

AGENCY FOR INTERNATIONAL DEVELOPMENT  
**PROJECT PAPER FACESHEET**  
 TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE (IN APPROPRIATE BOX)  
 ORIGINAL  CHANGE  
 ADD  DELETE

PP  
 DOCUMENT CODE  
 3

2. COUNTRY/REGIONAL ENTITY/GRANTEE  
 LA Regional/Development Associates, Inc.

3. DOCUMENT REVISION NUMBER  
 3

4. PROJECT NUMBER  
 932-15-570-438

5. BUREAU  
 A. SYMBOL PHA B. CODE 5

6. ESTIMATED FY OF PROJECT COMPLETION  
 FY 7 | 8 | 19p.

7. PROJECT TITLE - SHORT (STAY WITHIN BRACKETS)  
 Population Training Services

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION  
 A. INITIAL MO. YR. 7 | 2 | B. FINAL FY 7 | 8 |

9. SECONDARY TECHNICAL CODES (MAXIMUM SIX CODES OF THREE POSITIONS EACH)  
 460

10. ESTIMATED TOTAL COST (\$000 OR EQUIVALENT, \$1 = N/A)

A. PROGRAM FINANCING	FIRST YEAR			ALL YEARS		
	B. FX	C. L/C	D. TOTAL	E. FX	F. L/C	G. TOTAL
AID APPROPRIATED TOTAL	682		682			8,036
(GRANT)	( 682 )	( )	( 682 )	( )	( )	( 8,036 )
(LOAN)	( )	( )	( )	( )	( )	( )
OTHER 1.						
U.S. 2.						
HOST GOVERNMENT						
OTHER DONOR(S)						
TOTALS	682		682			8,036

11. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

A. APPRO- PRIATION (ALPHA CODE)	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE	FY 76 & 77		FY 78		ALL YEARS			
			D. GRANT	E. LOAN	F. GRANT	G. LOAN	H. GRANT	I. LOAN	J. GRANT	K. LOAN
PH	460	460	1,021	1,000	1,282		1,049		8,036	
TOTALS			1,021	1,000	1,282		1,049		8,036	

12. ESTIMATED EXPENDITURES 765.7 256 1,110 1,282

13. PROJECT PURPOSE(S) (STAY WITHIN BRACKETS)  CHECK IF DIFFERENT FROM PID/PP

[ To provide qualified, trained paramedical and other associated health personnel for expanded, improved family planning services delivery systems in participating countries of Latin America, especially in rural areas. ]

14. WERE CHANGES MADE IN THE PID/PRP FACESHEET DATA NOT INCLUDED ABOVE? IF YES, ATTACH CHANGED PID AND/OR PRP FACESHEET.  
 Yes  No

15. ORIGINATING OFFICE CLEARANCE 12/11/75

SIGNATURE  
 Harriett S. Crowley *H. S. Crowley* **FOR DAVID**  
 TITLE  
 Acting Assistant Administrator/PHA

DATE RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION  
 DATE SIGNED  
 MO. DAY YR. | MO. DAY YR.

### Summary:

Through December 31, 1975, AID/W has obligated \$3,683,486 under the project for training, and 2,161 individuals will have completed training and returned to their jobs in Latin America. This training has been arranged by the Development Associates, Inc., (DAI), both in the United States, in third countries and, in some cases, in their own countries.

A review of the history of the project since its inception in May, 1972 indicates that the concept of utilizing an independent contractor to work with cooperating institutions in Latin America provides participant training with important advantages in terms of the actual cost of training programs, the ability to provide a large measure of training in the participants' own language, and the ability to structure individual and group training programs to precisely respond to training needs. (These conclusions became increasingly evident during the course of the project history, and are supported by an evaluation which was recently completed.)

Under this project an important breakthrough has been made in expanding services to rural, low-income groups in Central America. This emphasis will also be expanded into South America. Specifically, the government of Costa Rica was encouraged and assisted in the establishment of a Costa Rican training facility for nurses, nurse-midwives and auxiliary health personnel. They, in turn, will staff centers and health delivery systems providing family planning on a low-cost basis to groups of people to whom it has not been economically or administratively possible to reach before. Similar programs are being established in El Salvador, Panama, Nicaragua and Honduras - with the likelihood of their replication in Guatemala, the Dominican Republic, Peru, Paraguay, Colombia, Ecuador and other countries in Latin America.

Training has also been extended to women to qualify them for positions in their own community for responsibilities to provide health services, a status which they have heretofore been denied. With the establishment of programs dependent upon allied health personnel, women for the first time in Latin America will assume a responsible role in the delivery of health services, and, as a result they will be accorded the status appropriate to qualified professionals with vital services upon which the community depends.

