

MEMORANDUM

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL.

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TO : William H. Foege, M.D.
Director, Center for Disease Control
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) _____

DATE: MAR 29 1978

FROM : Medical Epidemiologist, Program Evaluation Branch (PEB)
Family Planning Evaluation Division (FPED)

SUBJECT: Resource Support Services Report: Technical Assistance in the Implementation of Recommendations from the Year-End Evaluation for the Project, Community-Based Distribution of Contraceptives and Selected Health Supplies, Nicaragua; January 23-February 4, 1978

SUMMARY

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SUMMARY

This report summarizes my activities as part of a CDC team in Nicaragua, January 23-February 4, 1978; the other member of the team, Richard S. Monteith, Program Analyst, has submitted a separate report. This was the ninth CDC consultation to the AID-funded Ministry of Health (MOH) project to provide the low-cost distribution of contraceptives and selected health supplies in the rural areas of Nicaragua, using indigenous midwives or parteras empiricas as the primary distribution agent. The major objective of this consultation was to provide assistance to the MOH program staff in the implementation of recommendations made during a December 1977 year-end project evaluation (see CDC Resource Support Services Report dated January 20, 1978 and the American Public Health Association consultant's report by Terrence Tiffany, No. 1100-084).

The evaluation team reports emphasize the need to invest more program resources in field activities, both partera supervision and the selection of candidates for training. We discussed the details of partera supervision, both techniques and organization, with the team of partera training course instructors, who will also assume responsibility for establishing and managing the supervisory system. We outlined a tentative implementation schedule which, barring unforeseen delays, should approximate the following:

1. Field supervision team completes development and field testing of partera supervision guidelines by February 24;
2. Meetings of the auxiliary nurses who work in clinics with functioning partera programs completed by March 3. These meetings are intended to explain the supervisory system and encourage the auxiliaries to support it;
3. Partera supervisors, either the local clinic auxiliary nurse, suitable local volunteers, or a combination of the two, are recruited and trained for the 31 clinics with functioning programs by April 7;
4. First training course of 1978 completed April 14, with concurrent arrangements for supervision.

During the same time period, the schedule also assigns time to other recommendations from the evaluation reports: 1) the training of 2 additional auxiliary nurses for field activities, 2) training of the entire field team in interpersonal communication techniques by a communications consultant, 3) development of a program newsletter, and 4) expanded partera recruitment efforts.

It is important that the field activities team give priority to the satisfactory completion of these steps, rather than to adherence to the suggested implementation schedule. However, it is likely that any delays in establishing the partera supervision network will result in postponing the first training course until late April or even May and, therefore, reduce the number of parteras that can be trained during 1978 to fewer than 450. In view of the importance of adequate field supervision, establishment of the supervisory system should be followed by an early field evaluation to measure its effectiveness before the field team adopts a given supervisory approach.

I. PLACES, DATES, AND PURPOSE OF TRAVEL

Nicaragua, January 23-February 4, 1978, at the request of USAID/Nicaragua, AID/POP/LA, and AID/POP/FPSD, to assist the Nicaraguan Ministry of Public Health in the implementation of recommendations made during a year-end evaluation conducted in December 1977 by a joint CDC-APHA team, of which I was a member. Richard S. Monteith, M.P.H., FPED/CDC, who was also part of the evaluation team, provided technical assistance during the same period and has filed a separate report. This travel was combined with a consultation in Honduras, for which I will submit a separate report. On February 3, I presented a preliminary written report to AID/Nicaragua, and discussed the contents of the report verbally with MOH officials. This is the final report. This travel was in accordance with the Resource Support Services Agreement (RSSA) between the Office of Population, AID, and CDC/BE/FPED.

