidemiology Section of the Department of Social and Preventive Medicine, University of the West Indies, the School of Nursing of the University Hospital, UWI, and the Jamaica Family Planning Association. During the last months of this contract, arrangements were made with the NFPB for further in-country training under DA's subsequent contract.

PANAMA

During the first three years of this project, relatively few Panamanians were trained. Then, as a consequence of a new AID Population Officer in Panama, and increased DA field visits, Panamanian nurses were included in the UCLA Harbor General Hospital program; administrators were enrolled in some courses, and DA sponsored three in-country training programs. As a result, a total of 151 Panamanians received training (39 in the USA and Puerto Rico, 112 in-country).

Candidates were recruited and programs arranged through the Panamanian Ministry of Public Health, the Sistema Integrado de Colón, and the Asociación Panameña para el Planeamiento de la Familia (APLAFA, the IPPF Affiliate). The Sistema Integrado conducted a series of four DA-sponsored 4-week courses for rural health auxiliaries, and APLAFA provided two three-day seminars for radio, TV, and newspaper journalists on family planning/population subjects.

PARAGUAY

In no other country in Latin America is there such a multitude of agencies, organizations and institutions working in some aspect of family/planning/population without coordination and cooperation. Consequently, the 161 Paraguayans trained through this contract (114 in the USA and Puerto Rico, 47 in-country or in third Latin American Countries) were recruited through and selected from a variety of sources.

Although DEPROFA (Departamento de Protección Familiar) existed within the Ministry of Health and Social Welfare at the time of DA's first visit to

Paraguay under this contract, it did not avail itself of DA training opportunities during the first two years. Most grantees were recruited, instead, through the Sección de Enfermería y Obstetricia in the Ministry of Health and Social Welfare. Through this source nurses and nurse-midwives not only from programs under MOH jurisdiction (including the Maternal Health Section and the Auxiliary Nurses Training School CENFAE) were referred to DA, but also from the Caja de Seguro Social, the Red Cross, Police and Military Hospitals, as well as from various health centers in rural and urban areas.

In addition, DA kept contact and recruited through such entities as CEPEP (the Paraguayan IPPF Affiliate), the Misión de Amistad (a Protestant Mission with the oldest and most active family planning program in the country), the Mennonite Medical Program, the Nursing School at the Instituto Andrés Barbero, and the Instituto Para el Estudio de la Reproducción Humana (IERH).

It was only during Progam Year III that DEPROFA, having developed its own family planning program by then, began availing itself of the DA-offered training opportunities. At the same time, the Director of DEPROFA insisted that only he had the right to nominate training candidates from within the MOH, regardless of section or program.

The majority of grantees who received training in the USA were nurse-midwives and nurses. However, other grantees included social workers, health educators, physicians and administrators.

During the fall of 1976, DA sponsored the first in-country training course through CEPEP for 20 physicians and paraprofessionals.

NICARAGUA

Throughout the life of this contract, DA steadily trained a modest number of Nicaraguans family planning workers in the US. and Puerto Rico. Most of the grantees participated in various nurse-midwives' training programs, including the UCLA Harbor General Hospital Women's Health Care Specialist course. Then, during the second half of Program Year IV, DA contracted with ADN (Asociación Demográfica Nicaraguense, the IPPF Affiliate) for a series of in-country training courses and seminars for teachers, journalists, university instructors and physicians. Additionally, a group of 20 school teachers was enrolled in a DA-sponsored special course for training teachers in sex education techniques, theory and practice at the Universidad del Valle, Guatemala. As a result of the DA-sponsored in-country and Guatemala-based training of teachers in sex education, the Minister of Education decided to include sex education in the primary and secondary school curricula, a program for which DA will sponsor the training of teacher trainers in 1977.

Other entities through which DA recruited are the Division de Planificación Familiar in the Ministry of Health and the Instituto Nicaraguense de Seguro Social.

All in all, DA sponsored the training of 301 Nicaraguans. Fifty of these received training in the USA and Puerto Rico, and 251 in Nicaragua and other Latin American countries.

Another contact in Nicaragua is INCAE (Instituto Centro-Americano de Administración de Empresas). DA sponsored various training programs for administrators conducted by INCAE in countries such as Guatemala and El Salvador.

URUGUAY

Of the 26 grantees trained in the United States and Puerto Rico, most were nurse-midwives recruited through the Asociación Uruguaya de Planificación Familiar e Investigaciones Sobre Reproducción Humana (AUPFIRH, the IPPF Affiliate). Four of the 26 were instructors of CIEF (Centro de Investigaciones y Estudios Familiares) and were enrolled in a six-week course at the Instituto de Relaciones Humanas en Puerto Rico.

Training Uruguayans abroad was suspended after the second project year when DA stopped training personnel from the "Southern Cone" countries of Uruguay, Argentine and Chile. However, DA did sponsor two low cost in-country training programs through AUPFIRH: One one-week course for 58 physicians' assistants, and later a series of two-day seminars for non-medical personnel in AUPFIRH's family planning program.

Under another contract with CIEF, several hundred married coupled were trained as Family Life Educators in courses of 8 to 20 hours' duration.

All in all, 1480 grantees received training under DA sponsorship within Uruguay. During the project's last year and a half, all training in and for Uruguay was suspended.

HONDURAS

Although there was some programming for Honduran grantees prior to that time, it was not until John Peabody took over as Population Officer in mid-1975, that DA began to train Hondurans, especially nurses, on a regular basis. These women have largely come from the Ministry of Health and the Honduran Family Planning Association, the local IPPF affiliate. Some the MOH grantees received their preparation at the Harbor General Hospital Women's Health Care Specialist Program in Los Angeles. They have now returned home as nurse-trainers and several were instructors in the MOH's first in-country training course in October, 1976.

PERU

Near the end of the project's life, the Peruvian Government made a dramatic departure from its previously hostile attitude toward family planning by endorsing an official population policy that included the right of couples to plan and space their children. This (apparently) brought to an end a period of several years during which any mention of family planning was suspect and services were only provided on an extremely limited, and always unofficial, basis.

During this long hiatus DA was able to continue to provide family planning training for Peruvian nurses and nurse-midwives outside the country, and even sponsored a series of in-country courses through the Center for Family Promotion and Training (CCPF). That DA was virtually the only foreign agency able to provide family planning training before the GOP changed its policy was in some part due to the low-key and unobstrusive manner in which the work was accomplished.

Now that the GOP is ready to begin providing family planning services and permitting private agencies to operate once again, there are a number of DA-trained medical and pramedical personnel ready to staff the services. The Institute for Maternal and Infant Protection (INPROMI) is preparing to offer in-country courses for nurses using nurse-trainers prepared during the past year at Harbor General Hospital.

GUATEMALA

Development Associates' programming in Guatemala, since its beginning in 1975, has been a matter of close coordination with both the Mission and APROFAM, the IPPF affiliate. At the Mission's request, APROFAM has served as a screening agency for nearly all candidates destined for US and third country courses. Generally, the system has worked very well.

Guatemalan grantees have included not only nurses, social workers and doctors from APROFAM itself, but also doctors and nurses from the Ministry of Health's Family Planning Program, demographers from the National Department of Statistics, and sub-cabinet level functionaries.

In 1973 and 1974 APROFAM gave a DA-sponsored series of six regional seminars for journalists which was successful in providing information about family planning and population problems for large numbers of journalists and community leaders all over the country.

During the project's last year the Universidad del Valle in Guatemala City designed and gave a four week DA course for functionaries of the Nicaraguan school system.

VENEZUELA

In the early days of the project DA provided training for a handful of nurses who worked for the Maternidad Concepción Palacios in Caracas and for some from the Venezuelan Association for Family Protection (AVPF), which is the IPPF affiliate. Additionally, a group of faculty from the Caracas-based Graduate School of Business Administration (IESA) attended a family planning case study seminar at the University of North Carolina in Chapel Hill, and several women leaders attended the DA-sponsored Family Life/Family Planning Education courses offered by ACEP in Bogotá. Two graduate students also received scholarships from DA.

Since 1974 DA has been prohibited from training Venezuelans since the country now has the economic resources to meet its own population training needs. DA has, however, sponsored some third country training in Venezuela in the form of two family planning management seminars given by IESA.

ECUADOR

During the project's first year DA trained a number of Ecuadorean obstetrices who were nominated by the Federation of Midwives and by the Guayaquil-based IPPF affiliate, APROFE. It was the view of the AID population officer, however, that such training could be handled by the in-country facility being developed locally through the GOE's national family planning program.

Consequently, DA all but ceased training activities in Ecuador until late 1975 when DA was recognized as a valuable resource for population training of all kinds as the local AID program was being phased out.

In 1976 the Margaret Sanger Center trained a DA-sponsored group from the Quito Municipal Health Department and the Ministry of Agriculture's rural health service. DA also financed a well-received one week in-country seminar given in August by a consultant-trainer of the Sanger Center.

COLOMBIA

Development Associates' efforts in Colombia population training began in the summer of 1972 when a member of the project staff visited Bogotá in response to a request from the Colombian Association for the Study of Population (ACEP) to finance the cost of third country participants in ACEP's International Course for Women Leaders in Family Planning and Family Life Education. Late that same year DA also agreed to sponsor third country participants in courses given by Profamilia for nurses and social workers.

By the end of the project's first year of operation, DA's work with Colombia had demonstrated the firm's ability to respond to local training needs, particularly in-country training, with such a degree of speed and flexibility that the USAID Mission requested that DA assume a larger role in local training efforts. To make this possible, Special Projects Director William Bair arranged for some of the Mission's training funds to be transferred to DA's regional contract, but earnmarked for use in Colombia. This process was continued in succeeding years with the result that by 1974 DA's in-country training budget for Colombia reached a level of over $150,000, by far the largest amount spent in any one country under DA's contract.

Because of the large annual expenditure of funds, DA was able to sponsor a wide variety of courses through several key Colombian institutions and government agencies. Although support of ACEP's activities was initially only international training, the emphasis soon shifted to providing family life/family planning education courses for union leaders, armed forces, instructors, agrarian reform personnel, teacher trainers, hospital volunteers, doctors, nurses, and rural community leaders.

In May of 1975 the Executive Director of ACEP, Mrs. Isabel de Gómez, left the agency and took over as head of a smaller, but similar organization called the Foundation for Family Orientation (FUNOF). DA has supported a number of FUNOF training programs including courses for women union leaders, armed forces instructors, and FUNOP Instructors.

During 1975 and 1976 DA contracted with the Regional Population Corporation (CCRP) in Bogotá to train television programmers and to develop curriculum modules for INRAVISION, the educational television corporation. CCRP has also conducted a series of training courses for the Pedagogic University faculty in the area of sex education and family planning.

Through Javeriana University DA has provided several graduate scholarships in population studies, and in 1975 funded a Javeriana seminar on population and labor which was attended by government and university people from various parts of the country.

BOLIVIA

During the years 1974, 1975 and even early 1976 DA was very active in Bolivia in providing training for nurses, nurse-midwives, auxiliary nurses, social workers and doctors in various courses in the US and Puerto Rico. Recruiting was usually coordinated through the local IPPF-affiliate, PROFAM, which began offering clinic-based services in 1974. Some in-country training was arranged under the auspices of the National Center for the Family (CENAFA) which included short courses for rural teachers in the mining areas.

DA took pride in the fact that in spite of a 1975 scathing broadside by the church against family planning, particularly programs supported from outside the country, no critical mention was ever made of DA's continuing and substantial work in the country. However, with the increase of church hostility toward family planning in 1976, and the consequent stagnation of both government and private family planning programs, DA has all but eliminated further training for Bolivians. If the situation changes for the better during the new contract, training activities may be resumed.

EL SALVADOR

DA has not trained large numbers of participants from El Salvador but has maintained frequent contact with three key agencies all of whom have had some personnel in DA courses. Some of the first nurses trained in the Women's Health Care Specialist program at Harbor were from El Salvador. It was hoped that they would return home to become instructors in in-country courses patterned after the Harbor model, but because of some objections from the medical profession and other internal politics, these planned courses at the Ministry of Health and the Social Security Institute did not materialize.

In addition to training personnel - doctors and nurses - from these two agencies, DA has sponsored several nurses and social workers from the Salvadorean Demographic Association (ADS), which is the IPPF affiliate.

In 1975 and 1976, DA sponsored a series of evaluation and planning seminars for members of the Government's Technical Committee on Population through contract with INCAE.

MEXICO

During the first year of the project DA was denied permission to visit Mexico because the US Embassy felt the time was not yet right for DA to offer training in family planning to local agencies, even though the Mexican Government had already established a new national policy supporting family planning services. The Embassy's policy eventually changed, however, and regular contacts with government and private agencies in the country have been maintained ever since. In spite of these regular contacts, though, training for Mexicans has, at best, been sporadic. A handful of nurses from FEPAC (IPPF affiliate) participated in DA family planning courses; a group of program administrators received a specially designed program at the Margaret Sanger Center, and several individuals were given observation/training.

In 1975 DA financed a series of in-country courses for social workers through the Association for Maternal Health (APSM). These turned out to be so successful that a second series was given in 1976.

VIII. COOPERATION WITH AID

DA has been fortunate in having enjoyed excellent cooperation and support from the PHA/POP/LA staff, particularly the two Project Monitors Mr. John Peabody and Mr. Larry Eicher and from PHA Contracting Officers Ms. Johni Pittenger and Mr. Gerald Gold. Because the scope and approach of the project changed significantly in the course of its lifetime, there were many instances when DA proposed methods of operation were at variance with traditional AID approaches to meeting training needs. In every case DA received sympathetic and supportive responses to project management problems.

Initially, the AID population officers in the field were in many cases indifferent to the project, in part because of the field's historic suspicion of "Washington" programs and in greater part because they only vaguely understood how DA operated and how it might be useful to them. As their experience with DA grew, the population officers began to realize that the speed, flexibility, and broad-range programming ability of the contract was a useful, even vital, way to meet their population training needs. In fact, several Missions specifically mentioned Development Associates in their program planning documents as a key element in their training activities.

IX. PROBLEMS ENCOUTERED

Considering the scope and magnitude of this project, the large number of grantees trained under it, and experimental and innovative elements of the work performed, there have been amazingly few problems associated with the contract's activities. Those that have occurred fall into either the category of overall administration and management or difficulties arising from grantees' conduct and welfare.

Management: The only problem of a serious nature which occurred during the life of the contract were the two delays in signing the contract's extension in the spring of 1975 and again in the closing days of that same year. These delays were caused by bureaucratic elements largely outside the control of either the Project Monitor or the Contracting Officer. And, in fact, had it not for the considerable good will on the part of these people, the extension process would have gone even more slowly.

In the case of the spring contract extension delay, DA literally ran out of contract funds and was forced to briefly suspend per diem payments to several groups in training. The second delay in December 1975 had the effect of causing the 1976 course schedule to "slip" by one month since no firm commitments for training programs could be made by DA until the contract extension was signed.

Another administrative problem which DA increasingly encountered as more and more training was shifted from the U.S. and Puerto Rico to Latin America was the inadequacy of AID/IT-authorized in-country and third country participant per diem rates. Time after time, project staff discovered that these rates, because they were so seldom used, had not been adjusted recently enough to reflect the rapid rates of inflation in many Latin American countries.

Since review and adjustment of overseas participant rates is the responsibility of each AID Mission, in May 1976 the DA Project Director sent a memorandum to all countries where DA is working in population training asking that the rates be adjusted to meet the current cost of living. This was followed by a circular airgram from AID/W making the request official. The response was substantial, and the great majority of countries approved adequate increases.

A problem which occasionally presents itself, and for which there is no complete or final solution, is that of grantees receiving their invitation, ticket and visa documents too late to make it possible for them to arrive at the training program on time. Sometimes the problem was due to the fact that DA received the application of the candidate so late that the invitation could not be sent out with the normal amount of lead time. Often, however, the delay has been in the mail itself due to the slow and sometimes erratic mail systems of the countries involved. To get around this difficulty, invitations are often sent by unclassified pouch,

Grantee Problems:

Although a number of grantees in the U.S. and Puerto Rico have had to be hospitalized for brief periods of time, only two were gravely ill during their training. Both persons, fortunately, recovered without permanent complications. Several women have arrived at the training program pregnant but only one returned home early upon the advice of a trainig staff doctor. Even in her case she was able to complete her clinic practice work early and passed all her exams before leaving.

Homesickness is almost always present among the grantees in various degrees. However, DA has had only a few cases in which it caused severe enough depression for the training staff to provide professional counseling in addition to their own. In all such instances the homesickness was reduced to a manageable level and did not interfere with the grantees' ability to benefit from the training.

The only serious problems involving grantee conduct have been three instances of shoplifting charges. In one case the grantee inadvertently took merchandise from one department to another one without paying and the charges were dismissed. In two other occasions, they admitted to their acts but were not sentenced to jail.

X. RECOMMENDATIONS

There are few recommendations to be made at this point, because recommendations made through the life of the project had been implemented as we went along. The Responsible Technical Officers in PHA/POP/LA, as well as the Contracting Officers, throughout showed a commendable flexibility and cooperated fully with the DA project staff in making the implementation of recommendations possible.

Nevertheless, the following recommedations are made for implementation in the successor contract AID-pha-C-1149:

- US and Puerto Rico - based training, although greatly diminished, should not be entirely phased out. We recommend to continue the training of trainers in the USA until such time that high quality training capability exists in this area in Latin America and the Caribbean.--DA likewise should continue to arrange a limited number of special programs in the USA and Puerto Rico for grantees nominated by the various USAID Missions.

- It is recommended that in the few remaining cases of candidates for training in the USA and Puerto Rico, the Responsible Technical Officer no longer request cabled clearances from the respective USAID Missions. All such nominees have either come to DA via the Missions or their appointments are being sent via the Missions, thus leaving them in full control of appointments. Cable clearance is, therefore, redundant and tends to prolong the appointment process which might result in late trainee arrival.

- In view of the complex funding process with its innumerable bureaucratic obstacles, it is recommended that all documentation needed for the funding of the July 1, 1978 - June 30, 1979 contract period be completed by March 1, 1979.

- It is recommended that funding of Contract AID-pha-C-1149 be increased substantially as soon as the currently still existing obstacles to training in Brazil and of Brazilians are eliminated. The training needs in Brazil are so massive that only a minuscule fraction can be met through existing contract funding.

- In view continuing high inflation rates in almost all target countries, it is recommended that per diem rates for participants in in-country and third country training programs be reviewed and, if necessary, be readjusted at least twice a year and be published in the AID Handbook 10 -Participant Training, Appendix E, "Maintenance Allowances for Third Country Training."

APPENDICES

I. STATISTICAL SUMMARIES OF TRAINEES' COUNTRIES OF ORIGIN BY PROGRAM YEAR

II. SUMMARY TRAINING TABLES

III. INFOFAMILIA HEMISFERICA--SAMPLE ISSUE

IV. SAMPLE COURSE OUTLINES AND CURRICULA -- U.S. INSTITUTIONS

1. Harbor General Hospital--WHCS Trainers, January-April, 1976
2. Margaret Sanger Center--Nurse Practitioners, August-November, 1976
3. D.A. Denver--Nurse Midwives, March-April, 1976
4. D.A. Denver--Social Workers, April-May, 1976
5. D.A. Denver--Administrators, July-August, 1976
6. Metropolitan Hospital Center--Haitian Nurses, March-May, 1976

V. SAMPLE COURSE OUTLINES AND CURRICULA -- NON-U.S. INSTITUTIONS

1. ACEP, Colombia--Trade Union Leaders, February, 1976
2. CCFP, Peru--Nurses, Social Workers, Teachers, August, 1976
3. Sistema Integrado de Salud, Colón, Panamá--Rural Health Assistants, May-June, 1976
4. ADBF, Dominican Republic--Community Volunteers, October, 1976
5. Asociación Pro-Salud Maternal, Mexico--Social Workers, Spring, 1976
6. Universidad del Valle, Guatemala--Nicaraguan Teachers, July, 1976

VI. SAMPLE APPLICATION FORMS

1. General
2. Nurses, Midwives, Nurses' Aides
3. Social Workers

VII. APPOINTMENT PACKAGE

VIII. STANDARD COURSE EVALUATION QUESTIONNAIRE

IX. O.I.T. EVALUATION REPORT

X. 1975 MAIL EVALUATION RESULTS

XI. 1976 MAIL EVALUATION RESULTS

I. STATISTICAL SUMMARIES OF TRAINEES' COUNTRIES OF ORIGIN BY PROGRAM YEAR

PY I
May 1, 1972-June 30, 1973

STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES
		the USA	PUERTO RICO	LATIN AMERICA	
Antigua	2	2			
Argentina	15	9	6		
Barbados					
Bolivia	7	2	1	4	
Brazil					
British Hond.					
Chile	23	16	2	5	
Colombia	55	19		35	1
Costa Rica	13	4	6	3	
Dominican Rep.	9	3	1	5	
Ecuador	17	10	5	2	
El Salvador	5	2	1	2	
Guatemala	20	3	7	9	1
Grenada	1	1			
Haiti	2	2			
Honduras	8	2	3	3	
Jamaica	1	1			
Mexico					
Nicaragua	5	2	2	1	
Panamá	4	1	1	2	
Paraguay	18	7	4	6	1
Perú	25	8	4	13	
Trinidad and Tobago	2	2			
Uruguay	14	7	3	4	
Venezuela	15	2	1	12	
St. Lucia	2	2			
St. Vincent	1	1			
TOTAL	264	108	47	106	3

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PY II
July 1, 1973 - June 30, 1974

STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES PROGRAMMED IN		
		the USA	Puerto Rico	Latin America & Other Non US	the USA	Puerto Rico	Latin America & Other Non US
Antigua							
Argentina	16	15		1			
Barbados							
Bolivia	34	17	1	12		4	
Brazil	8	3		5			
Chile	28	20		5	1	2	
Colombia	175	15		158	2		
Costa Rica	51	29	1	20			1
Dominican Republic	12	5		6	1		
Ecuador	20	4		13			3
El Salvador	17	10		7			
Grenada	1	1					
Guatemala	208	9		196		3	
Haiti							
Honduras	35	6	12	16			1
Jamaica	1	1					
Mexico	22	12		10			
Nevis	1	1					
Nicaragua	22	15	1	3		3	
Panama	9			7	1	1	
Paraguay	51	32		14	1	4	
Peru	19	14		5			
St. John's	1	1					
St. Kitts	1	1					
St. Lucia	2	2					
St. Vincent	1	1					
Trinidad & Tobago	1	1					
Uruguay	20	11	4	5			
Venezuela	19	7		10	1	1	
TOTAL	775	233	19	493	7	18	5

P·Y III

July 1, 1974 - June 30, 1975

STATISTICAL SUMMARY BY TRAINEES' COUNTRY OF ORIGIN

Country	Totals	Short-Term Trainees Programmed in			Long-Term Trainees Programmed in		
		the U.S.A.	Puerto Rico	Latin America & other Non-US	the U.S.A.	Puerto Rico	Latin American & other Non-US
Antigua	1	1					
Argentina	1				1		
Bolivia	67	51	6	8		2	
Brazil	7			6	1		
Chile	10	5		4	1		
Colombia	278	4		272	2		
Costa Rica	15	10		4			1
Dominica Rep.	30	24		4	1	1	
Ecuador	5			3			2
El Salvador	3			3			
Guatemala	19	10		9			
Haiti	1	1					
Honduras	9	6		2	1		
Jamaica	103	4		99			
México	11	5		3	2	1	
Nicaragua	12	6	3			3	
Panamá	9	6		2	1		
Paraguay	47	30	15	2			
Perú	40	28	1	10	1		
Trinidad	1	1					
Uruguay	572	1		571			
Venezuela	4			2	2		
TOTAL	1245	193	25	1004	13	7	3

PY IV
July 1, 1975 - June 30, 1976

STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES PROGRAMMED IN		
		the USA	Puerto Rico	Latin America & Other Non US	the USA	Puerto Rico	Latin America & Other Non US
Antigua							
Argentina							
Barbados							
Bolivia	204	29	4	168		3	
Brazil	1	1					
Chile	2			2			
Colombia	1,326	18		1,301			7
Costa Rica	3	2		1			
Dominican Republic	27	27					
Ecuador	17	10	2	5			
El Salvador	57	3		54			
Grenada	2	2					
Guatemala	19	14		5			
Haiti	15	15					
Honduras	28	25		3			
Jamaica	1	1					
Mexico	147	3	1	143			
Nevis							
Nicaragua	104	12	4	88			
Panama	102	23	2	77			
Paraguay	22	12	7	3			
Peru	94	12		82			
St. John's							
St. Kitts							
St. Lucia	1	1					
St. Vincent							
Trinidad & Tobago	4	4					
Uruguay	874			874			
Venezuela	1			1			
Montserrat	1	1					
Dominica	1	1					
TOTAL	3,054	217	20	2,807	0	3	7

PY V

JULY 30 - NOVEMBER 30, 1976 *

STATISTICAL SUMMARY BY TRAINEES' COUNTRIES OF ORIGIN

COUNTRY	TOTALS	SHORT TERM TRAINEES PROGRAMMED IN			LONG TERM TRAINEES PROGRAMMED IN		
		the USA	Puerto Rico	Latin America & Other Non US	the USA	Puerto Rico	Latin America & Other Non US
Antigua							
Argentina							
Barbados							
Bolivia	334	1	1	332			
Brazil							
Chile	5	3		2			
Colombia	598	16		582			
Costa Rica	2	2					
Dominican Republic	270	5		265			
Ecuador	3		1	2			
El Salvador	36	15		21			
Grenada							
Guatemala	8	6		2			
Haiti	407	2		405			
Honduras	15	15					
Jamaica	9	9					
Mexico	1	1					
Nevis							
Nicaragua	158	2		156			
Panama	34	10		24			
Paraguay	23	1		22			
Peru	529	6		523			
St. John's							
St. Kitts							
St. Lucia							
St. Vincent							
Trinidad & Tobago							
Uruguay							
Venezuela							
TOTAL	2,432	94	2	2,336			

* Including numbers of trainees not reported in previous Statistical Summary because of late reporting by some Latin American training agencies.

II. SUMMARY TRAINING TABLES

APPENDIX II

TRAINING INSTITUTION	# OF GRANTEES AND CATEGORY	LENGTH OF TRAINING	MAN WEEKS	SPECIALLY DESIGNED FOR DAI TRAINEES
Rocky Mountain Planned Parenthood, Denver, Colo.	6 Nurse-Midwives	5 Weeks	30	x
Planned parenthood of Houston, Texas	5 " "	3 "	15	x
Harbor General Hospital Torrance, Calif.	4 " "	5 "	20	x
Planned Parenthood of Columbus, Ohio	6 " "	5 "	30	x
A.R. Sirey Associates, New York, N.Y.	6 " "	5 "	30	x
Howard University School of Medicine, Wash. D.C.	2 " "	5 "	10	x
Asociación Colombiana Para El Estudio Científico de la Población (ACEP)	24 Líderes Femeninas	2 "	48	x
Intitute of Human Relations, San Juan, P.R.	2 F.P. Trainers	6 "	12	
Instituto Superior de Conducción Educativa, Buenos Aires, Argentina	4 Family Educators	2 "	8	
U.S. Bureau of the Consus Workshop I, Wash. D.C.	6 FP Administrators	1 "	6	
Institute of Human Relats. & School of Publ. Health San Juan, P.R.	13 Social Workers	4 "	52	x
Downstate Medical Center Brooklyn, N.Y.	6 Nurse-Midwives	12 "	72	
Metropolitan Hospital Center, N.Y., N.Y.	6 " "	6 "	36	x
Planned Parenthood of Houston, Texas	8 " "	4 "	32	x
Planned Parenthood Center Ft. Worth, Texas	6 " "	6 "	36	x
Planned Parenthood of Columbus, Ohio	8 " "	4 "	32	x
Harbor General Hospital Torrance, Calif.	9 " "	6 "	54	x
U.S. Bureau of the Census, Workshop II	7 F.P. Functionaries	4 "	28	
Institute of Human Rel. & School of Obstetric Nursing, P.R., & A.R. Sirey, N.Y., N.Y.	14 N-Mdw. Trainers	10 "	132*	x
" "	16 Nurse-Midwives	8 "	124**	x
INCAE, Managua Nicar. & U. of North Carolina	6 IESA (Caracas) Faculty	2 w. (for 2) 1 w. (for 4)	8	x
ACEP, Bogotá	24 Líderes Femeninas	2 weeks	48	x
ACEP, Bogotá	22 Líderes Sindicales	1 day	4	x
PROFAMILIA, Bogotá	26 Chief Nurses & Soc.W.	9 days	33	x
Family Health Fndtn., N. Orleans & U. of N. Carolina	13 Faculty Javeriana Univ., Bogotá	5 weeks	63***	x
TOTAL	249 Trainees in 25 groups		1190 MAN-WEEKS	

* 1 only 8 weeks; 1 only 4 weeks
** 2 only 6 weeks
*** 1 only 3 weeks

PY II - July 1, 1973 through June 30, 1974

SUMMARY OF TRAINING BY COURSE, PROFESSION OF PARTICIPANTS AND COURSE CONTENT

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
NURSE/MIDWIVES	FP, techniques, theory & practice	Harbor General Hospital Torrance, CA	08-06/09-14	X	10	6 * "	72
"	"	PP of Houston Houston, TX	08-06/08-31	X	7	4 "	32
"	"	PP of Columbus Columbus, OH	09-10/10-05	X	6	4 "	27
"	"	University of Texas Medical School Houston, TX	09-10/10-19	X	6	6 "	40
"		PROFAMILIA Bogotá, Colombia	09-16/09-29		23	2 "	46
"	FP Training Program	Downstate Medical Center New York, NY	09-24/12-14		1	12 "	12.5
"	"	PP of Houston Houston, TX	10-08/11-02	X	8	4 "	36
"	"	Harbor General Hospital Torrance, CA	10-15/11-23	X	8	6 "	52
"	"	PP of Columbus Columbus, OH	11-05/11-30	X	6	4 "	27
"	"	DAI Denver, CO	11-05/11-30	X	10	4 "	44
"		Metropolitan Hospital New York, NY	11-05/12-15	X	9	6 "	59

* 2 stayed 4 additional weeks

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SUMMARY OF TRAINING, PY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
NURSE/MIDWIVES		University of Texas Medical School Houston, TX	01-14/02-22	X	6	6 weeks	40
"	"	DAI Denver, CO	01-15/02-16	X	8	4 "	36
"	FP Specialists	Harbor General Hospital Torrance, CA	02-25/05-17	X	6	12 "	72
"	FP Training Program	University of Texas Medical School Houston, TX	03-04/04-12	X	6	6 "	40
"	"	Downstate Medical Center New York, NY	03-18/06-06		1	12 "	13
"	XV International FP Course	PROFAMILIA Bogotá, Colombia	03-04/03-15	X	15	2 "	30
"	FP Training Program	DAI Denver, CO	04-01/04-26	X	9	4 "	41
"	"	Metropolitan Hospital New York, NY	04-29/06-07	X	7	6 "	46
"	"	University of Texas Medical School Houston, TX	04-29/06-07	X	6	6 "	40
"	"	DAI Denver, CO	06-03/06-28	X	10	4 "	44

SUMMARY OF TRAINING, PY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
NURSE/MIDWIVES	FP Specialists	Harbor General Hospital Torrance, CA	05-20/08-09	X	6	12 weeks	72
"	FP Training Program	University of Texas Medical School Houston, TX	06-17/07-26	X	6	6 "	40
"	"Critical Team"	Margaret Sanger Center New York, NY	06-24/07-17	X	2	4 "	8
SUB-TOTALS FOR NURSE/MIDWIVES					182		961.5
PHYSICIANS	Observation/Training	Margaret Sanger Center, NYC Yale University, N.H., CT	07-14/09-22	X	1	9 "	9
"	"	Margaret Sanger Center, NYC Yale University, N.H., CT FP Clinic, LA	07-14/09-22	X	1	9 "	9
"	V Course, Reproduction, Physiology	University Cayetano Heredia Lima, Perú	08-05/08-17		5	2 "	10
"	Observation/Training	Downstate Medical Center-NYC Family Health Center-New Or. LA	09-15/09-29	X	1	2 "	2
"	Seminar in recent program in FP in Mexico	IMSS/Unidad de Congresos del Centro Médico Nacional México, D.F., México	10-15/10-20		5	1 "	5
"	Observation/Training Annual Conference	IFPRA & Pacific Coast Fertility Society, Palm Springs, CA	10-20/11-08		4	3 "	12

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
PHYSICIANS	International Congress of Laparoscopists, New Orleans, LA	American Association of Gynecological Laparoscopists	11-17/11-20		6	1 week	6
"	Special Program	University of Puerto Rico San Juan, PR	01-02/02-28	X	1	8 "	8
"	General techniques in FP & Laparoscopy, Sterilization & Vasec.	University of Texas Medical School Houston, TX	01-21/03-01	X	1	6 "	6
"	Psycho-Pedagogy in Population	Universidad Iberoamericana México, D.F., México	02-06/03-31		1	9 "	9
"	Techniques & management of programs in female sterilization	PROFAMILIA Bogotá, Colombia	03-04/03-15	X	1	2	2
"	Gynecologycal Patholo.	Metropolitan Hospital New York, NY	04-01/04-28	X	1	4 "	4
"	Training of trainers	University of Connecticut Hartford, CT	04-15/05-31		2	7 weeks	14
"	VI Course on Reproductive Physiology and Comprehensive Maternal Child Health	Universidad Cayetano Heredia Lima, Perú	04-15/04-26		6	2 "	12
"	Observation/Training/ Teaching program in ob-gyn/FP	Downstate Medical Center	06-01/06-29	X	2	4 "	8
"	"Critical Team"	Margaret Sanger Center New York, NY	06-24/07-19	X	2	4 "	8
SUB-TOTALS FOR PHYSICIANS					40		124

SUMMARY OF TRAINING, FY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL./ ORIENTATION
ADMINISTRATORS	Conference Observation/Training	International Union for the Scientific Study of Popul. Liege, Belgium	08-27/09-01		1	1 week	1
"	Observation/Training	IPPF Costa Rica/Colombia	09-08/09-29	X	1	3 weeks	3
"	Seminar, Workshop	Governmental Affairs Institute Washington, D.C.	10-08/11-16		7	6 "	42
"	Managerial Perspectives in FP	INCAE Managua, Nicaragua	02-06/02-09		9	4 days	5
"	Management Workshops in FP	IESA Caracas, Venezuela	02-10/02-13	X	24	4 "	14
"	XXIV Annual Latin American Conference	University of Florida Gainesville, FL	02-17/02-20		17	4 "	10
"	Observation/Training	FP Orientation International, DC IPPF, New York, NY	02-27/03-08	X	1	10 "	1.5
"	Seminar on FP Management	INCAE offered in San José, Costa Rica	06-02/06-07		11	1 week	11
SUB-TOTALS FOR ADMINISTRATORS					71		87.5

SUMMARY OF TRAINING, PY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
JOURNALISTS	Journalist Workshop in FP	APROFAM I Guatemala, Guatemala	08-17/08-18	X	26	2 days	7.5
"	"	" II	11-09/11-10	X	30	2 "	8.5
"	"	" III	01-24/01-27	X	46	4 "	26
"	"	" IV	03-28/03-30	X	20	3 "	8.5
"	"	" V	05-23/05-26	X	55	4 "	31.5
SUB-TOTALS FOR JOURNALISTS					177		82
SOCIAL WORKERS	Observation/Training	Various FP agencies in Central and South America	08-12/08-29	X	1	3 weeks	3
"	Family Planning	A.R. Sirey Associates New York, NY	09-10/10-06	X	26	4 "	115
"	"	PP Center of Houston Houston, TX	03-04/04-12	X	8	6 "	52
"	XV International Course of FP for Nurses, Supervisors & Social Workers of Latin America	PROFAMILIA Bogotá, Colombia	03-04/03-15	X	18	2 "	36
SUB-TOTALS FOR SOCIAL WORKERS					53		206

SUMMARY OF TRAINING, PY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
DEMOGRAPHERS	Conference	PP Training Center Chicago, IL	08-27/09-09		1	2 weeks	2
"	Observation/Training (Demographic Statistics)	Corporación Centro Regional de Bogotá Bogotá, Colombia	03-31/04-07	X	1	1 week	1
"	Workshop	U.S. Bureau of the Census Washington, D.C.	05-30/06-15		1	2 weeks	2.5
SUB-TOTALS FOR DEMOGRAPHERS					3		5.5
SEX EDUCATORS	Group dynamics in FP	Instituto de Relaciones Humanas San Juan, PR	11-05/11-30	X	12	4 weeks	48
"	Group dynamics	"	02-24/04-05		4	6 "	26*
"	"	"	06-13/08-02		1	6 "	6
SUB-TOTALS FOR SEX EDUCATORS					17		78
LABOR LEADERS	Population Ed./FP	ACEP Bogotá, Colombia	10-01/10-05	X	39	1 week	39
"	"	ACEP Bogotá, Colombia	03-04/03-15	X	31	2 weeks	62
SUB-TOTALS FOR LABOR LEADERS					70		101

* 2 stayed 1 extra week each

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SUMMARY OF TRAINING, PY II
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
WOMEN LEADERS	V International Course for Women Leaders	ACEP Bogotá, Colombia	10-15/10-27	X	24	2 weeks	48
"	VI "	ACEP	05-06/05-17	X	21	2 "	42
SUB-TOTALS FOR WOMEN LEADERS					45		90
COMMUNICATORS	Latin American Training in Communication	CESPO, Universidad de C.R. San José, Costa Rica	10-01/11-23		4	10 weeks	40
"	Total Language	Instituto Superior de Conducción Educativa	01-20/02-10		2	3 "	6
SUB-TOTALS FOR COMMUNICATORS					6		46
RURAL EXTENSION PERSONNEL	Family Ed./FP	INCORA I ACEP, Bogotá, Colombia	08-20/08-31	X	22	2 weeks	44
"	"	INCORA II ACEP, Bogotá, Colombia	09-17/09-29	X	20	2 "	40
SUB-TOTALS FOR RURAL EXTENSION PERSONNEL					42		84

SUMMARY OF TRAINING, FY 11
AID 1a-707-DAI

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTI-CIPANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL/ ORIENTATION
PROFESSORS IN FP COUNSELING	Group Dynamics/Training Trainers	University of Puerto Rico San Juan, Puerto Rico	03-31/04-29		1	4 weeks	4
SUB-TOTALS FOR PROFESSORS IN FP COUNSELING					1		4
PROFESSORS/TRAIN-ERS IN FP MANAGEMENT	Nurse/Midwife Program Observation/Training	NYC/KY/MS/LA/TX	07-30/08-15	X	6	2 weeks	12
SUB-TOTALS FOR PROFESSORS/TRAINERS IN FP MANAGEMENT					6		12
ARMED FORCES	Education in Population	ACEP, Bogotá, Colombia	06-11/06-12		32	2 days	13
SUB-TOTALS FOR ARMED FORCES					32		13
GRAND TOTALS					745		1904.5

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PY III - July 1, 1974 through June 30, 1975