### Introduction:

The original PROP, approved in May 1971, proposed a contract with a qualified private organization to handle family planning and population participants from countries where direct bi-lateral AID training arrangements in this field were inappropriate. The Development Associates, Inc., of Washington, D.C. was selected on the basis of a review of competitive bids. Training activity started with the contractor contacting prospective participants in June, July and August of 1972.

Originally, it was assumed that the contractor would be free to arrange training without obtaining prior clearance from U.S. Embassy or AID field offices, and it was hoped that this freedom of action would facilitate entry into Latin American countries where direct Title X activity was not desired. While a canvas by airgram prior to the original PROP authorization affirmed country interest in independent action throughout the region, after conclusion of the contract it appeared that a substantial re-thinking had taken place regarding the need for country and U.S. clearance. The result has been a somewhat modified modus operandi calling for a large measure of coordination between the contractor, AID/W and field offices. In retrospect, this modification appears to have been beneficial for a number of reasons, particularly (a) the guidance in participant selection and support provided by population officers in the field, and (b) the interaction between country programs that has made possible efficiencies and economies of scale in setting up training programs in the U.S.

As experience has been gained in analyzing training needs, priority areas have become evident. Particularly as interest has been stimulated in delivery of basic health services including family planning to rural, low-income groups, the need to base these services on a corps of allied health personnel has been recognized. Given the urgency of this need, PHA/POP encouraged the contractor to commit a large percentage of administrative and financial support to developing special programs for teachers and key persons who in turn train host country staff and extend family planning to low-income women.

Another modification in program activity from that postulated at the start of the original PROP has been the de-emphasis on long-term training. Aside from the greater priority expressed for technical and non-academic training, the contractor has not had access to local currency funds with which to provide maintenance of participants' salaries while on extended training periods (these funds usually are available for participants on AID standard training programs and are derived either from host government sponsors under bi-lateral agreements or from AID local-currency technical support projects.) Similarly, English language training was not provided for under the contract, effectively limiting participant selection for academic training to the few individuals with high English language proficiency or to those participants whose long term training needs could be satisfied in Puerto Rico. Recent limitations on population funds enforces continued concentration on programs of a short-term nature and for group training. On the other hand, by addressing training needs on a regional base, the contractor was in a unique position to assist in arranging short-term training in the field in Spanish. Regional workshops and seminars have been offered in Colombia and Guatemala with benefits in economy and effectiveness that would not have been possible otherwise.

See Annex A.1, A.2, and A.3 for Statistical Summary by Trainee's Country of origin for Program Year I (May 1, 1972/June 30, 1973), Program Year II (July 1, 1973/June 30, 1974) and Program Year III (February 1/December 31, 1975).

Annex B, Actual and Estimated Expenditure, breaks down the contract expenditures from project inception through December, 1975.

Future training is projected in Annex C.1, C.2, and C.3, from January 1976, through June 1979, on the three additional tables which make up the outputs section below. Indications are that project activity will peak in level of expenditure in 1977 with training in the U.S. tending to decline thereafter in favor of more in-country training wherever possible. In-country training will continue at a high level in terms of numbers of participants trained throughout the life of the project although dollar costs are expected to decline as the end of project period approaches.

The principal formal training programs established in the United States respond to the requirements to train trainers of allied health personnel. Brief descriptions of the programs at Harbor General Hospital of the U.C.L.A. at Torrance, California; Metropolitan Hospital of NYC and at University of Texas at Houston, Texas.

I. Harbor General Hospital (HGH). The HGH course is given to project sponsored participants in the Spanish language. It is predicated on the premise that allied health, family planning specialists can function effectively and safely as front-line providers of family planning services to well patients. The training program consists of both didactic instruction and clinical experience and may vary from 16 to more than 30 weeks depending upon the level of education and professional achievement of the group undergoing training.

Didactic material is presented in 95 hours of classroom lectures which include the following topics: medical terminology (for other than registered nurses); medical history taking; anatomy and physiology of the reproductive system; human embryology and normal progression of pregnancy; general gynecologic endocrinology; mechanism of action of contraceptive methods; effectiveness and side effects of contraceptives; recognition of associated gynecologic and nongynecologic disease; venereal disease; techniques of physical examination of the breast and pelvis; cancer screening techniques, including cervical colposcopy; technique of inserting intrauterine devices; communication skills; human relations and sexuality; normal prenatal care; basic elements of nutrition and office practice and procedures. Lectures also include instruction in counseling for contraception, sterilization, infertility and sexual problems. Practical instruction in the application of counseling techniques is given in the clinic.