II. PRINCIPAL CONTACTS

A. USAID/Nicaragua

1. Dr. James Sarn, Population and Health Officer
2. Mr. Anselmo Bernal, Assistant Population and Health Officer

B. Office of Population, AID/Washington

1. Mr. Samuel Taylor, Latin America Division

C. Ministry of Health (MOH)

1. Dr. Edmundo Bernheim, Minister of Health

D. Program for Family Welfare and Maternal/Child Health (PSMIBF), MOH

1. Dr. Francisco Gutierrez Alfaro, Director
2. Sra. Vilma Jemenez, Assistant Director for Maternal-Child Health
3. Lic. Adolfo Lola Valle, Administrator
4. Lic. Luis Felipe Almanza, Director, Department of Evaluation and Statistics.
5. Lic. Daisy Lugo de Tapia, Director, Department of Health Education
6. Sra. Zoila De Borge, Director, Department of Nurse Supervision
7. Sra. Esperanza Zelaya, Head of the Instructor/Field Supervision Team, Partera Training Program
8. Sra. Josefa Rodriguez de Torres, Instructor/Field Supervisor
9. Sra. Maria Elsa Acuna, Instructor/Field Supervisor
10. Sra. Yolanda Rodriguez de Robb, Instructor/Field Supervisor

III. OBSERVATIONS

A. Background

Since November 1976, the MOH of Nicaragua has conducted a USAID-funded program for the low-cost distribution of contraceptives and selected health supplies in rural areas using indigenous midwives or parteras empiricas. Eight previous CDC reports provide detailed background and progress reports on the program (dated June 14 and October 15, 1976; February 14, April 22, July 8, August 30, and September 12, 1977; and January 20, 1978). The program is based on a 5-day training course in which the parteras learn the use of a simple health kit comprising contraceptives, selected health supplies, and obstetrical equipment. The parteras then sell the supplies at subsidized prices in their own communities on a commission basis; to obtain resupply, the partera returns to the local MOH health center. Training is conducted by a single team of instructors, which has trained 605 parteras in 37 courses (as of February 1978).

The most recent CDC consultation on the program took place in December 1977 and constituted part of a year-end AID Mission evaluation. Our report from that evaluation (dated January 20, 1978) emphasized the need

to establish a system for the supervision of parteras in the field and to expand other field activities, such as recruitment of parteras for training and their subsequent retraining. We also recommended that further training courses be postponed until these arrangements have been made. The chief objective of the consultation reported here was to provide technical assistance to the program staff in carrying out these recommendations as rapidly as possible so that training can resume promptly.

B. Program Activities Since the December 1977 Year-End Evaluation

Due to translation delays, the program staff did not have access to our December evaluation report, but on the basis of our verbal debriefing on December 14, they were aware of the need for increased partera supervision. During January, the Instructor/Field Supervision staff visited 42 trained parteras; they evaluated their activities, provided indicated retraining, and gathered information. While these activities do not coincide with those suggested in the evaluation report, they did provide the field staff with useful supervisory experience, and the data they collected is of interest.

The parteras visited were located in communities near San Pedro de Lovago, Sto. Domingo, Sto. Tomas, and Villa Somoza, all in the Department of Chontales. The majority were trained in the first two training courses and for a number of reasons, they cannot be considered characteristic of the program as a whole: the first two courses were qualitatively different from subsequent courses; this was the only group of parteras to receive field visits following their training; urban parteras comprise a large proportion of this group compared to subsequent groups; and this group has been active for more than a year compared to a program average of less than 6 months. Even though they are not representative of the program as a whole, however, the activities of this group of parteras provides limited evidence that the program is providing somewhat more family planning services than previously thought.

The field staff was unable to interview 8 of the parteras they had selected, usually because the partera was not at home; travel to one area was prevented by an impassable river. Of the 42 parteras that were interviewed, contraceptive distribution data is unavailable for 4, although this group reported an average of 5 active contraceptors. In addition, 3 parteras reported distributing an unusually large number of contraceptives (2 sold 3,000 cycles and one, 800; one also reported sales of 1,000 condoms, and another 360); these parteras will receive followup interviews. The remaining 35 parteras reported an average of 43 cycles of oral contraceptives sold, including 9 with no sales. Only 3 of this group distributed a significant quantity of condoms (mean = 110). The 7 parteras who reported attending more than 5 births in the past

year sold an average of 101 cycles; the remaining 25 with complete information available, averaged 27 cycles. The subgroup with no deliveries attended in the past year, averaged 21 cycles. While these trends cannot be generalized to the program as a whole, the data do suggest that, in recruiting for the training course, the field staff should give preference to very active parteras.