SUMMARY OF TRAINING BY COURSE, PARTICIPANTS' PROFESSION, AND COURSE CONTENT

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
NURSE MIDWIVES	F.P. Techniques Theory & Practice	U. of Texas Med. School, Houston	08-5/09-13	X	6	6 Wks.	40
"	"	DAI Denver, Co.	08-12/09-6	X	10	4 "	44
"	"	Harbor Ge. Hosp. Torrance, Calif.	09-23/12-20	X	6	13 "	78
"	"	UTMS, Houston	09-23/11-1	X	6	6 "	40
"	"	DAI Denver, Co.	09-23/10-18	X	9	4 "	39
"	"	DAI Denver, Co.	11-4/11-29	X	10	4 "	44
"	"	Harbor Gen. H.	01-3/03-28	X	11	12 "	132
"	"	UTMS, Houston	01-20/02-28	X	6	6 "	40
"	"	DAI Denver	01-20/02-28	X	9	6 "	58
"	"	UTMS, Houston	03-10/04-18	X	8	6 "	52
"	Model Clinic Team	Marg. Sanger Center, N.Y.	03-10/04-6		1	4 "	4
"	F.P. Techniques Theory & Practice	DAI, Denver	03-17/04-25	X	10	6 "	64.5
"	"	Harbor Gen. H.	04-7/06-24	X	12	12* "	145.5
"	"	UTMS, Houston	04-28/06-6	X	6	6 "	40
"	Training - Trainers	U. of P.R. SPH	03-3/05-30	X	1	13 "	13

* One stayed an additional 9 days

SUMMARY OF TRAINING, PY III
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
NURSE/ MIDWIVES	Last week of Houston WHCS course	Harbor Gen. Hos. Los Angeles, CA	06-23/06-27	X	1	1 week	1
SUB-TOTALS FOR NURSE-MIDWIVES					112		835
PHYSICIANS	Observation-Training	Downstate Med. Center, N.Y.	08-1/08-31	X	1	4.5 "	4.5
"	"	"	09-16/10-11	X	1	3.5 "	3.5
"	"	"	09-16/12-6	X	1	12 "	12
"	Programa Mat.-Infantil	Asoc. Chilena de Protección Familiar, Chile	10-23/11-2	X	1	1.5 "	1.5
"	Observation-Training	U of Miami, Florida	09-2/09-8	X	1	1 "	1
"	Fertility Management	PP of Houston & PP of Greater Washington	11-2/11-23	X	1	3 "	3
"	Obser-Trng.	"	10-1/10-18	X	1	2.5"	2.5
"	Sp. program, Family Plng	U of Puerto Rico, SPH	11-4/11-30	X	5	4	20

SUMMARY OF TRAINING, PY III

AID la-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
PHYSICIANS	Mgmt. Workshop	Marg. Sanger Center, N.Y.	11-18/12-13		8	4 weeks	32
"	Reproductive Physiology	U. Cayetano Heredia, Lima	01-20/01-31		2	2 "	4
"	Observ-Trng.	PP of Houston	01-20/01-31	X	1	2 "	2
"	DEPROFA Physicians	Marg. Sanger Center, N.Y. & U of P.R., SPH	02-10/03-21	X	6	6 "	40
"	Sp. Program Family Plng.	U. of P.R.,,SPH	03-3/03-28	X	4	4 "	17
"	Trng Trainers	"	03-3/03-21	X	1	3 "	3
"	Model Clinic Team	Marg. Sanger Center, N.Y.	03-10/04-6		4	4 "	16
"	Communications	PP of Chicago	03-17/03-28	X	1	2 "	2
"	F.P. for Gen. Practitioners	F.P. Board of Jamaica	04-19/04-20	X	33	2 days	9.5
"	Observ-Trng.	Various agencies Central America, U. of P.R.	05-6/05-21	X	1	2 weeks	2
"	F.P. for Gen. Practitioners	F.P. Board of Jamaica	05-18	X	29	1 day	4

SUMMARY OF TRAINING, PY III
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
PHYSICIANS	F.P. for Gen. Practitioners	F.P. Board of Jamaica	06-15	X	37	1 day	5
"	Last week of Harbor WHCS Course	Harbor Gen. Hos. Hos Angeles	06-23/06-27	X	7	1	7
SUB-TOTALS FOR PHYSICIANS					146		191.5
ADMINIS-TRATORS & MANAGERS	F.P. Admin-istration	PP of Chicago	7-15/8-30	X	1	6 weeks	6
"	"	" "	7-15/7-30	X	1	2.5 "	2.5
"	Observ-Trng	PP of Houston & PP of Greater Washington	7-14/8-3	X	1	3 "	3
"	Paraguayan MCH Admin-istrators	Harbor Gen. Hos. Torrance, CA	8-26/9/20	X	6	4 "	27
"	Seminar-Workshop	GAI, Washington	9-30/11-8		1	6 "	6

SUMMARY OF TRAINING, PY III
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
ADMINIS-TRATORS & MANAGERS	Clinic Mgmt. Seminar	INCAE (offered in Guatemala)	01-10/01-11		9	2 days	2.5
"	F.P. Adminis-tration	PP of Chicago	02-3/02-14	X	1	2 weeks	2
"	Workshop: Mgmt of F.P. Programs	Center for Pop. Studies, Wash.	03-31/05-9		2	6 "	13
"	F.P. Admin-istration	Marg. Sanger Center, N.Y.	04-21/05-16		1	4 "	4
"	F.P. Admin-istration	U. of Puerto Rico	04-28/05-21		2	4 "	8
SUB-TOTALS FOR ADMINISTRATORS & MANAGERS					25		74
SOCIAL WORKERS	F.P. for Social Workers	P.P. of Houston	11-4/12-13	X	8	6 "	52
"	"	DAI, Denver, Co.	06-16/07-25	X	11	6 "	72
SUB-TOTALS FOR SOCIAL WORKERS					19		124
NURSES AIDES/ AUX. NURSES	Family Planning	Metropolitan Hosp Center, N.Y.	09-9/11-29	X	10	12 "	130

SUMMARY OF TRAINING, PY III
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
NURSES AIDES	Family Planning	Metropolitan Hos Center, N.Y.	03-12/06-6	X	12	12 weeks*	151
SUB-TOTALS FOR NURSES AIDES/AUXILIARES					22		281
FAMILY LIFE EDUCATORS	Married Couples Educators	CENAPLANF, Montevideo, Uruguay	04-5	X	32	1 day	6
"	"	"	04-14/04-18	X	40	1 week	40
"	"	"	04-27	X	20	1 day	3
"	"	"	05-5/05-9	X	47	1 week	47
"	"	"	04-4/04-25	X	34	8 hours	7
"	"	"	05-2/05-30	X	35	10 "	8
"	"	"	05-3/05-31	X	40	10 "	10
"	"	"	06-7/0[illegible]-28	X	25	8 "	5
"	Communications in Fam. Life Education	ACEP, Bogotá, Colombia	01-23/01-26	X	25	4 days	20
"	Fam. Life Education for Social Workers		05-12/05-23	X	28	2 weeks	56

*) / Extended 4 weeks

SUMMARY OF TRAINING, PY III
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Family Life Educators	Fam. Life Education for Labor Union Leaders	ACEP, Bogotá, Colombia	06-2/06-6	X	33	1 week	33
SUB-TOTALS FOR FAMILY LIFE EDUCATORS					359		235
F.P. Agency Support Personnel	Physician's Assistants	AUPFIRH, Montevideo, Uruguay	08-19/08-23	X	58	1 week	58
Non-Medical Personnel	"Personal No-Medico"	" "	06-23/06-24	X	240	2 days*	56
Hospital Volunteers	F.P. Education for Hosp. Volunteers	ACEP, Bogotá, Colombia	09-30/10-4	X	29	1 week	29
Armed Forces Personnel	F.P. Education for Armed Forces	" "	10-21/10-25	X	81	1 week	81
Women Leaders	Social Promoters	" "	11-04/11-16	X	36	2 weeks	72
School Teachers	F.P. Education for Bogotá Teachers	" "	02-10/02-14	X	81	1 week	81

*) 40 participants 2 days; 200 participants 1 day

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SUMMARY OF TRAINING, PY III

AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Health Education	F.P. for Health Educators	IHR&SPH, Puerto Rico	2-16/3-28	X	7	6 weeks	45.5
Communi-cators	Communication in F.P.	CIACOP, San José Costa Rica	04-28/07-04	X	7	10 weeks**	75
SUB-TOTALS, MISCELLANEOUS					539		497.5
GRAND TOTALS					1,222		2,238

**) 5 Brazilians were trained 1 extra week each

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED POR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Nurse/Mid wives	F.P. Techniques Theory and Practice	U. Texas Med. Sch. Houston	07/14-08/22	X	6	6 weeks	40
"	"	DAI, Denver, Colorado	08/18-9/26	X	7	6 weeks	48
"	"	U. Texas Med. Sch. Houston	09/01-10/10	X	5	6 weeks	34
"	"	Metro Hosp. Center New York	09/08-10/31	X	6	8 weeks	53
"	"	Marg. Sanger Cent. New York	09/15-11/21	X	6	10 weeks	65
Aux. Nurses	"	Harbor Gen. Hosp. Torrance, cal.	07/21-12/19	X	11	22 weeks	242
	"	Metro. Hosp. Cent.	09/29-12/19	X	10	12 weeks	128

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED POR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
TV Programmers	Family Life Ed.	CCRP Bogotá, Colombia	08/04-08/15	X	28	2 weeks	56
F.P. Administrators	F.P. Management	INCAE San Salvador	08/20-08/23		34	4 days	27
Journalists	F.P. Seminar	APLAFA Chiriqui/Panamá	09/05-09/06	X	25	2 days	10
Social Work.	Family Planning for Social Workers and Interviewers	Asoc. Pro Salud Maternal Mexico City	09/01-09/12	X	15	2 weeks	30
Physician	Sem. on High Risk Preg./ Ob. of F.P. Prog.	Mexico, San José Bogotá	09/01-09/30	X	1	4.5 weeks	4.5

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Labor Lead.	Family Life Education	ACEP Bogotá, Colombia	07/28-08/01	X	28	1 week	28
Graduate Students/ Administrators	Seminario sobre Población, Tec. y Empleo	U. Javeriana Bogotá, Colombia	07/13-07/26	X	27	2 weeks	54
Family Life Educators	Married couples Educators	CENAPLANF Montevideo, Uruguay	07/05-07/26	X	34	8 hours	7
			07/21-08/14	X	24	8 hours	5
			07/29-08/07	X	42	8 hours	8
			08/02-08/03	X	40	8 hours	8
			08/07-08/28	X	39	8 hours	8
			08/02-08/30	X	33	20 hours	16.5

NOTE: An additional 7 courses were scheduled for September, but we have not as yet received reports indicating the exact number of participants. These figures will be included in the next Quarterly Report.

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED FOR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Physician	Observation of F.P. Programs	Denver, Chicago, N.Y. Washington, San Juan	08/10-09/06	X	1	3.5 weeks	3.5
Physician	F.P./MCH	U. Puerto Rico San Juan.	07/25-12/15	X	2	20	40
			08/09-12/15	X	1	18	18
Nurse	F.P. Admin. &	U. Puerto Rico San Juan.	08/06-09/30	X	1	8	8

SUMMARY OF TRAINING, OCTOBER 1 - DECEMBER 31, 1975
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Nurses and Midwives	F.P. Techniques, Theory and Practice	D.A., Denver, Colorado	10/06 - 11/14	x	10	6 weeks	65
"	"	UTMS, Houston, Texas	11/03 - 12/12	x	6	6 weeks	40
Social Workers	F.P. Training for Social Workers and Interviewers	Asociación Pro-Salud Maternal, Mexico City	10/06 - 10/17	x	15	2 weeks	30
"	"	"	10/27 - 11/07	x	15	2 weeks	30
"	"	"	11/17 - 11/28	x	15	2 weeks	30
"	"	"	12/08 - 12/19	x	20	2 weeks	40
Administrators/ Supervisors	F.P. Administration Training for Government Functionaries	INCAE, San Salvador, El Salvador	11/21 - 11/24		17	3.5 days	8.5
"	Administration Trng for F.P. Administrators	DA Denver, Colorado	11/24 - 12/13	x	10	4 weeks	45
"	Observation - Trng. Paraguayan F.P. Administrators	1) U of Puerto Rico School of Public Health 2) Margaret Sanger Center, N.Y.	12/01 - 12/19	x	2	3 weeks	6
"	Observation Program for Supervisors of Course Participants	Harbor General Hospital, UCLA, Torrance, Calif.	12/15 - 12/19	x	3	1 week	3

SUMMARY OF TRAINING, OCTOBER 1 - DECEMBER 31, 1975
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Administrators/ Supervisors (Panama)	Human Relations for F.P. Administartors	Institute of Human Relations San Juan, Puerto Rico	10/27 - 12/06		1	6 weeks	6.5
" (Nicaragua)	Observation of Trng. Program	Hospital Mexico, San José, Costa Rica	10/29 - 11/03	x	3	1 week	3
" (El Salvador)	Observation Training	Profamilia, Bogotá, Colombia	10/06 - 10/10		2	1 week	2
Auxiliary Nurses	Family Planning Training	Sistema Integrado de Salud Colón, Panamá	11/10 - 12/08	x	12	4 weeks	48
"	"	"	12/10 - 01/08	x	13	4 weeks	52
Communications	Follow-up Workshop in F.P. Communication	CIACOP, Dominican Republic	12/01 - 12/06		10	1 week	10
Bolivian Jesuit Priests	F.P. Observation - Training	CONAPO, San José, Costa Rica and México	12/06 - 12/23	x	2	2.5 weeks	5
Physician	F.P. Special Trng. (Mexican)	School of Public Health, U. of Puerto Rico, San Juan	11/24 - 12/12	x	1	3 weeks	3
Educators	Married Couples Educators	CENAPLANF, Montevideo, Uruguay, series of 13 courses	09/06 - 10/19	x	592	2: 1 day 11: 2 days	227
Non-medical F.P. Personnel	Training for non-medical personnel	AUPFIRH, Paysandu, Uruguay	08/28 - 08/29	x	20 [1]	2 days	8
"	"	" Mercedes, Uruguay	09/		50 [1]	2 days	20

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SUMMARY OF TRAINING, OCTOBER 1 - DECEMBER 31, 1975
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Hospital Volunteers	F.P. Training for Hospital Volunteers	ACEP, Bogotá	09/15 - 09/26[1]	x	29	40 hours	29
Labor Leaders	F.P. Training for Labor Leader Educators	ACEP, Bogotá	09/18 - 09/12[1]	x	36	1 week	36
"	"	ACEP, Bogotá	11/03 - 11/07	x	35	1 week	35
Armed Forces Leaders	F.P. Education	ACEP, Bogotá	10/27 - 10/31	x	33	1 week	33
Demography Researchers	Masters in Population Studies	U. Javeriana, Bogotá	09/01 75 - 06/01 76[1]		7	39 weeks	273
Communications Workers	F.P. Education	FUNOF, Santa Marta, Colombia	09/15 - 09/19[1]	x	37	1 week	37
"	"	" , Riohacha, Colombia	09/17 - 09/21[1]	x	33	1 week	33
"	"	" , Valledupar, Colombia	09/19 - 09/23[1]	x	43	1 week	43
"	"	" , Barranquilla, Col.	09/22 - 09/26[1]	x	36	1 week	36
TV Programers	Follow-up Seminar for TV programers	CCRP, Bogotá, Colombia	11/27 - 11/28	x	22	2 days	9
Labor Leaders	F.P. Training for Labor Leaders	ACEP, Barranquilla, Col.	12/01 - 12/05[1]	X	35	1 week	35

[1]Not included in previous quarterly report because statistics were received late.

SUMMARY OF TRAINING, January 1 - March 31, 1976
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED POR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Nurse/ Midwives	Women's Health Care Specialist	Harbor General Hosp.-Los Angeles	Jan. 26 - Ap. 30	x	12	14 weeks	168
"	F.P. Techniques Theory & Prac.	DA Denver, Col.	March 8-Ap16	x	10	6 " "	65
"(Haiti)	" "	Metropolitan Hosp Center, New York	Mar 15-May 21	x	6	10 " "	63
Social Workers	F.P. For Social Workers	DA Denver, Col.	Jan 26-Feb 27	x	9	5.5 weeks	49.5
Physicians	Program Planning	Margaret Sanger Center, New York	Jan 26-Feb 21	x	5	3 " " *	15
Supervisors Dom. Rep.	Critical Team	" "	March 1-26	x	10	4 " "	40
Demographer Economist (Brazil)	Research for Ph. D.	University of Florida, Gainesville	Feb 1-Mar 31		1	8.5 weeks	8.5
Physicians	Special Program	UPR, School Pub. Health, San Juan	Mar 22-May 31	x	4	10 weeks	42
Sex Educators	Aspectos de Pob. y Sexualidad Hum	FUNOF, Bogotá, Colombia	January 26-31	x	25	1 " "	25

* This course terminated after three weeks, because two grantees had to return to Colombia prematurely and one was hospitalized.

SUMMARY OF TRAINING January 1 - March 31, 1976
AID 1a-707-DAI

PARTICIPANTS PROFESSION	COURSE TITLE	TRAINING INSTITUTION/ SITE	COURSE DATES	COURSE DESIGNED POR DAI	NO. OF PARTICI-PANTS	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Armed Forces Insturctors	Educación para la Vida Familiar y Plan. Fam.	FUNOF, Bogotá, Colombia	March 22-26	x	90	1 week	90
Women Labor Leaders CTC	" "	" "	February 9-14	x	28	1 week	28
" "	" "	" "	May 15-19	x	25	" "	25
Armed Forces Instructors	" "	" "	May 15-19	x	90	" "	90

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SUMMARY OF TRAINING, January - March 1976, courses for which statistics were unavailable last reporting period.
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Educ. Officers of Centrales Obrajes, CTC	Family Life Educ.	FUNOF, Bogotá, Colombia	March 15-19	x	46	1 week	46
"	"		Feb. 9-14	x	28	"	28
Armed Forces Trainers	F.P. for Armed Forces Trainers	FUNOF Bogotá, Colombia	March 15-19	x	90	1 week	90
"	"	"	March 22-26	x	90	1 week	90
Rural Leaders of FANAL	F.P. for Rural Leaders	ACEP, Bogotá, Colombia	Feb.9-13	x	31	1 week	31
"	"	ACEP, Popayán, Colombia	Mar 29-April 2	x	30	1 week	30
Union Leaders	F.P. for Union Leaders of UTC	ACEP, Bogotá, Colombia	Feb. 22-28	x	38	1 week	38

SUMMARY OF TRAINING, March 31 - June 30, 1976
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Supervisors	Critical Team-MOH Bogotá	Margaret Sanger Center, New York, N.Y.	April 12-30	x	10	3 weeks	30
Administrators	Mgmt. Problems of F.P. Programs	Centre for Population Activities, Washington, D.C.	April 5-May 14		4	6 weeks	24
Physician	Benjamín Aramayo-Surgical&clinical techniques	U. of Puerto Rico, San Juan	April 15-30	x	1	4 weeks	4
Social Worker	Javier Zeballos Sex Education	U. of Puerto, San Juan & Asoc. Pro-Salud Maternal, Mexico	April 5-May 7	x	1	5 weeks	5
Administrator	Roberto Kriskovich Observation	PP of WDC, Margaret Sanger of NY & U.P.R.	April 1-9	x	1	1.5 weeks	1.5
Social Workers	F.P. for Social Workers	Development Associates, Denver, Colorado	April 26 - May 28	x	9	5 weeks	49.5
Demographers	Bio-metric aspects of Human Fertility	CELADE, San José, Costa Rica	April 26 - May 20		2	4 weeks	8
Physician	Observation - Dr. Gaston Maure	PP of WDC, PROFAMILIA, Bogotá, Colombia	April 1-9	x	1	1.5 weeks	1.5
Administrators	Observation of F.P. Programs	U.P.R., San Juan, PROFAMILIA, Bogotá and Asoc. Demografica of Costa Rica	April 26 - May 5	x	3	2 weeks	6
Supervisors	Harbor Observation	Harbor Hospital/Torrance, CA PP of WDC	April 26 - May 5	x	10[1]	1.5 weeks	12.5

[1] Only five participated from May 3 - 5.

SUMMARY OF TRAINING, March 31 - June 30, 1976
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Administrator	Alba Cabrera	PP of Chicago & U of Conn.	May 3 - 28	x	1	4 weeks	4
Supervisor	F.P. Program Mgt & Development, Efigenia Gutierrez	Margaret Sanger Ctr, N.Y.	April 5-30	x	1	4 weeks	4
Physicians	F.P. Methods and Administration	U.P.R. & Asoc. Dem. of Costa Rica	May 3-June 3	x	4[1]	4.5 weeks	17.5
Physician	Mini-laparascopy Dr. Antonio Mendoza	PROFAMILIA, Bogotá, Col.	April 26 - May 1	x	1	1 week	1
Supervisors	Programmers' Course	Margaret Sanger, New York	May 10-28	x	6	3 weeks	18
Nurse-midwifes	F.P. Specialists	Harbor Hosp, Torrance, Ca	May 11-Aug.13	x	12	14 weeks	168
Nurse Aides	F.P. for Nurse Aides	Metropolitan Hosp, NYC	May 17-Aug 6	x	10	12 weeks	125
Teachers	4 Sex Ed Seminars for Rural Teachers	CENAFA, La Paz, Bolivia	May 1-June 30	x	149	1 week each	149
Health Assts.	2 courses-F.P. for Rural Health Assts.	Sistema Integrado de Salud, Panamá	April 1-May 28	x	25	4 weeks each	200
Physician	Obs/Training, Comm. Contraceptive Distribution, Dr. F. Soto	PROFAMILIA, Bogotá, Colombia	May 10-14	x	1	1 week	1
Physician	F.P. Education- Dr. Pacífico Muñoz	U.P.R.	May 3-28	x	1	4 weeks	4

[1] Dr. Evreinoff did not go to Costa Rica.

SUMMARY OF TRAINING, March 31 - June 30, 1976
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Social Workers	6 Seminars for S.W.	Asoc. Pro-Salud Maternal Mexico City	May 3 - June 12	x	60	1 week each	60
Physician	Observation-Dr. Warren Wilson	PP of WDC & Columbia Hosp. Johns Hopkins Hosp, Balt.	May 4 - 7	x	1	1 week	1
Administrator	Habitat Conference	Vancouver, Canada	May 26-June 13		1	11 days	2.2
Nurse Midwives	F.P. for NMW	Development Assoc, Denver	June 7-July 14	x	11	6 weeks	66
Physicians	Fertility Mgmt.	Metropolitan Hosp. NYC	June 7-25	x	1	3 weeks	3
Physician	Dr. Vicente Rivera F.P. Techniques	U.P.R.	June 14-July 8	x	1	4 weeks	4
"	Dra. Antonieta Limaico, F.P. Tech.	U.P.R.	June 14-July 9	x	1	4 weeks	4
Social Worker	Dr. Rafael Benalcazar	U.P.R.	June 14-July 24	x	1	6 weeks	6
Administrators	F.P. Communications	CIACOP, San José, C.R.	June 2-30	x	15	4.2 weeks	63
Administrators	Applied Management Workshop, ICOMP/CLADEA	IESA, Bogotá, Colombia	May 23-26	x	17	4 days	13.6
Administrators (Trinidadians)	Administration of F.P. Programs	Margaret Sanger Center, New York City	June 14-July 9	x	4	4 weeks	16
Administrators	Seminar-Community Contraception Distribution	PROFAMILIA, Bogotá, Col	June 21-24	x	2	4 days	1.6

SUMMARY OF TRAINING, March 31 - June 30, 1976
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Statisticians	Sampling Program	U Michigan, Ann Arbor Bureau of the Census, WDC	June 28/Aug. 25		1	8.5 weeks	8.5
Journalists, MOH personnel, Educators	3 Seminars in F.P. Educ & Comm.	Nicaraguan Demographic Assoc., Managua	May 25-June 30	x	85	6.2 days	105
Physician	Vasectomy Techniques Dr. G. Escobedo	PP of Houston, Texas	June 14-25	x	1	2 weeks	2
Nurses, Mid-wives & Social Workers	1 course for nurses, midwives & social workers	CCPF, Lima, Perú	June 8 - Sept. 30	x	80	1 week	80
Educ. Officers of Centrales Obrajes, CTC	Family Life Educ.	FUNOF, Bogotá, Colombia	May 10-14	x	25	1 week	25
"	"	FUNOF, Manizales	April 5-9	x	25	1 week	25
CAPRECOM emples	"	FUNOF, Bogotá	April 5-9	x	56	1 week	56
"	"	"	May 10-21	x	60	1 week (Pt time)	60
Armed Forces Trainers	F.P. for Armed Forces Trainers	FUNOF, Bogotá	April 26-30	x	95	1 week	95

SUMMARY OF TRAINING, OCTOBER 1 -- NOVEMBER 30, 1976 AND UNREPORTED COURSES IN PY IV
AID 1a-707 -- DEVELOPMENT ASSOCIATES, INC.

PARTICIPANTS' PROFESSION	COURSE TITLE	TRAINING INSTITUTION/SITE	COURSE DATES	COURSE DESIGNED FOR D.A.	NO. OF TRAINEES	LENGTH OF COURSE	TOTAL MAN-WEEKS INCL. ORIENTATION
Teachers	Motivation Course	CCRP, Bogotá, Colombia	5/3 - 5/7	X	18	12 hours	5.4
"	" "	" " "	5/10- 5/14	X	19	12 hours	5.7
"	" "	" " "	5/17- 5/21	X	19	12 hours	5.7
"	" "	" " "	5/25- 5/28	X	19	12 hours	5.7
Teachers	Information Course	CCRP, Bogotá, Colombia	6/7 - 6/18	X	25	20 hours	12.5
"	" "	" " "	6/28- 7/9	X	25	20 hours	12.5
Teachers	Training Course	CCRP, Bogotá, Colombia	6/1 -11/30	X	15	100 hours	37.5
Administrators	F.P. Communication	San José, Costa Rica	9/29-10/27	X	2	21 days	8.4
Volunteers	Esc. Radiofónica de Educación Familiar	Santo Domingo, Dominican Rep	11/28-11/30	X	15	25 days	7.5
Employees-Min. of Agriculture	F.P. for MOA Critical Team	Margaret Sanger Center, N.Y.	10/4 -10/29	X	9	3 weeks	27
Nurse-Midwives	F.P. for NMW	DA- Denver	10/11-11/19	X	8	6.5 weeks	52
S.W./Sex Educators/Nurses	Sex Education	CCPF, Lima, Peru	11/2 -11/12	X	74	30 hours	55.5
" " "	" "	" " "	11/15-11/19	X	211	1 week	211
Empiric Midwives	Workshop for Empiric Midwives	Dept. of Public Health Port-au-Prince, Haiti	8/2 -10/22	X	81	12 days	194.4

III. INFOFAMILIA HEMISFERICA--SAMPLE ISSUE

APPENDIX III

INFOFAMILIA HEMISFERICA

VOLUME III, No. 3 WASHINGTON, D.C. October 1975

LA CONFERENCIA DEL AÑO INTERNACIONAL DE LA MUJER EN LA CIUDAD DE MEXICO

(Traducción)

Fundamentalmente, la conferencia Mundial del Año Internacional de la Mujer (CMAIM) abordó el tema de mejorar el nivel de vida de todos los pueblos. El logro más significativo de la Conferencia en Tlatelolco fue que todas las naciones se subscribieron a un Plan de Acción Mundial para elevar el status de toda la humanidad. Los puntos sobre los cuales todas las naciones concordaron en principio, incluyeron: la igualdad de derechos, oportunidades y responsabilidades, la integración plena con el hombre en la vida política y social y un papel político mucho más amplio para la mujer en el desarrollo de relaciones amistosas entre los países.

Aunque los discursos pronunciados por las jefes de las delegaciones a la Conferencia deploraron casi sin variación las injusticias tradicionalmente impuestas sobre la mujer y las desigualdades todavía existentes, las oradoras se mostraron altamente optimistas del derrotero presente y la esperanza para el futuro. Por ejemplo, la Sra. Helvi Sipilä, quien ocupa el puesto de más prestigio entre las mujeres de la ONU, y es Secretaria-General de la CMAIM, manifestó que hasta ahora los líderes mundiales se han preocupado de los asuntos económicos, tales como el producto nacional bruto. "Ha llegado la hora", dijo ella, "de comenzar a medir el desarrollo en términos humanos, y también de mejorar el status de la mujer. Hemos permitido que se paralice la mitad de la población mundial en el proceso del desarrollo", notó ella. Otras oradoras, reiterando este tema, fueron: la Princesa Ashraf Pahlavi de Irán; la Sra. Sirimayo Bandaranaike, primera ministra de Sri Lanka; la Sra. Francoise Giroud, Ministra de Asuntos de la Mujer en Francia; la Sra. Icham El-Sadat del Egipto; la Sra. Imelda Marcos de las Filipinas; Valentina Tereshkova, la astronauta Soviética, y muchas otras.

Fue frustrante, aunque no muy sorprendente, encontrar que la disención política marcó las primeras etapas de la Conferencia. Por ejemplo, la Unión Soviética objetó a que el gobierno revolucionario de Vietnam no fuera participante en la discusión preliminar que se llevó a cabo a principios del año.

Población

Las objeciones obstinadas de un grupo de países se opusieron a la aprobación del Proyecto de Resolución del Plan Mundial de Acción en el Comité Número Uno. Sus objeciones se concentraron en las secciones del Plan referentes a la Población. La Argentina manifestó que estas secciones en el Proyecto de Resolución del Plan estaban "fuera del espíritu

THE INTERNATIONAL WOMEN'S YEAR CONFERENCE AT MEXICO CITY

By E. Medina-Spyropoulos, Ph.D.

The International Women's Year (IWY) Conference fundamentally addressed the question of improving the quality of life for all mankind. The most important achievement of the Conference at Tlatelolco was that all nations agreed to a World Plan of Action to enhance the status of all humankind. The points agreed to in principle by all nations included: equal rights, opportunities and responsibilities, full integration with men in political and social life and a much greater political role for women in developing friendly relations between countries.

Although the speeches delivered by heads of delegations to the Conference almost uniformly deplored the past subjugation of women and the inequities that still exist, they were overwhelmingly optimistic about present trends and hope for the future. For instance, Ms. Helvi Sipilä, the UN's top ranking woman official and Secretary-General of the IWY Conference stated that world leaders heretofore have been preoccupied with economic issues, such as gross national products. "The time has now come", she said, "to begin to measure development in human terms as well, and improving the status of women. We have let half of the people in the world be paralyzed in the development process", she remarked. Other speakers, echoing her theme included: Princess Ashraf Pahlevi, of Irán; Ms. Sirimayo Bandaranaike, the Prime Minister of Sri Lanka; Ms. Francoise Giroud, France's Minister for Women; Jihan El-Sadat, of Egypt; Ms. Imelda Marcos, of the Philippines; Valentina Tereshkova, the Soviet Cosmonaut; and many others.

It was disappointing, although perhaps not surprising, to find that political dissention marred the very early stages of the conference. For example, the USSR objected that the Provisional Revolutionary Government of Vietnam had not been a participant in the preliminary discussion held earlier this year.

Population

Stubborn opposition by a handful of countries prevented agreement on a World Plan of Action in Committee One. Their reservations centered on sections of the Plan dealing with Population. Argentina claimed that population sections in the draft Plan were "not in the spirit of Bucharest", meaning the World Population Plan of Action adopted there last year. There was, however, more to it

Año Internacional de la Mujer

International Women's Year

1975

de Bucarest", aludiendo al Plan de Acción Mundial de Población que se adoptó en Bucarest el año pasado. Sin embargo, había más de eso en el fondo ya que una discusión detallada del Proyecto de Resolución del Plan duró toda una semana mientras que un grupo pequeño de países introdujo gran cantidad de pequeñas enmiendas que se discutían detallamente y luego se retiraban. En verdad, se introdujeron más de 850 enmiendas.

Planificación Familiar

Cuba, Bulgaria, Argentina, Algeria, Uruguay, y Colombia se opusieron a las menciones a la planificación familiar que se hicieran en el Proyecto de Resolución del Plan. Una de las delegadas de Colombia, donde los programas de planificación familiar han tenido mucho éxito y donde se consideran programas modelo, declaró que la falta de planificación familiar no ha causado sufrimiento ni dolor a las colombianas y que por lo tanto la mujer colombiana no la pide. Mientras tanto, la Sra. N. Micro de la República del Congo manifestó que cada país tiene el derecho de determinar su propia política de población. También observó que los países desarrollados han introducido métodos de planificación familiar que no han logrado buenos resultados en los países en desarrollo. Del grupo que apoyan el Proyecto de Resolución del Plan, la juez Anna Jiagge (Ghana) insistió en que los países que patrocinan programas de planificación familiar no buscan la esterilización en masa ni recomiendan elementos de compulsión, y añadió que solamente desean que se establezca un espaciamiento apropiado de los nacimientos. Las delegadas de Sierra Leone y Egipto expusieron puntos de vista similares.

than that, because detailed discussion of the Plan continued for one week while a small group of countries introduced a number of minor amendments that were discussed although most of them were later withdrawn. In fact, more than 850 amendments were introduced.

Family Planning

Cuba, Bulgaria, Argentina, Algeria, Uruguay and Colombia opposed the draft's references to family planning. One of the delegates from Colombia, where family planning programs have been very successful and are considered models, said that lack of family planning has not caused women of Colombia suffering or pain, and that they are not calling for it while Ms. N. Micro of the Congo said that each country has the right to determine its own population policy. She also remarked that developed countries have introduced family planning methods which have not been good in developing countries. Among those supporting the draft, Judge Annie Jiagge (Ghana) stressed that the sponsors do not seek mass sterilization, nor do they recommend any element of compulsion. She added they only wish to make possible proper spacing of children. Delegates from Sierra Leone and Egypt expressed similar views.

INFOFAMILIA HEMISFERICA, edición bilingüe en español e inglés publicada trimestralmente por la División de Programas de Población de Development Associates, Inc. (DAI) contiene artículos sobre una variedad de tópicos que tratan de la problemática poblacional, la planificación familiar y campos relacionados. El propósito principal de INFOFAMILIA HEMISFERICA es el de presentar el instrumento por medio del cual los presentes y antiguos participantes de los Programas de Entrenamiento sobre la Planificación Familiar y Población para Latinoamericanos puedan intercambiar ideas e información. La mayoría de las contribuciones para publicación proviene de los becados. INFOFAMILIA HEMISFERICA agradece a ellos y a otros colaboradores sus contribuciones. Los artículos aquí publicados no siempre reflejan la opinión editorial de esta publicación o la de Development Associates, Inc.

INFOFAMILIA HEMISFERICA, a bilingual (English-Spanish) quarterly publication of Development Associates Inc. (DAI) Division of Population Programs contains articles on a wide range of topics dealing with population, family planning and related fields. The primary purpose of INFOFAMILIA HEMISFERICA is to serve as a forum for the exchange of ideas and experiences among present and former participants in Development Associates' Latin American Family Planning Population training program. Contributions to INFOFAMILIA HEMISFERICA come largely from present and former grantees. INFOFAMILIA HEMISFERICA acknowledges with thanks articles received for publication. Signed articles which appear in INFOFAMILIA HEMISFERICA do not necessarily reflect either the editorial opinion of this publication or of Development Associates, Inc.

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Salud Materno-Infantil

El Comité adoptó, por concenso, el Proyecto de Resolución del Plan que reclama los esfuerzos para disminuir la tasa de migración de las zonas rurales a las urbanas, reconociendo que "la tasa alta de abortos ilegales hechos por personas no capacitadas es un problema grave para la salud materno-infantil en algunos países en desarrollo". La resolución también hace la observación que la tasa general de mortalidad materno-infantil es todavía más alta en las zonas rurales de los países en vía de desarrollo que en las zonas urbanas, y reclama esfuerzos renovados para proveer mejor cuidado de salud en las zonas rurales. El Proyecto de Resolución del Plan declara que las pestes y otros problemas que afectan la salud materno-infantil reflejan los factores socio-económicos en los países donde predominan y propone con urgencia que las naciones que son miembros (a) pongan importancia en particular a servicios urbanos, semi-urbanos y rurales especiales para proveer servicios adecuados de salud a la población, (b) pongan atención especial al desarrollo de servicios primarios de salud sostenidos por una red nacional de servicios más complejos y especializados,(c) provean educación en la planificación y entrenamiento cuando sea necesario, (d) busquen la distribución de recursos adicionales para tales programas y políticas, y provean el cuidado materno-infantil y servicios de cuidado a los niños pre-escolares para las mujeres que trabajan. Invita a la secretaria general, junto con las agencias especializadas apropiadas a implementar investigaciones adicionales con el propósito de mejorar la salud materno-infantil, incluyendo la nutrición.

La Tribuna No Gubernamental

Aproximadamente 5,000 participantes de todos los rincones del planeta tomaron parte en la Tribuna que se reunió al mismo tiempo que la Conferencia Mundial del Año Internacional de la Mujer (CMAIM).

La Tribuna fue convocada formalmente por la Sra. María Esther Zuno de Echeverría de México, con la señora Helvi Sipilä, Secretaria general de la CMAIM. Se organizó a través de instituciones no gubernamentales que tienen conección con el Consejo Económico y Social de la ONU para dar oportunidad a debates tanto a los participantes como a las delegadas de la CMAIM.

En esta tribuna hubo informes, disertaciones, exibiciones de material audiovisual y hasta demostraciones que causaron expectación. En los últimos tres días de la tribuna se abordaron varios tópicos, como la religión, la paz y el desarme, y se brindó a los participantes la oportunidad de exponer preguntas para ser discutidas. La mujer y el desarrollo actual, las artesanías del tercer mundo y el feminismo fueron temas que se discutieron diariamente.

Conclusión

No hay necesidad de limitar las actividades para superar la opresión tradicional impuesta sobre la mujer a un lapso de un año y una conferencia, sino que se les debería incorporar a los programas regulares en el sistema de las Naciones Unidas.

Maternal Child Health Care

The Committee adopted by consensus a draft resolution calling for efforts to lower the migration rate from rural to urban areas, recognizing that "the high rate of illegal abortions by non-qualified persons is a serious maternal health problem in several developing countries". The resolution also notes that the general maternal and child death rate is even higher in rural areas of developing countries than in urban areas, and calls for renewed efforts to provide improved health care in rural areas. The draft states that these and other problems affecting maternal and child health reflect socio-economic factors in the countries where they prevail, and urges member states, (a) to attach particular importance to special urban, semi-urban and rural health programs for providing adequate health services to the population, (b) to give special attention to the development of primary health services supported by a national network of more complex specialized services, (c) to provide family education and training where appropriate, (d) to seek the allocation of additional resources for such policies and programs, and to promote maternal and child-care and day-care services for working women. It additionally invites the Secretary-General, in coordination with relevant specialized agencies, to carry out further research aimed at improving of maternal and child health, including nutrition.

The Non-Governmental Tribune

Approximately 5,000 participants from all corners of the world took part in the IWY Tribune, a non-governmental forum, which paralleled the IWY Conference. The Tribune was opened formally by Señora María Esther Zuno de Echeverría, of México and Ms. Helvi Sipilä, Secretary General of IWY. It was organized by non-governmental organizations with links to the UN's Economic and Social council and provided lively debates both for participants and delegates from the UN Conference itself. It consisted of panel discussions, audio-visual material, exhibits and even spectacular demonstrations on the issues under consideration. The last three days of the Tribune provided an opportunity to the participants to bring up questions they wanted to discuss; among these were: religion, peace and disarmament. Third World crafts, women and development, and world feminism sessions were, however, held every day.

Conclusion

Activities to redress the injustice imposed upon women need not be restricted to a span of one year and one conference, but should become part of regular programs in the UN system.

La era de apoyos fingidos y señales de buena fé hacia la mujer ya pasaron a la historia. A la mujer se le debe ahora permitir que desempeñe las más altas funciones según sus habilidades. Esta conferencia donde quedó de manifiesto otorgar igualdad de derechos a la mujer y oportunidades para que se movilize como la otra mitad de los recursos humanos, se considera uno de los cambio más significativos en la historia de este siglo. Debido a las variadas actividades en proyecto y decisiones tomadas durante la Conferencia, la mujer estará capacitada para desempeñar un papel más eficaz y humano en cooperación con hombres y niños, no importa su posición socio-económica.