Concurrently the trainee gains experience in the physical examination of the breasts and pelvis. Trainees also gain experience in the following specialized gynecologic procedures: detection of vulvar neoplasia by toluidine blue staining; diaphragm fitting; technique of obtaining a cytologic smear, Schiller staining of the cervix; cervical colposcopy; cervical biopsy; endocervical curettage; cervical cryosurgery; para-cervical block; tenaculum application to the cervix; uterine sounding; insertion (nulliparous and multiparous patients) and removal of intra-uterine device.

II. Metropolitan Hospital, NYC. The Metropolitan Hospital program is given in the Spanish language. The International Training Institute is prepared to offer the program in French with Haitian professionals as instructors if the requirement arises. The training offered is essentially in-service training, in the hospitals and clinical facilities affiliated to New York Medical College, and includes participation in the community outreach programs sponsored by the Department of Obstetrics and Gynecology of New York Medical College. The training involves clinical, educational and administrative aspects, and is designed for physicians, nurses, midwives, health educators, social workers, and new professionals in the health field. The program is tailored to the individual needs of the trainees. Its content is therefore discussed and planned with the participants at the beginning of the course, and is evaluated weekly to allow for modifications if need should arise. All candidates are exposed to a core of basic subjects that aim at giving a comprehensive view of the interrelated factors that influence Maternal and Child Health and Family Planning.

The main emphasis in the program is on practical in-service training. This is complemented by lectures and workshops, allowing the participants to exchange their professional experiences, and by field studies of health services and other organizations dealing with various aspects of Maternal and Child Health and Family Planning.

III. University of Texas Medical School.

This program is offered by the University of Texas Medical School and may utilize faculty from Baylor College of Medicine.

The course is geared to individual students' needs and consists of 6 weeks intensive theory and clinical practice.

The objectives of the course are to provide each candidate with a comprehensive view of interrelated factors that influence family planning and maternal child health care through a broad curriculum which includes: (a) the history of family planning and its relationship to maternal/child care; (b) In depth instruction of anatomy and physiology of the reproductive system and distinction between normal and abnormal anatomy; (c) In depth instruction of all approved methods of family planning with added instruction of pharmacology of oral contraceptives; (d) teaching skills in patient examination related to female health, i.e., breast exam, pap smear, pelvic exam, IUD insertion and diaphragm fitting, and also knowledge of the normal physiology and anatomy of heart, lungs, eyes and thyroid; and (e) instruction in administrative and supervisory skills, i.e., delivery of family planning using team approach, nursing assessment, problem identification, evaluation and records and referral methods.

IV. Additionally, the Contractor will use sub-training institutions and sites such as the U. of Puerto Rico School of Public Health, the Denver DAI Family Planning Training Center, the Institute of Human Relations, Puerto Rico, the Margaret Sanger Center, New York City, and others in the United States as well as Latin America.

## LOGICAL FRAMEWORK

Development Associates, Inc.  
Population Training Services

### I. Program Goal

- A. Statement of Goal: To contribute to the slowing of population growth by expanding family planning services, especially in the rural areas of Latin America.
- B. Measures of Goal Achievement: Sufficient trained personnel to provide:
- a) in-country training for allied health personnel in approximately 12 L.A. countries;
  - b) formal and informal education in family planning in 12 L.A. countries; and
  - c) qualified administrators to staff family planning services facilities.
- C. Assumptions:
1. LDC governments can increase family planning services in the rural areas and offer a wider range of family planning methods through the use of paramedicals.
  2. LDC governments, institutions, and medical establishments support training and use of nurse midwives/auxiliaries to increase and expand family planning services, especially in rural areas.
  3. LDC training programs will be established utilizing trainers derived from this project.
  4. Paramedical personnel trained as family planning trainers can staff in-country training programs, thereby reducing the need for additional U.S. based training.

5. Paramedical type personnel compose the largest body of trained LDC personnel having basic skills required for clinical contraceptive techniques.

II. Project Purpose (relates to project extension only)

A. Statement of Purpose: To Provide:

qualified, trained paramedical and other associated health personnel for expanded, improved family planning services delivery systems in participating countries, especially in rural areas.