C. Suggested Schedule for Field Operations, February 6-April 28

The program modifications recommended in the December evaluation require the field staff to plan their activities in more detail than previously, with a marked increase in the need for delegation of responsibility. To facilitate this planning, I provided the field staff with the following suggested schedule for field operations for the next 3 months.

1. February 6 - February 10
 - a. Initiate arrangements for meetings of auxiliary nurses for February 20 - March 3 (see Appendix A).
 - b. Invite appropriate Nursing Division personnel to these meetings and discuss ways the nursing division can encourage the auxiliaries to participate (voluntarily) in field supervision of parteras.
 - c. Draft a letter for the signature of the Minister of Health which encourages auxiliaries to participate in field supervision of parteras.
 - d. Develop a form for reporting field visits to parteras by partera supervisors (clinic auxiliary nurse or other local volunteer) (see Appendix B).
 - e. Write guidelines for field visits to parteras (See Appendix C).
 - f. Prepare presentations for the meetings of auxiliary nurses.
 - (1) Discuss sales data with Lic. Almanza and outline the problems of unsatisfactory partera performance and the resulting lack of services in rural communities.
 - (2) Discuss with Lic. Lola plans for a per diem payment system that favors visits to distant parteras and obtain the approval of Dr. Gutierrez. This should maintain flexibility for the field supervisors to assign each partera to a per diem category on an individual basis, according to the travel time required. Include transportation expenses in addition to per diem.

- (3) Prepare an outline of the proposed field supervision system, including:
 - (a) Details will be arranged individually by a member of the field staff who will visit the health center; this includes field training, which is required for all partera supervisors.
 - (b) Partera Supervision is supported by the Nursing Division, Ministry of Health, etc., as an important contribution to health in rural areas.
 - (c) Suitable local volunteers will be used when necessary. The auxiliary nurse will be asked to suggest candidates and to cooperate with them.
 - (d) The field staff will make periodic visits to the health centers to assist the partera supervisors.
 - (e) The field staff will revisit a sample of parteras to evaluate the effectiveness of the partera supervisors' visits.
 - (f) Emphasis will be given to the actual performance of the parteras, not to the reporting form.
 - (g) Explain the importance of inducing the partera to promote her services through home visits and other means.
 - (h) Partera supervisors will be encouraged to try new ideas and make suggestions that may be applied in other clinics.
- (4) Arrange with Lic. Hurtado and Lic. Almanza a brief review of the program reporting forms and discuss means by which time can be saved, e.g., by mailing instructions and exercises to the nurses before the meeting. Emphasize two goals: need for better reporting, and to save the time of the auxiliary.
- (5) Prepare an explanation for performing resupply on an individual basis, rather than at formal partera meetings, and an announcement of changes in the retraining meetings (increased preparation, decreased frequency, payment of per diem when this can be arranged--after field supervision is fully established)