The time of lip-service and tokenism is defintely past, and women must be allowed to rise to the highest-level positions to which their abilities entitle them. This Conference to accord women equal rights and opportunities and to mobilize them effectively as half of the human rescources for development will be considered one of the most significant changes of our century. Because of the varied activities and the decisions taken during the IWY Conference, women the world over, no matter what their socio-economic class, will be able to exercise their rights and responsibilities more fully as individuals. The Conference will also enable women to play a more meaningful role in the evolution of more humane relationships with men and children.

La Dra. Esperanza Medina-Spyropoulos, Directora de Programas Académicos de Development Associates, Inc., participó en la Conferencia Internacional de la Mujer patrocinada por la ONU en la ciudad de México como delegada de la Sociedad Mundial de Población, de la cual ella es socia del Cuerpo Directivo. La Sociedad Mundial de Población está afiliada a la Universidad Americana de Washington, D.C. y es una organización Internacional sin fines de lucro con el objectivo de asistir en la solución de problemas de población, abordando métodos ampliamente interdisciplinarios.

Dr. Esperanza Medina-Spyropoulos, Director of Academic Programs, Development Associates, Inc., attended the U.N. International Women's Conference in Mexico City as Delegate of the World Population Society (WPS) of which she is a member of the Board of Trustees. The WPS, affiliated with the American University, Washington, D.C., is an international, non-profit organization whose approach to solving population problems is broadly interdisciplinary.

PELICULA DE UNESCO CONSIDERA LA PLANIFICACION FAMILIAR Y LA CALIDAD DE LA VIDA FEMENINA

Si las mujeres tuviesen la oportunidad de escoger el número de niños que desean tener y el espaciamiento de los nacimientos, ¿se produciría un cambio básico en su vida?

Un nuevo filme de UNESCO, *Lidia: otro punto de vista*, trata este interrogativo. El argumento del filme tiene que ver con Lidia, una profesora joven en el Salvador, que explora el status cambiante de la mujer en su propio país y en Costa Rica. Esta película, a colores, de 16mm que escribió y dirige Francine Van de Wiele, puede obtenerse de RVI, UNESCO, Place de Fontenoy, 75700 Paris, France.

UNESCO FILM LOOKS AT FAMILY PLANNING AND QUALITY OF WOMEN'S LIVES

If women had the right to choose how many children they want and when to have them, would there be a basic change in their lives?

A new UNESCO TV film, *Lydia: Another Point of View*, deals with this question. It concerns Lydia, a young teacher in El Salvador, who explores the changing status of women both in her own country and in Costa Rica. Written and directed by Francine Van de Wiele, this 25-minute, 16mm color film is available from RVI, UNESCO, Place de Fontenoy, 75700 Paris, France.

INTERNATIONAL WOMEN'S YEAR
AÑO INTERNACIONAL DE LA MUJER

DEVELOPMENT ASSOCIATES, INC. SE ADELANTA AL PLAN DE ACCION DEL AÑO INTERNACIONAL DE LA MUJER

El proyecto de la División de Programas de Población de Development Associates, Inc. (DA) que ofrece becas para entrenamiento a corto plazo y cursos académicos en problemas de la población y planificación familiar a profesionales y para-profesionales latino-americanos y del Caribe aún sin haberlo planeado, se ha suscrito a reafirmar la igualdad de derechos de hombres y mujeres, a promover la participación plena de la mujer en todos los aspectos de la planificación familiar, y por medio de esto, elevar el papel de la mujer en Latino-América y el Caribe.

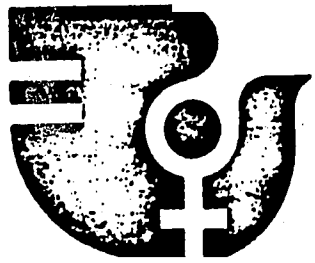
El logro mayor de este proyecto, en los últimos tres años, ha sido el proporcionar a la mujer latinoamericana y del Caribe, la competencia técnica necesaria para que su contribución sea más eficaz en los varios aspectos de la vida política, económica y social que se entrelazan con la

DEVELOPMENT ASSOCIATES, INC. GETS AHEAD OF THE INTERNATIONAL WOMEN'S YEAR WORLD PLAN OF ACTION

The project of Development Associates, Inc. (DA) Division of Population Programs, which offers scholarships for short term training and academic courses in population problems and family planning to Latin American and Caribbean professionals and para-professionals, although not specially designed to do so, has consistently reaffirmed the equal rights for men and women by promoting full participation of women in all aspects of family planning.

The most important achievement of this project in its first three years of operation has been to provide Latin American and Caribbean women with the necessary technical competence to enable them to make a more effective contribution to the various medical, economic, and social aspects of family

Año Internaciona de la Mujer



International Women's Year

1975

planificación familiar. Otro logro significativo del proyecto es el alto porcentage de mujeres becarias que participaron en los programas patrocinados por DA; por ejemplo, en el año fiscal 1974, de los 252 becarios que recibieron entrenamiento especializado en los Estados Unidos, incluyendo Puerto Rico, 234 o sea un 93% fueron mujeres.

Aunque la mayoría de las becarias poseían el título universitario de matronas y obstetrices, o sea, que habían recibido cuatro años de entrenamiento profesional universitario con el título de licenciada, se entrenaron también trabajadoras sociales, médicas, administradoras, educadoras sexuales, administradoras en salud pública, demógrafas, abogadas, y periodistas.

Cabe hacer incapié en el hecho de que en todos los cursos para matronas, obstetrices, enfermeras y auxiliares de enfermera, la mujer se entrenó como especialista en la planificación familiar y se le capacitó para proveer los servicios completos que incluyen el examen pélvico e inserción del dispositivo intra-uterino, actividades que hasta recientemente habían estado expresamente reservadas para el galeno varón.

Nos hemos percatado de que una mujer que recibe entrenamiento especializado en los Estados Unidos no solamente eleva su prestigio profesional, sino que amplía su marco de actividades y participa en un sentido verdaderamente pleno en la elaboración de estrategias para el desarrollo de la sociedad.

planning. Another of the project's significant achievements is the high percentage of female grantees who participated in DA-sponsored programs. For example, in fiscal year 1974, of the 252 grantees who received specialized training in the United States, including Puerto Rico, 234 (93%) were women.

Although the majority of grantees have a university degree in nurse-midwifery or have received four years of other professional training at the university level earning the title of "licenciada" (LPN), the project also sponsored training for social workers, doctors, sex educators, administrators in public health, demographers, lawyers, and journalists.

It is worthwhile to emphasize the fact that in all courses for nurse-midwives, obstetric nurses and nurse aides, women were trained to be specialists in family planning. This training enables them to provide complete services including pelvic examinations and insertion of IUD's, tasks which until recently had been expressly reserved for doctors, most of whom are males.

We have noticed that specialized training in the United States not only enhances a woman's professional prestige but also widens her scope of activities. As a result, she participates fully in the design of strategies for the development of society.

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RESEÑA

ANUNCIOS POR RADIO Y TELEVISION PARA LA PLANIFICACION FAMILIAR
Monografía de Comunicación #3
Bonnie Remsberg, et. al.
Universidad de Chicago, 1972

Muchos de los problemas críticos que afrontan los programas de planificación familiar pueden ser corregidos con el uso efectivo de cuñas de 20-60 segundos diseminados entre programas regulares de televisión. Se provee información detallada sobre métodos de selección de los respondedores y entrevistadores, se recomiendan varios modelos en estilo narrativo y en diálogo, adecuados para difundir por todo el mundo. El autor-editor presupone que el lector tiene a su disposición el libro Monografía de Comunicación #2, Veinticinco obstáculos de comunicación para el éxito de la planificación familiar por Donald J. Bogue, y la Sra. Remsberg provee un resumen de un párrafo por cada obstáculo para aquellos que no han tenido acceso a la publicación anterior.

BOOK REVIEW

RADIO AND TELEVISION SPOT ANNOUNCEMENTS FOR FAMILY PLANNING

Media Monograph 3
Bonnie Remsberg, et. al
University of Chicago, 1972

Many of the critical problems faced by family planning programs can be alleviated by the effective use of 20-60 second spot announcements in regular television programming. Much detailed information is provided on pretesting of spot announcements and methods of selecting respondents and interviewers. Several recommended samples in narrative and dialogue are given which are suitable for broadcast in various parts of the world. Although the author presupposes that the reader has access to a copy of Media Monograph 2, Twenty-five Communications Obstacles to the Success of Family Planning Programs, by Donald J. Bogue, Ms. Remsberg provides a one-paragraph abstract of each obstacle for those who do not.

Anuncios por radio y televisión para la planificación familiar es el resultado de una investigación intensiva y constituye una guía de uso para la producción efectiva de anuncios o cuñas si se usa conjuntamente con la asistencia técnica y profesional necesarias.

Reseñado por Carol Alwine

Radio and Television Spot Announcements for Family Planning is the result of intensive and thorough research and constitutes a useful guide to the production of effective spot announcements if used in conjunction with the necessary technical and professional assistance.

Reviewed by Carol Alwine

TITULOS SELECCIONADOS

Esta lista de títulos seleccionados, que enfoca la sexualidad humana, comprende publicaciones ya sea escritas o traducidas al español. Muchas de estas publicaciones, adecuadas para personas de diferentes edades, se usan como texto de referencia. Estos libros representan una variedad desde el punto de vista ético y religioso, pero los libros que reflejan específicamente una orientación religiosa no han sido incluídos. La categorización se basa en la edad aproximada del lector. Es importante recalcar que Development Associates, Inc. no distribuye ninguno de estos ejemplares.

Para Niños (de 4 a 9 años de edad aproximadamente)

1. Series de educación sexual
Tres títulos para niños: ¿Cómo nací? Nacemos y crecemos; Niñez y sexo
Bellamente ilustrados y escritos en vocabulario fácil, pueden leerse en voz alta a los niños o ellos pueden leerlos por sí solos en su casa o escuela. Cada libro contiene una guía para el profesor y padre de familia.
Librería Voluntad, Bogotá, Colombia

2. El crecimiento
Por Karl de Schweintz
Un excelente y nuevo libro sobre el desarrollo de los seres humanos y los animales para el lector de temprana edad. También es adecuado para los padres.
Ediciones Ariel, S.A., Barcelona, España

3. Papá, ¿Cómo nace un niño?
Por Federico Boix
Se trata de un padre de familia que le explica a sus hijos la historia de cómo el niño se desarrolla en la matriz de la madre y cómo nace. Está escrito en una forma sencilla y directa.
Editorial Nova Terra, S.A. Barcelona, España

Edad Adolescente (10-14 años de edad aproximadamente)

4. Amor y Sexo para él
Por Wardell B. Pomeroy, Ph.D.
Una guía sexual para el adolescente escrito de una manera sencilla, objetiva y directa, utilizando vocabulario fácil de entender.
Editorial Pax, México 1 D.F., México

5. Serie de Educación Sexual
Hay tres títulos para esta edad: Pubertad y sexo, Adolescencia y sexo, Sexualidad responsable
Cada libro contiene una guía para profesores y padres de familia.
Libreria Voluntad, Bogotá, Colombia

SELECTED READING

This selected reading list, focusing on human sexuality, includes publications written in or translated into Spanish. Many of them are widely used as texts or reference books suitable for people of different age levels. These books represent a variety of ethical and religious viewpoints, but texts reflecting a specific religious orientation have not been included. The list has been categorized by the approximate age level of the reader. It is important to stress that books on this reading list are not available from Development Associates, Inc. (DA).

For Children (approximate ages 4-9)

1. The Edusex Series
Three titles for children: How was I Born? We are Born and We Grow Up, Childhood and Sex.
This beautifully illustrated and simply written series can be read aloud to the young child, or read by children in a home or school setting. Each book is accompanied by a guide for teachers and parents.
Libreria Voluntad, Bogotá, Colombia.

2. Growing Up
Karl de Schweintz
An excellent first book about human and animal development for the early self-reader. It is also good for reading aloud by parents.
Ediciones Ariel, S.A., Barcelona, Spain

3. Daddy, How is a Baby Born?
Federico Boix
Set in the context of a father talking with his children, the story of how children are conceived, how they develop within their mother's womb, and how they are born, is told in a simple and direct manner.
Editorial Nova Terra, S.A., Barcelona, Spain

Pre-and Early Teens (approximate ages 10-14)

4. Boys and Sex
Wardell B. Pomeroy, Ph.D.
A sexual guide for teenage boys written in a straightforward, objective and non-judgmental way, using language which is easily understood.
Editorial Pax, Mexico 1 D.F., Mexico

5. The Edusex Series
Three titles for this age level: Puberty and Sex, Adolescence and Sex, Responsible Sexuality continue this excellent series through the older age levels. Each book is accompanied by a guide for teachers and parents.
Libreria Volunta, Bogotá, Colombia

6. Amor y sexo para ella
Por Wardell B. Pomeroy, Ph.D.
Como en su libro anterior Amor y sexo para él, el Dr. Pomeroy escribe de una manera franca y sin intención de desanimar a las jóvenes de tener relaciones sexuales, si ellas están sicólogicamente en condiciones de realizarlas.
Editorial Pax, México 1, D.F., México

7. Lo que cambia en tí durante la adolescencia
Por Eric W. Johnson y Corrine B. Johnson
Este libro que contiene una gama amplia de tópicos, ayuda a la juventud a pensar sobre el significado de ser hombre o mujer en el mundo actual.
Editorial Pax, México 1, D.F., México

8. Pronto seré adolescente
Por Federico Boix
Los hechos sobre el desarrollo y la reproducción humana están explicadas en este libro en una manera muy sencilla y directa.
Editorial Nova Terra, S.A., Barcelona, España

9. Sexo sin rodeos
Por Eric W. Johnson
Este libro explica de una manera franca los tópicos de la sexualidad humana que son de gran preocupación a la juventud. Presenta puntos de vista positivos sin predicar ni moralizar.
Editorial Pax, México 1, D.F., México

Para la juventud madura (de los 15 a 18 años de edad aproximadamente)

10. Embarazo, nacimiento y planificación familiar
Por Alan F. Guttmacher
Una presentación directa de los hechos de la reproducción humana y de la planificación familiar.
Editorial Pax, México 1, D.F., México

11. El sexo antes de los 20 años: Nuevas respuestas para la juventud
Por Helen F. Southard
Este libro anima a la juventud a responsabilisarse a que descubran su nuevo papel en la sexualidad.
Editorial Bruguera, Barcelona, España

Para Adultos (de 18 años en adelante)

12. Diccionario de información sexual
Por Paul Bertrand, Victor Lapie, y L.C. Pelle
Este diccionario ha sido traducido del francés y contiene terminología sexual.
Publicaciones Granica, Buenos Aires, Argentina

13. Luz
Esta es la versión en español de la revista Sexología y presenta temas sobre la educación sexual para adultos. La revista Luz puede conseguirse en todas las regiones del mundo donde se hable castellano o directamente de la oficina matriz en la cuidad de New York.

14. Las técnicas sexuales de Masters y Johnson
Por Nat Lehrman
Una explicación muy sencilla sobre la terapia sexual para parejas. Este libro está muy bien escrito sin la jerga que Masters y Johnson utilizan en sus libros

Publicaciones Granica, Buenos Aires, Argentina

15. Guía médica matrimonial
Por Bernard R. Greenblat, M.D.
Una guía para las parejas casadas. Solo se obtiene a través de los médicos.
The Budlong Press, Chicago, Illinois

6. Girls and Sex
Wardell B. Pomeroy, Ph.D.
As in his earlier book, Boys and Sex, Dr. Pomeroy writes in an open way without moralizing and with no attempt to discourage teenage girls from engaging in sexual activities for which they are psychologically ready.

Editorial Pax, Mexico 1, D.F., Mexico

7. Love and Sex and Growing Up
Eric W. Johnson and Corrine B. Johnson
A book for pre-adolescents which covers a broad range of topics. Helps a young person to think about what being a man or woman means in today's world.
Editorial Pax, Mexico 1, D.F., Mexico

8. Soon I'll be an Adolescent
Federico Boix
The facts of puberty, development and human reproduction are simply and directly told to pre-adolescent.

Editorial Nova Terra, S.A., Barcelona, Spain

9. Sex: Telling It Straight
Erich W. Johnson
A simple but honest treatment of those topics in human sexuality of greatest concern to adolescents. It presents positive views on sex without preaching or moralizing.
Editorial Pax, Mexico 1, D.F., Mexico

Later Teens (approximate ages 15-18)

10. Pregnancy, Birth and Family Planning
Alan F. Guttmacher
A straightforward presentation of the facts of human reproduction and family planning.
Editorial Pax, Mexico 1, D.F., Mexico

11. Sex Before Twenty: New Answers for Youth

Helen F. Southard
In this book, teenagers are encouraged to take responsibility for themselves in discovering their full roles.
Editorial Bruguera, Barcelona, Spain

For Adults

12. Dictionary on Sexual Information
Paul Bertrand, Victor Lapie, and J.C. Pelle
Translated from the French, this is a useful dictionary of sexual terms.
Publicaciones Granica, Buenos Aires, Argentina

13. Luz
The Spanish version of Sexology Magazine, Luz presents educational facts about sex for adults. Luz is available in most Spanish-speaking areas of the world, or from its headquarters offices in New York City.

14. Masters and Johnson Explained
Nat Lehrman
A simplified explanation of the therapy being carried out on sexually dysfunctional couples which gives the flavor of the research and the researchers without the technical jargon of the two Masters and Johnson books.
Publicaciones Granica, Buenos Aires, Argentina

15. A Medical Guide on Matrimony
Bernard R. Greenblat, M.D.
A guide for married couples. Available only through physicians.
The Budlong Press, Chicago, Illinois

Sobre INFOFAMILIA HEMISFERICA

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PRINTED MATTER

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IV. SAMPLE COURSE OUTLINES AND CURRICULA -- U.S. INSTITUTIONS

1. Harbor General Hospital--WHCS Trainers, January-April, 1976
2. Margaret Sanger Center--Nurse Practitioners, August-November, 1976
3. D.A. Denver--Nurse Midwives, March-April, 1976
4. D.A. Denver--Social Workers, April-May, 1976
5. D.A. Denver--Administrators, July-August, 1976
6. Metropolitan Hospital Center--Haitian Nurses, March-May, 1976

HOSPITAL GENERAL HARBOR
DEPARTAMENTO DE OBSTETRICIA Y GINECOLOGIA

ITINERARIO DE CONFERENCIAS

PROGRAMA DE ENTRENAMIENTO
ENFERMERA ESPECIALISTA EN LA SALUD DE LA MUJER

ESTUDIANTES LATINO AMERICANAS

Enero 26 - Abril 30

CENTRO AMERICA

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MEDICO LATINO AMERICANO ASOCIADO (FELLOW)

M. A. Guidos, M.D.

ENERO LUNES - 26	MARTES - 27	MIERCOLES - 28	JUEVES - 29	VIERNES - 30
3:00 Llegada de las estudiantes	8:00 BIENVENIDA Dr. Ostergard CR	8:00 Observacion en Long Beach (M.P. & G. R.)	8:00 Introduccion al personal CC	8:00 Anatomia y Fisiologia del aparato reproductivo masculino (Dr. Guidos) CR
	9:00 Cafe Informal CR	9:00 Observacion en HGH (F.G. & D. C.)	9:00 Cambio de rol al regresar a sus trabajos: Funciones y expectaciones CC	
	10:00 Ed Dennison Orientacion y explicacion de actividades CR		10:00 Explicacion de la rutina del trabajo: cafe, limpieza, conducta, etc. CC	10:00 Anatomia y Fisiologia del aparato reproductivo femenino CR
	11:00 Presentacion de diapositivas del programa J. Kissig CC			
	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
	1:00 Introduccion al curso y gira por la clinica con las instructoras CR	1:00 Orientacion en Triage y uso del microscopio (F & D)	1:00 Exploracion mutua de trabajo entre estudiantes e instructoras. CC	1:00 Repaso Anatomia y Fisiologia del aparato reproductivo masculino y femenino Entrega de Quizes TA
	2:00 Introduccion a las facilidades de la comunidad: banco, correo			
	3:00			
	4:00			4:00 Charla con las estudiantes TA
	5:00-9:00		Cuartos: TA: Anexo CC: Clase PN: Prenatal	CR: Conferencia PP: Post Parto

FEBRERO

LUNES -2	MARTES - 3	MIERCOLES - 4	JUEVES - 5	VIERNES - 6
8:00 Seminario Anatomia y Fisiologia Quizes CC	8:00 Tecnica del examen pelvico (F.G.) CC	8:00 Observacion en la clinica de Long Beach y en HGH (Cambio de alumnas)	8:00 EXAMEN ANATOMIA & FISIOLOGIA TA	8:00 Observacion de la clinica de Post Parto
				9:00
10:00 Examen Fisico y de los Senos (G. R.) TA	10:00 Practica del examen pelvico	10:00		10:00
		11:00	11:00 Escribiendo la ficha medica y confidencialidad (F.G.) TA	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Practica examen fisico y de los senos		1:00 Orientacion en Triage y uso del microscopio	1:00	1:00 Practica de las estudiantes tomando la historia clinica CR
2:00	2:00 Endocrinologia General (Dr. Ostergard) CR	2:00 (Alumnas de Mindy y Graciela)	2:00	
3:00		3:00	3:00	
4:00	4:00 Examen Obstetrico (Dr. Guidos) CR	4:00	4:00 Charla con las estudiantes TA	4:00 Revision de las actividades semanales con las estudiantes CR
	5:00-9:00	5:00-9:00		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

LUNES - 9	MARTES - 10	MIERCOLES - 11	JUEVES - 12	VIERNES - 13
9:00 Tecnicas de deteccion del cancer y de Pap TA	8:00 Enfermedades de la Vulva y Vagina (Dr. Broen) CC	8:00 Practica en L.B. y HGH	DIA DE FIESTA	DIA DE FIESTA (Compensada)
10:30 Cosposcopia (Dr. Ostergard) TA		9:00		
		10:00		
	11:00 Procedimientos de emergencia (G.R.) CC	11:00		
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO		
1:00 Ciclo Menstrual (Dr. Guidos) CC	1:00 Repaso del ciclo mensirual (instructoras) TA	1:00 Continuacion		
2:00		2:00		
3:00	3:00 Enfermedades venereas (Dr. Bragonier) TA	3:00		
4:00		4:00 (Cambio de Grupo)		
	5:00-9:00	5:00-9:00 Clinica		

Cuartes: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

LUNES - 16	MARTES - 17	MIERCOLES - 18	JUEVES - 19	VIERNES - 20
8:00 DIA DE FIESTA	8:00 Repaso de Endocrinologia y Quizes TA	8:00 Practica en L.B. y HGH	8:00 Embarazo Multiple y Polihidraminos (Dr. Guidos) CR	8:00 Esterilizacion Permanente Laparoscopia (Dr. Guidos) CR
		9:00	9:00	9:00 Tecnicas de Aborto (Dr. Bragonier) CR
	10:00 Contraceptivos Mecanicos-Billings (M.P.) TA	10:00	10:00	
	11:00 Diapositivos Intra-uterinos y naturales (F.G.) TA	11:00	11:00	
	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
		1:00	1:00 David Hall Educacion Sexual en las Escuelas y desarrollo de programas CC	1:00 Seminario & Quizes Endocrinologia (Dr. Guidos) CC
	2:00 Desarrollo Fetal (Dr. Ostergard) TA	2:00		2:00 Tecnicas de Aborto (Dr. Bragonier) CC
		3:00	3:00 Diagnostico de embarazo y posiciones fetales (Dr. Guidos) CC	
	4:00 Contraceptivos Orales (Dr. Guidos) CR	4:00		4:00 Charla con las estudiantes CC
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

LUNES - 23	MARTES - 24	MIERCOLES - 25	JUEVES - 26	VIERNES - 27
8:00 EXAMEN ENDOCRINOLOGIA CC	8:00 Relaciones Humanas (Jean Renshaw) CC	8:00 Practica en L.B. y HGH	8:00 Enfermedades malignas del seno (Dr. German) TA	8:00 P.P. Instructoras
		9:00		9:00 Anatomia y Fisiologia Sexual (Dr. Bragonier) CC
	10:00 Practica P.N. P.F.	10:00	10:00 Practica P.N. P.F.	
11:00 Citologia Anormal (Donna Grillo) CC		11:00	11:00	
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Enfermedades del cuello, fondo uterino y anexos (Dr. Ostergard) TA	1:00	1:00 (Continuacion)	1:00 Aconsejando en abortos (Cecilia LeBlanc) TA	1:00 Enfermedades benignas del seno (Dr. Guidos) CC
	2:00	2:00	2:00	2:00 Anatomia y fisiologia sexual (Dr. Bragonier) CC
3:00 Repaso Examen Fisico y detecion del cancer CR	3:00 Enfermedades relacionadas con OB/GY (Dr. Broen) CR	3:00	3:00 Cuidado Prenatal (Dr. Guidos) TA	
4:00 Instructoras: Quizes	4:00	4:00	4:00 Cuidado de los senos (G. R.) CC	4:00 Charla con las estudiantes CC
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

MARZO LUNES - 1	MARTES - 2	MIERCOLES - 3	JUEVES - 4	VIERNES - 5
8:00 EXAMEN EXAMEN FISICO Y TECNICAS DE DETECCION DEL CANCER CC	8:00 Prenatal Planificacion F.	8:00 Practica en L.B. y HGH 9:00	8:00 Parto Prematuro Insuficiencia Placentaria (Dr. Mies) TA	8:00 Eritroblastosis Fetal (Dr. Guidos) CR 9:00 PP: Instructoras
10:00 11:00	10:00 11:00	10:00 11:00	10:00 Nutricion (Sra. Gunning) TA	10:00 11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Identificacion de embarazo de alto riesgo (Dr. Guidos) TA	Continuacion HGH	1:00 Continuacion 2:00	1:00 David Hall Enfermedades Venereas CR	1:00 Seminario de enfermedades de los senos y tracto genital (Dr. Guidos) TA
4:00 Repaso de enfermedades de los senos y tracto genital. Quizes TA	3:00 Variaciones de la expresion sexual (Dr. Bragonier) TA	3:00 4:00	3:00 Toxema (Pelicula) CR	3:00 Sangrado del 3er. trimestre-Placenta previa abruptia (Dr. Broen) TA 4:00 Cambio de grupo y evaluaciones CC
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH	Cuartos: TA: Anexo CC: Clase PN: Prenatal	CR: Conferencia PP: Post Parto

LUNES -8	MARTES - 9	MIERCOLES - 10	JUEVES - 11	VIERNES - 12
8:00 EXAMEN ENFERMEDADES DE LOS SENOS Y TRACTO GENITAL CC	8:00 Embarazo ectopico y embarazo molar (Dr. Guidos) CC	8:00 Practica en L.B. y HGH	8:00 Desordenes medicos durante el embarazo y embarazo complicado (Dr. Mies) TA	8:00 Pelicula Consejos Sexuales (Dr. Bragonier) CR
	9:00 Practica Prenatal Planificacion Familiar	9:00	9:00 Practica Prenatal Planificacion F.	
10:00 Nutricion (Sra. Gunning) TA	10:00	10:00	10:00	10:00 PP: Instructoras
	11:00	11:00	11:00	
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Cirugia Obstetrica Anormalidades de labor y parto-Anestesia y analgesia, Bloqueo paracervical (Dr. Guidos) CC	1:00 Continuacion HGH	1:00 Continuacion	1:00	1:00 Infertilidad Genetica (Dr. Guidos) TA
	3:00 Tomando la historia sexual (Dr. Bragonier) CR	2:00	2:00	
3:00		3:00	3:00 Infertilidad (Dr. Guidos) TA	3:00 Repaso de enfermedades relacionadas con OB/GIN y Quizes TA
4:00	4:00	4:00		4:00 Charla con las alumnas CC
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CC: Clase PN: Prenatal CR: Conferencia PP: Post Parto

LUNES - 15	MARTES - 16	MIERCOLES - 17	JUEVES - 18	VIERNES - 19
8:00 EXAMEN ENFERMEDADES SISTEMICAS RELACIONADAS CON OB/GIN CC	8:00 Enfermedades del tracto urinario (Dr. Cousins) CC	8:00 Practica en L.B. y HGH	8:00 Prenatal Planificacion Familiar	8:00 PP P. F.
	9:00 Clinica Prenatal Planificacion F.	9:00	9:00	9:00
	10:00	10:00	10:00	10:00
11:00 Parto sin dolor Pelicula (F.G.) TA	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Clinica HGH	1:00 Clinica HGH	1:00 Continuacion		1:00
2:00	3:00 Tecnicas de la Terapia Sexual (Dr. Bragonier) CC	2:00		2:00
3:00		3:00	3:00 Repaso de Obstetricia Normal y Nutricion-Quizes TA	3:00 Seminario Obstetricia Normal y Nutricion TA
4:00		4:00		4:00 Charla con las alumnas TA
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CC: Clase PN: Prenatal CR: Conferencia PP: Post Parto

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LUNES - 22	MARTES - 23	MIERCOLES - 24	JUEVES - 25	VIERNES - 26
8:00 EXAMEN OBSTETRICIA NORMAL Y NUTRICION	8:00 PN/PF	8:00 Practica L.B. y HGH	8:00 PN/PF	8:00 PP/PF
CC	9:00	9:00	9:00	9:00
	10:00	10:00	10:00	10:00
11:00 Practica HGH	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Continuacion HGH	1:00 Continuacion HGH	1:00 Continuacion HGH	1:00 Continuacion HGH	1:00 Continuacion HGH
2:00	2:00	2:00		
3:00	3:00	3:00	3:00 Repaso de Obstetricia Complicada - Quizes CR	3:00 Seminario de Obstetricia complicada - Quizes TA
4:00	4:00	4:00	4:00 Charla con las alumnas CR	4:00 Cambio de grupo y evaluaciones TA
	5:00-9:00	5:00-9:00		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

LUNES - 29	MARTES - 30	MIERCOLES - 31	JUEVES Abril 1	VIERNES - 2
8:00 EXAMEN OBSTETRICIA COMPLICADA CR	8:00 Relaciones Humanas (Jean Renshaw) CC	8:00 Practica en L.B. & HGH	8:00 PN/FP	8:00 PP/PF
	9:00 PN/PF	9:00	9:00	9:00
	10:00	10:00	10:00	10:00
11:00 Clinica HGH	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Continuacion HGH	1:00 Continuacion	1:00 Continuacion	1:00	1:00 Seminario de Contracepcion-Quizes IA
2:00	2:00	2:00	2:00	
3:00	3:00	3:00	3:00 Repaso de Contracepcion Quizes T A	
4:00	4:00	4:00	4:00	4:00 Charla con las alumnas CC
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CC: Clase CR: Conferencia PP: Post Parto PN: Prenatal

ABRIL LUNES - 5	MARTES - 6	MIERCOLES - 7	JUEVES - 8	VIERNES - 9
8:00 EXAMEN CONTRACEPCION CC	8:00 Relaciones Humanas TA	8:00 Practica en LB & HGH	8:00 Relaciones Humanas CC	8:00 Post Parto Planificacion Familiar
	9:00 Prenatal Planificacion Familiar	9:00	9:00 Prenatal Planificacion Familiar	9:00
	10:00	10:00	10:00	10:00
11:00 Clinica HGH	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Clinica HGH	1:00 Clinica HGH	1:00 Continuacion	1:00 Clinica HGH	1:00 Clinica HGH
2:00	2:00	2:00		
3:00	3:00	3:00	3:00 Repaso de Infertilidad y menopausia - Quizes TA	3:00 Seminario de esterilidad - Quizes TA
4:00	4:00	4:00		4:00 Charla con las alumnas TA
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

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LUNES - 12	MARTES - 13	MIERCOLES - 14	JUEVES - 15	VIERNES - 16
8:00 EXAMEN INFERTILIDAD Y MENOPAUSIA CC	8:00 Prenatal Planficacion Familiar	8:00 Practica en LB & HGH	8:00 EXAMEN DE ACONSEJANDO TA	8:00 Post parto Planificacion Familiar
	9:00	9:00		9:00
10:00 Practica HGH	10:00	10:00	10:00	10:00
	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Practica HGH	1:00 Practica HGH	1:00 Continuacion	1:00 LIBRE	1:00 Repaso para el examen final TA
		2:00	2:00	
3:00 Estudio de Aconsejando - Quizes TA	3:00 Seminario de Aconsejando - Quizes TA	3:00	3:00	
		4:00	4:00	4:00 Cambio de grupo y evaluaciones TA
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

LUNES - 19	MARTES - 20	MIERCOLES - 21	JUEVES - 22	VIERNES - 23
8:00 EXAMEN FINAL	8:00 Prenatal Planificacion Familiar	8:00 Practica en LB & HGH	8:00 Prenatal Planificacion Familiar	8:00 Post parto Planificacion Familiar
	9:00	9:00	9:00	9:00
	10:00	10:00	10:00	10:00
CC	11:00	11:00	11:00	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Práctica HGH	1:00 Practica HGH	1:00 Practica HGH	1:00 LIBRE	Continuacion HGH
2:00	2:00	2:00	2:00	
3:00	3:00	3:00	3:00	3:00 Charla con las alumnas TA
4:00	4:00	4:00	4:00	
	5:00-9:00	5:00-9:00	Cuartos: TA: Anexo CC: Clase	CR: Conferencia PP: Post Parto PN: Prenatal

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LUNES - 26	MARTES - 27	MIERCOLES - 28	JUEVES - 29	VIERNES - 30
8:00 Evaluacion final de estudiantes por las instructoras	8:00 Dr. Ostergard Reunion con los visitantes CR	8:00 Long Beach Los visitantes las observan	8:00 Clinica HGH	8:00
	9:00 Diapositivos (estudiantes pueden participar) CR	9:00	9:00	9:00
10:00 Evaluacion de las instructoras por las estudiantes		10:00	10:00	10:00
TA	11:00 Las estudiantes se reunen con los visitantes TA	11:00	11:00 GRADUACION I	11:00
12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO	12:00 ALMUERZO
1:00 Evaluacion del programa con Ed Dennison	1:00 Entrevistas personales de los visitantes con las estudiantes	1:00 Continuacion	1:00 LIBRE	1:00
TA	CR	2:00	2:00	2:00
		3:00	3:00	3:00
		4:00	4:00	4:00
	5:00-9:00 Clinica HGH	5:00-9:00 Clinica HGH		

Cuartos: TA: Anexo CR: Conferencia
CC: Clase PP: Post Parto
PN: Prenatal

EL HORARIO PARA EL CURSO DE ENTRENAMIENTO PARA INSTRUCTORAS SERA AÑADIDO AL FINAL EN UNA FECHA FUTURA.

HORARIO DE ACTIVIDADES SOCIALES

SABADO 1/31	DOMINGO 2/7	SABADO 2/14	DOMINGO 2/21	SABADO 2/28
Disneylandia Mindy Perkinson Dorothy Cummings	Compras Fanny Gangotena	Jardines de Busch Dorothy Cummings	Safari a la tierra de los leones Graciela Rudulph	Museo de Cera Carmen Magdaleno
DOMINGO 3/6	**SABADO 3/13**	**DOMINGO 3/20**	**SABADO 3/27**	**DOMINGO 4/3**
Zoologico de Los Angeles Fanny Gangotena	Museo del Condado, Ciencia e Industria Graciela Rudulph	Granja de Knotts Mindy Perkinson	Compras Fanny Gangotena	Montaña Magica Dorothy Cummings

HORARIO DE ACTIVIDADES SOCIALES

SABADO 4/10	DOMINGO 4/17	SABADO 4/24	DOMINGO	SABADO
Tierra Marina Dorothy Cummings	Vida Nocturna Mindy Perkinson	(Abierto) Graciela Rudulph		
DOMINGO	SABADO	DOMINGO	SABADO	DOMINGO

Nurse Practitioner Training Schedule
Group # 36
August 23-November 5, 1976

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
23) 10 AM - 5 PM Human Relations Workshop MSC	24) 9 AM - 5 PM Program Orientation C. Villamil MSC	25) 9 AM - 12 PM Physical Assessment of Adult C. Villamil 1 PM - 5 PM Physical Assessment of Adult Carolyn Villamil MSC	26) 9 AM - 12 PM Physical Assessment of Newborn C. Villamil 1 PM - 5 PM Review: Anatomy & Physiology: Female Reproductive System Carolyn Villamil MSC	27) 9 AM - 12 PM Pelvic Exam by: Carolyn Villamil 2 PM - 5 PM Endocrinology Dr. Bunyauirich MSC
30) 9 AM - 12 PM CONTRACEPTION C. Villamil 1 PM - 5 PM Laboratory Practicum C. Villamil	31) 9 AM - 12 PM CONTRACEPTION C. Villamil 1 PM - 5 PM Young People's services in Family Planning R. Samalot	9/1 9 AM - 12 PM History Taking & charting; PPNYC Clinic procedures 1 PM - 5 PM CONTRACEPTION C. Villamil	2) 9 AM - 11 PM GYN: Normal & Abnormal Dr. Unchalipongse 1 PM - 6 PM Clinical Observation 6 MSC 3 BH 2 Bx	3) 9 AM - 11 PM OB: Normal & Abnormal Dr. Menaldino 1 PM - 5 PM Round Table Conference MSC

APPENDIX IV-2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6) AM LABOR DAY Holiday	7) 9 AM - 12 PM CONTRACEPTION C. Villamil MSC 1 PM - 5 PM Clinic Practicum MSC 6 BH 3 Bx 2	8) 9 AM - 5 PM CLINIC MS 6 BH 3 BX 2	9) 9 AM - 12 PM Disorders of the cervix and vagina C. Villamil MSC 1 PM - 5 PM. CLINIC MS 6 BX 2 BH 3	10) 9 AM - 3 PM CLINIC MS 6 BH- Library 3 BX 2 3 PM - 5 PM
13) 9 AM - 12 PM TRAINING PROGRAM CURRICULUM DEVELOPMENT 1.30 PM 5 PM C. Villamil Maternity Center Associaton	14) 9 AM - 5 PM CLINIC MS 6 BX 2 BH 3 (11 AM - 5 PM)	15) 9 AM - 12 PM CLINIC MS 6 BX 2 BH 3 2 PM - 5 PM Orientation to PPNYC J. Johnson Assoc. Exec. Dir. PPNYC	16) 9 AM - 12 PM MS 6 BX 2 BH Library 3 1 PM - 2:30 PM IMMUNIZATION Beth Israel 3 PM - 5 PM Round table case study discussion MSC	17) 9 AM - 5 PM CLINIC MS 6 MS 6 BX 2 BH 3 LIBRARY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
20) DEMOGRAPHY Dr. B. Viel MSC	21) 8 AM - 12 PM Infant Growth and Development Beth Israel Hosp.	22) 9 AM - 5 PM Clinical Practicum MS 6 BX 2 BH 3	23) 9 AM - 5 PM Metropolitan Hospital (1/2 group) Clinical Practicum MS 3 BX 2	24) 9 AM - 5 PM Clinical Practicum MS 6 BH 3 Library BX 2
27) 9 AM - 5 PM Sexuality Seminar MSC	28) 9 AM - 5 PM Clinical Practicum MSC 6 BH 3 (11:30 AM) BX 2	9) 9 AM - 5 PM Clinical Practicum MSC 6 BH 3 BX 2	30) 9 AM - 5 PM Metropolitan Hospital (1/2 group) Clinical Practicum MS 4 BX 2	10/1) 9 AM - 5 PM Clinical Practicum MS 6 BH Library BX 2

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4) 9:30 AM - 11:30 AM FPIA 1:00 PM - 5 PM Training Program Curriculum Development	5) 8:30 AM - 12:30 PM FLUID AND ELECTROLYTE BALANCE/DIARRHEA Beth Israel TODDLER RESPIRATORY PROBLEMS Beth Israel	6) 9 AM - 5 PM Clinical Practicum MS 6 BX 2 BH 3	7) 9 AM - 5 PM Clinical Practicum MS 6 BX 2 BH 3 (11:30 AM)	8) 8:30 AM - 12 NOON BACTERIAL MENINGITIS & JUVENILE DIABETES Beth Israel 1 PM - 3 PM Round Table Discussion (Contraception) Dr. Elahi MSC
11) 8:00 AM - 12 Noon CARDIAC RESUSCITATION Beth Israel 1 PM - 5 PM STRESS AFTERNOON C. Villamil MSC	12) 9 AM - 5 PM Clinical Practicum MSC 6 BX 2 BH 3 (11:30 AM)	13) 9 AM - 5 PM Clinical Practicum MSC 6 BX 2 BH 3	14) 9 AM - 5 PM Clinical Practicum MSC 6 BX 2 BH 3 (11:30 AM)	15) 9 AM - 3 PM Methods and Materials of Family Planning Education 3 PM - 5 PM Round Table Discussion (Contraception) (Female Sterilization) C. Elahi

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
18) 9 AM - 12 NOON PARASITES, ASTHMA, COMMUNICALBE DISEASES Beth Israel LIBRARY TIME	19) 9 AM - 5 PM Clinical Practicum MS 6 BX 2 BH 3 (11:30)	20) 9 AM - 5 PM Clinical Ptracticum MS 6 BX 2 BH 3	21) 9 AM - 5 PM Clinical Practicum MS 6 BX 2 BH 3 (11:30 AM)	22) 9 AM - 5 PM Clinical Practicum MS 6 BH - Library 3 BX 2 2 PM - 5 PM Pep Smear & Colposcop Round Table Discussion Dr. Kohan
25) 9 AM - 12 NOON ANEMIA Beth Israel	26) Clinical Practicum MS 6 BH 3 (11:30 AM) BX 2	27) 9 AM - 5 PM Clinical Practicum MS 6 BH 3 BX 2	28) 9 AM - 5 PM Clinical Practicum MS 6 BH 3 (11:30 AM) BX 2	29) 9 AM - 12 NOON Trainee Evaluation MSC 2 PM - 5 PM Round Table Discussion Dr. Elahi

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
11/1) 9 AM - 5 PM	2) 9 AM - 5 PM	3) 9 AM - 5 PM	4) 9 AM - 5 PM	5) 9 AM - 12 NOON TRAINING FOR TRAINERS 12 NOON GRADUATION
	TRAINING FOR TRAINERS			

CURSO EN PLANIFICACION FAMILIAR PARA ENFERMERAS Y/O OBSTETRICES DE LATINO AMERICA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO

8 de Marzo - 16 de Abril, 1976

LA META, LOS OBJETIVOS, Y LOS TEMAS QUE VAMOS A PROPORCIONAR CON EL FIN DE REALIZAR LOS OBJETIVOS

META

Aumentar la competencia profesional en el area de Planificación Familiar, a fin de que cada participante sea capaz de actuar cómo agente de cambio en las comunidades en las cuales esten prestando sus servicios.

OBJETIVO 1

Proporcionar a las participantes la oportunidad de discutir las dinamicas de población para que puedan identificar las razones medicas y socio-economicas para proveer servicios de Planificación Familiar en sus propios paises.

TEMAS

- Historia y Filosofia de Planificación Familiar
- Aspectos de Salud Publica y Planificación Familiar
- Demografia y Planificación Familiar

OBJETIVO 2

Proporcionar información medica a las participantes para aumentar en un promedio de 60% sus conocimientos de Planificación Familiar.

TEMAS

- Anatomia y Fisiologia del Sistema Reproductivo
- Evaluación Fisica en Relacion a Planificación Familiar
- Sistema Endocrino, Menopausia, Infertilidad
- Metodos de Contracepción
- Enfermedades Ginecologicas y Venereas
- Cancer del Pecho y del Cuello
- Consejeria Genetica y Planificación Familiar
- Esterilización
- Aborto

OBJETIVO 3

Aumentar las habilidades clinicas de cada participantes a fin de que cada participante sea capaz de realizar la evaluacion fisica completa de una paciente en Planificación Familiar.

PRACTICA

- Instruccion en Clases y Practica con un modelo
- Practica con supervision con una Modela Viva
- Practica con supervision en Clinicas de Planificación Familiar

OBJETIVO 4

Proporcionar a las participantes la oportunidad de aumentar sus habilidades de consejeria por medio de a) la identificación y analisis de sus actitudes hacia aspectos controversiales de Planificación Familiar y b) la practica de tecnicas de consejeria.

TEMAS

- Consejeria
- Aborto
- Adopción
- Esterilización
- Sexualidad Humana
- Adolescentes y Embarazos
- El Nino Maltratado
- Aspectos Morales y Religioses de Planificación Familiar

PRACTICA

- Dar consejo acerca de los metodos anticonceptivos a pacientes en las salas de puerperios en los hospitales publicos de Denver
- Observación de Quirofano Ginecologico en el Hospital General de Colorado

OBJETIVO 5

Proporcionar información sobre los aspectos administrativos de un programa de Planificación Familiar a fin de que las participantes puedan desarrollar un proyecto que ellas puedan ejecutar cuando vuelvan a sus propios trabajos.

TEMAS

- Los Componentes de un Programa de Planificación Familiar
- El Proceso de Planificacion
- Educación Enservicio
- Los Proyectos - Trabajo Individual

CURSO EN PLANIFICACION FAMILIAR
PARA ENFERMERAS Y/O OBSTETRICES
DE LATINO AMERICA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO

8 de Marzo - 16 de Abril, 1976

Semana 1: 8 de Marzo - 12 de Marzo, 1976

LUNES, 8 de Marzo

8:30 - 12:00 - Orientacion: Discusion de Objetivos del Curso; Curriculum; Horario; Pre-Test, Sra. Elena Gantz y Srta. Nancy Holt

1:30 - 4:30 - Orientacion

MARTES, 9 de Marzo

8:30 - 12:00 - Anatomia y Fisiologia del Sistema Reproductivo, Srta. Nancy Holt

1:30 - 5:00 - Evaluacion Fisica de la Usuaria de Planificacion Familiar (Teoria), Srta. Nancy Holt

MIERCOLES, 10 de Marzo

8:30 - 12:00 - Evaluacion Fisica de la Usuaria de Planificacion Familiar (Practica), Srta. Nancy Holt

12:00 - 5:00 - Almuerzo y Tour de Denver

5:00 - 6:00 - Demonstracion Audio-Visual acerca de Colorado

JUEVES, 11 de Marzo

8:30 - 12:00 - Historia y Filosofia de Planificacion Familiar, Sra. Elena Gantz: Josefina, Maria Teresa, Vilma, Sandra, Evelyn

- Practica con una Modelo Viva, Srta. Nancy Holt: Violetta, Regina, Maria, Luisa, Gladys

1:30 - 5:00 - Historia y Filosofia de Planificacion Familiar, Sra. Elena Gantz: Violetta, Regina, Maria, Luisa, Gladys

- Practica con una Modelo Viva, Srta. Nancy Holt: Josefina, Maria Teresa, Vilma, Sandra, Evelyn

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DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO

8 de Marzo - 16 de Abril, 1976

Semana 2: 15 de Marzo - 19 de Marzo, 1976

LUNES, 15 de Marzo

8:30 - 10:00	-	Aspectos Culturales y Religiosos de P.F., Sr. Anthony Mesquida
10:30 - 12:00	-	Sistema Endocrino, Menopausia e Infertilidad, Srta. Nancy Holt
1:30 - 5:00	-	La Pastilla Anticonceptiva, Srta. Nancy Holt

MARTES, 16 de Marzo

8:15 - 12:00	-	La Modelo Viva, Srta. Nancy Holt: Evelyn, Gladys, Sandra, Violeta
8:00 - 11:00	-	Consultorio del Dr. Michelson: Luisa
8:45 - 12:00	-	Clinica de Enfermedades Venereas: Regina y Vilma
8:45 - 12:00	-	Sala de Puerporio Hospital General de Denver, Sra. Vi Medrano: Maria Teresa
9:00 - 12:00	-	Peluqueria: Auxliadora y Josefina
1:30 - 5:00	-	El DIU, Srta. Nancy Holt

MIERCOLES, 17 de Marzo

8:30 - 12:00	-	Metodos Anticonceptivos, Srta. Nancy Holt
1:30 - 3:00	-	Demografia y P.F., Srta. Deborah Costin (Universidad de Denver)
3:00 - 5:00	-	Proyecciones Demograficos de sus paises, Dr. Charles Cortese (Universidad de Denver)

JUEVES, 18 de Marzo

7:30 - 12:00	-	Observacion de Quirofano Ginecologico, Tour del Hospital General de Colorado, y Entrevistas con Pacientes en la Sala de Puerperio, Sra. Elena: Gladys y Luisa
7:30 - 11:00	-	Consultorio del Dr. Michelson: Josefina
8:15 - 12:00	-	La Modelo Viva, Srta. Nancy Holt: Regina, Auxliadora, Vilma, Maria Teresa
8:30 - 2:00	-	Consultorio Externa de P.F., Hospital General de Denver: Evelyn
9:00 - 11:00	-	Sala de Puerperio, Hospital General de Denver, Sra. Vi Medrano: Violeta
8:45 - 3:00	-	Consultorio Externa de Gineco/Obstetra, Hospital General de Colorado, Helen Watson: Sandra
12:45 - 5:00	-	Clinica para Mujeres, Srta. Nancy Holt: Violeta y Regina
12:45 - 4:00	-	Consultorio Externa de P.F., General Rose Hospital, Dr. Herrold: Auxiliadora y Vilma
2:00 - 5:00	-	Discusion acerca de programas de P.F., Sra. Elena: Gladys, Luisa, Josefina, Maria Teresa, Evelyn

VIERNES, 19 de Marzo

8:30 - 10:30	-	Salud Publica y P.F., Sra. Elena
10:30 - 12:00	-	Componentes de un programa de P.F., Sra. Elena
1:30 - 4:30	-	Componentes de un programa de P.F., Sra. Elena
4:30 - 5:00	-	Evaluacion de la Semana

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Semana 3: 22 de Marzo - 26 de Marzo, 1976

LUNES, 22 de Marzo

8:30 - 12:00	-	Ustedes como Consejeras Enseñando los Diferentes Metodos Anticonceptivos, Sra. Elena y Srta. Nancy
1:30 - 5:00	-	Continuacion

MARTES, 23 de Marzo

7:45 - 11:00	-	Consultorio del Dr. Michelson: Vilma
7:45 - 10:00	-	Entrevista con pacientes en sala de puerperio acerca de los Metodos Anticonceptivos, Sra. Elena: Evelyn y Regina
8:45 - 12:00	-	Clinica de Enfermedades Venereas, Srta. Nancy: Sandra y Auxiliadora
8:15 - 11:30	-	Guarderia de Niños: Violeta y Maria Teresa
9:00 - 10:00	-	Proyecto: Luisa
10:00 - 11:00	-	Proyecto: Josefina
11:00 - 12:00	-	Proyecto: Gladys
12:45 - 4:30	-	Clinica de Enfermedades Venereas, Srta. Nancy: Josefina y Gladys
12:45 - 4:30	-	Peluqueria: Luisa, Evelyn, Maria Teresa
2:00 - 5:00	-	Discusion acerca de Programas de P.F., Sra. Elena: Auxiliadora, Sandra, Vilma, Regina, y Violeta

MIERCOLES, 24 de Marzo

8:30 - 10:30	-	Enfermedades Venereas, y Ginecologicas, Srta. Nancy
10:30 - 12:00	-	Sexualidad Humana, Sra. Elena
1:30 - 5:00	-	Continuacion

JUEVES, 25 de Marzo

7:30 - 12:00	-	Observación de Quirofano Ginecologico, Tour del Hospital General de Colorado y Entrevistas con pacientes en la sala de puerperio, Srta. Nancy: Josefina y Vilma
7:30 - 11:00	-	Consultorio del Dr. Michelson: Gladys
8:30 - 2:00	-	Consultorio Externa de P.F., Hospital General de Denver: Sandra
8:30 - 3:00	-	Consultorio Externa de Gineco/Obstetra, Hospital General de Colorado con Helen Watson: Regina y Luisa
9:00 - 10:00	-	Proyecto: Auxiliadora
10:00 - 11:00	-	Proyecto: Evelyn
11:00 - 12:00	-	Proyecto: Maria Teresa
11:00 - 12:00	-	Proyecto: Violeta
1:00 - 4:00	-	Consultorio Externa de P.F., General Rose Hospital, Dr. Herrold: Maria Teresa y Violeta
12:45 - 5:30	-	Clinica para Mujeres, Srta. Nancy: Auxiliadora y Evelyn
1:30 - 2:30	-	Proyecto con Elena: Vilma
2:30 - 3:30	-	Proyecto: Sandra
3:30 - 4:30	-	Proyecto: Regina

VIERNES, 26 de Marzo

8:30 - 12:00	-	Adolescentes y Embarazos (Pelicula), Sra. Elena
1:30 - 4:30	-	Reclutamiento de Pacientes (Pelicula), Sra. Elena
4:30 - 5:00	-	Evaluación de la Semana

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Semana 4: 29 de Marzo - 2 de Abril, 1976

LUNES, 29 de Marzo

8:15 - 12:00 - Clinica de Planificación Familiar, Charla y Examinaciones, Sra. Elena

1:30 - 2:30 - Esterilización: Masculina y Femenina, Dr. Roberto Fisher

2:30 - 3:30 - El Aborto, Dr. Roberto Fisher

3:30 - 5:00 - Proceso de Planificación; Plan de Trabajo, Sra. Elena

MARTES, 30 de Marzo

7:45 - 11:00 - Consultorio del Dr. Michelson: Evelyn

7:45 - 10:00 - Entrevistas con pacientes en la sala de puerperio acerca de metodos anticonceptivos, Sra. Elena: Auxiliadora y Sandra

8:45 - 12:00 - Clinica de Enfermedades Venereas, Srta. Nancy: Violeta y Luisa

8:15 - 11:30 - Guarderia de Niños: Gladys y Josefina

9:00 - 10:00 - Proyecto: Vilma

10:00 - 11:00 - Proyecto: Maria Teresa

11:00 - 12:00 - Proyecto: Regina

12:45 - 4:30 - Clinica de Enfermedades Venereas, Srta. Nancy: Maria Teresa y Regina

12:45 - 5:00 - Peluqueria: Luisa, Sandra, y Violeta

2:00 - 5:00 - Cuestionario acerca de sus propios actitudes sobre Sexualidad, Sra. Elena: Gladys, Josefina, Evelyn, Vilma, y Auxiliadora

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MIERCOLES, 31 de Marzo

8:30 - 10:30 - Enfermedades Ginecologicas y Tratamiento para Cancer de las Mamas y del Cervix, Srta. Nancy

10:30 - 12:00 - El estatus de la mujer y su relación con el crecimiento de población, Srta. Debbie Costin

1:30 - 5:00 - Proceso de Planificación; Ejecución e Evaluación, Sra. Elena

JUEVES, 1 de Abril

7:30 - 12:00 - Observación de Quirofano Ginecologico, Tour del Hospital General de Colorado y Entrevistas con pacientes en la sala de puerperio, Srta. Nancy: Maria Teresa y Auxiliadora

7:30 - 11:00 - Consultorio del Dr. Michelson: Regina

8:30 - 12:00 - Consultorio Externa de Planificación Familiar, Hospital General de Denver: Vilma

8:30 - 3:00 - Consultorio Externa de Gineco/Obstetra, Hospital General de Colorado con Helen Watson: Evelyn y Gladys

9:00 - 10:00 - Proyecto: Josefina

10:00 - 11:00 - Proyecto: Luisa

11:00 - 12:00 - Proyecto: Sandra

11:00 - 12:00 - Proyecto: Violeta

12:45 - 4:00 - Consultorio Externa de Planificación Familiar, General Rose Hospital, Dr. Herrold: Regina y Josefina

12:45 - 4:30 - Clinica de Enfermedades Venereas, Dr. Roberto Fisher: Sandra y Violeta

12:45 - 5:30 - Clinica para Mujeres, Srta. Nancy: Luisa y Vilma

1:30 - 2:30 - Proyecto: Auxiliadora

VIERNES, 2 de Abril

8:30 - 12:00 - Consejeria, Sr. Mike Juarez

1:30 - 4:30 - Continuación

4:30 - 5:00 - Evaluación de la semana

CURSO EN PLANIFICACION FAMILIAR
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8 de Marzo.- 16 de Abril, 1976

Semana 5: 5 de Abril - 9 de Abril, 1976

LUNES, 5 de Abril

8.30 - 12.00	-	Consejeria, continuación (Socio dramas) Sra. Elena
1.30 - 3.00	-	Reclutamiento de pacientes, Sra. Elena
3.00 - 5.00	-	¿Cuales son las razones para tener niños?

MARTES, 6 de Abril

7.40 - 12.00	-	Sala de quirofano, Dra. Nancy Foote Violeta y Regina
7.45 - 11.00	-	Consultorio del Dr. Michelson: Auxiliadora
7.45 - 10.00	-	Entrevistas con pacientes en la sala de puerperio acerca de metodos anticonceptivos y Tour del Hospital, Sra. Elena: Josefina, Vilma y Maria Teresa.
8.45 - 12.00	-	Clinica de Enfermedades Venereas, Srta. Nancy: Evelyn y Gladys
8.45 - 11.30	-	Guarderia de Niños: Sandra y Luisa
12.45- 4.30	-	Clinica de Enfermedades Venereas, Srta. Nancy: Vilma y Auxiliadora
2.00 - 5.00	-	Cuestionario acerca de sus propios actitudès sobre Sexualidad, Sra. Elena: Luisa, Sandra, Regina, Violeta, Maria Teresa.
2.00 - 3.00	-	Proyecto con Srta. Debbie - Josefina
3.00 - 4.00	-	Proyecto con Srta. Debbie - Gladys
4.00 - 5.00	-	Proyecto con Srta. Debbie - Evelyn

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MIERCOLES, 7 de Abril

8.30 - 10.00	-	Retardación Mental e Incapacidad Fisica y Planificación Familiar, Dra. Nancy Foote
10.00- 12.00	-	Para-profesionales en Salud y Planificación Familiar, Dra. Nancy Foote
1.30 - 4.30	-	El Niño Maltrado, Dra. Nancy Foote.
5.00 -	-	Clinica de Planificación Familiar, Sra. Elena: Josefina, Luisa, Auxiliadora.

JUEVES, 8 de Abril

7.30 - 12.00	-	Observación de Quirofano Ginecologica, Tour del Hospital General de Colorado, Srta. Nancy: Sandra y Evelyn.
7.30 - 11.00	-	Consultorio del Dr. Michelson: Violeta
8.30 - 12.00	-	Consultorio Externa de Planificacion Familiar Hospital General de Denver: Regina
8.30 - 3.00	-	Consultorio Externa de Gineco/Obstetra, Hospital General de Colorado con Helen Watson: Vila y Josefina
8.30 - 10.30	-	Entrevistas con pacientes en la sala de puerperio, Sra. Elena: Auxiliadora y Gladys
10.00 - 11.00	-	Proyecto: Luisa
11.00 - 12.00	-	Proyecto: Maria Teresa
12.45 - 4.00	-	Consultorio Externa de Planificacion Familiar, General Rose Hospital, Dr. Herrold: Luisa y Evelyn.
12.45 - 4.30	-	Clinica de Enfermedades Venereas, Dr. Roberto Fisher: Maria Teresa y Regina
12.45 - 5.30	-	Clinica para Mujeres, Srta Nancy: Gladys y Sandra
1.30 - 2.30	-	Proyecto: Vilma
2.30 - 3.30	-	Proyecto: Auxiliadora

VIERNES, 9 de Abril

8.30 - 12.00	-	Educación - Enservicio : Sr. Mike
1.30 - 4.30	-	Educación - Enservicio : Sr. Mike
4.30 - 5.00	-	Evaluación de la semana

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8 de Marzo - 16 de Abril, 1976

Semana 6: 12 de Abril - 16 de Abril, 1976

LUNES, 12 de Abril

8:30 - 10:00 - Razones para tener o no tener Niños, Sra. Elena

10:00 - 12:00 - Sexualidad Humana, Sra. Elena

1:30 - 5:00 - Continuación, Sra. Elena

MARTES, 13 de Abril

7:45 - 11:00 - Consultorio del Dr. Michelson: Maria Teresa

8:15 - 11:00 - Consultorio de Planificación Familiar - Examinaciones Personales: Josefina, Luisa, y Auxiliadora

- Clinica de Enfermedades Venereas, Srta. Nancy: Evelyn y Violeta

- Entrevistas con pacientes en la Sala de Puerperio acerca de los metodos anticonceptivos; Sra. Elena: Vilma y Gladys

10:00 - 11:00 - Presentación del Proyecto, Sra. Elena: Sandra

11:00 - 12:00 - Presentación del Proyecto, Sra. Elena: Regina

12:45 - 4:00 - Clinica de Enfermedades Venereas, Stra. Nancy: Luisa y Vilma

1:00 - 1:30 - Presentación del Proyecto, Sra. Elena: Maria Teresa

1:30 - 2:00 - Presentación del Proyecto, Sra. Elena: Josefina

2:00 - 2:30 - Presentación del Proyecto, Sra. Elena: Auxiliadora

2:30 - 3:00 - Presentación del Proyecto, Sra. Elena: Evelyn

3:00 - 3:30 - Presentación del Proyecto, Sra. Elena: Violeta

3:30 - 4:00 - Presentación del Proyecto, Sra. Elena: Gladys

4:00 - 4:30 - Presentación del Proyecto, Sra. Elena: Luisa

7:00 - - Despedida en la casa de Sra. Elena

MIERCOLES, 14 de Abril

8:30 - 9:30 - Tratamiento para Enfermedades Ginecologicas Venereas, Srta. Nancy

9:30 - 12:00 - Repaso de los Aspectos Medicos y Planificación Familiar, Srta. Nancy

1:30 - 5:00 - Tarde Cultural: Museo de Arte

JUEVES, 15 de Abril

8:30 - 9:30 - Post Test

9:30 - 12:00 - Desarrollo de Materiales Educativos, Sra. Elena

12:15 - 4:30 - Clinica para Mujeres, Srta. Nancy: Luisa y Evelyn

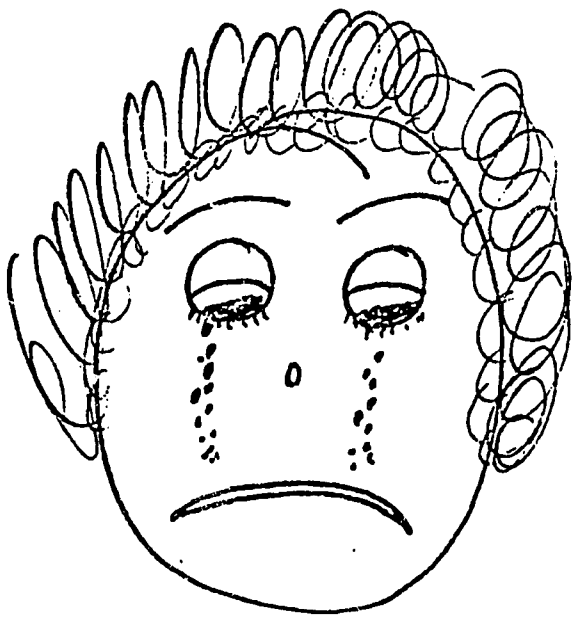
1:30 - 4:30 - Mandar Libros por Correo

4:30 - 5:30 - Evaluación del Curso con la Sra. Heyman

VIERNES, 16 de Abril

8:30 - 10:30 - Evaluación del Curso, Sra. Elena y Srta. Nancy

10:30 - 11:30 - Ceremonias de Graduación



¡¡Hasta muy pronto!!

CURSO EN PLANIFICACION FAMILIAR PARA TRABAJADORAS SOCIALES DE AMERICA LATINA
26 de Abril - 28 de Mayo, 1976

HORARIO

Semana 1: 26 de Abril - 30 de Abril, 1976

LUNES, 26 de Abril

8:30 - 12:00	-	Orientación: Discusion de Objetivos del Curso; Curriculum; Horario; Pre-Test, Sra. Elena Gantz y Srta. Nancy Holt
1:30 - 4:30	-	Continuación

MARTES, 27 de Abril

8:30 - 12:00	-	Anatomia y Fisiologia del Sistema Reproductivo, Srta. Nancy Holt
1:30 - 5:00	-	Historia y Filosofia de Planificación Familiar, Sra. Elena Gantz

MIERCOLES, 28 de Abril

8:30 - 12:00	-	Sistema Endocrina; Infertilidad; y Menopausia, Srta. Nancy Holt
1:30 - 4:00	-	La Trabajadora Social en los EEUU, Dr. Ismael Dieppa, El Decano Asociado de la Escuela Graduada para Trabajadoras Sociales
4:00 - 5:00	-	Clase con Estudiantes de la Escuela Graduada para Trabajadoras Sociales -- acerca de Problemas Sociales y Comunicación , Dr. Dieppa
5:00 - 6:00	-	Recepción - Refrescos: Vino, Queso, y Galletas

JUEVES, 29 de Abril

8:30 - 12:00	-	La Pildora Anticonceptiva, Srta. Nancy Holt
12:00 - 5:00	-	Almuerzo y Tour de Denver

VIERNES, 30 de Abril

8:30 - 1:30	-	"Orientación acerca del Sistema de Salud Publica y Bienestar Social en Denver, Colorado" (Stapleton Centro de Salud), Sra. Olivia Cardenas y Sra. Joanne Weller
2:00 - 4:30	-	Proceso de Planificación: Identificación del Problema, Sra. Elena Gantz
4:30 - 5:00	-	Evaluación de la Semana

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Semana 2: 3 de Mayo - 7 de Mayo, 1976

LUNES, 3 de Mayo

8:30 - 12:00 - El DIU y Otros Metodos Anticonceptivos, Srta. Nancy

1:30 - 5:00 - Ustedes Como Consejeras Enseñando los Diferentes Metodos Anticonceptivos, Srta. Nancy y Sra. Elena

MARTES, 4 de Mayo

8:30 - 4:00 - Stapleton Centro de Salud, Olivia Cardenas: Mashuri y Mayra

8:30 - 4:00 - Centro de Salud Mental, Ernesto Alvarado: Emma y Olgalina

9:00 - 11:30 - Hospital General de Colorado, Entrevistas con pacientes acerca de los metodos anticonceptivos en la Sala de Puerperio: Srta. Nancy: Graciela y Maria Elena

9:00 - 10:00 - Entrevista con Elena: Juana

10:00 - 11:00 - Entrevista con Elena: Consuelo

11:00 - 12:00 - Entrevista con Elena: Guadalupe

12:45 - 4:00 - Bienestar Social:

Al Trujillo: Guadalupe
Leah Lyles: Consuelo y Juana

1:30 - 2:30 - Entrevista con Elena: Graciela

2:30 - 3:30 - Entrevista con Elena: Maria Elena

MIERCOLES, 5 de Mayo

8:30 - 12:00 - Examen Pelvico y Examen de las Mamas, Srta. Nancy

1:30 - 5:00 - Ustedes Como Consejeras Enseñando los Diferentes Metodos Anticonceptivos, Srta. Nancy y Sra. Elena

JUEVES, 6 de Mayo

8:30 - 5:00	-	Fort Lupton Centro de Salud: Sra. Suzie Martinez: Guadalupe, Graciela, Consuelo
8:30 - 4:00	-	Stapleton Centro de Salud, Olivia Cardenas: Juana y Maria Elena
9:00 - 11:00	-	Hospital General de Colorado, Entrevistas con pacientes acerca de los metodos anticonceptivos en la Sala de Puerperio: Sra. Elena: Mashuri y Olgalina
8:30 - 11:30	-	Guarderia de Niños, Sra. Margaret Soto: Emma y Mayra
12:45 - 4:00	-	Bienestar Social: Peggy Knorowski: Mashuri Leroy Sandoval: Mayra
1:30 - 2:30	-	Entrevista con Elena: Emma
2:30 - 3:30	-	Entrevista con Elena: Olgalina

VIERNES, 7 de Mayo

8:30 - 12:00	-	Proceso de Planificación: Sra. Elena
1:30 - 4:30	-	Proceso de Planificación: Sra. Elena (continuación)
4:30 - 5:00	-	Evaluacion de la Semana

CURSO EN PLANIFICACION FAMILIAR
PARA TRABAJADORAS SOCIALES DE
AMERICA LATINA

26 de Abril - 28 de Mayo, 1976

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SEMANA 3: 10 de Mayo - 14 de Mayo, 1976

LUNES, 10 de Mayo

8:30 - 12:00	-	Clinica de Planificación Familiar: Examinaciones Individuales, Sra. Elena
1:30 - 5:00	-	Proceso de Planificación, Fijamiento de Meta y Objetivos, Sra. Elena

MARTES, 11 de Mayo

8:30 - 4:00	-	Stapleton Centro de Salud, Olivia Cardenas: Connie y Olgalina
8:30 - 4:00	-	Centro de Salud Mental, Ernesto Alvarado: Mayra y Maria Elena
9:00 - 11:30	-	Hospital General de Colorado, Entrevistas con pacientes acerca de los metodos anticonceptivos en la Sala de Puerperio, Frances Lobato: Guadalupe y Juanita
8:30 - 4:00	-	Servicio Militar, Colonal Prince, Director de Servicio Social: Emma
9:30 - 10:30	-	Proyecto: Mashuri
10:30 - 11:30	-	Proyecto: Graciela
12:45 - 4:00	-	Bienestar Social: Fred Acosta: Graciela Benita Atencio: Mashuri Leroy Sandoval: Juanita
1:30 - 2:30	-	Proyecto: Guadalupe

MIERCOLES, 12 de Mayo

8:30 - 12:00	-	Programas de Planificación Familiar, Sra. Elen
1:30 - 5:00	-	Proyecciones Demograficas de sus paises, Universidad de Denver, Dr. Charles Cortese

JUEVES, 13 de Mayo

8:30 - 5:00	-	Fort Lupton Centro de Salud, Sra. Suzie Martinez: Juanita, Mashuri, Olgalina
8:30 - 4.00	-	Stapleton Centro de Salud: Guadalupe y Graciela
9:00 - 11:00	-	Hospital General de Colorado: Connie y Emma
9:30 - 10:30	-	Proyecto: Mayra
10:30 - 11:30	-	Proyecto: Maria Elena
12:45 - 4:00	-	Bienestar Social: Phyllis Quientero: Mayra Ramona Lucera: Maria Elena Dorothy Ortegon: Emma
1:30 - 2:30	-	Proyecto: Connie
5:00 - 7:00	-	Clinica de Planificacion Familiar, Programa de Vasectomia, Paul Worthem, Director: Maria Elena, Mayra y Guadalupe

VIERNES, 14 de Mayo

8:30 - 12:00	-	Componentes de un Programa de Planificacion Familiar (trabajo en Sra. Elena grupo)
1:30 - 4:30	-	Componentes de un Programa de Planificacion Familiar, presentaciones: Sra. Elena
4:30 - 5:00	-	Evaluacion Semana

CURSO EN PLANIFICACION FAMILIAR
PARA TRABAJADORAS SOCIALES DE
AMERICA LATINA

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Semana 4: 17 de Mayo - 21 de Mayo, 1976

LUNES, 17 de Mayo

8:30 - 10:30	-	Proceso de Planificacion: Plan de Trabajo y Ejecucion del Programa, Sra. Elena
10:30 - 12:00	-	Proceso de Planificacion: Evaluacion, Srta. Debbie
1:30 - 5:00	-	Proyecciones Demograficas acerca de su pais, Dr. Charles Cortese

MARTES, 18 de Mayo

8:30 - 5:00	-	Fort Lupton Centro de Salud, Sra. Suzie Martinez: Maria Elena, Mayra y Emma
8:30 - 4:00	-	Centro de Salud Mental, Ernesto Alvarado: Juanita y Mashuri
9:00 - 11:00	-	Tour de Hospital General de Colorado con Sra. Elena: Olgalina
8:30 - 9:30	-	Proyecto con Debbie: Graciela
9:30 - 10:30	-	Proyecto con Debbie: Connie
10:30 - 11:30	-	Proyecto con Debbie: Guadalupe
		Proyecto con Elena: Olgalina
12:45 - 4:00	-	Bienestar Social:
		Peggy Knorowski: Olgalina Virginia Quintana: Guadalupe Ramona Lucero: Connie Phyllis Quintero: Graciela

MIERCOLES, 19 de Mayo

8:30 - 12:00	-	Sexualidad Humana, Sra. Elena
1:30 - 5:00	-	Tecnicas de Entrenamiento, Sra. Elena

JUEVES, 20 de Mayo

8:30 - 12:00	-	Sociodramas (practica acerca del proceso de consejeria); Video-tape, Sra. Elena
1:30 - 2:30	-	Proyecto: Juanita
1:30 - 2:30	-	Proyecto: Mashuri
2:30 - 3:30	-	Proyecto: Maria Elena
2:30 - 3:30	-	Proyecto: Mayra
3:30 - 4:30	-	Proyecto: Emma
1:45 - 4:00	-	Bienestar Social: Virginia Hansen: Connie Fred Acosta: Guadalupe Rose Vasquez: Olgalina
6:00 - 9:30	-	Discusión con Adolescentes sobre Sexualidad; Video-tape, Sra. Elena

VIERNES, 21 de Mayo

8:30 - 12:00	-	Enfermedades Venereas y Ginecologicas, Srta. Nancy
1:30 - 4:30	-	La Madre Soltera (pelicula y discusion), Sra. Elena
4:30 - 5:00	-	Evaluación de la semana

CURSO EN PLANIFICACION FAMILIAR
PARA TRABAJADORAS SOCIALES DE
AMERICA LATINA

26 de Abril - 28 de Mayo, 1976

HORARIO

Semana 5: 24 de Mayo - 28 de Mayo, 1976

LUNES, 24 de Mayo

8:30 - 10:00 - Advances en Metodos Anticonceptivos; C-Film, Consuelo Ramos de Cifuentes

Otros Nuevos Metodos, Sra. Nancy

10:30 - 12:00 - Los Disfunciones Sexuales mas Comunes, Dra. Nancy Foote

1:30 - 3:00 - El Aborto, Dr. Warren Hern

3:00 - 5:00 - Esterilizacion: Masculina y Feminina, Dr. Warren Hern

MARTES, 25 de Mayo

8:30 - 12:00 - Tecnicas de Entrenamiento, Sra. Elena

12:45 - 4:00 - Bienestar Social:

Peggy Riley: Emma
Tom Kanan: Mayra
Al Trujillo: Juanita

12:45 - 4:00 - Centro de Salud Mental: Connie, Guadalupe, y Graciela

1:30 - 4:45 - Presentacion del Proyecto, Sra. Elena

1:30 - 2:15 - Mashuri

2:15 - 3:00 - Maria Elena

3:00 - 3:45 - Olgalina

4:00 - 4:45 - Emma

MIERCOLES, 26 de Mayo

8:30 - 12:00 - Reviso de todos los Aspectos Medicos, Sra. Nancy

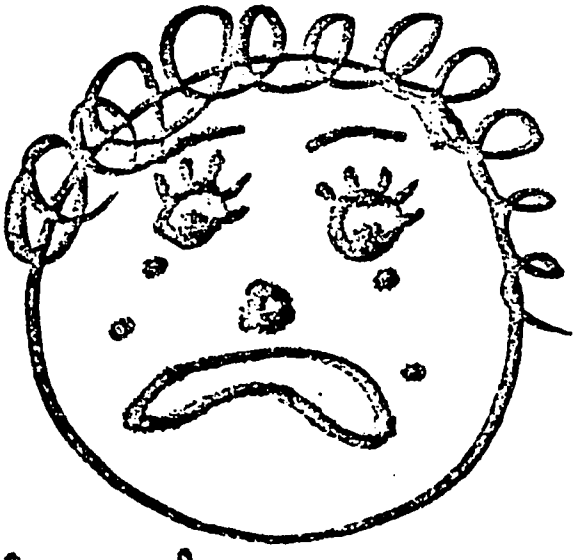
1:30 - 5:00 - Sexualidad Humana, Sra. Elena

JUEVES, 27 de Mayo

8:30 - 9:30	-	Post Test
9:30 - 12:00	-	Desarrollo de Materiales Educativos, Sra. Elena
1:30 - 2:30	-	Evaluacion del Curso con Sr. Ed Dennison
2:30 - 4:30	-	Peluqueria: Emma y Guadalupe
2:30 - 5:00	-	Presentacion del Proyecto, Sra. Elena
2:30 - 3:00	-	Connie
3:00 - 3:30	-	Graciela
3:30 - 4:00	-	Mayra
4:00 - 4:30	-	Juanita
4:30 - 5:00	-	Guadalupe
2:30 y 3:30	-	Mandar Libros por Correo
7:00 -	-	Despedida en la Casa de Sra. Elena

VIERNES, 28 de Mayo

8:30 - 10:30	-	Evaluacion del Curso, Sra. Elena, Sra. Nancy, y Srta. Debbie
10:30 - 11:00	-	Ceremonia de Graduacion



Hasta muy pronto!

CURSO EN PLANIFICACION FAMILIAR PARA ADMINISTRADORES DE AMERICA LATINA

DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO

26 de Julio - 20 de Agosto 1976

EL PROGRAMA DEL CURSO

META: Aumentar la competencia profesional en el área de administración a fin de que, al completar el curso, cada participante sea capaz de identificar porqué es necesario y cómo es posible implementar servicios comprensivos y eficaces de planificación familiar.

OBJETIVO 1:

Demonstrar a los participantes la relación entre las dinámicas de población y el desarrollo socio-económico de un país para que cada uno pueda justificar la necesidad de servicios de planificación familiar en sus propios paises.

TEMAS:

- El Impacto del Crecimiento de Población sobre la Sociedad
- Proyecciones Demográficas por Computador
- Salud Pública y Planificación Familiar
- La Historia de Programas Estatales de Planificación Familiar
- Obstáculos Culturales y Religiosos a Planificación Familiar
- El Estatus de la Mujer y su Relación con el Crecimiento de la Población

OBJETIVO 2:

Proporcionar información sobre aspectos administrativos a fin de que cada participante pueda identificar su propio papel en el desarrollo y mantenimiento de un programa de planificación familiar.

TEMAS:

- Conceptos de Administración
- Funciones de un Administrador
  - Organización
  - Coordinación y Comunicación
  - Motivación del Personal
  - Planificación
- Componentes de un Programa de Planificación Familiar
- Educación en Servicio
- La Utilización de Para-Profesionales en Planificación Familiar

- Estilos de Gerencia, Delegación de Autoridad y Toma de Deciciones
- Técnica de Administrar en Grupo
- Reclutamiento de Pacientes

OBJETIVO 3:

Dada la información sobre el proceso de planificación, cada participante desarrollará un proyecto que puede ejecutar al regresar a su pais, son el propósito de mejorar los servicios de planificación familiar.

TEMAS:

- Proceso de Planificación
  - Identificación del Problema
  - Fijamiento de Metas y Objetivos
  - Determinación de Prioridades
  - Programación y Presupuesto
  - Ejecución
  - Evaluación

OBJETIVO 4:

Dada la información sobre evaluación de programas, los participantes sabrán desarrollar un plan de evaluación facilmente aplicable al programa de planificación familiar.