- g. Ask Dr. Gutierrez for a written directive regarding changes in program finances and prepare an explanation.
 - h. Obtain from the census or SNEM, municipio maps (2 copies) of the areas where trained parteras are now operating.
 - i. Prepare an explanation of the need to locate each trained partera on these maps (for supervision planning and to plan expansion of coverage of rural areas).
 - j. Obtain a camera and film for the program bulletin.
 - k. Plan field visits by the field staff next week to develop a partera supervision methodology.
 - l. Initiate the first issue of the program bulletin by requesting articles from central staff (see Appendix D).
 - m. Meeting Friday with Dr. Gutierrez and Sr. Bernal to discuss progress and prepare a brief written progress report.
2. February 13 - February 17
- a. Field staff visits to health centers and parteras to develop field supervision techniques.
 - (1) Visit several parteras, using the visit form and guidelines.
 - (2) Modify the form and guidelines as necessary from field visits.
 - (3) Recruit an auxiliary for partera supervision, train her, and accompany her on a field visit to a partera; evaluate her performance and retrain if necessary.
 - (4) Arrange for the auxiliary to perform additional supervisory visits to other parteras as soon as possible (for the purpose of pilot training and evaluation, relatively accessible parteras are preferable).
 - (5) Recruit and train a suitable non-auxiliary partera supervisor and accompany her (him) on a partera visit. Evaluate and retrain if necessary.

- (6) Obtain interviews and photos of auxiliary nurses who have made field visits (e.g., Villa Somoza) and those making initial training visits, for several articles in the program bulletin.
- b. Friday: meet to discuss results of field work and give a progress report to Dr. Gutierrez.
- 3. February 20 - February 24
 - a. Additional field visits to parteras to train auxiliary nurses and other partera supervisors, applying any modifications suggested by the previous week's experience.
 - b. Additional interviews and photos for the bulletin.
 - c. Check the status of invited articles for the bulletin.
 - d. Revisit parteras visited by the partera supervisors who were trained last week and evaluate the effectiveness of the visit. Note problems and make indicated modifications in training.
 - e. Begin the departmental meetings of auxiliary nurses.
- 4. February 27 - March 3
 - a. Complete the departmental meetings of auxiliary nurses.
 - b. Send the first issue of the bulletin to Dr. Gutierrez for review.
 - c. Friday: meet with Dr. Gutierrez and prepare a brief report of activities.
- 5. March 6 - March 10
 - a. Begin visits to recruit and train partera supervisors.
 - b. Send the first issue of the bulletin to the printer (300 copies).
 - c. Conduct an orientation for the new field staff auxiliaries and assign them to accompany experienced field staff on field visits.

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- d. Initiate recruitment of parteras through local personnel for the first 1978 training course (1 day visit).
 - e. Field Staff receives training in inter-personal communications from a communications consultant.
6. March 13 - March 17
- a. Continue visits to recruit and train partera supervisors; complete a total of 16 clinics.
 - b. Mail bulletin: 2 copies to every health center and one copy to selected MOH officials.
 - c. Friday: meet with Dr. Cutierrez for a progress report and prepare a brief summary of activities.
7. March 20 - March 24: (Holy Week)
8. March 27 - March 31
- a. Continue field visits to recruit and train partera supervisors.
 - b. Assign two teams (including the new members) to begin partera recruitment for the first course and begin arrangements for partera supervisors.
9. April 3 - April 7
- a. Complete visits to recruit and train partera supervisors.
 - b. Complete partera recruitment for the training course.
 - c. Initiate local personnel planning for the second course.
10. April 10 - April 14
- a. First training course with supervision arranged.
 - b. Two staff members are assigned for partera recruitment for a second course.
 - c. Two staff members continue field supervision.

11. April 17 - April 21

- a. Complete recruitment for the second course.
- b. 3 - 4 staff members continue field supervision.
- c. Begin preparation of the second bulletin.
- d. Initiate local preparation for the third course.

12. April 24 - April 28

- a. Second training course.
- b. Two staff members begin partera recruitment for the third training course.
- c. 2 - 3 staff members continue field supervision.
- d. Begin planning for the partera retraining meetings.

Clearly, the satisfactory completion of these activities should take precedence over adherence to the schedule itself. However, even if the suggested schedule can be maintained, training will not resume until April 10. Substantial delays in establishing a supervision system will require that training be further postponed, and as a result, it is likely that fewer than 450 parteras could be trained in 1978, assuming 2 courses per month.