TEMAS:

- Tipos de Evaluación
- Objetivos de Evaluación
- Metodología de Evaluación
- Ejecución de Evaluación

CURSO EN PLANIFICACION FAMILIAR
PARA ADMINISTRADORES
DE AMERICA LATINA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO
26 de Julio - 20 de Agosto 1976

HORARIO

Semana 1: 26 de Julio - 30 de Julio

LUNES, 26 de Julio

8:30 - 12:00	-	Orientación: Introduccion al personal, a la casa y a la Ciudad de Denver; Pre-test
1:30 - 4:30	-	Orientación continuada: Introducción de los participantes, discusión sobre la meta y los objetivos del curso

MARTES, 27 de Julio

8:30 - 10:00	-	Conceptos de Administración, Sr. Mike Juarez
10:15 - 12:00	-	Funciones de un Administrador, Sr. Mike Juarez
1:30 - 5:00	-	El Proceso de Planificación: Introducción, Sr. Mike Juarez

MIERCOLES, 28 de Julio

8:30 - 12:00	-	El Impacto del Crecimiento de Población sobre la Sociedad, Srta. Debbie Costin
1:30 - 5:00	-	Tour de Denver

JUEVES, 29 de Julio

8:30 - 12:00	-	El Proceso de Planificación: Identificación del Problema, Sr. Mike Juarez
1:30 - 5:00	-	Componentes de un Programa de Planificación Familiar, Srta. Debbie Costin

VIERNES, 30 de Julio

8:30 - 10:00	-	La Utilización de Para-Profesionales en Planificación Familiar, Sra. Nancy Holt

10:15 - 12:00	-	Salud Pública y Planificacion Familiar, Srta. Debbie Costin
1:30 - 4:30	-	Obstáculos Culturales y Religiosos a Planificación Familiar, Sr. Feliciano Sanz
4:30 - 5:00	-	Evaluación de la Semana

CURSO EN PLANIFICACION FAMILIAR
PARA ADMINISTRADORES
DE AMERICA LATINA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO
26 de Julio - 20 de Agosto, 1976

HORARIO

Semana 2: 2 de Agosto - 6 de Agosto

LUNES, 2 de Agosto

8:30 - 12:00 - Proceso de Planificación: Fijamiento de Metas, Objetivos y Prioridades, Sr. Phil Sanz

1:30 - 5:00 - Proceso de Planificación: Plan de Trabajo, Sr. Michael Juarez

MARTES, 3 de Agosto

8:30 - 12:00 - Proceso de Planificación: El Presupuesto, Sr. Michael Juarez

1:30 - 5:00 - Viaje al Colorado Health Department, Sra. Annis Gross, Directora del Programa de Planificación Familiar

MIERCOLES, 4 de Agosto

8:30 - 12:00 - Proceso de Planificación: Ejecución, Sr. Phil Sanz

1:30 - 5:00 - Proyecciones Demográficas por Computador, Dr. Charles Cortese, Universidad de Denver

JUEVES, 5 de Agosto

8:30 - 12:00 - Proceso de Planificación: Evaluación, Sr. Michael Juarez

1:30 - 5:00 - Continuación

VIERNES, 6 de Agosto

8:30 - 12:00 - Proceso de Planificación: Evaluación, Sr. Michael Juarez

1:30 - 4:30 - Trabajo en Grupo sobre los Proyectos

4:30 - 5:00 - Evaluación de la Semana

CURSO EN PLANIFICACION FAMILIAR
PARA ADMINISTRADORES
DE AMERICA LATINA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO
26 de Julio - 20 de Agosto, 1976

HORARIO

Semana 3: 9 de Agosto - 13 de Agosto

LUNES, 9 de Agosto

8:30 - 12:00 - El Proceso de Planificación: Evaluación, Sr. Mike Juarez

1:30 - 5:00 - Continuación

MARTES, 10 de Agosto

8:30 - 12:00 - Teoría de la Organización, Sr. Mike Juarez

1:30 - 5:00 - Coordinación, Sr. Phil Sanz

MIERCOLES, 11 de Agosto

8:30 - 12:00 - Avances en la Planificación Familiar (Aspectos Médicos), Dr. Roberto Fisher

1:30 - 5:00 - Visita al Hospital General de Colorado

JUEVES, 12 de Agosto

8:30 - 12:00 - Comunicación, Sr. Phil Sanz

1:30 - 2:30 - Adolecentes y Embarazos (Película y Discusión) Srta. Debbie Costin

3:00 - 5:00 - El Estatus de la Mujer en America Latina, Srta. Debbie Costin

VIERNES, 13 de Agosto (¡Dia de la Mala Suerte!)

8:30 - 12:00 - Motivación del Personal, Sr. Mike Juarez

1:30 - 4:30 - Educación en Servicio, Sr. Mike Juarez

4:30 - 5:00 - Evaluación de la Semana

CURSO EN PLANIFICACION FAMILIAR
PARA ADMINISTRADORES
DE AMERICA LATINA
DEVELOPMENT ASSOCIATES, INC.
DENVER, COLORADO
26 de Julio - 20 de Agosto, 1976

HORARIO

Semana 4: 16 de Agosto - 20 de Agosto

LUNES, 16 de Agosto

8:00 - 8:30	-	Reporte de Progreso del Proyecto: Ezequiel, Francisco, Gerardo: Sr. Phil Sanz
8:30 - 12:00	-	Educación en Servicio, Sr. Mike Juarez
1:00 - 1:30	-	Reporte de Progreso del Proyecto: Huberto, Elias, Emilio: Sr. Phil Sanz
1:30 - 4:00	-	Delegación de Autoridad y Toma de Decisiones, Sr. Mike Juarez
4:00 - 5:00	-	Evaluación del Curso, Sra. Julie Heyman

MARTES, 17 de Agosto

8:30 - 12:00	-	El Enfoque de Administración como Trabajo de Equipo, Sr. Mike Juarez
1:30 - 5:00	-	Trabajo en Grupo para Finalizar la Presentación de los Proyectos

MIERCOLES, 18 de Agosto

8:30 - 12:00	-	Presentación de los Proyectos
1:30 - 5:00	-	Visita al Colorado General Hospital, Sr. Tony Charles, Sra. Marilyn Phillips, Sr. Abe Vasquez, Sra. Frances Lobato

JUEVES, 19 de Agosto

8:30 - 12:00	-	Repaso, Sr. Mike Juarez
1:30 - 2:30	-	Post Test
2:45 - 3:45	-	Mandar Libros por Correo
4:00 - 5:00	-	Discusión sobre el Post Test
7:30 -	-	Despedida en la casa de los Juarez

VIERNES, 20 de Agosto

8:30 - 10:00 - Evaluación Final

10:30 - 12:00 - Ceremonias de Graduación

INTERNATIONAL TRAINING INSTITUTE FOR MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

NEW YORK MEDICAL COLLEGE

LUNDI, MARS 15, 1976

	Arrivee a L'Aeroport "La Guardia" Transfert a la Residence Draper Hall Enregistrement
12:00 - 1:00 P.M.	Dejeuner
	Orientation

MARDI, MARS 16, 1976

	Orientation
12:00 - 1:00 P.M.	Dejeuner - Reception - presentation au personnel de Planification Familiale

MERCREDI, MARS 17, 1976

9:00 - 12:00 P.M.	Vue de New York - Cathedrale St. Patrique a l'occasion de la fete de St. Patrique
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Suite - la fete de St. Patrique
3:00 - 4:00 P.M.	Anatomie et Physiologie (Dr. Nazon) Rm. 3E3 D.H.

JEUDI, MARS 18, 1976

9:00 - 10:00 A.M.	L'art de la Communication (Dr. Bandini) Rm. 3E3 D.H.
10:00 - 11:00 A.M.	Education Sexuelle - (Dr. Friedman) Rm. 3E3 D.H.
11:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner

Programme Mars 15-19, 1976

JEUDI, MARS 18, 1976 (suite)

1:00 - 3:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: (2) Mme. DesLouches, Auguste Rm. 4D13 Introduction: Explication sur l'usage du mannequin pour l'insertion du Sterilet Rotation: (4) (Mrs. Nater) Rm. 417

VENDREDI, MARS 19, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe d'Obstetrique: (Dr. Castadot) Nutrition et grossesse Room 406
12:00 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Le Cycle Menstruel (Dr. Nazon) Rm. 3E3 D.H. Techniques de la Communication (Mr. Welch) Rm. 3E3 D.H.

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LUNDI, MARS 22, 1976

9:30 - 11:30 A.M.	L'art de la Communication (Dr. Bandini, Mr. Welch) Rm. R-113 F.F.A.H.
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive - examen gynecologique (Dr. Nazon) Rm. 3E3 D.H.

MARDI, MARS 23, 1976

9:30 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00	Classe Gynecologique - Colposcopie Rm. 406 (Dr. Castadot)
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Mme. Colas, Alezi
	Philosophie du Service Planification Familiale Role des Infirmieres en Planification Familiale (Mrs. Nater) Rotation: (4) Rm. 406
2:00 - 3:00 P.M.	Pediatriques (Dr. Mariton) Rm. 418 Morbitite et mortalite perinatale Croissance et developpement foetale
3:15 - 4:15 P.M.	Technologie Contraceptive Les Pilules Contraceptives (Dr. Nazon) (Methode Hormonale) Rm. 3E3 D.H. Definition, composition, indication et contre-indication

MERCREDI, MARS 24, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Sante Communautaire - Connaitre la Communaute (Dr. Boria) Rm. 418

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MARS 24 - suite

12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr.Welch Rm. 3E3 D.H. - Preparation d'un conte - narration
3:00 - 4:00 P.M.	Technologie Contraceptive (Dr. Nazon) Suite - Les Pilules Contraceptives - mode d'action, etc.

JEUDI, MARS 25, 1976

9:00 - 10:00 A.M.	L'art de la Communication (Dr. Bandini) Rm. 3E3 D.H.
10:00 - 11:00 A.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 D.H.
11:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 3:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Mme. Colas, Alezi
	Philosophie du Service Planification Familiale Le Role des Infirmieres en Planification Familial (Mrs. Nater) Rotation: (4) Rm. 417

VENDREDI, MARS 26, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe d'Obstetrique (Dr. Castadot) Anemie et Grossesse (Rm. 406)
12:00 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Test - Revue (Dr. Nazon) Rm. R-114 F.F.A.H.
	Interpretation d'un conte de caracteres, complot, message (Mr. Welch) Rm. R-114 F.F.A.H.

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LUNDI, MARS 29, 1976

9:30 - 11:30 A.M.	L'art de la Communication (Dr. Bandini, Mr. Welch) Rm. R-113 FFAH
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Les Pilules Contraceptives (suite) Problemes lies a l'usage des pilules Rm. 3E3 D.H.
3:00 - 4:00 P.M.	Classe Prenatale - projection de film (Ana Morales) Rm. 1D17 Visit a la Salle d'accouchement

MARDI, MARS 30, 1976

9:30 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe Gynecologique (Dr. Castadot) Le frottis vaginal et la cytologie. Depistage du cancer du col. Prevention Room 406
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Sanchez, Jean-Baptiste Rm. 4D13 Explications et details sur le materiel utilise dans la Clinique de Planification Familiale Rotation: (4) Mrs. Nater Rm. 406
2:00 - 3:00 P.M.	Pediatriques (Dr. Mariton) Rm. 418 Le Nouveau-ne Reanimation du nouveau-ne en salle de travail Examen du nouveau-ne Soins immediats - signe d'inquietude
3:15 - 4:15 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 I Les Pilules Contraceptive-suite Problemes lies a l'usage des pilules

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Mars 29 - Avril 2

MERCREDI, MARS 31, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Protection Materno-Infantile et Population (Dr. Boria) Room 418
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) Rm. 3E3 DH L'usage du gravures pour relater l'histoire visuelle
3:00 - 4:00 P.M.	Technologie Contraceptive (Dr. Nazon) Nouvelle generation de pilules (Mini-pilules) et revue generale - Rm. 3E3 D.H.

JEUDI, AVRIL 1, 1976

9:00 - 10:00 A.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 DH
10:00 - 11:00 A.M.	L'art de la Communication (Dr. Bandini) Rm. 3E3 DH
11:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 3:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Sanchez, Jean-Baptiste Rm. 4D13
	Explications et details sur le materiel utilise dans la Clinique de Planification Familiale Rotation: (4) Rm. 3E3 D.H. (F. Nater)

VENDREDI, AVRIL 2, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe d'Obstetrique (Dr. Castadot) Rm. 406 Hygiene de la grossesse Soins prenataux
12:00 - 1:00 P.M.	Dejeuner

Mars 29 - Avril 2

VENDREDI, AVRIL 2 - suite

1:30 - 3:30 P.M.	Test - revue (Dr. Nazon) Rm. R-114 FFAH Preparation et l'usage de la machine audio visuelle

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LUNDI, AVRIL 5, 1976

9:30 - 11:30 A.M.	L'art de la Communication (Dr. Bandini, Mr. Welch) Rm. R-113 FFAH
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Methodes Mecaniques -Sterilets (IUD ou Dispositif Intrauterin) -Histoire--Definition -"Lippes Loop" Room 3E3 DH
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales) Rm.
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement (Mrs. Bing) Auditorium F.F.A.H.

MARDI, AVRIL 6, 1976

9:30 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe de Gynecologie - (Dr. Castadot) Vaginites, Cervicites (Rm. 406)
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Mme. Auguste, DesLouche Rm. 4D13 Ultrasound: (4) Rm. 4D9
2:00 - 3:00 P.M.	Pediatrie (Dr. Mariton) Rm. 418 La Periode Neonatale
3:15 - 4:15 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 D Sterilets - Suite CU-7 Complications des Sterilets

MERCREDI, AVRIL 7, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Connaitre la Communaute (Dr. Boria) Rm. 418
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) Les Techniques de la Communication au service de l'education (Rm. 3E3 DH)
3:00 - 4:00 P.M.	Technologie Contraceptive (Dr. Nazon) -Les Diaphragmes -Rappel Anatomique -Indications et Contreindications du diaphragme

JEUDI, AVRIL 8, 1976

9:00 - 10:00 A.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 DH
10:00 - 11:00 A.M.	L'art de la Communication (Dr. Bandini) Rm. 3E3 DH
11:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 3:00 P.M.	Clinique de Colposcopie (Dr. Castadot) Rotation: Mme Auguste, DesLouche Ultrasound: (4) Rm. 4D9

VENDREDI, AVRIL 9, 1976

9:00 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe d'Obstetrique (Dr. Castadot) Rm. 406 Conduite du travail Les limites de l'Obstetrique La Chirurgie
12:00 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Test-portant uniquement sur les sterilets Rm. R-114 FFAH Les techniques de Communication au service de l'education

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LUNDI, AVRIL 12, 1976

9:30 - 11:30 A.M.	L'art de la Communication (Dr.Bandini, Mr. Welch) Rm. R-113 FFAH
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Revue sur pilules et sterilets Rm. 3E3 DH
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales) Rm. 4D19B
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement Methode LaMaze (Mrs. Bing) F.F.A.H. Auditorium

MARDI, AVRIL 13, 1976

9:30 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe de Gynecologie (Dr. Castadot) Grossesse Ectopique - Rm. 406
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Film sur examen de seins Room 418
2:00 - 3:00 P.M.	Pediatrie (Dr. Mariton) Rm. 418 La Periode Neonatale - Suite
3:15 - 4:15 P.M.	Technologie Contraceptive (Dr. Nazon) Prophylactiques, Gelee, Creme, Suppositoires Rm. 418

MERCREDI, AVRIL 14, 1976

9:00 - 11:30 P.M.	Clinique de Planification Familiale
11:30 - 12:30 P.M.	Planification des Services (Dr. Boria) Room 418
12:30 - 1:30 P.M.	Dejeuner
1:30 - 2:45 P.M.	Techniques de la Communication (Mr. Welch) Room 3E3 DH
3:00 - 4:00 P.M.	Technologie Contraceptive (Dr. Nazon) Coitus Interruptus Rythme Room 3E3 DH

JEUDI, AVRIL 15, 1976

9:00 - 10:00 P.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 DH
10:00 - 11:00 P.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe d'Obstetrique (Dr. Castadot) - Complications du travail - presentation du siege - grossesse gemellaires Room: 418
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Clinique de Pediatrie (Dr. Mariton) Rotation: Colas, Sanchez, Jean-Baptiste Ultrasound; Rm. 4D9 - DesLouche, Auguste, Alezi
2:00 - 3:00 P.M.	Pratique sur manniquin pour l'insertion du sterilet (Mrs. Nater) Rm. 418

VENDREDI, AVRIL 16, 1976

CONGE

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NEW YORK MEDICAL COLLEGE

LUNDI, AVRIL 19, 1976

9:00 - 11:30 A.M.	Visite au Centre Communautaire de Manhattan 792 Amsterdam Avenue, bet. 98 & 99 Street New York City (Mr. Welch, Vincent, Dupuy, Dr. Nazon)
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Sterilisation: Contraception Permanente
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales)
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement Methode LaMaze (Mrs. Bing) FFAH Auditorium

MARDI, AVRIL 20, 1976

9:30 - 11:00 A.M.	Clinique de Planification Familiale
11:00 - 12:00 P.M.	Classe de Gynecologie (Dr. Castadot) L'avortement - Room 406
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Tour of "Intensive Care Unit" (Mrs. Moran) Rm. 417
2:00 - 3:00 P.M.	Classe de Pediatrie (Dr. Mariton) Rm. 418 L'alimentation - allaitement - artificielle - intraveineuse - la premiere annee - les besoins vitamines et autres
3:15 - 4:15 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Le Choix d'un Contraceptif

MERCREDI, AVRIL 21, 1976

9:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) Rm. 3E3 DH
3:00 - 4:00 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Avortement legal, volontaire - Statut aux Etats-Unis et autres pays - Methodes utilisees - Complications

JEUDI AU DIMANCHE, AVRIL 22-25, 1976

Visite au Centre de Planification Familiale CERENA, MONTREAL, CANADA

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LUNDI, AVRIL 26, 1976

9:00 - 10:00 A.M.	Technologie Contraceptive (Dr. Nazon) Revue Generale - Room 418
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales)
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement Methode LaMaze (Mrs. Bing) F.F.A.H. Auditorium

MARDI, AVRIL 27, 1976

9:30 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe de Gynecologie (Dr. Castadot) L'amenorrhee, les menorrhagies et les metrorragies (Room 406)
12:15 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Visite a la section de l'avortement volontaire
2:00 - 3:00 P.M.	Classe de Pediatrie (Dr. Mariton) Rm. 418 Prevention Croissance et developement Les Immunizations
3:15 - 4:15 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Avortement legal, volontaire, suite

MERCREDI, AVRIL 28, 1976

9:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Sterilisation chez l'homme: Vasectomie
2:00 - 4:00 P.M.	Le Role de la Sage-Femme dans les Etats Unis (Mrs. Helene Pachtman) Room 418

JEUDI, AVRIL 29, 1976

9:00 - 10:00 A.M.	L'art de la Communication (Dr. Bandini) Rm. 3E3 D.H.
10:00 - 11:00 A.M.	Education Sexuelle - (Dr. Friedman) Rm. 3E3 D.H.
11:00 - 12:00 P.M.	Biostatistiques - (Mr. H. Rich) Rm. 418
12:00 - 1:00 P.M.	Dejeuner
1:00 - 4:00 P.M.	Visite Margaret Sanger Center (Mrs. Nater)

VENDREDI, AVRIL 30, 1976

9:00 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe d'Obstetrique: (Dr. Castadot) Supervision des matrones. La rupture uterine. L'infection puerperale Room. 406
12:15 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. R-114 F.F.A.H. Test Techniques de la Communication

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LUNDI, MAI 3, 1976	NEW YORK MEDICAL COLLEGE
8:00 - 9:00 A.M.	Salle de Operation de Avortement Rotation: Sanchez, DesLouches
9:30 - 11:30 A.M.	L'art de la Communication - Rm. R-113 F.F.A.H. (Dr. Bandini, Mr. Welch)
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 D.H. Revue
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales)
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement Methode LaMaze (Mrs.Bing) FFAH Aud.
MARDI, MAI 4, 1976	
9:30 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe de Gynecologie - Dr. Castadot Les tumeurs du systeme genital de la femme. L'endometriose (Rm. 406)
12:15 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 418 Organisation des cliniques de planification familiale - relations avec les autres cliniques et hopitaux
2:00 - 3:00 P.M.	Classe de Pediatrie (Dr. Mariton) Rm. 418 Signes de depistage de problemes plus graves
MERCREDI, MAI 5, 1976	
9:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) 3E3 DH

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JEUDI, MAI 6, 1976

9:00 - 10:00 A.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 DH
10:00 - 11:00 A.M.	L'art de la Communication (Dr. Bandini) 3E3 DH
11:15 - 12:15 P.M.	Biostatistiques (Mr. Rich) Rm. 418
12:15 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Visite a la Salle de Pediatrie (Dr. Mariton)
2:00 - 3:00 P.M.	Services Social de L'hopital Metropolitan (Mrs. Richardson) Rm. 418

VENDREDI, MAI 7, 1976

9:00 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe d'Obstetrique (Dr. Castadot) Rm. 406 Saignements pendant la grossesse
12:15 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Technologie Contraceptive (Dr. Nazon) 3E3 DH Table Ronde sur Planification Familiale en Pays en Voie de Developpement
	Techniques de la Communication (Mr. Welch)

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LUNDI, MAI 10, 1976

8:00 - 9:00 A.M.	Salle de Operation de Avortement Rotation: Mme. Colas, Alezi
9:30 - 11:30 A.M.	L'art de la Communication - Rm. R-113 FFAH (Dr. Bandini, Mr. Welch)
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH Anemie Falciforme
3:00 - 4:00 P.M.	Classe Prenatale (Ana Morales)
7:00 - 9:00 P.M.	Classe de Preparation a l'accouchement Methode LaMaze (Mrs. Bing) FFAH Aud.

MARDI, MAI 11, 1976

9:30 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe de Gynecologie - Dr. Castadot Rm. 406 La Sterilite
12:15 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 418
2:00 - 4:00 P.M.	Visite au "Maternity Center Association" (Mrs. Nater, Mr. Vincent, Mrs. Reinbrecht) 48 East 92nd Street New York 10028

MERCREDI, MAI 12, 1976

9:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) Rm. 3E3 DH

JEUDI, MAI 13, 1976

9:00 - 10:00 A.M.	Education Sexuelle (Dr. Friedman) Rm. 3E3 DH
10:00 - 11:00 A.M.	L'art de la Communication (Dr. Bandini) 3E3 DH
11:15 - 12:15 P.M.	Biostatistiques (Mr. Rich) Rm. 418
12:15 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Ultrasound - DesLouches, Auguste
1:00 - 3:00 P.M.	Clinique de Planification Familiale (Morrisania) (Dr. Boria) Rotation: Colas, Jean-Baptiste, Alezi
2:00 - 3:00 P.M.	Services Social de L'hopital Metropolitan (Mrs. Richardson) Rm. 418 Rotation: Sanchez, DesLouches, Auguste

VENDREDI, MAI 14, 1976

9:00 - 11:15 A.M.	Clinique de Planification Familiale
11:15 - 12:15 P.M.	Classe d'Obstetrique (Dr. Castadot) Le Postpartum, les hemorrhagies du postpartum Rm. 406
12:15 - 1:00 P.M.	Dejeuner
1:30 - 3:30 P.M.	Technologie Contraceptive (Dr. Nazon) 3E3 DH Test et Revue
	Techniques de la Communication (Mr. Welch)

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LUNDI, MAI 17, 1976

8:00 - 9:00 A.M.	Salle de Operation de Avortement Rotation: Mme.Jean-Baptiste, Auguste
9:30 - 11:30 A.M.	L'art de la Communication - Rm. R113-A FFAH (Dr. Bandini, Mr. Welch)
12:00 - 1:00 P.M.	Dejeuner
1:30 - 2:30 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 3E3 DH

MARDI, MAI 18, 1976

9:00 - 10:30 A.M.	L'art de la Communication (Dr. Bandini) Presentation des etudiantes d'Amerique Latine Rm. 3E3 DH
11:00 - 12:00 P.M.	Classe de Gynecologie - Dr. Castadot Rm. 406 Les maladies veneriennes
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:00 P.M.	Technologie Contraceptive (Dr. Nazon) Rm. 418
2:00 - 4:00 P.M.	Visite aux Nations Unis (Mr. Welch)

MERCREDI, MAI 19, 1976

9:00 - 12:00 P.M.	Clinique de Planification Familiale
12:00 - 1:00 P.M.	Dejeuner
1:00 - 2:30 P.M.	Techniques de la Communication (Mr. Welch) Rm. 3E3 DH

JEUDI, MAI 20, 1976

12:00 - 2:30 P.M.	Graduation Draper Hall Lounge

VENDREDI, MAI 21, 1976

TEMP LIBRE

V. SAMPLE COURSE OUTLINES AND CURRICULA -- NON-U.S. INSTITUTIONS

1. ACEP, Colombia--Trade Union Leaders, February, 1976
2. CCFP, Peru--Nurses, Social Workers, Teachers, August, 1976
3. Sistema Integrado de Salud, Colón, Panamá--Rural Health Assistants, May-June, 1976
4. ADBF, Dominican Republic--Community Volunteers, October, 1976
5. Asociación Pro-Salud Maternal, Mexico--Social Workers, Spring, 1976
6. Universidad del Valle, Guatemala--Nicaraguan Teachers, July, 1976

ASOCIACION COLOMBIANA PARA EL ESTUDIO DE LA POBLACION

CURSO DE EDUCACION PARA LA VIDA FAMILIAR

PARA: LIDERES SINDICALES DE LA UTC
FECHA; DEL 23 AL 27 DE FEBRERO DE 1976
SEDE: LA FLORIDA - COLEGIO TERCIARIAS DOMINICAS
Manizales.

P R O G R A M A

LUNES 23

8:00 - 9:00	Encuesta	
9:00 - 10:00	Objetivos e importancia de la Educación para la Vida Familiar.	Dra. ANA CECILIA QUIROZ DE MARIN BERNAL
10:00 - 10:15	Descanso	
10:15 - 12:00	Nociones de Demografía y Ecología. El Problema de Población. (Población y Desarrollo).	Dr. MARIO GARTNER T.
12:00 - 2:00	Almuerzo	
2:00 - 3:30	La Familia. Problemas de la Familia Colombiana	Dra. BLANCA LIBIA MEJIA
3:30 - 5:30	Paternidad Responsable Aspecto Socio-Cultural	Sta. MERY RINCON

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MARTES 24

8:00 - 10:00	Anatomía y Fisiología del Aparato Reproductor Femenino. Fecundación. Embarazo. Nociones de Embriología. Parto. Mecanismos y Cuidados. Parto sin dolor. Puerperio.	Dr. CARLOS ESPARZA P.
10:00 - 10:15	Descanso	
10:15 - 12:00	Anticoncepción; Aspectos Médicos. Descripción de los Métodos. Clasificación. Indicaciones. Contraindicaciones.	Dr. CARLOS ESPARZA C
12:00 - 2:00	Almuerzo	
2:00 - 3:45	La Planificación Familiar en Función de la Medicina Preventiva; Aborto. Cáncer de Cérvix. Cáncer de Mama	Dr. HUMBERTO MONTOYA
3:45 - 4:00	Descanso	
4:00 - 6:00	Anatomía y Fisiología del Aparato Reproductor Masculino. Enfermedades Venéreas	Dr. OCTAVIO GRAJALES

MIERCOLES 25

8:00 - 12:00	Desarrollo Sicosexual. Lo Masculino. Lo Femenino. Educación al Amor y a la Sexualidad. Sicofisiología de la Relación Amorosa.	DR. JOSE CASTAÑO M.
12:00 - 2:00	Almuerzo.	
2:00 - 5:00	Variantes de la Conducta Sexual. (Sexualismos y Homosexualismos). Revolución sexual. Emancipación de la Mujer y su participación en la Planificación Familiar.	Dr. JOSE CASTAÑO M.

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JUEVES 26

8:00 - 12:00	Motivación y Comunicación en Educación para la Vida FamiliaR.	Lic. MELBA DE RICCO
12:00 - 2:00	Almuerzo	
2:00 - 5:00	Comunicación y Grupos de Trabajo	Lic. MELBA DE RICCO

VIERNES 27

8:00 - 12:00	Elaboración de Programas	Lic. MELBA DE RICCO
12:00 - 2:00	Almuerzo	
2:00 - 4:00	Presentación de Trabajos	Lic. MELBA DE RICCO
4:00 - 5:00	Encuesta Final.	

ANEXO Nº 2

CONSEJO NACIONAL DE MUJERES DEL PERU
CENTRO DE CAPACITACION Y PROMOCION FAMILIAR

CURSO DE ORIENTACION SEXUAL Y PATERNIDAD RESPONSABLE

(Del 2 al 13 de Agosto)

Local: Colegio La Reparación, Bellavista 170, Miraflores
Horario: De 6 a 9 p.m.

P R O G R A M A

Lunes 02	Concepto de Sexualidad Humana. Ponente: Dr. Ricardo Subiría.
Martes 03	Película: "De niña a mujer". La pareja. Los roles sexuales. La Familia. Ponente: Dr.Ricardo Subiría e Irma Franco de Subiría.
Miércoles 04	Película: "Cuando yo sea grande". Caracterización funcional de las familias peruanas. Película: "500.000 adolescentes" Las conductas sexuales excepcionales. La promiscuidad y sus efectos sociales. Ponente: Dr. Alfonso Loli.
Jueves 05	Película: "La conciencia de un niño". La sexualidad infantil. Ponente: Dr. Emilio Majluf.
Viernes 06	Película: "Lucy" La sexualidad en la adolescencia. Ponente: Psicólogo Guillermo Zolezzi.

Lunes 09	Película: "Paternidad Responsable" Valores fundamentales y principios éticos de la Paternidad Responsable. Ponente: P. Enrique Bartra, S.J.
Martes 10	Película: "Reproducción Humana". Regulación de la fecundidad. Ponente: Dr. Heli Cancino.
Miércoles 11 y Jueves 12	Metodología aplicables a la orientación sexual. Examen de casos en grupos de trabajo. Ponente: Dra.Luisa Ramírez-Gastón de Vallearino.
Viernes 13	MESA REDONDA: La Paternidad Responsable, un deber y un derecho. Participantes: Dra.Carmen Derpich de López, P.Enrique Bartra, S.J. y Dr.Ricardo Subiría.

ST-76-28

APPENDIX V-3

SISTEMA INTEGRADO DE SALUD
Provincia de Colón

DIVISION DE ORGANIZACION Y EDUCACION EN SALUD DE LA COMUNIDAD
PROGRAMA DE SALUD RURAL

CURSO DE ADIESTRAMIENTO EN LAS AREAS MATERNO-INFANTIL Y PLANIFICACION FAMILIAR PARA LOS AYUDANTES DE SALUD

HORARIO DEL CUARTO CURSO

Lunes 17 de mayo de 1976:

8:00 a.m.	Inauguración e Introducción
8:30 a.m.	Inicio del Laboratorio Vivencial Discusión del Concepto ARAG
9:00 a.m.	Presentación y análisis de expectativas
1:00 p.m.	Ejercicios para abrir ventanas.

Martes 18 de mayo:

8:00 a.m.	Lectura y Discusión: "La ventana de Joharis"
10:15 a.m.	Ejercicios Focalizantes (Grupo T)
1:00 p.m.	Ejercicios Focalizantes (Grupo T)

Miércoles 19 de mayo:

8:00 a.m.	Micro-laboratorios
10:00 a.m.	Teoría del Feedback
1:00 p.m.	Micro-laboratorio de cambios

Jueves 20 de mayo:

8:00 a.m.	Evaluación de los cambios
10:00 a.m.	Proceso de Dar y Recibir Ayuda (DPQR)
1:00 p.m.	Proceso de Decisiones por Concenso

Viernes 21 de mayo:

8:00 a.m.	Proceso de Toma de Decisiones
10:00 a.m.	Trabajo en Equipos
1:00 p.m.	Evaluación General

Lunes 24 de mayo:

8:00 a.m.	Teoría de la Comunicación
10:00 a.m.	Análisis de la Percepción
1:00 p.m.	Efecto de la percepción sobre el proceso de la comunicación

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Martes 25 de mayo:

8:00 a.m.	Efecto del medio en la comunicación
10:00 a.m.	Efecto de la clave en la comunicación
11:00 a.m.	Efecto de la interpretación del mensaje en la comunicación
1:00 p.m.	Efecto del canal en la comunicación
3:00 p.m.	Evaluación final del vivencial

Miércoles 26 de mayo:

8:00 a.m.	Introducción a la problemática demográfica
1:00 p.m.	Trabajo de Grupos
6:00 p.m.	Proyección: "Planificación Familiar" Análisis y Discusión

Jueves 27 de mayo:

8:00 a.m.	Aspectos Generales de Demografía
10:00 a.m.	Trabajo de Grupos
1:00 p.m.	Posición de la Iglesia ante la Planificación Familiar

Viernes 28 de mayo:

8:00 a.m.	El Programa Materno-Infantil: Objetivos y Componentes
10:00 a.m.	Papel del Ayudante de Salud en el Programa Materno-Infantil y Planificación Familiar
1:00 p.m.	Detección del cáncer ginecológico en relación con la Planificación Familiar
3:00 p.m.	Visita de observación a la clínica respectiva

Lunes 31 de mayo:

8:00 a.m.	Anatomía y Fisiología de los órganos sexuales masculinos
10:00 a.m.	Trabajo de Grupos
1:00 p.m.	Anatomía de los órganos sexuales femeninos
2:30 p.m.	Evaluación
4:30 p.m.	Proyección: 250,000 Adolescentes Análisis y Discusión

Martes 1 de junio:

8:00 a.m.	Fisiología de los órganos sexuales femeninos
10:00 a.m.	Proyección: La Reproducción Humana
1:00 p.m.	El aborto, mala solución
3:00 p.m.	Proyección: El aborto Análisis y Discusión

Miércoles 2 de junio:

8:00 a.m.	Anticoncepción: significado
10:00 a.m.	Proyección: Métodos anticonceptivos
10:30 a.m.	Los métodos anticonceptivos: significado, clasificación
1:00 p.m.	Métodos Quirúrgicos

Jueves 3 de junio:

8:00 a.m.	Métodos Mecánicos: cuidados, tulización correcta
10:00 a.m.	Métodos Químicos: acción, tipos, cuidados
1:00 p.m.	Visita de observación a las clínicas de Planificación Familiar

Viernes 4 de junio:

8:00 a.m.	Método Hormonal-oral
10:00 a.m.	Trabajo de Grupos
1:00 p.m.	Método Hormonal-parenteral
3:00 p.m.	Trabajo de Grupos

Lunes 7 de junio:

8:00 a.m.	Medios Naturales
10:00 a.m.	Proyección: Una Mujer y Dos Destinos
1:00 p.m.	Técnica de preparación y desarrollo de charlas y entrevistas
3:00 p.m.	Características de las Ayudas Audio Visuales
5:00 p.m.	La visita domiciliaria con fines de capatación, control o evaluación .

Martes 8 de junio:

8:00 a.m. - 5:00 p.m.	Práctica en las clínicas de Planificación Familiar

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Miércoles 9 de junio:

8:00 a.m.	Trabajo de Grupos
10:00 a.m.	Panel: Efectos de la Planificación Familiar en las zonas rurales
1:00 p.m.	Evaluación General

Jueves 10 de junio:

8:00 a.m.	Análisis de Problemas sobre planeamiento de actividades y controles administrativos del Programa de Salud Rural

Viernes 11 de junio:

8:00 a.m. - 4:00 p.m.	Análisis y Discusión sobre aspectos administrativos y de supervisión del Programa de Salud Rural
4:00 p.m.	Clausura oficial del curso

APPENDIX V-4

ASOCIACION DOMINICANA PRO BIENESTAR DE LA FAMILIA, INC.

CUARTA JORNADA DE VOLUNTARIOS DE LA EREF

FECHA: 29, 30 y 31 de octubre de 1976

LUGAR: Casa San Pablo

PROGRAMA

Viernes 29 de Octubre:

Tarde:

5:00 - 6:30	Registro de Participantes; Evaluación. Lic. Vivian Mota y Sra. Berenice L. de Hasbún.
6:30 - 7:00	Apertura. Introducción y Objetivos. (Presentación de Cursillistas). Dr. Bienvenido A. Delgado Billini
7:00 - 7:30	La ADPBF, su estructura, objetivos y funciones. Lic. Magaly Caram de alvarez
7:30 - 8:30	C E N A
8:30 - 9:15	La EREF, sus objetivos, funcionamiento, proyectos. Lic. Mario Suárez Marill

Sábado 30 de Octubre:

Mañana

7:00 - 8:00	D E S A Y U N O
8:00 - 10:00	Importancia de la organización y formación de grupos en el desarrollo de las comunidades rurales. Lic. Martha Beato de Herrera
10:00 - 10:15	R E C E S O - C A F E
10:15 - 11:15	El Voluntario: importancia de su trabajo en la comunidad (enfocado en el campo de la Planificación Familiar). Lic. Vivian Mota
11:15 - 12:00	Trabajo en grupo, sobre la charla anterior. Lic. Vivian Mota
12:00 - 2:00	A L M U E R Z O

Tarde:

2:00 - 3:30	Papel del Voluntario de la EREF, Instrucciones sobre distribución y uso de material educativo. Margarita Valenzuela
3:30 - 4:15	Grupos de trabajo y plenaria. Margarita Valenzuela
4:15 - 4:30	M E R I E N D A
4:30 - 6:00	Razones que justifican la Planificación Familiar. Lic. Magaly Caram de Alvarez
6:00 - 7:30	Principios fundamentales sobre la reproducción humana. Dr. Bernardo Fernández Diloné
7:30 - 8:30	C E N A
8:30 - 9:30	Intercambio sobre la percepción de la EREF en las comunidades Sr. José Enrique Trinidad y Lic. Andrea Soriano

Domingo 31 de Octubre:

Mañana:

7:00 - 8:00	D E S A Y U N O
8:00 - 9:30	Los Métodos Anticonceptivos: ventajas desventajas de cada uno. Sesión abierta de preguntas. Dr. Bernardo Fernández Diloné
9:30 - 10:30	Falsas creencias en relación a la Planificación Familiar. Lic. Mario Suárez Marill
10:30 - 11:15	Evaluación
11:15 - 12:30	Clausura
12:30 1:30	A L M U E R Z O

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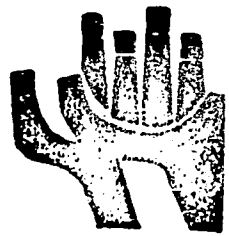

ASOCIACION PRO SALUD MATERNAL

San Luis Potosí 101
Apartado 7-1050
México 7, D. F.

Teléfonos: 564-68-11
564-60-93

INVESTIGACION Y ADIESTRAMIENTO EN PLANIFICACION FAMILIAR DESDE 1959.

PROGRAMA

CURSO DE ADIESTRAMIENTO EN PLANIFICACION FAMILIAR PARA TRABAJADORAS SOCIALES Y ENTREVISTADORAS.

1 9 7 6

"Es preciso romper las barreras que impiden a la mujer su pleno desenvolvimiento en la vida política, económica y social que obstruyen por tanto, el avance integral de México. Hemos dispuesto una revisión completa de las leyes federales, a fin de someter ante esta Soberanía las iniciativas conducentes a eliminar cualquier vestigio de discriminación femenina".

"El esquema de dependencia y dominación, que todavía caracteriza en alto grado las relaciones entre la mujer y el hombre, no será erradicado con meros instrumentos legales. Es necesaio, también; que una y otro sean capaces de sacudirse las viejas estructuras mentales que hacen posible esta injustificada situación".

LIC. LUIS ECHEVERRIA ALVAREZ
PRESIDENTE DE LA REPUBLICA,
IV INFORME DE GOBIERNO

El nuevo artículo 4o. Constitucional señala: "El varón y la mujer son iguales ante la ley. Esta protegerá la organización y el desarrollo de la familia. Toda persona tiene derecho a decidir de manera libre, responsable e informada sobre el número y espaciamiento de sus hijos".

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LUNES

8:00 a 9:00	Inauguración Mecánica del curso y visita a la Clínica. T.S. Genoveva Mora de Hamilton
9:00 a 10.00	I.1 Fenómenos Demográficos. E.S.P. Jorge Campos
10:00 a 10:15	Receso.
10:15 a 11:15	I.2 Consecuencias del Crecimiento Demográfico. E.S.P. Jorge Campos
11:15 a 12:15	II.1 Salud Pública en México. Dr. Elio Speziale
12:15 a 13:15	Desnutrición. Dr. Leopoldo Vega Franco
13:15 a 14:00	Comida.
14:00 a 15:00	iii.1 Reproducción Humana (I). Dr. Alfonso Peña
15:00 a 16:00	Iii.1 Reproducción Humana (II). Dr. Alfonso Peña

MARTES

8:00 a 9:00	V. Estructura y Dinámica de la Familia. Lic. Pablo Pindas
9:00 a 10:00	IV. Educación Sexual (I). Psic. Anameli Monroy de Velasco
10:00 a 10:15	Receso.

10:15 a 11:15	IV. Educación Sexual (II). Psic. Anameli Monroy de Velasco
11:15 a 12:15	IV. Educación Sexual (III). Psic. Anameli Monroy de Velasco
12:15 a 13:15	III.1 Reproducción Humana. Dr. Alfonso Peña
13:15 a 14:00	Comida.
14:00 a 16:00	IV. Educación Sexual (IV y V).

MIERCOLES

8:00 a 10:00	V. Estructura y Dinámica de la Familia (II). Lic. Pablo Pindas
10:00 a 10:15	Receso.
10:15 a 11:15	Métodos Anticonceptivos (I). Dra. Juana Morales
11:15 a 12:15	Prácticas.
12:15 a 13:15	Técnica de la Entrevista. T.S. Genoveva Mora de Hamilton
13:15 a 14:00	Comida.
14:00 a 16:00	V.2 Presentación y Discusión de Casos.

JUEVES

8:00 a 9:00	VI.1 Descubrimiento oportuno de los cánceres del cuello de la matriz y de la mama. Dr. Pedro Valenzuela
9:00 a 10:00	VI.2 Métodos Anticonceptivos (II). Dra. Juana Morales
10:00 a 10:15	Receso.
10:15 a 11:15	V.3 Promoción de Servicios. T.S. Rosa Ma. Rodríguez
11:15 a 13:15	Prácticas.
13:15 a 14:00	Comida.
14:00 a 16:00	V.4 Medios de Comunicación.

VIERNES

8:00 a 9:00	VI.4 Programas de Planificación Familiar. Dr. Alejandro Cervantes
9:00 a 10:00	Aborto (I). Dra. Juana Morales
10:00 a 10:15	Receso.
10:15 a 11:15	Aborto (II). Dra. Juana Morales
11:15 a 12:15	Aceptación y Rechazo de la Planificación Familiar. Dr. Alfredo Rustrian
12:15 a 13:15	Prácticas.
13:15 a 14:00	Comida.
14:00 a 16:00	Medios de Comunicación. Elías Lasky

SABADO

9:00 a 11:00	Evaluación.
11:00 a 12:00	Discusión Final. Clausura y entrega de diplomas.

CONFERENCISTAS

E.S.P. Jorge Campos	—Estadístico en Salud Pública Jefe del Depto. de Estadística de APSAM.
Dr. Alejandro Cervantes B.	—Director General de APSAM.
T.S. Genoveva Mora de Hamilton	—Trabajadora Social y Jefe del Departamento Educativo de APSAM.
Elías Lasky	—Fue Consejero para UNESCO en Comunicación Administrativa y Creación de Centros Audiovisuales.
Dra. Juan Morales R.	—Médico Ginecólogo e Investigador de APSAM.
Dr. Alfonso Peña	—Médico Ginecólogo e Investigador de APSAM.
Lic. Pablo Pindas	—Sociólogo, Investigador del Instituto Mexicano de Estudios Sociales (IMES).
T.S. Rosa Ma. Rodríguez	—Trabajadora Social en la Oficina de Desarrollo y Mejoramiento del Hogar de la Sec. de Agricultura y Ganadería Maestra de la Escuela de Trabajo Social de Toluca, Méx.
Dr. Alfredo Rustrian A.	—Médico Ginecólogo adscrito a la Maternidad Maximino Avila Camacho. S.S.A. Asesor Médico de la Dirección General del ISSSTE.

Dr. Elio Speziale S.	—Profesor de Salud Pública-Facultad de Medicina de UNAM Asesor de la Jefatura de Planeación y Supervisión Médica del IMSS. Depto. Planeación y Programación.
Dr. Pedro Valenzuela	—Médico Jefe del Departamento de Citopatología APSAM.
Dr. Leopoldo Vega Franco	—UNAM - Pediatra en el Hospital Infantil de México Maestría en Salud Pública. Maestría en Nutrición de la Universidad de Columbia, N. Y.
Psic. Anameli Monroy de Velasco	—Profesora - Psicóloga Clínica Especialista en Educación Sexual.

DIRECTORA COORDINADORA:

T.S. Genoveva Mora de Hamilton

SECRETARIA ADMINISTRATIVA:

Ruth L. de Pérez Taglo

HORA	LUNES 5	MARTES 6	MIERCOLES 7	JUEVES 8	VIERNES 9	SABADO 10
8:15 9:15	Información sobre la Universidad del Valle de Guatemala	Personalidad	El Colegio Americano como una escuela de ensayo	"Los niños de 10 a 12 años"	Comportamiento sexual del adolescente	
9:15 10:15	Sexualidad humana y Educación sexual	Desarrollo psico-sexual del niño	Pubertad	Adolescencia	Mesa redonda sobre problemática del adolescente	D
10:15 10:45	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	I
10:45 11:45	Organización de grupos de trabajo	Curiosidad infantil	"De muchacho a hombre" "De niña a mujer"	"Reproducción humana" "Glándulas endócrinas"	Paternidad responsable	A
12:00 2:00	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	L
2:15 3:00	Conceptos básicos sobre Citogenética-	Organos de reproducción masculinos	Organos de reproducción femeninos	Fecundidad, embarazo y parto	Anticonceptivos	I B R E
3:00 3:45	"Leyes de la herencia" "La acción de los genes"	Trabajo de grupo sobre problemática sexual en el niño (experiencias de los participantes)	Principios básicos de dinámica de grupo	Trabajo de grupo sobre problemática del adolescente	Trabajo de grupos sobre paternidad responsable y anticoncepción	
3:45 4:00	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	
4:00 5:00	Grupos de discusión sobre Sexualidad y Educación Sexual	Presentación y discusión del trabajo de grupo	Demostración de algunos ejercicios.	Trabajo de grupo sobre problemática del adolescente	Presentación del trabajo de grupo	

APPENDIX V-6

HORA	LUNES 12	MARTES 13	MIERCOLES 14	JUEVES 15	VIERNES 16	SABADO 17
:15 :15	Bases para la elaboración del currículo	Bases para la elaboración del currículo	Bases para la elaboración del currículo	Planeamiento del currículo	Planeamiento del currículo	A C T
:15 0:15	Conceptos básicos sobre Demografía	Crecimiento demográfico y sus implicaciones sobre el desarrollo	Utilización de recursos naturales	El Programa de Salud del Colegio Americano de Guatemala	Programa de desarrollo de pruebas educativas	I V
.15 0:45	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	I D
0:45 1:45	Algunos problemas sociales de la sexualidad	Conceptos básicos sobre Ecología	Posibles soluciones al crecimiento acelerado de la población	El Programa de Salud del Colegio Americano de Guatemala	Estudio longitudinal de crecimiento y desarrollo del niño y del adolescente	A D
2:00 2:00	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	C
2:15 3:00	Enfermedades venéreas Aborto	Estructura y funciones de la familia	Diferentes tipos de familias	Patrones residenciales	Factores culturales y sexualidad	U L
3:00 3:45	"Crisis-Contaminación" "Ecología de la población" "Conservación de bosques"	Estructura y funciones de la familia	Diferentes tipos de familias	Patrones residenciales	Factores culturales y sexualidad	T U R
3:45 4:00	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	A
4:00 :00	El hombre y la comunicación Uso del pizarrón	Práctica en el uso del pizarrón	Final de práctica en uso del pizarrón El franelógrafo	Práctica en el uso del franelógrafo	Final de práctica del uso del franelógrafo Uso del portafolio gráfico	L

HORA	LUNES 19	MARTES 20	MIERCOLES 21	JUEVES 22	VIERNES 23	SABADO 24
8:15 9:15	Planeamiento del Currículo	Planeamiento del currículo	Planeamiento del currículo	Planeamiento del currículo	Evaluación de la unidad	EXCURSION A CHICHICASTENANGO
9:15 10:15	Drogas	Diferentes estrategias para el diseño de un programa nacional de educación sexual	Religión y Educación Sexual	Vida Matrimonial	El maestro como educador sexual	
10:15 10:45	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	
10:45 11:45	Drogas	Diferentes diseños para la capacitación de docentes en educación sexual	Cortejo, noviazgo y elección de pareja	Problemas sexuales de la vida adulta Crisis de la edad adulta	El maestro como orientador en problemática sexual	
12:00 2:00	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	
2:15 3:00	Socialización del niño	Educación Sexual y Valores morales	Trabajo de grupo en el diseño de un programa de capacitación de personal docente en educación sexual	Presentación y discusión del trabajo de grupo del día anterior	Elaboración de un instrumento para evaluación de la propia sexualidad	
3:00 3:45	Socialización del niño	Trabajo de grupo sobre valores morales	Trabajo de grupo en el diseño de un programa de capacitación de personal docente en educación sexual	Presentación y discusión del trabajo de grupo del día anterior	Elaboración de un instrumento para evaluación de la propia sexualidad	
3:45 4:00	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	
4:00 6:00	Práctica en el uso del portafolio	Final de práctica en uso del portafolio La entrevista	Práctica en la Entrevista	Final de práctica en entrevista La carta circular	Práctica sobre la carta circular	

HORA	LUNES 26	MARTES 27	MIERCOLES 28	JUEVES 29	VIERNES 30	SABADO 31
8:15 9:15	Presentación de guías curriculares de educación sexual	Presentación de guías curriculares de educación sexual	Presentación de guías curriculares de educación sexual	Visita a escuela pública	Presentación de guías curriculares de educación sexual	
9:15 10:15	Diseño y desarrollo de un programa de educacion sexual para los primeros grados de secundaria	Mesa redonda sobre medios de comunicación y sexualidad	Conductas diferentes	Presentación de guías curriculares de educación sexual	Presentación de unidades elaboradas por los participantes	
10:15 10:45	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	
10:45 11:45	Diseño y desarrollo de un programa de educación sexual para los primeros grados de secundaria	La sexualidad a través de la música	Conductas diferentes	Presentación de guías curriculares de educación sexual	Ejercicio de reparentalización	
12:00 2:00	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	ALMUERZO	
2:15 3:00	Presentación del trabajo	Trabajo de grupo en la elaboración de unidades de e- ducación sexual pa	Presentación del trabajo de grupo para secundaria	Elaboración de una unidad de Educación Sexual para nivel	Evaluación	
3:00 3:45	Trabajo de grupo sobre medios de comunicación y sexualidad	ra los últimos grados de secundaria y padres de familia	y padres de familia	primario	Asuntos administrativos	
3:45 4:00	DESCANSO	DESCANSO	DESCANSO	DESCANSO	DESCANSO	
4:00 6:00	Generalidades sobre ayudas audio visuales. Cómo hablar en público	↓	↓		Clausura	

VI. SAMPLE APPLICATION FORMS

1. General
2. Nurses, Midwives, Nurses' Aides
3. Social Workers

DEVELOPMENT ASSOCIATES, INC.
División de Programas de Población
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WASHINGTON, D. C. 20036 EE. UU.
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3. Fecha de nacimiento: _____
4. Nacionalidad actual: _____
5. Dirección del domicilio actual: _____

   Ciudad: _____ País: _____

   _____ No. del teléfono: (domicilio) _____

6. Dirección a la que debe enviarse la correspondencia: _____

   _____

7. Dirección comercial actual: _____

   _____

   No. del teléfono: (oficina)

   _____

8. EDUCACIÓN: Indique, en orden cronólogico, las instituciones docentes a las que asistió (incluyendo cualquier entrenamiento formal).

Institución, ciudad, país	Fechas		Clase de Institución	Materias principales y certificados o diplomas obtenidos
	De:	A:		

9. Conocimiento de Idiomas:

	HABLAR			LEER			ESCRIBIR		
	excl.	bien	regular	excl.	bien	regular	excl.	bien	regular
Inglés									
Portugués									
Otros (especifique)									

10. CALIFICACIONES ESPECIALES:
    A. Sociedades profesionales a que pertenece: _____

    _____

    B. Honores escolásticos y premios obtenidos: _____

    _____

    C. Obras que haya escrito y publicado: _____

    _____

11. Duración del programa de adiestramiento o estudio académico que mejor se adapte a sus necesidades:

☐ menos de 4 semanas; ☐de 4 a 8 semanas; ☐de 8 a 12 semanas; ☐mas de 12 semanas.

☐ programa académico completo de un semestre;

Explique las razones por las cuales ha escogido la duración arriba mencionada: _____

_____

_____

¿Cuándo desea Ud. comenzar su entrenamiento?

_____

12. Empleos Desempeñados: (Comience con el más reciente)

De:		A.	Título:	Nombre y dirección de la empresa:
mes	año	Actual		

Descripción de su trabajo y responsabilidades:

De.		A.		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

De:		A:		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

13. En los espacios siguientes escriba explicaciones completas:

a. ¿Cuál es su principal interés en los campos de problemas de la población, demografía, planificación familiar o áreas relacionadas? _____

b. ¿Qué espera Ud. personalmente lograr en su campo de interés principal? _____

c. ¿En dónde planea Ud. trabajar después del programa de adiestramiento que está solicitando actualmente? _____

d. ¿Cuál es su papel actual en el campo de poblacion-planificación familiar? _____

e. ¿Cuál será su cargo y responsabilidades después de su regreso del adiestramiento? _____

14. Detalle específicamente el entrenamiento/educación, incluyendo cursos y habilidades, que necesita para mejorar sus capacidades en el campo de la población, demografía, y planificación familiar

_____

15. Sírvase indicar tres personas, que no sean miembros de su familia, que lo conozcan y puedan dar referencias sobre su carácter y calificaciones:

Nombre	Profesión u oficio	Dirección
1.		
2.		
3.		

(ver al dorso)

16. INFORMACION ADICIONAL: Emplee esta hoja para comentarios adicionales sobre cualquiera de las preguntas anteriores para las cuales no se haya suministrado suficiente espacio. Indique el número de los artículos continuados.

Firma: _____ Fecha: _____ 196

DEVELOPMENT ASSOCIATES, INC.
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AUX

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3. Fecha de nacimiento: _____
4. Nacionalidad actual: _____
5. Dirección del domicilio actual: _____

   Cuidad: _____ País: _____

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6. Dirección a la que debe enviarse la correspondencia: _____

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7. Dirección comercial actual: _____

   _____

   No. del teléfono: (oficina)

   _____

8. EDUCACIÓN: Indique, en orden cronólogico, las instituciones docentes a las que asistió (incluyendo cualquier entrenamiento formal).

Institución, ciudad, país	Fechas		Clase de Institución	Materias principales y certificados o diplomas obtenidos
	De:	A:		

9. Conocimiento de Idiomas:

	HABLAR			LEER			ESCRIBIR		
	excl.	bien	regular	excl.	bien	regular	excl.	bien	regular
Inglés									
Portugués									
Otros (especifique)									

10. CALIFICACIONES ESPECIALES:
    A. Sociedades profesionales a que pertenece: _____

    _____

    B. Honores escolásticos y premios obtenidos: _____

    _____

    C. Obras que haya escrito y publicado: _____

    _____

11. Indique el trimestre más conveniente para participar en un curso de 6 semanas. El total es de 7 semanas de ausencia de su trabajo, incluyendo viajes y orientación en Washington, D.C.

Primer trimestre ☐ Segundo trimestre ☐

Tercer trimestre ☐ Cuarto trimestre ☐

MARQUE el orden de preferencia con 1-2-3 ó 4.

12. Empleos Desempeñados: (comience con el más reciente)

De:		A:	Título:	Nombre y dirección de la empresa:
mes	año	Actual		

Descripción de su trabajo y responsabilidades:

De:		A:		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

De:		A:		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

13. Por favor marque (✓) en la columna que corresponda, la forma en que Ud. se siente acerca de su habilidades clinicas:	No Habilidad	Poca Habilidad	Necesita Supervisión	Tiene Habilidad
a) Técnica de la entrevista				
b) Examen de las mamas/pechos				
c) Examen bimanual/dos manos				
d) Uso del especulum				
e) Examen recto/vaginal				
f) Toma de muestra para Pap.				
g) Colocación de D. I. U.				
h) Medir para diafragma				
i) Reconocer enfermedades Ginecologicas				

	Si	No
a) Existe en su país un programa de planificación familiar?		
a nivel de estado?		
a nivel privado?		
financiado por una agencia internacional?		
b) Es planificación familiar una de sus responsabilidades?		
Si su respuesta en (b) es si, indique especificamente cuál es su deber? _____		
c) Les es permitido a las obstetrices en su país colocar el DIU?		
d) Ha tenido entrenamiento en planificación familiar?		

Si su respuesta en (e) es si, especifique duración y contenido de curso.

Por favor háganos saber su grado de interés en cada uno de los tópicos enunciados a continuación.	Mucho Interés	Poco Interes	Ningun Interés
ASPECTOS MEDICOS			
Anatomia y Fisiología aparato reproductor mas. y fem.			
Enfermedades ginecológicas y venéreas			
Contraceptivos convencionales			
Contraceptivos Orales			
Dispositivos intrauterinos			
Problemas Acerca del Aborto Inducido			
Esterilización			
Infertilidad			
Genética y Planificación Familiar			
Cancer del pecho y cuello del utero			
Técnica del Pap			

(continuacion de 15)

	Mucho Interés	Poco Interés	Ningún Interés
COMPONENTES DEL PROGRAMA DE PLANIFICACIÓN FAMILIAR			
Planificación de Programas			
Mantenimiento de archivos			
Evaluación de Programas			
Reclutar y seguimiento de los pacientes			
Técnicas de Educación en Servicio desarrollo de curriculum			
OTROS TOPICOS RELACIONADOS CON PLANIFICACIÓN FAMILIAR			
Sexualidad Humana			
Adolescencia y Planificación Familiar			
Retardación Mental y Planificación Familiar			
Para-profesionales en Planificación Familiar			
Planificación Familiar en Demografía, Política, Geografía, Economía			

16. Otras Materias (espicifique): _____

17. Como va a utilizar Ud. el contenido de este entrenamiento? _____

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   Cuidad: _____ País: _____

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6. Dirección a la que debe enviarse la correspondencia: _____
7. Dirección comercial actual: _____

   No. del teléfono: (oficina) _____
8. EDUCACIÓN: Indique, en orden cronólogico, las instituciones docentes a las que asistió (incluyendo cualquier entrenamiento formal).

Institución, ciudad, país	Fechas		Clase de Institución	Materias principales y certificados o diplomas obtenidos
	De:	A:		

9. Conocimiento de Idiomas:

	HABLAR			LEER			ESCRIBIR		
	excl.	bien	regular	excl.	bien	regular	excl.	bien	regular
Inglés									
Portugués									
Otros (especifique)									

10. CALIFICACIONES ESPECIALES:
    A. Sociedades profesionales a que pertenece: _____
    B. Honores escolásticos y premios obtenidos: _____
    C. Obras que haya escrito y publicado: _____

11. Indique el trimestre más conveniente para participar en un curso de 6 semanas. El total es de 7 semanas de ausencia de su trabajo, incluyendo viajes y orientación en Washington, D.C.

Primer trimestre ☐ Segundo trimestre ☐

Tercer trimestre ☐ Cuarto trimestre ☐

MARQUE el orden de preferencia con 1-2-3 6 4.

12. Empleos Desempeñados: (comience con el más reciente)

De:		A:	Título:	Nombre y dirección de la empresa:
mes	año	Actual		

Descripción de su trabajo y responsabilidades:

De:		A:		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

De:		A:		Título:	Nombre y dirección de la empresa:
mes	año	mes	año		

Descripción de su trabajo y responsabilidades:

NOMBRE _____

13.—Indique la forma en que usted se considera respecto a los siguientes temas:

	BIEN INFORMADO	POCO INFORMADO	SIN INFORMACION
Demografía			
Salud y población			
Reproducción Humana			
Educación Sexual			
La Familia en la Sociedad			
Trabajo Social			
Planificación Familiar			

¿Es Planificación Familiar una de sus responsabilidades? SI O NO O

Si su respuesta es Sí, indique específicamente su trabajo:

¿Ha tenido entrenamiento en Planificación Familiar? SI O NO O

Si su respuesta es sí, especifique duración y contenido del Curso

14.—Nos gustaría conocer su grado de interés en cada uno de los tópicos enunciados:

	MUCHO INTERES	POCO INTERES	NINGUN INTERES
Fenómenos Demográficos			
Consecuencias del Crecimiento Demográfico			
Salud Pública			
Desnutrición			
Reproducción Humana			
Educación Sexual			
Estructura y Dinámica de la Familia			
Técnica de la Entrevista			
Discusión de Casos			
Promoción de Servicios			
Historia de la Planificación Familiar			
Métodos Anticonceptivos			
Aceptación y rechazo de la Planif. Familiar			
Programas de Planif. Familiar			
Problemas del aborto			

VII. APPOINTMENT PACKAGE

DEVELOPMENT ASSOCIATES, INC.
MANAGEMENT AND GOVERNMENTAL CONSULTANTS
1521 NEW HAMPSHIRE AVENUE, NORTHWEST
WASHINGTON, D. C. 20036
202/332-5293

31 de diciembre 1975

Con mucho gusto le informamos que Development Associates, Inc. está dispuesto a financiar su participación en un curso de cinco semanas sobre planificación familiar para Trabajadoras Sociales, ofrecido por nuestro centro de entrenamiento en Denver, Colorado. Este curso se iniciará el 26 de enero hasta el 27 de febrero de 1976. Usted deberá llegar a la cuidad de Washington el 20 de enero de 1976, para participar en un programa de orientación general sobre los Estados Unidos y programas de planificación familiar.

Development Associates, Inc. (DA), la patrocinará como becaria de acuerdo a la carta de concordancia adjunta. Si usted acepta los términos de este contrato por favor fírmelo y devuelva una de las copias a nuestras oficinas. La otra copia es para sus archivos.

EXAMEN MEDICO

Tan pronto reciba esta carta póngase en contacto (en persona o telefónicamente) con el consulado norteamericano o la embajada, para que le den o le envien el formulario SS-398. Este documento deberá ser llenado y firmado por el médico que le indiquen en el consulado, ya que solamente la persona indicada por ellos es la autorizada a hacerlo. El valor de la consulta y examenes médicos deberán ser cancelados por usted.

El siguiente es su programa en Washington, D.C.:

20 de enero	Llegada a Washington, D.C. Orientación sobre los Estados Unidos y programas de Planificación Familiar.
25 de enero	Salida a Denver, Colorado
26 de enero hasta 27 de febrero	Programa de entrenamiento en Denver, Colorado
28 de febrero	Retorno a su país

DENVER — 180 COOK STREET, SUITE 207, DENVER, COLORADO 80206 • 303/321-2272
HOUSTON — 3220 LOUISIANA STREET, SUITE 203, HOUSTON, TEXAS 77006 • 713/522-2254
SAN ANTONIO — MILAM BLDG., 115 EAST TRAVIS STREET, ROOM 1401, SAN ANTONIO, TEXAS 78205 • 512/224-2319
LOS ANGELES — 2140 WEST OLYMPIC BLVD., SUITE 534, LOS ANGELES, CALIFORNIA 90006 • 213/487-5740

Adjunto a esta carta encontrará lo siguiente:

1. Formulario DSP-66 e instrucciones. Este documento y el formulario SS-398 son necesarios para obtener visa de estudiante para los Estados Unidos.

2. Dos copias de la carta de concordancia para el entrenamiento. Se le ruega leer cuidadosamente, firmarla si está de acuerdo y enviarla a nuestras oficinas tan pronto le sea posible.

3. Tarjeta de identificación que deberá prender a su traje al llegar al aeropuerto National o Dulles (ambos aeropuertos se encuentran en el estado de Virgina). Estos aeropuertos quedan cercanos a Washington, D.C.

4. Manual para participantes. Este librito es muy importante ya que contiene valiosa información sobre sus derechos como becaria de Development Associates, Inc. ¡SE LE RUEGA LEERLO!

5. Programa detallado sobre su orientación en Washington, D.C.

6. Itinerario de viaje y de reserva de hotel.

El clima en Washington y Denver es muy frio durante los meses de enero y febrero. Le recomendamos traer ropa gruesa y un abrigo pesado.

La felicitamos por haber sido escojida para este curso y estaremos a la espera de su llegada.

Atentamente,

Edward S. Dennison
Deputy Project Director

Anexos: lo mencionado

P.D. FAMILIARES O AMISTADES PODRAN ENVIARLE CORRESPONDENCIA A LA SIGUIENTE DIRECCION:

Su nombre
c/o Michael Juarez
Development Associates, Inc.
1649 Downing Street
Denver, Colorado 80218

DIVISION DE PROGRAMAS DE POBLACION

Carta de Concordancia

El patrocinador de este programa, Development Associates, Inc., está de acuerdo en tomar las siguientes obligaciones financieras:

a. El costo de su viaje de ida y vuelta entre el país de origen y Denver, Colorado (lugar de entrenamiento) con parada en Washington, D.C.

b. El costo de la matrícula por cinco semanas de estudio en el Centro de Entrenamiento de Development Associates, en la ciudad de Denver, Colorado

c. Viáticos de $35.00 por día para los primeros 15 días y $15.00 por día para los restantes días del programa de entrenamiento. Este viático comenzará desde el día de su llegada a los Estados Unidos y continuará hasta el día del retorno a su país de origen, inmediatamente después de haberse terminado el programa de entrenamiento.

d. Seguro de vida y accidente provisto por medio de Puritan Life Insurance Company mientras se encuentre en los Estados Unidos. Por favor consulte el manual para detalles adicionales.

e. Un total de $80.00 para cubrir los siguientes gastos:

Libros comprados para el programa de entrenamiento

El costo de envió por correo a su país de artículos educativos (libros, folletos, etc.) adquiridos durante el curso.

REQUISITO: De acuerdo a las leyes de inmigración de los Estados Unidos, el participante deberá volver a su país de origen inmediatamente al finalizar su programa y no regresar a los Estados Unidos como Inmigrante o residente por un tiempo mínimo de dos años.

Si está de común acuerdo con esta carta de concordancia, por favor firme una copia de esta declaración y envíela de vuelta a nuestras oficinas tan pronto como le sea posible. Una copia debe ser retenida para sus archivos.

Edward S. Dennison
Deputy Project Director

FECHA

FECHA

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NOTA A LA PARTICIPANTE

Se le ruega enviar cablegraficamente su contestación a la siguiente dirección y con el siguiente texto:

DAWASH
WASHINGTON, D.C. 20036

"INVITACION ACEPTADA"
o
"CANCELE INVITACION"

Firma (su nombre)

A penas nosotros la recibamos nos comunicaremos con la línea aérea para que le extiendan un pasaje clase turista entre su país y Washington/Denver.

No olvide de traer el recibo por el envio de este cable para poder reembolsarselo.

HORARIO DE ADMINISTRACION Y ORIENTACION CULTURAL

CENTRO DE ENTRENAMIENTO Development Associates, Denver, Colorado

FECHA: 26 de enero - 27 de febrero de 1976

MARTES 20 de enero

Llegada a Washington, D.C. Ida en Taxi o Bus al Hotel "Dupont Plaza" cuya dirección es:

Dupont Circle
Washington, D.C.
Teléfono: 483-6000

** SE LE RUEGA SER PUNTUAL EN TODO MOMENTO **
****

MIERCOLES 21 de enero

Hrs. 9:00 - 9:30 a.m.

Desayuno, Sala de Conferencias de Development Associates, (estamos al frente donde usted se hospedará).

Nuestra dirección es:

Avda. New Hampshire # 1521
Teléfono: 332-5293

Hrs. 9:30 - 11:00 a.m.

BREVE SESION ADMINISTRATIVA (Personal de la División de Población)

Hrs. 11:30 a.m.

Ida al banco "Hemisphere National Bank" para comprar cheques viajeros (para protección personal).

TARDE LIBRE

JUEVES 22 de enero

Hrs.
Hrs 9:30

Sala de Conferencias de DA. Un representante de Paternidad Responsable de Washington les llevará a la clínica de Pre-parto en donde le darán una conferencia sobre Programas de orientación general sobre la historia, situation actual y futura de la Planificación Familiar en los Estados Unidos

Hrs. 12:00 p.m.

Almuerzo (tiene aproximadamente 45 minutos)

Hrs. 1:00 p.m.

Sala de conferencias de DA. Un bus del Washington International Center (WIC) la vendrá a buscar para llevarla a un interesante recorrido turístico (El Capitolio, La Biblioteca del Congreso, etc.

Guía, intérprete

VIERNES 23 de enero

Hrs. 8:45 a.m. — Diríjase al Washington International Center (WIC), cuya dirección es:

Crescent Place # 1630
(consulte con su mapa)
Washington, D.C.

Se le presentarán dos conferencias:

1. El proceso político de los EE.UU.
2. La sociedad contemporanea norteamericana

NOTA: Salga a más tardar del Hotel a las 8:20 a.m. ya que es una caminata de más o menos 20 minutos, a menos que desee compartir un taxi con sus colegas.

Hrs. 12:00 - 12:50 p.m. — Almuerzo en la cafetería del WIC.

Hrs. 13:00 - 15:00 p.m. — Gira a lugares históricos - Georgetown, Avenida de las Embajadas, y los Monumentos a Lincoln y Jefferson.

SABADO 24 de enero

Hrs. 8:45 a.m. — Gira turística: A Mount Vernon, Mansión del primer presidente de los Estados Unidos Partida desde el Washington International Center. (dirección arriba mencionada)

DOMINGO 25 de enero — Salida al lugar de entrenamiento

AEROPUERTO National

LINEA AEREA TWA 561

SALIDA: 1115

LLEGADA: 1356

NOTA: Por favor salga del hotel a más tardar a las 1000 a.m. En el aeropuerto de Denver la estará esperando la Sra. Elaine Gantz

Telefono: 321-1295

LUNES 26 de enero - 27 de febrero — PROGRAMA DE ENTRENAMIENTO

SABADO 28 de febrero — RETORNO A SU PAIS

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INSTRUCCIONES PARA COMPLETAR EL FORMULARIO DSP-66

Adjunto usted encontrará el formulario DSP-66 con el cual podrá solicitar Visa J-1, bajo el programa de Development Associates, Inc.

Este formulario deberá ser firmado y fechado en presencia del Consul de los Estados Unidos en su país. Al llegar al puerto de entrada de los Estados Unidos usted deberá presentar este formulario, las autoridades de Inmigración le devolverán la copia rosada del mismo.

NOTA:

Usted es responsable de obtener pasaporte, permiso de salida, inmunizaciones y cualquier otro requisito necesario para la salida de su país.

VIII. STANDARD COURSE EVALUATION QUESTIONNAIRE

EVALUACION DEL PROGRAMA

Grupo:_____ Lugar de Entrenamiento:_____ Fecha:_____

Su País Nativo:_____ Posición Profesional:_____

Este formulario está diseñado para obtener información sobre el programa de entrenamiento en el cual Ud. acaba de participar. Sus respuestas sinceras ayudarán a Development Associates y a las instituciones de entrenamiento a hacer que las experiencias para próximos grupos tales como el suyo sean más pertinentes.

Gracias por su cooperación -- Erich Hofmann, Director del Proyecto

	Excelente	Buena	Ordinario	Menos que Ordinario	Mala
A. Administrativo					
1. Arreglos de su viaje a Washington, D.C.					
2. Arreglos de llegada a Washington, D.C.					
3. El programa de Orientación en Washington, D.C.					
4. Arreglos de vivienda hechos para Ud.					
5. Actividades sociales, hospitalidad, etc., hechos para Ud.					
B. Entrenamiento					
1. Aplicabilidad del entrenamiento a su trabajo en su país de origen.					
2. Calidad del entrenamiento práctico.					
3. Calidad del entrenamiento téorico.					
4. Calidad de los entrenadores					
5. Utilidad de los textos y materiales puestos a su disposición por la agencia que le entrenó.					
6. Estimación total del entrenamiento.					

7. En total, el entrenamiento fue
- [ ] demasiado teórico
- [ ] demasiada práctica
- [ ] una buena mezcla de teoría y práctica

8. El entrenamiento para mi fue
- [ ] demasiado elemental
- [ ] demasiado avanzado
- [ ] Apropiado

9. Mis necesidades profesionales específicas fueron tomadas en cuenta
- [ ] bastante
- [ ] un poco
- [ ] nada

10. Como resultado de este curso de entrenamiento mi papel en planificación familiar será
- [ ] mucho mejor
- [ ] mejor
- [ ] igual

11. Qué parte de su entrenamiento le

a. ayudó más? _____

por qué? _____

b. ayudó menos? _____

por qué? _____

12. ¿Qué hubiera Ud. cambiado en este programa de entrenamiento?

_____

_____

13. En curso similares de entrenamiento en el futuro, a qué puntos sugiere Ud. que

a. ¿se le debe dar más enfasis? _____
b. ¿debe ser añadido? _____
c. ¿debe ser omitido? _____

14. ¿Usted se benefició o aprendió de este entrenamiento como lo esperaba?

SI [ ] NO [ ]

Si su respuesta es "NO", por favor explique el porque: _____

_____

15. En total, este curso de entrenamiento fue
- [ ] de gran valor
- [ ] aceptable
- [ ] una pérdida de mi tiempo

16. Por favor añada cualquier comentario, sugerencias, críticas o ideas que pueda tener con respecto al programa total arreglado para usted:

(Use la parte de atrás si es necesario)

IX. O.I.T. EVALUATION REPORT

THE EVALUATION

OF

THE DEVELOPMENT ASSOCIATES, INC.

Contract AID/la-707

December 1974

Philip Sperling
Office of International Training
Bureau for Program Management
and Services
AID, State Department
Washington, D.C. 20523

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ATTACHMENTS

A. AIDTO CIRC A-725 (6/29/73)
B. Evaluation Questionnaire (Spanish Version)
C. Questionnaire Results - Metropolitan Hospital Center, NYC
D. Questionnaire Results - Planned Parenthood of Houston, Texas
E. Questionnaire Results - Harbor General Hospital, L.A., California
F. Questionnaire Results - DAI Training Facility, Denver
G. Logical Framework Matrix

I. The Problem:

To provide an interim (Phase I) evaluation on the efficiency and effectiveness of training programs in the U.S. conducted under Contract AID/la-707 by Development Associates, Inc., 1521 New Hampshire Ave., N.W., Washington, D.C. 20036. The evaluation is to provide sufficient information to assist AA/PHA to make a decision about whether to renew funding under the contract beyond January 31, 1975. An additional (Phase II) evaluation is planned for the early part of CY 1975 which will more closely adhere to the determination of the degree to which outputs and purpose indicators in the logical framework of the project have been reached. This latter measure of "ultimate effectiveness" will need to be conducted as an in-country follow-up study.

II. Methods Used to Evaluate

A. For determination of "efficiency," unit costs were figured for that portion of the contract allocable to U.S. training and then compared with unit costs of equivalent training programs.

B. For determination of training effectiveness, visits were made to several training programs in the U.S. arranged by DAI. Instruments were designed for administration to students, faculty and staff. The results were analyzed in terms of rationale and relevance of content, pedagogy, satisfaction of participants, usefulness, applicability in the home country, and the degree to which course goals were being met.

III. The Findings

A. Efficiency. For purposes of this evaluation, only those costs properly chargeable in FY 74 were used. These were divided into four components:

- administrative costs for training and for other activities in the U.S.,
- participant costs for training and for other activities in the U.S.,
- administrative costs for overseas activities,
- participant costs for training and for other activities overseas.

1. Definitions. For purposes of this study, participant costs are those expenditures per grantee-week under the contract and are comprised of such costs as per diem, local travel, tuition, course or conference fees, book and other allowances, visas, medical examinations and orientation kits. Administrative costs are all those expenditures per grantee-week at the DAI office in Washington, D.C. and are comprised of such costs as salaries and wages, overhead, consultant fees, staff travel, publicity, program announcements and printing, newsletter, miscellaneous

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reports, staff visas, telephone and communications, and the fixed fee. These administrative costs should account for all contract costs except participant costs and international travel. Administrative costs may be pro-rated between administrative costs for U.S. activities, and administrative costs for overseas activities on the basis of grantee-weeks of training in the U.S. and grantee-weeks of training overseas.

2. International Travel Costs. Costs for international travel will have to be omitted from the computations for the following reasons:

a. The costs of various travel from one L.A. country to a 3rd L.A. country for training cannot be extracted from costs of international travel to the U.S. without a major accounting audit.

b. The costs of international travel from various L.A. countries to the U.S. probably randomizes itself out of any computation of unit costs for training.

c. The costs of international travel will be essentially the same whether arranged by DAI or any other contractor and, therefore, the information contributes nothing about the administrative efficiency of DAI. (NOTE: This also holds true for other "constant" costs (e.g. academic tuition, local travel, per diem, book allowances, and allowances for mailing course materials, participant visas, photos, etc.). These are set by AID regulations or other authorities and have nothing to do with DAI's management efficiency. They are included because they are non-extractable from costs under other contracts with which DAI costs are to be compared.)

3. Fiscal Year 1974 Costs. The total costs obligated against the contract to date have been $2,673,648.00 (see Amend. #7 of AID/la-707). Of this total, the DAI expenditures in FY 74 were $1,029,635.77. The difference between $2,673,648.00 and $1,029,635.77 (which = $1,644,012.33) represents the DAI expenditures in FY 73 and FY 75. These expenditures are being deliberately set aside in order to focus on expenditures for one fiscal year. Of the FY 74 expenditures totalling $1,029,635.77, the overseas expenditures amounted to $266,726.87 leaving $762,908.90 for U.S. activities. This U.S. component of FY 74 only is made up of $644,197.90 for participant costs and $118,711.00 for administrative costs. See bottom row of Table I.

Table II, "Costs Per Grantee-Week" was derived by dividing the bottom row of Table I by the number of weeks of training. Thus, 2038.5 grantee-weeks of training cost $374.33 per grantee-week ($762,908.90 ÷ 2038.5).

The administrative costs of U.S. training ran $58.23 per grantee-week ($118,711.00 ÷ 2038.5).

TABLE I

Fiscal Year 1974, U.S. Training Expenditures by Categories
Contract AID/La 707 (Regional)

	Grantee/Wk. (incl. orientation)	Per Diem	Tuition or course or confs. fees	Book, other Allowances	Orientation Kits	Local Travel	Parts. Cost Totals	Administrative cost	Grand Totals
ec. Courses	1207	201,804.00	300,964.00	18,200.00	1,564.00	2,460.10	524,792.10	70,285.62	595,077.72
11 Acad. orams	742	52,905.00	32,422.40	3,945.00	168.50	180.00	89,620.90	43,208.67	132,829.57
ort Acad. orams	12	1,650.00	850.00	190.00	13.50	30.00	2,733.50	700.77	3,434.27
s./Trng.	47.5	8,785.00	925.40	960.00	94.00	90.00	10,854.40	2,767.92	13,622.33
nfs. & ngs.	30	6,353.00	7,900.00	1910.00	34.00	-0-	16,197.00	1,748.01	17,945.01
OTALS	2038.5	271,497.00	343,061.80	25,205.00	1,874.00	2,560.10	644,197.90	118,711.00	762,908.90

Table II also presents a breakdown of the participant costs per grantee-week and the administrative costs per grantee-week for the different kinds of training. The table shows that the administrative costs run a little more than $58 per grantee-week regardless of the kind of training.