D. Partera Supervisor System

The field staff should be responsible for the effectiveness of the partera supervisor system, expressed in terms of partera output. This contrasts with the common pattern of evaluating supervision by tabulating activities, such as number of supervisory visits made, number of re-training talks given, etc. The pattern of accountability for the actual level of partera activity should apply to all levels of supervision: members of the field staff should evaluate the partera supervisors assigned to them on the basis of services delivered by the corresponding parteras. Similarly, the Director of the field staff should evaluate the effectiveness of her staff on the basis of the activities of parteras under their direct or indirect supervision. The emphasis of this approach is not to single out individuals for criticism, but rather to identify both problem areas and areas of unusual success. Further, the supervision system should continually and systematically correct areas of weakness and promote the adoption of techniques that have proved successful. This orientation determines a number of characteristics of the supervisory system.

1. Organization and Use of Program Data: Each member of the field staff should have access to current distribution data for every individual partera under her supervision. This should be recorded in a form that facilitates comparisons with past performance and comparisons with other parteras. Since resupply occurs at irregular intervals, sales data could be expressed as a monthly rate. Each partera supervisor should also have access to such data. In addition, each partera's file should contain the reports for every supervisory visit made to her; in the case of the field supervisor, this file would also include results of any revisits made to evaluate the effectiveness of the partera supervisor's visit. For comparison at the central level, the field staff should have access to clinic-specific distribution data as well.

2. Supervisory techniques: In addition to analyzing partera distribution data and partera supervisor reports, the field supervisor should supplement these reports with direct field observations. By selecting a small sample of parteras and revisiting them herself, the field supervisor can evaluate the methodology of the partera supervisor as well as subjecting the partera supervisor's reports to confirmation. She should confirm that the partera supervisor has provided effective retraining by testing the partera's knowledge and skills. She should evaluate the partera's ability to explain her services by accompanying the partera on home visits. She should also estimate the community's actual understanding and use of the partera's services by conducting a small community survey. Through this, she should determine if the medicaments sold by the partera were appropriately used and if there is a significant unmet need, such as for family planning or treatment of infant diarrhea. The field supervisor should record problem areas she has identified, in addition to those pointed out by the partera supervisor, and suggest specific steps to correct them. If the partera supervisor requires assistance or retraining, the field supervisor should be prepared to provide it. She should also evaluate the success of these efforts during subsequent visits. Persistent or particularly difficult problems should be discussed periodically at the central level, as should techniques that have been conspicuously successful.

3. Distribution of Supervisory Visits:
 - a. Partera Visits. In the year-end evaluation report, I recommended that initially parteras should be assigned to 1 of 3 groups to receive different levels of supervision.

Within this design, the field supervisor should give priority to the first visit for each partera. Beyond that, she should assign priority to parteras who are very active or very inactive and those with a marked change in activity or specific problems. The field supervisor should discuss these priorities for partera visits with the partera supervisor and arrive at a schedule for the following 3 or 4 months. For parteras selected to receive several visits, the field supervisor should make certain that followup visits take place only after sufficient time has passed to measure the effect of the earlier visit.

- b. Partera Supervisor Visits: As with parteras, visits to partera supervisors should be distributed in a selective pattern. Beyond a minimal frequency with which every partera supervisor should be visited, perhaps once every 4 months, the remainder of the field supervisor's efforts should be concentrated in low-performance clinics and those that are outstanding.

The number of supervisory visits that a field supervisor can make varies inversely with the average duration of the visits. The field supervisors should be encouraged to determine the length of their stay on the basis of need for supervision and assistance rather than on the basis of arbitrary guidelines. This will probably result in fewer supervisory visits of longer duration, compared to conventional patterns. However, traditional supervisory patterns are not well adapted to the needs of the program, and the field staff should avoid uncritical adoption of these approaches.

4. Ineffective Parteras and Partera Supervisors: Since field supervision of parteras consumes limited program resources, it should be concentrated in those areas where the potential benefits for the program are greatest. Thus, the field supervisor should have the option to classify any partera as "inactive" and exclude her from future supervisory efforts.