TABLE II

Costs Per Grantee-Week For Different Kinds of Training

	No. of Grantee-Weeks	Participant Costs	Administrative Costs	Totals
Special Courses	1207	$ 434.79	$ 58.23	$ 493.02
Full Acad. Programs	742	120.78	58.23	179.02
Short Acad. Programs	12	227.79	58.40	286.19
Obs/Training	47.5	228.51	58.27	286.19
Conferences and Meetings	30	539.90	58.27	598.17
TALS	2038.5	316.02	58.23	374.25

Given these figures, the question really is: are these costs reasonable? efficient? The only way of answering that question is to compare these figures with costs of equivalent training in the U.S.

4. Comparison of DAI Costs With Other Costs. There are several possible "cost standards" against which these figures might be compared:

a. A.I.D.'s "Standard Costs." Airgram AIDTO CIRC 725, dated 6/29/73, Subject: Conversion to New System of Accounting for Participant Training, placed the Agency's participant training costs on a "Standard Cost" system. Exhibit I on page 4 of that airgram is reproduced as Attachment A to this report. Those standard cost guidelines superseded the AID Development Training Guide cost figures so that in FY 74 training for non-contract participants in Population/Family Planning costs per man-month were:

Academic	$800/man-month
Observation	$1375/man-month
On-the-Job	$1200/man-month
Specialized	$1325/man-month

Those FY 74 standard costs included everything except international travel (i.e. tuition, per diem, domestic U.S. travel, orientation at the Washington

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International Center, insurance coverage and certain SER/IT complementary programs such as the Michigan State University Communications Workshop, the Mid-Winter Community Seminars, etc.). To the FY 74 standard cost there were additional contingent costs such as:

Participants training in Puerto Rico	$250 per participant
Escorts and Interpreters (single country participant)	$3000 per month per escort or interpreter
Escorts and Interpreters (multicountry/regional teams)	$500 per participant per month

These latter costs should be especially noted where comparison is made with the DAI training given in Spanish and escorts and interpreters are not needed, or are built in to the training. This is also a factor in favor of DAI academic training. Almost all of this takes place in Puerto Rico whereas for non-contract participants there is an additional charge of $250 per participant for training in Puerto Rico. These "standard costs" were charged against Mission PIO/Ps regardless of the actual cost which was what was actually paid. As such, they represent an "average," since some costs were higher and some lower. After a year of actual cost experience with the standard costs for participant training, the Agency Controller simplified the standard costs in AIDTO CIRC A-383, 5-22-74, Subject: Participant Training Standard Cost for FY 1975 to:

Long term academic training	$800 per man-month
	$1250 per man-month

but the additional contingent costs for escorts and interpreters remained the same.

To compare DAI total costs per grantee-week with AID standard costs, the participant costs for different kinds of training were multiplied by 4 to give the nearest approximation. Table III shows this comparison:

TABLE III

Comparison of DAI Costs Per Man-Month With AID Standard Costs Per Man-Month

	DAI Participant Costs	AID Standard Costs	Differences
Special Courses	$ 1739.16	$ 1325.00	DAI higher
Full Acad. Courses	483.12	800.00	DAI lower
Short Acad. Programs	911.16	1325.00	DAI lower
Obs/Training	911.16	1275.00	DAI lower
Conferences & Meetings	2159.60*	(Not Available)	?

* Inflated figure because $539.90 per week was multiplied by 4 to make equivalent to a cost per man-month. In actuality, conferences and meetings last only about one week or less.

b. Costs Under Other Contracts. An alternative cost standard against which the DAI costs might be compared are those reported for other PHA/POP contracts with similar scopes of work. Use of these other AID family-planning training contracts for which only approximate unit costs have been figured, can give only "ball-park estimates" for comparative purposes:

(1) AID Contract AFR-796 with Meharry Medical College, Nashville, Tenn. is fairly similar, but not exactly similar. For one thing all training is in English, therefore, costs of interpreters, translators, and Spanish teaching materials which are "built in" to the DAI training are missing from the Meharry contract. The contract calls for four months of training in family planning with one week of orientation at the Washington International Center (arranged for and paid for out of AID central funds by SER/IT); nine weeks of didactic (classroom) work at Meharry; and six weeks of clinical work at Harlem Hospital, N.Y.C., or the University of Texas Medical College in Houston, or at the University of California (Berkeley). Total contract costs (including $30 per diem while at the W.I.C. and all other costs exclusive of international travel) are reported to be approximately $5,000 per participant for 16 weeks, or $312.50 per grantee-week. Since neither participant costs nor administrative costs are broken out of this figure, this is comparable only with the DAI total costs. If this Meharry Course is compared with what DAI calls short term academic ($286.19 per grantee-week) or observation training ($286.19 per grantee-week), then DAI is $47 per grantee-week lower. If compared with DAI special courses ($493.02), to which the Meharry course is probably most similar, then DAI is $180.52 per grantee-week higher. Another interesting comparison relates to the costs of the clinical portions of this Meharry program:

- $175 per clinical week per participant in NYC or Berkeley, Calif.

- $150 per clinical week per participant in Houston, Texas

These costs are included in the $312.50 per grantee week of the Meharry contract. Under FY 74 Letters of Agreement negotiated by DAI with the various clinical centers used for training, the comparable sub-costs are:

$75 (now $160)	per clinical week per participant in NYC
$ 64	per clinical week per participant in Houston
$300 (now $499.50)	per clinical week per participant in Los Angeles

(Note: This last figure is on a sliding scale whereby that cost is for at least six students. As the number of students increases, the cost per student goes down.)

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(2) AID Contract csd-3421 with Planned Parenthood Association, Chicago has for its purpose the development, establishment and conduct of training programs in family planning for selected participants. Training under this contract is in English and is very brief, varying from about 5 days to a few weeks. The training cost per man-day was $71 in FY 74; it is now $104. No books are provided but per diem at $30 shows the unit cost to have been about $565 per grantee-week in FY 74; $730 per grantee-week now ($71 x 5 + $30 x 7 and $104 x 5 + $30 x 7). These costs are probably most comparable with what DAI calls observation training. At the DAI cost of $286.19 per grantee-week, DAI is $279 per grantee-week lower than PPA Chicago, and provides the training in the students' native language.

(3) AID Contract AID/csd-2940 with the Downstate Medical Center, SUNY, had as its purpose the expansion of a nurse/midwife family planning training program. It provided 12-week courses. Unit costs were estimated in FY 74 to have been $34 per man-day without per diem or books. A rough calculation shows the course must have run about $3240 per participant with per diem and book allowance or about $270 per grantee-week. Teaching is in English, but if compared with DAI's special courses (@ $493.02) then DAI is $223 per grantee-week higher.

(4) The U.S. Bureau of the Census ran 4-week seminars in demography at the post-graduate level in FY 74. Cost of the PASA without per diem ran about $2400 or $600 per participant week. Teaching was in English. DAI special course cost was $107 per grantee-week lower.

(5) Under Contract AID/csd-3623, the American Home Economics Association ran 5-week courses in FY 74 providing training in family planning through home economics workshops and public school programs. Unit costs were $100 per man-day without books or per diem, or about $653 per grantee-week when these costs are included. DAI special course costs are $160 lower.

(6) Seminars in FY 74 in the U.S. for contract training in topics other than population/family planning had unit costs of $450 per man-week (GAI) and $570 per man-week (U. of Pittsburgh) and did not include domestic travel costs or per diem. This is at least an indicator that DAI's cost is a reasonable ball-park figure.

(7) There are no actual data available against which to compare the "administrative costs" of DAI computed as $53.23 per grantee-week (see Table II). The nearest proxy measure useable was the FY 74 salaries of the AID direct-hire personnel in the Population and Health Branch, Program Division, Office of International Training (4 Development Training Specialists, 2 Training Technicians, and 2 Typists). Total salaries were $150,900 to handle an annual work-load of 1200 participants. This boils down to about $125 per participant per week. It should be remembered that after centralization of functions within AID in FY 73, OIT no longer handled participant travel arrangements nor financial accounting. The DAI administrative cost includes those functions, and

Best Available Document

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is less than half the cost of the in-house administrative overhead.

B. Effectiveness. The ultimate effectiveness of training is measurable only after the trainees have returned to their home countries and are back on the job. During Phase II of this evaluation of the DAI contract, various indicators in the logical framework matrix may be determined to be present at the output or purpose level. For Phase I purposes, an "interim" effectiveness was determined by measuring the degree to which certain goals were attained at the training facilities. Three training facilities were visited:

- Metropolitan Hospital Center, New York City
- The Pap and Family Planning Clinic of Harbor General Hospital, Los Angeles, Calif.
- Planned Parenthood of Houston, Texas

During these visits, discussions were held with the staff and faculty members and questionnaires were administered to both students and faculty members. The Spanish version of the questionnaire is shown at Attachment B. While questions 1 thru 16 were the same for all training facilities, questions 17 and 18 were specially designed to test whether goals for the particular kind of training were being met at each place. (Nurse/midwives at Metropolitan Hospital and the DAI Training Institution at Denver; social workers at Planned Parenthood of Houston; women's health care specialists at Harbor General Hospital). The different versions of Questions 17 and 18 are shown at the end of Attachment B.

The results of these visits to the various training facilities are given here:

1. Metropolitan Hospital Center Course for Nurse/Midwives.

The training program of the Metropolitan Hospital Center (MHC) for ten (10) Bolivians was twelve (12) weeks of in-service training in the theory and practice of family planning techniques for nurse/midwives. It took place Sept. 9, 1974 thru Nov. 29, 1974. Teaching was entirely in Spanish. Practical work took place in the hospital and the surrounding Spanish-Harlem section of NYC in which the hospital is located. Specific topics covered were determined by MHC after review of the students' application forms. Review and assessment of the needs of each student were made frequently, and alterations in the training course in terms of emphasis, duration, or kinds of treatment (e.g. theoretical vs practical clinical experience) were then made accordingly. Students were housed in the MHC's own dormitory for nurses and hospital staff across the street from the place of training. Arrangements were also made for field trips for the students and for social and recreational activities.

The results of the questionnaire administered to the students and faculty are shown at Attachment C.

SER/IT has data on over 10,000 participants in various kinds of training from anonymous questionnaires of the sort used in this study. While foreigners tend to be polite and there is usually an "ingratiation" factor to be discounted, results still show dispersion and variance even among students from the same culture. When highly consistent results are received, it is a form of validity measure. Reliability is checked by building in questions that ask for the same information a different way. What these questionnaire results from Metropolitan Hospital Center show is that the students as a group were highly satisfied with their training. There were exceedingly few places where the students' opinions were not unanimous. It is true that this group of ten was a very small sample. It is also true that students are not always the best judges of what is right or wrong with a training course. Nevertheless, the highly consistent agreement among the students about the course's relevance, practicality, usefulness, and other aspects on which they were queried is very strong evidence on the positive side.

Questions 17 and 18 had numerous items designed specifically for this course of training for nurse/midwives. Admittedly, an actual examination would have been a better and more objective measure of technical ability and competence. Lacking that, the self-estimate of ability is at least a proxy indicator. The bulk of the evidence for Question 17 shows that the students now feel they have certain skills they did not have before. In making judgments about the degree to which the course goals had been met (Ques. 18), almost all felt that these had been met "in large measure"; the rest (1 or 2) thought the goals had been met at least "partially." (NOTE: The scale in Spanish said "en absoluto" when it should have said "de ninguna manera." Thus for one of these Bolivians the phase might have been ambiguous. She could have meant the goals had been met "completely" rather than "not at all." Measuring the "degree to which goals have been met" is AID's method of determining effectiveness. In this Ques. #18 (where 12 specific goals were listed) eight, nine, or ten out of the ten students at Metropolitan Hospital Center were saying <u>this course is effective....</u>

Immediate feed-back on the students' responses was provided to the faculty members (Dr. Boria and Mrs. Velez) who had also completed the questionnaire - albeit from the faculty point of view. By and large, they were perceiving the course similarly to their students. The medical doctor (Boria) was a bit more conservative in her view than the Coordinator of the Course (Velez) especially when the training involved clinical work. She felt the only negative aspect was:

> "For somebody not familiar with pelvic examinations, the time devoted to clinical experience should be much longer, as it takes time to build self-confidence in one's findings. Three months is probably not enough time for people with this professional background."

She suggested the addition of 4 to 8 weeks of clinical experience, particularly for IUD insertions, especially for people with the meager preparation which she felt this group had had.

2. Planned Parenthood of Houston, Texas.

This was a six-week course for social workers in family planning which ran from Nov. 4 through Dec. 13, 1974. Eight Latin American students were present (2 Bolivia, 1 Costa Rica, 1 Mexico, 1 Nicaragua, 1 Paraguay, 2 Peru). Teaching and all teaching materials were in Spanish. (Called Tex-Mex in Houston.) Practical work was conducted in the clinic and other social service agencies with the Spanish-speaking community of Houston (about 25% of Houston's population). The course starts with an overview of family planning and population dynamics and then covers biological aspects of sex, birth and contraceptives. The third week encompasses problems in fertility, child abuse, homosexuality, abandoned children, rape and various human relations problems. A fourth week treats of various social work techniques of working with individuals and with groups with emphasis on group dynamics and transactional analysis techniques. The fifth week entails visits to various other social service agencies and practice in the newly learned techniques. The sixth week is a week of integration of didactic and practical knowledge, plus presentation of the students' written assignment for a special project. The questionnaire results (Attachment D) show the students felt the course useful and would apply it back home, but 3 out of 8 questioned the relevance of some of the things taught. The satisfactions of this group were lower than is usually obtained, tho' still just above average. Their estimate of their own abilities had many more check marks in the "I can do it" column than in the "I can do it very well" column. Their judgments about goals being reached had many more checks in the "Partially" column than in the column showing goals had been reached "In large measure." It is possible this was a hypercritical group and were expressing themselves that way. Mr. Erich Hofmann of DAI, who was also making an evaluation of the course, found similar negative signs on his own questionnaire. One explanation is that there was a bus strike still going on in Houston and the students had suffered from transportation difficulties and were negative about other things. All eight thought the per diem "less than adequate" or "totally inadequate" (Ques. 13). This group had had the same orientation in Washington, D.C. at the same time as the group studying at the DAI Family Planning Training Center in Denver. A review of some evaluative data gathered by DAI on the orientation program indicates this Houston group was indeed more highly critical than the Denver group. In sum, and taking this group's hypercriticality into consideration, the questionnaire results regarding "effectiveness" are not as positive as expected, but they are positive.

3. Pap and Family Planning Clinic, Harbor General Hospital, Los Angeles, Calif.

This was a 12-week course for "Women's Health Care Specialists" which took place from Sept. 23 to Dec. 20, 1974. The six students seen were

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all from Costa Rica and all registered nurses. The women's health care specialist is a new concept for personnel allied to health care. She is not exactly the same as a nurse practioner and the course does not expect her to be a social worker or administrator. The course does entail somewhat more than the usual nurse/midwife training in family planning since it trains personnel in numerous techniques M.D.'s are usually expected to do. The justification given was that this training results in a women's health care specialist being able to distinguish between normal and abnormal cases over 90% of the time and thus requiring the M.D. only for those cases requiring professional medical diagnosis and treatment. The teaching staff is drawn from the Harbor General Hospital Dept. of Obstetrics and Gynecology and the faculty of the UCLA medical college. The students are housed in an apartment house nearby (rented by DAI) and lectures and clinic practice are given in the Pap and Family Planning Clinic. The latter is over-crowded but currently being enlarged specifically to accommodate Latin American students. Teaching and all materials are in Spanish. Spanish speaking patients are abundant since almost 20% of the Los Angeles population speaks Spanish. Orientation to the U.S. for the Latin American students took place in Los Angeles with DAI representatives coming out and clinical staff assisting. One of the features of this training consisted of the Chiefs of Services and supervisors of the agencies from which these students came being trained for one week. They learned about the concept of women's health care specialist; were given an explanation of the course syllabus (and a visit to Disneyland). The USAID usually foots the bill for international travel and the week's training costs. The results of the questionnaire (Attachment E) show the six students unanimous in their opinion that the course was relevant, applicable, and useful and extremely satisfied with their training. In their estimation of their own ability to accomplish the things taught in the course, almost all were in the "I can do it very well" column. With respect to their judgments about goals for the course being reached, almost all felt they were being met "in large measure."

4. DAI Family Planning Training Center, Denver, Colorado.

No visit was made to this training facility but questionnaires were mailed and completed by the 10 Latin Americans (2 from Bolivia, 2 from Nicaragua, 6 from Paraguay) who took the 4-week course for nurse/midwives between Nov. 4 and Nov. 29, 1974. The subjects taught are similar to those in the nurse/midwife course at Metropolitan Hospital Center and include:

Anatomy and Physiology of the Reproductive Systems
Normal Sex Development - Infancy to Menopause
Contraceptive Methods
Gynecological and Venereal Diseases
Cancer of the Breast and Cervix
Infertility
Sterilization
Abortion
Genetic Counseling
Plus aspects of various social work and administrative problems related to family planning

The mail questionnaire results are shown at Attachment F. They show most of the students felt the 4-week course was "too short," but all thought that it was relevant, applicable and useful. Their satisfactions were exceedingly high. Their estimation of their own abilities in the things taught was not in the highest column; more were in the "I can do it" column than in the column headed "I can do it very well." With respect to the goals of the course having been met (Ques. 18) almost all students thought they were being met "In large measure." This is a highly positive indication of effectiveness.

IV. Discussion and Recommendations:

A. It must be remembered that this Phase I evaluation of the DAI contract was not a definitive study of the effectiveness and efficiency of Project No. 598-15-570-438, "L.A. Population Training Services." That can be determined only after the students are back on their jobs in their home countries. The Phase II evaluation should be conducted during that follow-up period after training. Attempts should be made at that time to measure the indicators at the output and purpose level (end-of-project-status) as given in the logical framework matrix. (See Attachment G.) That should lead to the completion of a Project Appraisal Report.

B. For purposes of this Phase I evaluation, only an "interim effectiveness" could be determined by looking at the degree to which interim goals for training were being met. No cost-benefit analysis was attempted since the "benefits" are largely non-quantifiable and, in any event, would not be seen for some time. For determining efficiency, therefore, comparison of costs with similar training costs was made.

C. With respect to effectiveness, there is little or no evidence to point to any ineffectiveness of the courses being given by subcontractors under the DAI prime contract. The students by and large are highly satisfied and believe that their skills have been increased and that the goals set for their course are being met in large measure or at least partially. If the students are not considered the best judges of these things, the judgments of the staff and faculty indicate that they too are satisfied with the course; are giving tests to determine the students' increase in skills and are satisfied with the results; and that the goals set by the DAI contract are being met. The minor negative aspects which were uncovered via the questionnaire technique were discussed with the staff and faculty who were already aware of them or who were re-planning the conduct of the course in order to improve it. In addition, DAI has its own built-in system of evaluation so that feedback is obtained by the contractor and communicated to the subcontracting training facilities. This in itself is an assurance of constant striving for effectiveness. In AID's evaluation parlance, the measure of effectiveness is the degree to which goals are being met. For Question 18 in all questionnaires administered to 32 students completing their training in November and December at the four training centers, there were twelve goals to be met under the DAI contract. At Metropolitan Hospital Center, and at the DAI Family Planning Training Center in Denver, 8 out of the 10 at each place thought these

goals were being met in large measure. At Harbor General Hospital in Los Angeles, 5 out of the 6 students there thought they were being met in large measure. At Planned Parenthood of Houston, 4 out of the 8 there thought they were being met in large measure, 3 thought the goals were being met partially. Even this "partially" is at least on the positive side. Either this group at PPH was hypercritical, or there may be something deficient with the course that the students are recognizing and that needs looking into. In any event, all of the above boils down to almost everyone agreeing that goals for training are being met in large measure. That is evidence on the positive side that training under the DAI contract is effective.

D. With respect to efficiency, evidence has been presented that costs for this type of training tend to cover a relatively wide ball-park, but that DAI costs are well within that ball-park. The comparatively high average costs of DAI's "special" courses were probably driven up by the cost of the special course given at the Pap and Family Planning Clinic at Harbor General Hospital. There, a lump sum payment of $35,904 for a 12-week course for only 6 students drove the cost up to $499.50. Beginning in January 1975, the same course will cost the same lump sum but will be able to accommodate 12 students. This will drop the unit cost there to about $250 per grantee-week. Even the so-called "high" DAI cost for special courses is considerably lower than costs for kindred courses under other AID contracts. When consideration is given to the fact that training is given in the U.S. and in the students' native language, two advantages accrue that may not be obvious:

1. Exposure to the American culture, and the U.S. democratic processes plus familiarity with American commodities and equipment in the students' own technical field has important significance for U.S. political and U.S. economic interests.

2. The extra cost that usually exists for escorts, interpreters, translators and such does not seem to exist for the DAI training given in Spanish. While it has been exceedingly difficult to gather reliable cost data against which a fair comparison with DAI costs might be made, within the data available, DAI costs are reasonable and definitely efficient.

E. The problem set at the beginning of this special evaluative study was to determine the effectiveness and efficiency of the Development Associates, Inc. contract AID/la-707 in order to assist PHA/POP to make a decision regarding the extension of the contract and the addition of new funds. The administrative aspects of the contract have been determined to be efficient; the training provided is effective. It is recommended that the necessary action be taken to extend the contract and provide additional funds as deemed appropriate. It is also recommended that the Phase II evaluation be carried out during the spring and summer of 1975.

X. 1975 MAIL EVALUATION RESULTS

RESULTS OF MAIL EVALUATION OF D.A.I. FY 74 TRAINING IN THE USA AND PUERTO RICO UNDER CONTRACT AID/la 707

Carried out, compiled and tabulated

By

DEVELOPMENT ASSOCIATES, INC.
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May 23, 1975

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RESULTS OF MAIL EVALUATION OF DAI FY 74 TRAINING IN THE USA AND PUERTO RICO, UNDER CONTRACT AID/1a-707

During the last week of January, 1975, DAI mailed a questionnaire (Annex 1) with cover letter (Annex 2) and return envelope to 183 members of groups who had received DAI-sponsored training in the USA and/or Puerto Rico during FY 1974. There actually had been 194 participants in such group training programs during the fiscal year, but for 11 we no longer had valid addresses.

Questionnaires had been coded so as to be able to determine who responded. By late March, only 59 responses had been received and a follow-up mailing was sent to non-respondents (Annex 3). This follow-up yielded another 33 responses by early May. In addition, 12 letters were returned as "undeliverable."

It must be assumed that more than 12 letters were not actually delivered, expecially in cases of those addressed to recipients in rural areas of several Latin American countries. In view of the returned "undeliverable" and the other probably never delivered number of letters, a return of 92, i.e., better than 50% of the total number of questionnaires mailed, must be considered a satisfactory result which permits statistically valid tabulations.

The overwhelming majority of the respondents took obvious care in completing the questionnaire, frequently adding letters with their return mailings and omitting but few requested answers.

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I. BACKGROUND INFORMATION ON RESPONDENTS

1. Grouping the returned questionnaires by "alumni" of specific training institutions, the breakdown is as follows:

	No. of Responses	Training Institution
	22	DA Denver Family Planning Center
	15	Harbor General Hospital, Torrance, Cal.
	12	A.R. Sirey, New York
	26	U. of Texas, School of Medicine, Houston
	6	Planned Parenthood of Columbus, Ohio
	7	Metropolitan Hospital Center, New York
	4	Various (IHR, Puerto Rico; Marg. Sanger, N.Y.)
TOTAL	92	

2. By country of origin, the trainees' distribution was as follows:

Argentina	5
Bolivia	6
Chile	9
Colombia	1
Costa Rica	13
Ecuador	2
El Salvador	8
Guatemala	2
Honduras	4
Nicaragua	9
Mexico	3
Paraguay	12
Peru	7
Domin. Rep.	3
Uruguay	7
	91*

*One questionnaire was not identified by country of origin

3. Of the respondents, 62 worked in the capitals of their countries, 29 in other cities or towns, and only 4 in rural areas (3 marked "rural area" as well as "city")*

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*) This overwhelming percentage of respondents from capital cities and towns is probably skewed by the presumed non-delivery of the questionnaires to recipients in rural areas. It should also be kept in mind that most family planning delivery clinics and agencies in Latin America are not located in rural areas. Nevertheless, DAI feels that its efforts to recruit candidates from outside cities and towns must be intensified.

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RESULTS OF MAIL EVALUATION OF DAI FY 74 TRAINING IN THE USA AND PUERTO RICO UNDER CONTRACT AID/1a-707

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The overwhelming majority of the respondents took obvious care in completing the questionnaire, frequently adding letters with their return mailings and omitting but few requested answers.

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4. Respondents' distribution by age groups:

Age Group	No. of Trainees
21 - 25	8
26 - 30	20
31 - 35	18
36 - 40	17
41 - 45	11
46 - 50	9
51 - 55	5
56 - 60	4
	92

5. Professions of the trainees were as follows:

Physicians	5
Nurse-Midwives	24
Obstetric Nurses	19
Nurses	28
Social Workers	15
Other	1
	92

6. The question, "Institution or Organization in which you work now" yielded this summarized information:

Educational Institution (University, School of Nursing)	6
Hospital or Clinic	73
National Federation or Organization	10
Other (Research, Volunteer)	3
	92

7-8. Some significant changes in job assignments resulted from DAI training, Among the groups trained at Houston, 4 assumed positions directly related to family planning, and 2 were promoted to administrative/managerial positions. No significant changes occured among the Columbus groups. In the group of Social Workers trained at Sirey Associates, New York, 2 moved into administrative/management positions in social work. Among the groups trained at Harbor General Hospital, 5 were promoted to administrative/management positions, and 1 reported a move from paraprofessional to professional in family planning. From among the Denver groups, five reported moves into management positions, including the directorship of rural clinics. In the Metropolitan Hospital Center groups, one nurse was put in charge of promoting family planning programs, and one nurse was promoted from general nurse to assistant in the family planning program. Finally, in the "miscellaneous" group, one become administrator in family planning, and one changed into maternal-child health care. Only one grantee reported a change from a government to a private clinic.--The rest reported no changes.

9-10. Sixty-one (61) respondents indicated they were involved in family planning activities before DAI training, broken down as follows:

7 in Administrative/Management Positions
26 in direct Clinical Services
23 in Educational Aspects of Family Planning
5 In Other Aspects.
30 indicated they had not previously been involved in family planning, and 1 did not respond to question 9.

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II. FINDINGS

A. Tabulatable Responses

Before compiling and giving synopses of the written responses to questions 2 to 8, 10 and 12 of Section II "Impact of the DAI Course," we present here the results of the tabulatable responses in the sequence in which they appear in the questionnaire:

1.a. "What percentage of your work time was devoted to family planning activities before the DAI training?"

b. "What percentage of your work time is devoted to family planning activities now?"

Responses*	Percentages	Responses**
17	0%	3
25	0 - 10%	9
14	10 - 25%	25
7	25 - 50%	19
8	50 - 75%	14
5	75 - 90%	5
6	90 - 100%	5
4	100%	9

* 4 did not check this column

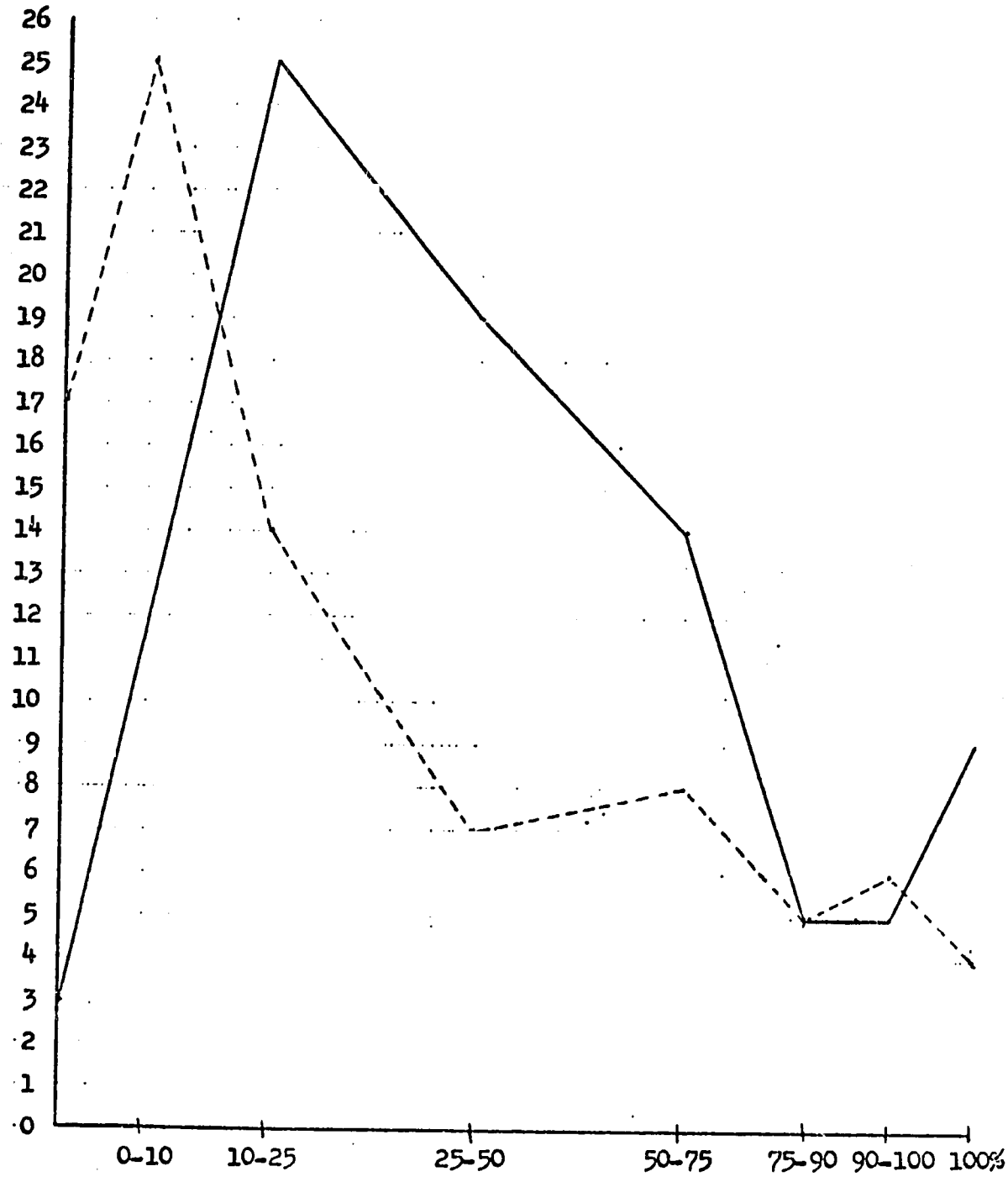
** 1 did not check this column

2 failed to respond to the entire question

To show more clearly the increase of percentages of work time devoted to family planning activities, the results are plotted on the following graph. The red line shows the percentages before, and the green line after DAI training.

NOTE: It may be more correct or realistic to lump the "0%" and "0 - 10%" responses together. Some of the respondents stating none of their work time was devoted to family planning activities before their DAI training probably checked "0 - 10%", because on page 1 of the questionnaire, in answer to question 9 of the Personal and Background Information, "Were you involved in any family planning activities prior to your DAI-sponsored training?", thirty (30) responded "No."

Percentages of Respondents' Work Time Devoted to Family Planning Activities Before and After DAI Training



---------- Before DAI Course

———— After DAI Course

9. "Should the training course have been longer, and if so, how much longer; shorter, and if so, how much shorter, or was it just the right length?"

With one respondent not replying, 53 thought the course should have been longer. There seems to be no clear pattern as to responses from 4-week or 6-week course participants. The answers to the question, "How much longer?" break down as follows:

No. of Replies	Weeks to be added to Course
20	2
1	3
15	4
1	2 - 4
3	6
6	8
1	10 - 12
4	12
1	4 to 6 Months
1	9 Months

Only one advocated a shorter course (by 2 weeks). Thirty-seven (37) considered their course to have been just the right length.

11. "If you work in an agency, institution, organization, etc., have you now more responsibilities in family planning activities and related tasks than before your DAI-sponsored training?"

47 answered "yes", and 5 did not reply.

(What the increased responsibilities of the 47 are, will be summarized later in the synopsis to the written responses to question 12.)

13. "Have you had an opportunity to teach or pass on to others what you have learned in the DAI training?"

76 "yes" 15 "no" 1 "no reply"

14. "If your answer to question 13 is "yes", approximately how many of the following categories or groups of people have you thus reached: Patients, prospective patients, colleagues, others (specify!)?"

The responses, broken down by training institution, are:

Training Site and Number of Responses	Patients	Prospective Patients	Colleagues	Others*
DAI Denver (22)	9,287	18,507	946	2,392
Harbor Gen. Hosp. (15)	1,260	470	459	1,263
Sirey, N.Y. (12)	3,200	700	140	935
UTMS Houston (26)	18,885	11,710	750	8,062
P.P. Columbus (6)	136	130	37	6,095
Met. Hosp. Center (7)	2,970	1,645	245	1,640
Various (4)	300	--	172	562
TOTALS	36,038	33,032	2,749	20,949
AVERAGE PER TRAINEE	392	359	30	227

GRAND TOTAL OF PATIENTS, PROSPECTIVE PATIENTS, COLLEAGUES AND OTHERS*

92,768

(Average per Trainee: 1,008)

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* The category "Others" includes: university students, fathers, parents clubs, nurses, auxiliary nurses, community leaders, administrators, military personnel, physicians, social workers, clergymen, friends, relatives, acquaintances, etc.

NOTE: These figures are low, since several respondents did not respond in figures but just wrote "many", or "cannot calculate total" or "I did not keep exact records." Their replies (or lack thereof) were consequently <u>not</u> included in calculating the above totals and averages.

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15."Are you providing contraceptive counseling now?"

83 "yes" 6 "no" (3 no reply)

16."If your answer to question 15 is "yes", to how many patients have you provided such contraceptive counseling since your return from the DAI course?"

RESPONDENTS' REPLIES BY TRAINING SITES

Training Site and No. of Trainees	Totals	Averages per Ex-Grantee
Denver (22)	12,955	589
Harbor Gen. Hosp. (15)	3,388	225
Sirey, N.Y. (12)	5,740	478
Houston UTMS (26)	25,127	966
P.P. Columbus (6)	850	142
Met. Hosp. Center (7)	3,450	493
Various (4)	300	75
TOTAL	51,810	563

NOTE: Again, these figures are low because several respondents did not quote figures but wrote "many", "cannot calculate totals," etc. Such replies were not included in the above totals and averages.

17."If you had provided contraceptive counseling before the DAI course, would you say that your competence as a counselor is now more effective or the same?"

73 "More effective" 2 "the same" (17 not applicable or no reply)

a. "Would you say you are now counseling a larger number of patients?"

56 "yes" 13 "no" (23 not applicable or no reply)

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17 cont.

b. "If so, how many more (in per cent)?

49 respondents answered by a percentage figure, ranging from 10% to 85%, with an average of 71%. (One respondent wrote the number (not percentage) 300, and one answered, "varies.")

18. "Looking back at the DAI-sponsored course, would you say that it has made you as a family planning worker much more effective, more effective, or would you say it had no effect on your work?"

Much more effective	43
More effective	41
no effect	1
no reply	7

19. "Looking back at your DAI training experience, would you say that it would have been better if such a training course had been offered in a Latin American country rather than in the USA?"

27 "yes" 60 "no" (5 no reply)

20. "If your answer to question 19 is "yes", which other Latin American country would you have suggested for the training?"

No. of Responses	Country
6	Mexico
5	Chile
4	Colombia
3	Costa Rica
2	Puerto Rico (sic!)
1	Venezuela
1	Panama
3	Any (Latin American country)
1	"or Argentina" (named as an alternative
1	"or Brazil (named as an alternative)
1	"part of course should be in Latin America"

21. "I now consider the need for family planning in Latin America

	Replies
- more important than I did before the DAI course:	78
- less important than I did before the DAI course:	0
- about the same (I haven't changed my opinion)" :	14

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B. Summaries of Written Responses

2. "What aspect or part of the training sponsored by DAI was of most use to you?"

Response Summaries	No. of Responses
Medical-Clinical Aspects (Contraceptive Methods): -IUD Instertion -Reproductive Physiology -Anatomy -Contraceptive Methods -Epidemiology	33
Educational Aspects: -Sex Education -Counseling Techniques -Interviewing Techniques -Motivating Techniques	15
Administrative Aspects: -Program Planning -Follow-up Techniques -Supervision	9
Group Dynamics & Communications	5
All Components:	21
Family Planning (sic!)	4
Others: -Training of Trainers -Theoretical Aspects -Demography and Field Work -Practical Aspects	5
	92

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3. "How have you utilized in your daily activities the training you mention in # 2?"

	Total No.
In overall aspects of family planning activities by refining of methodology and better follow-up of programs	23
In the medical aspects, by insertion of IUD's and better communication with patients	6
In the educational aspects: staff training, community discussions, orientation of patients, radio programs	47
Other: planning family planning programs, increased participation, cancer detection, group dynamics	11
Have not put it to use	5
	92

4. "What aspect of DAI-sponsored training has been of secondary importance?"

	Total No.
Everything was important, nothing was secondary.....	19
Medico-clinical aspects, especially sterilization methods, IUD insertion, pap-smear	37
Educational aspects, training, methodology	3
Socio-Psychological aspects, sex education	15
Administrative Procedures, program evaluation, record keeping, filing	7
Other	11
Did not answer Family planning Having visited Puerto Rico	
	92

In this item, answers stating "nada" which in English means "Nothing" were tabulated under category "Everything was important".

5. "How have you utilized, in your present position the training mentioned under No. 4?" (secondary importance)

Educational Activities: -Teaching (formal and informal) -Curriculum Development -Counseling -Informational Lectures -Patient Orientation	35
In All Activities of Their Job:	9
Personal Development	5
Administrative Procedures: -Record Keeping -Program analysis -planning and promotion of F.P. programs	7
Medico-clinical aspects: -Diagnosis -Cancer Detection	5
Better Attending and Treatment of Patients	3
Not utilizing	10
No response	18
	92

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6. "What aspect of the DAI-sponsored training was of least importance to you?"

Everything was new, important and pertinent:	50
Educational Aspects: -Sex education, methodology, demography, observation trips, practical exercises, communication, U.S. legislation	12
Administrative procedures: -record keeping, others	5
Medical Aspects: -Abortion, vasectomy, anatomy, child delivery	9
Social Aspects	4
No Response	12
	92

7. "Why?"

Of the 12 who stated that various educational aspects of the program were of least importance, the mayority explained that they had already taken that subject in greater depth, or that they had not received practical training. Participants mentioning administrative procedures as of least importance stated that human and physical resources are different in their country. The majority of the reasons for medico-clinical aspects being of least importance were that, either physicians performed clinico-medical services in their countries, that these practices were illegal, or that there is no equipment in their places of work. Visits to clinics were mentioned as activities of least importance because participants did not have opportunity to practice.

8. "Looking back at your training, what should habe been included in DAI's training program that wasn't included?"

More practice needed:	24
Training was complete	15
Educational Aspects: -Program Planning in Family Planning,-Pre-natal Care, -Knowledge about L.A. Problems, -Psychology,-Demography, -Communications,-Population Dynamics	21
Medical Aspects: -Genetics -Gynecological pathology -Problems with IUD insertion	9
Administration:	2
Depth of Subject Matter:	5
No Response:	16
	92

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ANNEXES

10. "As a result of the DAI-sponsored training, what innovations have you introduced in your work?"