Similarly, if a partera supervisor performs ineffectively, despite training and assistance, the field supervisor should have full authority to dismiss her. Since there are a number of variables involved, such as the ability of the parteras supervised and the availability of potential replacements, the decision to remove a given partera supervisor should be made individually rather than on the basis of centrally written guidelines. In addition, every partera supervisor should

understand that her tenure is based solely on performance and understand how that performance is measured. This does not imply that the supervisory style of the field supervisor should be punitive or authoritarian. However, in those cases where the partera supervisor does not respond to the suggestions and assistance of the field supervisor, removal should be an option.

5. Efficient Use of Program Resources in Field Supervision: It is likely that the amount of program resources available to provide supervision to a given number of parteras will decrease after 1978. Therefore, it is essential that the field staff monitor the cost of their activities as well as their output, and begin to develop approaches that reduce the cost of supervision. The Administrative Division presently collects detailed financial data, and it would be relatively simple to express this information in a form that allows comparison of supervisory costs and the corresponding partera output. There is currently no incentive for the field staff to consider the costs to the program of their activities; the Program Director and the Director of the field staff should actively support cost-saving measures that are consistent with program effectiveness.

One obvious measure is increased use of public transportation. With greatly increased field activities, vehicle availability is likely to become a limiting factor. The use of public transportation by the field supervisors would also set an example for partera supervisors who are not accustomed to using local buses. The use of public transport is particularly desirable when the field supervisor is traveling to a clinic with frequent bus service and plans to visit parteras or partera supervisors who are not accessible by vehicle. Encouraging field supervisors to make visits as long as necessary should facilitate the use of public transport.

In planning field visits to parteras by the local partera supervisor, the field supervisor should also attempt to reduce per diem and transportation costs by combining visits to parteras who live in the same area. To save time during her own visits to parteras, the field supervisor should request that the partera supervisor arrange local transportation well in advance of her arrival.

6. Parteras and Partera Supervisors with Outstanding Performance: Our present understanding of why one partera or partera supervisor is conspicuously successful while another fails is profoundly limited. It is essential that the field staff does not focus exclusively on low performance problems, but also systematically examines the components of program successes. The field staff should incorporate the successful innovations of local personnel into their own supervisory repertoire and keep field notes so that they can later explain the innovations to the rest of the field staff.

Outstanding local personnel also constitute an important program resource which the field staff should exploit according to local needs. A very active partera may be able to supervise other parteras in the area or provide assistance during retraining meetings by explaining her approach. A partera supervisor who has been very successful may be willing to take responsibility for additional parteras or contribute to a retraining session. Effective use of outstanding local personnel requires that each field supervisor be prepared to take the initiative in proposing expanded responsibilities in the program for a given agent. It is also necessary to maintain flexibility in defining an expanded role, rather than attempting to develop stereotyped roles. Cases that involve additional financial arrangements should be coordinated through the central office.

7. Supervision of the Field Staff: Members of the field staff should submit monthly reports of their supervisory activities so that these can be reviewed by the Field Staff Director and the Program Director. There is no apparent need for these reports to be highly structured, but they should focus on the level of partera activity and a detailed description of problems the supervisor has identified, the corrective steps recommended, effectiveness of previous recommendations, and successful approaches. The Field Staff Director and the Program Director should also make occasional field visits to supervise the work of the field staff, including interviews with members of the parteras' communities.

The involved field supervisors should also prepare a report summarizing the recruitment activities for each training course. These reports should include a brief evaluation of each candidate for the course. In the future, these evaluations could then be compared to actual program performance and recruitment modified accordingly. The increased program investment in recruitment efforts that is planned, and the

inclusion of non-parteras, both require direct field supervision by the Field Staff Director, and Program Director, in addition to a periodic review of field reports. More extensive and more carefully supervised recruitment activities will also allow the program to reduce the level of per diem for the partera. The present per diem of 35 cordobas (\$5) may be so generous that parteras with no real interest in participating actively in the program attend the training course primarily for financial gain.