Educational Aspects: -New Training Techniques -Training of change agents -Additional courses in family planning -Family planning as a new topic in nurses' training -Group talks to community groups to discuss family planning concepts	37
Several Innovations* (three or more):	12*
Medical Aspects: -More rigorous gynecological exams -Breast self-examinations by patients -New MCH program -Better coordination in family planning work between physicians and nurses -Greater efficiency of IUD insertion	9
Other: -Better promotion of family planning -Greater efficiency in everyday tasks -improving inter-group communications among family planning staff and patients	8
None:	14
No response:	9
Non-applicable & irrevelant replies: -increased awareness of family planning advantages -more self-assurance prescribing contraceptives	3
	92

* The 12 respondents who have introduced three or more innovations listed such aspects as: Introduction of motivation discussions in the family planning curriculum; instructing rural community groups in family planning; introduction of a Growth and Development Unit in the Health Division of the hospital; better handling of administrative matters; introduction of audio-visual materials in the various educational programs in the hospital. -- In 8 of these 12 responses, respondees claimed to have introduced a variety of activities they consider innovative given the political and religious constraints to family planning in their countries.

12."If your answer to question 11 es "yes", what are these (additional responsibilities)?"

The 53 responses to this question (although only 47 had answered "yes" to question 11, can be summarized as follows:

Increased responsibilities in educational activities	24
Increased overall responsibilities in family planning	12
Increased responsibilities in supervision (including 3 in rural clinics and communities):	5
Assisting physicians in medical-clinical aspects in family planning	4
Increased personal satisfaction	2
Additional time spent in family planning	2
"Not utilizing training"	3
(Unintelligible answer)	1
	53

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ENCUESTA POR CORREO A LOS PARTICIPANTES DE CURSOS DE D.A.I EN EL AÑO FISCAL 1974

I. INFORMACION PERSONAL Y SOBRE ANTECEDENTES

1. ¿A cuál curso de DAI asistió? _____ _____
la fecha, desde - a lugar

a) Del punto de vista suyo, ¿cuáles fueran los objetivos principales del curso?

_____

_____

_____

2. ¿En qué país trabaja actualmente? _____

3. ¿Trabaja Ud. en (marque una) - la capital ☐

- en otra ciudad ☐
(indique el número de habitantes:_____)

- Área rural ☐

4. Edad:_____

5. Profesión:_____; Especialización:_____

6. La institución u organismo donde trabaja:_____

_____

7. El cargo que desempeña actualmente:_____

_____

8. Si su cargo actual es diferente de la posición que ocupaba antes de recibir el entrenamiento patrocinado por DAI, indique su posición anterior:

_____

9. ¿Estaba Ud. involucrado en actividades de planificación familiar antes de recibir entrenamiento patrocinado por DAI?

☐ si

☐ no

10. Si la respuesta a la pregunta 9 es "si", describa brevemente:_____

_____

_____

II. IMPACTO DEL CURSO DE D.A.I.

1.a. ¿Qué porcentaje de su tiempo dedicaba Ud. a labores de planificación familiar antes de recibir entrenamiento por DAI?

0% ___
0 - 10% ___
10 - 25% ___
25 - 50% ___
50 - 75% ___
75 - 90% ___
90 - 100% ___
100% ___

b. ¿Que porcentaje de su tiempo dedica Ud. actualmente a labores de planificación familiar?

0% ___
0 - 10% ___
10 - 25% ___
25 - 50% ___
50 - 75% ___
75 - 90% ___
90 - 100% ___
100% ___

2. ¿Cuál aspecto o qué fase del entrenamiento patrocinado por DAI ha sido de mayor utilidad para Ud.?

___

___

___

3. ¿De qué manera ha utilizado Ud. en su ocupación actual el entrenamiento arriba mencionado en el No. 2 ?

___

___

___

___

___

4. ¿Cuál aspecto o que fase del entrenamiento patrocinado por DAI ha sido de segunda utilidad para Ud.?

___

___

___

5. ¿De qué manera ha utilizado Ud. en su ocupación actual el entrenamiento arriba mencionado en el No. 4 ?

___

___

___

___

___

6. ¿Qué aspecto(s) del entrenamiento patrocinado por DAI ha/han sido de ínfima importancia para Ud. en su ocupación actual?

_____

_____

_____

7. ¿ Por qué? _____

_____

_____

8. Analizando en retrospectiva el entrenamiento de DAI, qué debería haberse incluido en el programa de entrenamiento que no se incluyó?

_____

_____

_____

9. Respecto al período de entrenamiento, debiera haber sido

más largo? ☐ ; ¿cuanto tiempo más? _____

más corto? ☐ ; ¿cuanto tiempo menos? _____

(la duración del programa estuvo bien ☐)

10. Como resultado del entrenamiento de DAI, ¿que innovaciones ha introducido Ud. en sus labores?

_____

_____

_____

_____

_____

11. Si Ud. trabaja en una agencia, institución o en un organismo, etc., tiene Ud. más responsabilidades en actividades de planificación familiar y campos relacionados que las que tenía antes de su entrenamiento patrocinado por DAI?

☐ si

☐ no

12. Si su respuesta a la pregunta 11 es "si", cuales son estas responsabilidades?

_____

_____

_____

_____

_____

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13. ¿Ha tenido Ud. la oportunidad de participar en docencia o de otra manera diseminar el conocimiento que Ud. obtuvo en el entrenamiento patrocinado por DAI?

☐ si ☐ no

14. Si la respuesta a la pregunta 13 es "si", aproximadamente con cuántas personas de las siguientes categorías o grupos de gente se ha puesto en contacto Ud. a consecuencia de esto?

_____ pacientes; _____ futuras pacientes; _____ colegas
(número) (número) (número)

_____ otras (especifique): _____
(número)

15. ¿Actualmente provee Ud. consejos referente a la contracepción? ☐ si ☐ no

16. Si su respuesta a la pregunta 15 es "si", a cuantos pacientes ha dado consejos sobre contraceptivos desde que regresó Ud. del curso de DAI?
_____
(número)

17. Si Ud. había servido como consejera sobre los métodos contraceptivos antes de asistir al curso de DAI, diría Ud. que su competencia como consejera es

☐ más eficiente ☐ igual

a. ¿Diría Ud. que está sirviendo como consejera a un mayor numero de pacientes?

☐ si ☐ no

b. Si es así, cuántos más? _____%

18. Contemplando en retrospectiva el curso ofrecido por DAI, diría Ud. que en relación a su trabajo en planificación familiar, lo ha hecho Ud.

☐ mucho más eficaz ☐ más eficaz

o diría Ud. ☐ que no tuvo efecto en sus labores?

19. Analizando en retrospectiva su experiencia en el entrenamiento de DAI, diría Ud. que hubiera sido mejor si el entrenamiento se hubiera realizado en un país latinamericano y no en los EE. UU.?

☐ si ☐ no

20. Si su respuesta a la pregunta 19 es "si", qué país hubiera Ud. sugerido para el entrenamiento?
_____
(nombre del país)

21. Actualmente considero que la necesidad de servicios en planificación familiar en Latino-America

☐ es más importante de lo que consideraba antes de asistir en el curso de DAI

☐ es menos importante de lo que consideraba antes de asistir en el curso de DAI

☐ es igual que antes (no he cambiado de opinión)

22. Comentarios y observaciones adicionales que Ud. desee hacer (Por favor utilice una pagina adicional si la necesita):

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DEVELOPMENT ASSOCIATES, INC.
MANAGEMENT AND GOVERNMENTAL CONSULTANTS
1521 NEW HAMPSHIRE AVENUE, NORTHWEST
WASHINGTON, D. C. 20036
202/332-5293

Estimada ex-becaria:

Ya hace tiempo que Ud. participó en el programa de entrenamiento en Planificación Familiar auspiciado por Development Associates, Inc. (DAI). Al finalizar su programa de entrenamiento se le pidió que completase un formulario para evaluar los varios aspectos del entrenamiento. Como le indicamos entonces, el impacto de su entrenamiento solo se prodría determinar después de varios meses de haber puesto en práctica en su país, lo aprendido durante el curso de entrenamiento.

Creemos que suficiente tiempo ha transcurrido para que Ud. esté en posición de comentar sobre el valor y la efectividad que este entrenamiento representa en sus labores diarias en su país. Por lo tanto, mucho le agradeceremos que Ud. tenga la bondad de llenar este formulario a la mayor brevedad posible y enviárnoslo en el sobre con nuestra dirección adjunto antes del 15 de febrero. No es necesario que Ud. firme el cuestionario después de que lo llene.

Su cooperación en esta encuesta no solamente nos hará conscientes de la efectividad de su entrenamiento pasado, sino que nos dará la pauta necesaria para que, una vez hechas las correciones y cambios indicados como resultado de esta encuesta, podamos ofrecer un programa mejor.

Estamos enviando este cuestionario a todos las ex-becarias entrenadas bajo los auspicios de DAI en los Estados Unidos, incluyendo Puerto Rico, durante el año fiscal 1974, esto es, entre el 1°de julio, 1973 y el 30 de junio, 1974

De antemano agradecemos a Ud. sinceramente la atención que se sirva dispensarnos en tomar tiempo de contestar este cuestionario y devolvérnoslo a la brevedad.

Sinceramente,

Erich Hofmann
Project Director

DENVER — 180 COOK STREET, SUITE 207, DENVER, COLORADO 80206 • 303/321-2272
HOUSTON — 3220 LOUISIANA STREET, SUITE 203, HOUSTON, TEXAS 77006 • 713/522-2254
SAN ANTONIO — MILAM BLDG., 115 EAST TRAVIS STREET, ROOM 1401, SAN ANTONIO, TEXAS 78205 • 512/224-2319
LOS ANGELES — 2140 WEST OLYMPIC BLVD., SUITE 534, LOS ANGELES, CALIFORNIA 90006 • 213/487-5740

DEVELOPMENT ASSOCIATES, INC.
MANAGEMENT AND GOVERNMENTAL CONSULTANTS
1821 NEW HAMPSHIRE AVENUE, NORTHWEST
WASHINGTON, D. C. 20036
202/332-5293

Estimada Becaria:

A fines de enero del presente año le enviamos copias de la carta y cuestionario adjuntos.

Hasta la fecha no hemos recibido el cuestionario completo, pensamos que quizás nuestra carta no llego a destino o su cuestionario completado se extravio entre la correspondencia.

Este cuestionario es de gran importancia para el futuro de nuestro proyecto de capacitar trabajadores Latinoamericanos dentro de la Planificación Familiar, es por eso que usted encontrará el duplicado de nuestra primera carta y cuestionario, nosotros apreciaríamos si usted completara el mencionado cuestionario y tan pronto como a usted le sea posible mandarlo de vuelta a nuestras oficinas.

Le adelantamos las gracias por su colaboración.

Atentamente,

Erich Hofmann
Project Director

Incls.

DENVER — 180 COOK STREET, SUITE 207, DENVER, COLORADO 80206 • 303/321-2272
HOUSTON — 3220 LOUISIANA STREET, SUITE 203, HOUSTON, TEXAS 77006 • 713/522-2254
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LOS ANGELES — 2140 WEST OLYMPIC BLVD., SUITE 534, LOS ANGELES, CALIFORNIA 90006 • 213/487-5740

XI. 1976 MAIL EVALUATION RESULTS

RESULTS OF MAIL EVALUATION OF D.A.I.
July 1, 1974 - December 31, 1975

TRAINING IN THE USA AND PUERTO RICO

UNDER CONTRACT AID/la 707

Carried out, compiled and tabulated

By

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Avenue, N.W.
Washington, D.C. 20036

September 30, 1976

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1. Questionnaire

2. Cover Letter Sent with Questionnaire

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I. BACKGROUND INFORMATION ON RESPONDENTS

1. Grouping the returned questionnaires by "alumni" of specific training institutions, the breakdown is as follows:

No. of Responses	Training Institution
23	University of Texas, Medical School, Houston
26	DA Denver Family Planning Center
23	Harbor General Hospital, Torrance, California
15	Metropolitan Hospital Center, New York
4	Planned Parenthood, Houston
4	Margaret Sanger Center, New York
4	Miscellaneous (Puerto Rico, New York)
TOTAL 99	

2. By country of origin, the trainees' distribution was as follows:

Bolivia	28
Chile	2
Costa Rica	3
Domin. Republic	7
Dominica	1
Ecuador	2
Granada	1
Guatemala	8
Haiti	2
Honduras	5
Mexico	2
Montserrat	1
Nicaragua	2
Panama	8
Paraguay	17
Peru	10
TOTAL	99

3. Of the respondents 49 (49.5%) worked in the capitals of their countries (including La Paz, Bolivia), 32 (32.3%) in other cities or towns, and 16 (16.2%) in rural areas (one marked all three areas, and one marked "capital" as well as "rural area".) *

---

* Distribution of the FY 74 respondents was:

67% capital, 26% other cities and towns and 4.2% rural areas.

4. Respondents' distribution by age groups:

Age Group	No. of Trainees
21 - 25	7
26 - 30	26
31 - 35	20
36 - 40	25
41 - 45	13
46 - 50	6
51 - 55	1
56 - 60	1
	99

5. Professions of the trainees were as follows:

Physicians	3
Nurse-Midwives	18
Obstetric Nurses	2
Nurses	47
Social Workers	8
Auxiliary Nurses	17
Health Educator	2
Other	2
	99

6. The question "Institution or Organization in which you work now" yielded this summarized information:

Hospital, Clinic, Health Center, etc.	73
Educational Institution (University, School of Nursing, etc.)	10
Organization or Agency (Governmental or private)	16

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7-8. Some significant changes in job assignments resulted from DA training:

- UTMS Trainees
  - from Chief, Obstetric Services to Chief Nurse of agency;
  - from Ward Nurse to Nurse Instructor;
  - from Nurse to Chief Nurse;
  - from Instructor to Director of Auxiliary Nurse Training.

- Denver Trainees
  - Two from Nurse to Nurse Instructor;
  - from Social Worker to Director of Contraceptive Community Distribution Program;
  - from Chief Nurse of Children's Ward to District Chief, MCH/Family Planning;
  - from Social Worker to National Chief of Social Work in Public Health;
  - from Nurse to Nurse Supervisor of Hospital;
  - from Social Worker to Supervisor.

- Harbor General Hospital Trainees
  - from Chief Nurse to Nurse Instructor;
  - from Nurse to Director of Training Course for Auxiliary Nurses.

- Metropolitan Hospital Center Trainees
  - from Auxiliary Nurse in Gyn Clinic to Chief Nurse (Bolivia);
  - from Nurse to Nurse-Midwife (Haiti);
  - from Nurse of Consultant to District Nurse.

- P.P. Houston Trainees
  - from Municipal to National Personnel Director.

- Margaret Sanger Center
  - from Nurse-Midwife to District Nurse Midwife and Family Planning Practitioner.

9-10. Sixty-six (66) respondents stated they were involved in family planning activities before DA training, broken down as follows (several respondents are involved in several activities):

4	in Administrative - Management Positions
31	in direct Clinical Services
44	in Outreach, Counseling and Educational Aspects of Family Planning
4	in other Aspects and not Specified
32	indicated they had not previously been involved in family planning; one did not answer question 9.

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II. FINDINGS

A. Tabulatable Responses

Before compiling and giving synopses of the written responses to questions 2 to 8, 10 and 12 of Section II "Impact of the DAI Course," we present here the results of the tabulatable responses in the sequence in which they appear in the questionnaire:

1. a. "What percentage of your work time was devoted to family planning activities before the DAI training?"

b. "What percentage of your work time is devoted to family planning activities now?"

Responses*	Percentages	Responses
30	0%	0
23	0 - 10%	3
20	10 - 25%	28
9	25 - 50%	28
4	50 - 75%	13
4	75 - 90%	4
2	90 - 100%	10
3	100%	10
95		96

* One did not check this column

Three failed to respond to this entire question

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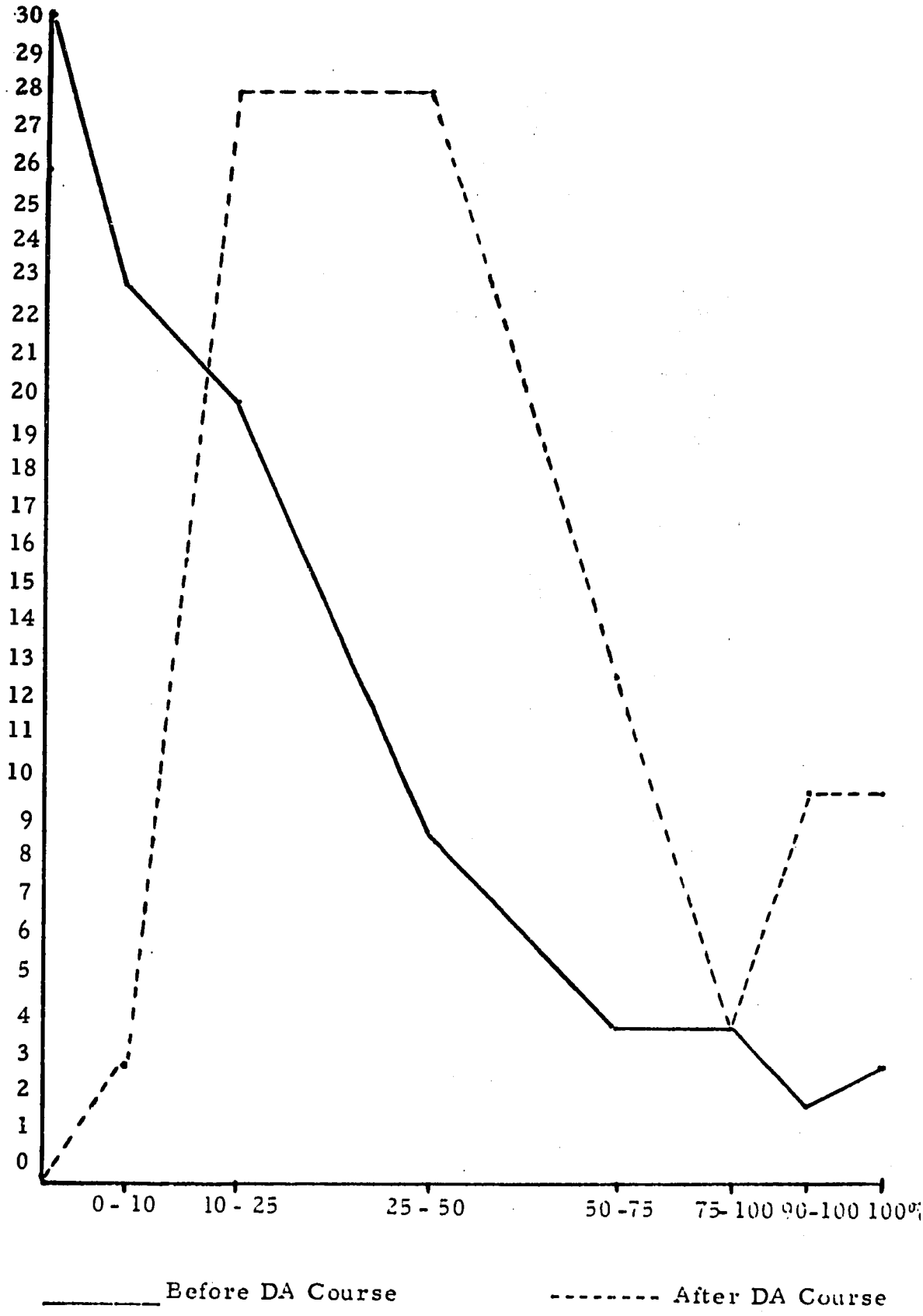
Percentages of Respondents' Work Time Devoted to Family Planning Activities Before and After DA Training



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9. "Should the training course have been longer, and if so, how much longer; shorter, and if so, how much shorter, or was it just the right length?"

With two respondents not replying, 50 thought the course duration was just the right length. Three (3) thought the course should have been shorter. Among those thinking the course should have been longer, there seems to be no descernible pattern as to how much longer and on top of what length of original course (e.g., 6 weeks, 10 weeks or 12 weeks actual course duration). The answers to the question, "How much longer?" break down as follows:

No. of Replies	Weeks to be Added to Course
1	1
10	2
2	3
8	4
5	5
1	7
4	8
11	3 Months
1	5 Months
1	8 Months to a one year

11. "If you work in an agency, institution, organization, etc., have you now more responsibilities in family planning activities and related tasks than before your DAI - sponsored training?"

65 (65.7%) answered "Yes", 32 "No", and 2 did not reply.

(What the increased responsibilities of these 65 are, will be summarized later in the synopsis of the written responses to question 12.)

13. "Have you had an opportunity to teach or pass on to others what you have learned in the DAI training?"

90 "Yes" (90.9%) 9 "No" (9.1%)

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14. "If your answer to question 13 is "Yes", approximately how many of the following categories or groups of people have you thus reached: Patients, prospective patients, colleagues, others (specify!)?"

Training Site and Number of Responses	Patients	Prospective Patients	Colleagues	Others*
UTMS, Houston (22)	20,790	7,305	1,447	3,003
DA Denver (22)	22,779	19,320	813	9,481
Harbor Gen. Hosp.(22)	15,943	6,142	1,292	1,270
Metropolitan Hosp.(14)	2,330	938	244	251
P.P. Houston (4)	2,919	671	315	100
Marg. Sanger Cnt.(4)	1,250	870	11	95
Various (4)	4,000	1,320	10	1,500
TOTALS	70,011	36,566	4,132	15,700
Average per Trainee (who answered "yes" to No. 13)	707	369	42	159

GRAND TOTAL OF PATIENTS, PROSPECTIVE PATIENTS, COLLEAGUES, AND OTHERS*

126,409

Average per Trainee (for the 83 who taught or passed on what they had learned): 1,523

---

* The category "others" includes: auxiliary nurses, nurses, physicians, university and high school students, nursing students, clergymen, cosmetologist, municipal employees, community leaders, social workers, neighbors, friends, relatives, etc.

NOTE: These figures are low, since several respondents did not respond in figures but just wrote "many", or "cannot calculate total", or "I did not keep records." Their replies (or lack thereof) were consequently not included in compiling and calculating the above totals and averages.

15. "Are you providing contraceptive counseling now?"

91 "Yes" 4 "No" (2 no reply)

16. "If your answer to question 15 is "Yes", to how many patients have you provided such contraceptive counseling since your return from the DAI course?"

RESPONDENTS' REPLIES BY TRAINING SITES

Training Site and No. of Trainees	No. of Trainees who quoted figures	Totals	Average per Ex-Grantee who quoted figures
UTMS Houston (23)	18	25,782	1,432
DA Denver (26)	23	22,339	971
Harbor Gen. Hosp. (23)	18	16,246	903
Metropolitan Hosp. (15)	11	2,863	260
P.P. Houston (4)	3	12,550	4,183
Marg. Sanger Center (4)	3	1,985	662
Various (4)	3	1,160	387
TOTALS	77	82,925	8,798

NOTE: Again, these totals are low because several respondents did not quote figures but wrote "many", "cannot calculate totals," etc. Such replies were not included in compiling and calculating the above totals and averages.

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17. "If you had provided contraceptive counseling before the DAI course, would you say your competence as a counselor is now more effective or the same?"

80 "More effective" 4 "The same" (15 not applicable or no reply)

a. "Would you say you are now counseling a larger number of patients?"

73 "Yes" 9 "No" (17 not applicable or no reply)

b. "If so, how many more (in percent)?"

61 respondents answered by a percentage figure, ranging from 10% to 300%, with an average of 65%.

18. Looking back at the DAI-sponsored course, would you say that it has made you as a family planning worker much more effective, more effective, or would you say it had no effect on your work?"

Much more effective	59
More effective	32
No effect	3
No reply	5

19. Looking back at your DAI training experience, would you say that it would have been better if such a training course had been offered in a Latin American country rather than in the USA?"

24 "Yes" 72 "No" (2 no reply; 1 "makes no difference")

20. "If your answer to question 19 is "Yes", which other Lating American country would you have suggested for training?"

No. of Responses *	Country
8	Colombia
7	Mexico
3	Chile
2	Barbados
1	Jamaica
1	Peru

* Several listed various alternatives.

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No. of Responses	Country
1	Brazil
1	Bolivia
1	Guatemala
2	Puerto Rico (sic)
1	"A country with similar characteristics to ours"
1	"A Spanish-speaking country"
1	"The Trainee's own country"

21. "I now consider the need for family planning in Latin America

	Replies
- More important than I did before the DAI course	88
- Less important than I did before the DAI course	0
- About the same (I have not changed my opinion)	11

B. Summaries of Written Responses

2. "What aspect or part of the DA-sponsored training was of most use to you?"

Aspect	Responses*
All aspects	15
Practical training	24
Theoretical aspects	7
Contracept-methods and techniques	19
Patient Counseling and education	17
Physical exam techniques	13
Family planning - general	11
Program planning and development	10
Oral contraceptives	6
Cancer detection techniques	7
IUD insertion	5
Demographic aspects	5
Sex education	2
Human sexuality	2
Venereal diseases	1
Prenatal care	1

* Many respondents listed several aspects

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Aspect	Responses
Endocrinology	1
Patient follow-up	1
Problems of abortion	1
Maternal - child health	1
Exchanging ideas with other participants	1
Group dynamics	1
Communications	1
Human relations	1

3. How have you utilized in your current occupation the training you mention in No. 2?

Training others (nurses, auxiliares, students, colleagues, etc.)	30
Education and giving talks to patients, future patients, couples, etc.	37
Better patient counseling	15
In various (or all) aspects of my work	16
Better physical exams	7
Detecting the informal in patients (cancer detection)	5
Better program planning	2
Implemented plan developed in DA training course	2
Inserting IUD's	2
Patient recruiting	1
Better use of human resources and materials	1
Helped set up new clinic	1
Introduced changes in my department	1
Not at all	1

4. What aspect of the DA-sponsored training has been the second most important?

All was of primary (or great) importanc	24
Family planning - general	7
Cancer detection	6
IUD insertion	5
To know and observe U.S. family planning positions and techniques	5
Venereal and gynecological diseases	4
Demographic aspects	4
Program planning	3
Patient recuitment techniques	2
Endocrinology and hormonal effects	2
Interview techniques	2
Patient examination techniques	2

Post-partum care	2
Infertility	2
Prenatal care	2
Communication and community education	2
Sex education	2
Human sexuality	2
Learning English	2
The participants' workshops	1
Patient follow-up	1
Utilization of audio-visual materials	1
Weekend excursions	1
Patient education techniques	1
Problems of abortion	1
Evaluation techniques	1
All aspects of midwifery	1
Better public relations	1
Bio-statistics	1
Field Visits (contact with patients)	
Theoretical instruction	
Maternal - child health care	
Clinical aspects (social workers' course)	
Female sterilization	

5. "How have you utilized in your present position the training mentioned in No. 4 (second most important)?"

Educating and giving talks to others	32
Training others students,colleagues, nurses, auxiliares, etc.)	13
Better patient counseling	12
In all my work	7
More confidence and skills in IUD insertions	4
Better record keeping and data utilization	3
Cancer detection (cervical, breast)	3
Better personnel supervision	2
Better VD control	2
Better patient follow-up	1
Applying other countries' techniques to mine	1
Better physical exams	1
Started a post-partum program	1
Better program planning	1
Sterilization counseling and referral	

6. **"Which aspect(s) of the DA-sponsored training was/were of least importance for you in your present position?"**

Everything was important	49
Not applicable	16
Lectures on abortion/abortion counseling	8
Demography and statistics	2
Visit of yoga class	2
Visit of model institutions	2
Learning training techniques	
Patient counseling	1
Gynecological exams	1
Clinic observation	
Vasectomy	1
Sexual development	1
Human relations training	
Nutrition	1
Staff training	
Pediatric pathology	1
Problems of overpopulation	
Modern contraceptive methods	1
Use of diaphragm	1
Use of laparoscope	
Sterilization and vasectomy	
Misinterpreted the word "infima" ("least") as "most"	15

7. Why?

Had no chance to apply. I cannot apply in my postion. Gyn exams onl allowed to be performed by physicians. Knew this before. Instruction was not clear. Did not reach is objectives (staff training). Not enough time devoted to subject (demography, yoga, and statistics). Illegal in my country (abortion). Is no problem in my country (overpopulation). We cannot have such institutions in our country (model institutions). Cannot be realized in my country (modern vasectomy, laparoscopy, contraceptive methods, diaphragm).

8. "Looking back at your training, what should have been included in DA's training program that was not included?"

Program was complete	28
More clinical practice	7
More IUD insertion practice	6
More training in teaching methods and communications	5

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Child development and care	5
More maternal - child health	4
(Psychology)of sexuality	3
Record keeping	3
Programming, planning, evaluation	3
More training in administration/supervision	3
Genetics	2
More time (i.e., longer training program)	2
More aspects of family planning	1
More administration	
Group dynamics	1
More sex education	1
More interviews with patients	
Social action techniques	1
English instruction	
Human relations	1
Infertility	
Menopause	1
Abortion practice	
Curriculum development	1
More gynecology	
Nutrition	1
More on hormonal aspects	
Psycho-prophilactic course	1
Visits to maternity hospitals	
More technical aspects of social work	
The effect of repeated pregnancy termination in teenagers	
More theory	
No answer	10

10. "As a result of the DAI-sponsored training, what innovations have you introduced in your work?" *

Better promotion of family planning	20
New and/or better training techniques	13
More rigorous gynecological exams	12
Group talks to community groups on family planning	8
Family planning orientation to nurses, auxiliary nurses, and other personnel	8
Insertion of IUD	5
Courses in family planning	4
Educational programs for mothers	4

---

* The respondents often listed several innovations which have been included.

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More emphasis on and/or better methods of family planning	4
Prescription of pills	2
Introduction of group dynamics with patients	2
Sex education to various groups	2
Promotion of mothers' clubs	2
Better systems of interviews	2
Follow-up techniques	1
New job	1
Introduction of family protection program	1
Incorporation of family planning program in schools	
Sterilization of women by laparoscopy	1
Breast self-examination by patients	1
New system of record keeping for patients	
No response	4
None*	7
Non applicable and irrelevant replies**	8

12. "If your answer to question 11 is "yes", what are these (additional responsibilities)?"

The 78 responses to this question includes 65 that had answered "Yes" to question 11, two (2) that gave "No" answer to question 11 and 11 that claimed two or more additional responsibilities. These can be summarized as follows:

Increased overall responsibilities in family planning	29
Increased responsibilities in educational activities	28
Assisting physicians in medical-clinical aspects in family planning	9
Increased responsibilities in supervision	7
Additional time spent in family planning	2
Increased personal satisfaction	2
(Unintelligible answer)	1
	78

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* This includes respondents that mentioned that there have not had time enough to introduce activities, and those that claimed not to have introduced innovations because of political constraints to family planning.

** Includes respondents that felt they have used everything that they have learned during the training.

ENCUESTA POR CORREO A LOS PARTICIPANTES DE CURSOS DE DEVELOPMENT ASSOCIATES, INC. (DAI)
ENTRE el 1ro. de JULIO, 1974 y el 31 de DICIEMBRE, 1975

I. INFORMACION PERSONAL

1. ¿A cuál curso de DAI asistió? _____ _____
la fecha, desde - a lugar

a) Del punto de vista suyo, ¿cuáles fueron los objetivos principales del curso?

_____

_____

_____

2. ¿En qué país trabaja actualmente? _____

3. Trabaja Ud. en (marque una)
- la capital ☐
- en otra ciudad ☐
(indique el número de habitantes: _____)
- área rural ☐

4. Edad: _____

5. Profesión: _____; Especialización: _____

6. La institución u organismo donde trabaja: _____

_____

7. El cargo que desempeña actualmente: _____

_____

8. Si su cargo actual es diferente de la posición que ocupaba antes de recibir el entrenamiento patrocinado por DAI, indique su posición anterior:

_____

9. ¿Estaba Ud. involucrado en actividades de planificación familiar antes de recibir entrenamiento patrocinado por DAI?

SI ☐ NO ☐

10. Si la respuesta a la pregunta 9 es "si", describa brevemente: _____

_____

_____

_____

II. IMPACTO DEL CURSO DE DAI

1.a. ¿Qué porcentaje de su tiempo dedicaba Ud. a labores de planificación familiar antes de recibir entrenamiento por DAI?

0% _____

0 - 10% _____

10 - 25% _____

25 - 50% _____

50 - 75% _____

75 - 90% _____

90 - 100% _____

100% _____

b. ¿Qué porcentaje de su tiempo dedica Ud. actualmente a labores de planificación familiar?

0% _____

0 - 10% _____

10 - 25% _____

25 - 50% _____

50 - 75% _____

75 - 90% _____

90 - 100% _____

100% _____

2. ¿Cuál aspecto o qué fase del entrenamiento patrocinado por DAI ha sido de mayor utilidad para Ud.?

_____

_____

_____

3. ¿De qué manera ha utilizado Ud. en su ocupación actual el entrenamiento arriba mencionado en el No. 2?

_____

_____

_____

_____

_____

4. ¿Cuál aspecto o que fase del entrenamiento patrocinado por DAI ha sido de segunda utilidad para Ud.?

_____

_____

_____

5. ¿De qué manera ha utilizado Ud. en su ocupación actual el entrenamiento arriba mencionado en el No. 4?

_____

_____

_____

_____

_____

6. ¿Qué aspecto(s) del entrenamiento patrocinado por DAI ha/han sido de ínfima importancia para Ud. en su ocupación actual?

_____

_____

_____

7. ¿Por qué? _____

_____

_____

8. Analizando en retrospectiva el entrenamiento de DAI, ¿qué debería haberse incluido en el programa de entrenamiento que no se incluyo?

_____

_____

_____

9. Respecto al período de entrenamiento, ¿debiera haber sido

más largo? [ ] ; ¿cuánto tiempo más? _____

más corto? [ ] ; ¿cuánto tiempo menos? _____

(la duración del programa estuvo bien [ ])

10. Como resultado del entrenamiento de DAI, ¿qué innovaciones ha introducido Ud. en sus labores?

_____

_____

_____

_____

_____

11. Si Ud. trabaja en una agencia, institución o en un organismo, etc., tiene Ud. más responsabilidades en actividades de planificación familiar y campos relacionados que las que tenía antes de su entrenamiento patrocinado por DAI?

Sí [ ] No [ ]

12. Si su respuesta a la pregunta No. 11 es "sí", ¿cuáles son estas responsabilidades?

_____

_____

_____

_____

_____

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13. ¿Ha tenido Ud. la oportunidad de participar en docencia o de otra manera diseminar el conocimiento que Ud. obtuvo en el entrenamiento patrocinado por DAI?

Si [ ] No [ ]

14. Si la respuesta a la pregunta No. 13 es "si", ¿aproximadamente con cuántas personas de las siguientes categorías o grupos de gente se ha puesto en contacto Ud. a consecuencia de esto?

_____ (número) pacientes; _____ (número) futuras pacientes; _____ (número) colegas

_____ otras (especifique): _____

15. ¿Actualmente provee Ud. consejos referente a la contracepción?

Si [ ] No [ ]

16. Si su respuesta a la pregunta No. 15 es "si", ¿a cuántos pacientes ha dado consejos sobre contraceptivos desde que regreso Ud. del curso de DAI? _____ (número)

17. Si Ud. había servido como consejera sobre los métodos contraceptivos antes de asistir al curso de DAI, diría Ud. que su competencia como consejera es:

más eficiente [ ] igual [ ]

a. ¿Diría Ud. que está sirviendo como consejera a un mayor número de pacientes?

Si [ ] No [ ]

b. Si es así, ¿cuántos más? _____%

18. Contemplando en retrospectiva el curso ofrecido por DAI, diría Ud. que en relación a su trabajo en planificación familiar, lo ha hecho Ud.

mucho más eficaz [ ] más eficaz [ ]

o diría Ud. [ ] que no tuvo efecto en sus labores?

19. Analizando en retrospectiva su experiencia en el entrenamiento de DAI, ¿diría Ud. que hubiera sido mejor si el entrenamiento se hubiera realizado en un país latinoamericano y no en los E.E.U.U.?

Si [ ] No [ ]

20. Si su respuesta a la pregunta No. 19 es "si", ¿qué país hubiera Ud. sugerido para el entrenamiento?

_____ (nombre del país)

21. Actualmente considero que la necesidad de servicios en planificación familiar en Latinoamerica:

[ ] es más importante de lo que consideraba antes de asistir en el curso de DAI

[ ] es menos importante de lo que consideraba antes de asistir en el curso de DAI

[ ] es igual que antes (no he cambiado de opinión)

22. Comentarios y observaciones adicionales que Ud. desee hacer (por favor utilice una página adicional si la necesita):

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DEVELOPMENT ASSOCIATES, INC.
MANAGEMENT AND GOVERNMENTAL CONSULTANTS
1521 NEW HAMPSHIRE AVENUE, NORTHWEST
WASHINGTON, D. C. 20036
202/332-5293

24 de mayo de 1976

Estimado ex-becario:

Ha transcurrido algún tiempo desde que Ud. participó en el programa de entrenamiento en Planificación Familiar auspiciado por Development Associates, Inc. (DA). Al finalizar su programa de entrenamiento se le pidió que completase un formulario para evaluar los varios aspectos del entrenamiento. Como le indicamos entonces, el impacto de su entrenamiento sólo se podría determinar después de varios meses de haber puesto en práctica sus nuevos conocimientos en su país.

Creemos que ha transcurrido el tiempo suficiente para que Ud. este en posición de comentar sobre el valor y la efectividad que este entrenamiento representa en sus labores diarias en su país. Por lo tanto, le agradeceríamos mucho que llenara este formulario y nos lo envíara a la mayor prevedad posible en el sobre adjunto. No es necesario que Ud. firme el formulario después de que lo llene.

Su cooperación en esta encuesta no solamente nos dará a conocer efectividad de su entrenamiento pasado, sino que también nos dará la pauta necesaria para que, una vez hechas las correcciones y cambios indicados como resultado de esta encuesta, podamos brindar un programa mejor.

Estamos enviando este cuestionario a todos los ex-becarios entrenados bajo los auspicios de DA en los Estados Unidos, incluyendo Puerto Rico, entre el 1ro de julio, 1974 y el 31 de diciembre, 1975.

De antemano le agradecemos el tiempo que se sirva tomar para contestar este cuestionario y enviarnoslo a la mayor brevedad posible.

Atentamente,

Erich Hofmann
Project Director

EH:evh
Anexo

ALBUQUERQUE — 120 MADEIRA DRIVE, NE, SUITE 303, ALBUQUERQUE, NEW MEXICO 87108 • 505/265-3651
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DEVELOPMENT ASSOCIATES, INC.
MANAGEMENT AND GOVERNMENTAL CONSULTANTS
1521 NEW HAMPSHIRE AVENUE, NORTHWEST
WASHINGTON, D. C. 20036
202/332-5293

26 de Julio de 1976

Estimado Ex-becario:

A fines de mayo del presente año le enviamos copias de la carta y questionario adjuntos.

Hasta la fecha no hemos recibido el questionario completo, pensamos que quizás nuestra carta no llegó a destino o su questionario completado se extravió entre la correspondencia.

Este questionario es de gran importancia para el futuro de nuestro proyecto de capacitar trabajadores Latinoamericanos dentro de la Planificación Familiar, es por eso que usted encontrará el duplicado de nuestra primera carta y questionario; nosotros apreciaríamos si usted completara el mencionado questionario y tan pronto como a usted le sea posible mandarlo de vuelta a nuestras oficinas.

Le adelantamos las gracias por su colaboración.

Atentamente,

Erich Hofmann
Director del Proyecto

Incls: lo indicado

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