8. Unmet Need: It is a common shortcoming in supervisory systems to focus exclusively on the activities of the program. It is essential that supervisors at all levels also make estimates of unmet needs, of the services the program should be providing, but is not. This cannot be accomplished without direct community interviews. It is obvious that a partera cannot be addressing the health needs of a family that does not know who the partera is, that she has been trained and equipped, what services she provides, and where she lives.

Similarly, the partera is failing to reach her potential as a health agent if she has not educated her community effectively in the basic concepts that must be understood in order to fully utilize the partera's services. If families in the community do not understand the health benefits of family planning or the importance of early treatment for infant diarrhea, the partera cannot meet the true level of need in her community. The partera supervisor should estimate the level of unmet need in the partera's community through small, informal household surveys, and suggest ways of meeting this need. The field supervisor should make her own independent estimates for the communities that she visits, and assist the partera supervisor to make the needed changes and evaluate the effect of these efforts in subsequent visits. The partera's geographic coverage constitutes a special case for estimating unmet need. Once the partera's immediate community has been adequately covered, the partera supervisor should encourage her to extend her services to surrounding communities, and the field supervisor should evaluate and support this extension of coverage.

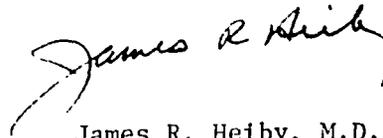
9. Retraining Meetings for Parteras: The establishment of a field supervision system should clearly take precedent over formal retraining meetings of parteras. It is, therefore, inadvisable to schedule a large number of these meetings before the availability of the field staff is clear. Together

with planning and travel, each of these meetings is likely to consume 3 days of the field supervisor's time. To conduct even 2 meetings per year for 60 clinics would, therefore, require 360 person-days of field staff time out of the approximately 900 person-days available for direct supervisory activities. Until the effectiveness of these meetings can be estimated, they do not justify a commitment of 40% of available personnel time.

10. Assignment of Responsibility for Clinic Programs: While it is true that assigning to each member of the field staff responsibility for the supervision of a given set of clinics, limits flexibility in scheduling supervisory visits, it also provides several important advantages over rotating assignments. In order to make the field supervisor accountable for the performance of the parteras and partera supervisors that she visits, she must have the opportunity to follow the results of her recommendations over time. This also provides a source of continuity for those supervised and facilitates travel to more isolated locations, once the route is familiar. Since it is more efficient to group clinics in the same geographic area to save travel time, it may be desirable to rotate assignments to more remote areas, but this should be done only at infrequent intervals to realize the benefits described above.

E. FUTURE EVALUATIONS

The establishment of an effective system for field supervision constitutes a critical step in the implementation of the program. Once the system has been functioning a few months, it should receive a detailed field evaluation while supervision patterns can still be modified relatively easily. If the field staff can adhere to the schedule suggested above, the evaluation could take place in May or June, 1978.



James R. Heiby, M.D.

APPENDIX A

Suggested Agenda for Departmental Meeting of Clinic Auxiliary Nurses

1. Review of program philosophy and goals and current problems with low levels of performance. This should include:
 - (a) Data from the reporting system.
 - (b) Findings from the Boaco survey.
 - (c) Conclusions, such as: there is an urgent need to make services available to those who are, for whatever reason, unable to come to the health center, and to gradually increase their awareness of the services available at the health center; unless health professionals are willing to travel to isolated rural areas to supervise the parteras, present patterns of poor health will certainly continue. The program staff will do everything they can to support these efforts (30 minutes).
2. Explanation of the planned supervisory system and introduction of the field supervisors (1 hour).
3. Support for the concept of voluntary participation by the auxiliary nurses, by a variety of officials, such as Dr. Gutierrez, the Regional Medical Director, the Regional Nurse Supervisor, Lic. de Castillo, etc., and reading of the letter from the Minister (30 minutes).
4. Brief review of reporting forms by Sr. Hurtado (2 hours).
5. Announcement of the program bulletin, description of proposed articles, and request for letters from the auxiliaries (30 minutes).
6. Explanation of changes in program finances by Dr. Gutierrez (30 minutes).
7. Distribution of municipio maps and explanation of goal to locate each trained partera (15 minutes).
8. Summary of the Boaco survey (30 minutes).
9. Dialogue: questions, problems related to project (1 hour).
10. Individual arrangements for visits by the field staff to the health centers for training and planning partera supervision (1 hour).

APPENDIX B

Suggested Format for Partera Visit Report

1. Name of Partera Supervisor: _____
2. Partera visited: _____
Identification number: _____
Date of visit: _____
3. Total time expended: _____
4. Supplies provided: _____

Inventory of contraceptives: _____

5. Observations on past performance, problems encountered, extent of active promotion.
6. Houses visited with the partera. (Include name and a simple map indicating location).
7. Observations:

APPENDIX C

Suggested Guidelines for Field Visits to Parteras

1. Introduce yourself and explain that the purpose of the visit is to assist the partera to provide services, and through her, help her community.
2. Inquire about problems and questions, and respond.
3. Resupply as needed (according to assigned limits). Emphasize that she should not depend on field visits for supplies.
4. Ask about the extent of active promotion. Explain the importance of informing each family in the community, and that this is an obligation for the trained partera. Encourage her to travel beyond her immediate community and talk to men as well as women. An old partera may ask a daughter, ect., to assist her.
5. Rehearse the partera's presentation of her services and assist her to achieve a complete presentation.
6. Review technical points (from the course) as needed.
7. Review promotional ideas, such as use of satisfied users, answering objections to family planning, and information from the Boaco Survey (which indicates a widespread desire for family planning and health services.)
8. If the partera agrees to active promotion, provide her with a canvas kit (if this has not been provided), and together select and visit
 - (a) a woman that the partera has not yet visited, as far from the partera's house as possible. Evaluate the partera's presentation and after the visit offer both criticisms and praise. Repeat as many times as possible, especially if the partera's technique was faulty.
 - (b) Revisit (with the partera) one or more women (or men) that the partera has visited and determine if the woman does, in fact, correctly understand the partera's training and services, as well as the prices of supplies.

(Note the names and locations of these visits.)

APPENDIX D

Suggestions for the Program Bulletin

1. The bulletin should consist of approximately 4 pages and be issued at least every 2 months, or more frequently.
2. The focus of the bulletin should be the clinic auxiliary nurses, other partera supervisors, active parteras, and the program field staff.
3. The bulletin should give recognition to outstanding parteras and partera supervisors through short articles which include photos, their names, personal information, quotations about the program, and a description of how they excel in the program. These articles should comprise about 50% of the bulletin's content.
4. Articles on program performance should also be included. The editor should ask Lic. Almanza to provide articles comparing clinics' programs on the basis of sales per partera trained. He should also include comments on the data, in addition to the data itself.

The Boaco Survey should also form the basis for several articles.

5. Members of the PPBF staff and various experts should be invited to provide short technical articles on subjects such as: the proper treatment of diarrhea in children and its potential effect on mortality, common misconceptions in family planning, etc.
6. Each issue should include letters from clinic auxiliaries or other partera supervisors, with comments, questions, and suggestions related to the program. For the first issue, the field staff should compose sample letters and ask permission to use the names of auxiliaries contacted during the early field work. Possible subjects might include:
 - (a) Potential competition with other parteras as a result of promotional activities by a trained partera.
 - (b) The effectiveness of discussing family planning with the husband as well as the wife.
 - (c) Increasing community awareness of the health center through referrals by trained parteras.
7. The bulletin could also include editorials regarding the need for health services in rural areas, the need for accurate reporting of data, the need to maintain a good relationship with the parteras, etc.