B. Conditions Expected at End of Project<sup>1/</sup>

1. During the period of this proposed program extension, 3,188 medical and paramedical related personnel will be trained to deliver clinical contraceptive services in family planning and MCH clinics.
2. 1,864 educational trainees (including physicians, graduate nurses, auxiliary nurses, community development promoters, etc.) will be utilized as instructors or trainers in family planning related training centers in all L.A. countries covered by this program. Approximately 100,000 additional personnel would be trained in country through this training effort.
3. Increased clinical family planning services, especially in rural areas, which offer a wider range of methods, using allied health personnel where no doctors were readily or previously available.
4. Qualified instructors, doctors, administrators and educators providing additional impetus in LDCs for additional paramedical training from either in-country family planning organizations or regional family planning training centers.
5. Administrators of family planning programs trained to upgrade the

C. Assumptions:

1. LDC paramedical personnel can be trained to safely deliver clinical contraceptive services and to manage family planning services in a short period of time.
2. LDC governments, institutions and medical establishments support training and utilization of nurse midwives et al. to increase and expand family planning services, especially in rural areas.
3. Trained participants will return to their countries and work in population/family planning as instructors, etc., of other related personnel.
4. LDC governments will permit utilization of learned skills.

III. Outputs

A. Statement of Outputs: To originate and implement training programs for men and women, especially for those who will, in turn, become trainers of paramedical personnel in their respective countries. Three categories for training participants in family planning and health related activities include use of:

- a) U.S. based training such as at Harbor General Hospital, U. of Texas Medical School, Margaret Sanger in New York, and the Denver DAI Center. Principal training is from 4-24 weeks, mostly in Spanish for physician trainers, practitioners, instructors, plus nurse trainers, nurse midwives and auxiliaries.
- b) In-country training (1-3 weeks) principally for paramedicals to assist in the development and introduction of basic health care, including family planning, to rural, low income women.

c) Academic training (approximately 4-6 months) at the U. of Puerto Rico School of Public Health for such personnel as physicians, educators and/or administrators in family planning to more effectively extend health and family planning delivery systems being performed by allied health personnel in rural, low-income areas.

**B. Magnitudes of Outputs:**

Participant training over the period of this project revision, by category which is keyed to training listed in A. Statement of Outputs described above

1. (1/1/76 - 6/30/77) 18 months (FY 76 and IQ)
  - a) 235 ( U.S. based training)
  - b) 883 (In-country and regional L.A. training)
  - c) 6 (Academic training)
2. (7/1/77 - 6/30/78) 12 months (FY 77)
  - a) 146
  - b) 859
  - c) 6
3. (7/1/78 - 6/30/79) 12 months (FY 78)
  - a) 117
  - b) 932
  - c) 4

**C. Assumptions for Achieving Outputs**

1. Contractor able to recruit freely.
2. Contractor able to select qualified participants from various health ministries, and/or local family planning organizations.
3. LDCs are able to release MOH and other professional staff to permit training to take place.

4. LDC or local family planning organization is able to maintain participants' salaries and family support during a training period.
5. Contractor able to establish agreements with qualified subcontractors, which will do the actual training, most in the Spanish language.

IV. Inputs

- A. 1. Salaries, consultants, travel, participant costs, and teaching materials.
2. Clinical facilities at U.S. institutions and teaching caseload.
3. Facilities for local, in-country or regional training in Latin America.

B. <u>BUDGET</u>	<u>FY 1976 + IQ</u>	<u>FY 1977</u>	<u>FY 1978</u>
Salaries	145,433	96,955	102,287
Overhead	104,712	69,808	73,647
Consultant Fees	15,179	12,225	10,403
Staff Travel	53,893	37,536	31,225
Other Direct Costs	28,223	20,015	19,785
Fixed Fee	37,211	25,333	25,420
Participant Costs	<u>1,636,349</u>	<u>1,020,128</u>	<u>786,233</u>
	2,021,000 <sup>1/2/</sup>	1,282,000	1,049,000

C. Assumptions

1. Budget adequate to support project activities.
2. LDC governments are supportive of programs which will increase family planning services.

<sup>1/</sup> See Table II for review of subcontract costs breakout for training of participants for FY 1976.

<sup>2/</sup> See Table III for discussion of analysis of cost increases projected for FY 1976, which in turn, is the basis for budget projections for FY 1977 and FY 1978, as discussed in AIDTO Circ A-446 of 8/2/75.

RATIONALE

The need for a contract to manage, arrange and fund training programs for Latin American nationals in Population/Family Planning programs derives from the following considerations:

- 1) AID standard training procedures call for host-country government participation and endorsement. However, many POP/family planning training needs arise in technical areas where some Latin America governments are reluctant to provide official endorsement or support. Furthermore, in the Population/family planning area it is not unusual that individuals, also by reason of their connection with private organizations or associations, are reluctant to accept either their own government's endorsement or that of the U.S. Government. Indeed, many Latin America leaders owe their credibility and influence as leaders precisely for the reason that they are not directly identified with either their own country's government or that of the United States. Under the arrangement with a contractor, training can be provided by an independent firm without the requirement for prospective trainees to have their applications for training processed either by the U.S. Government or the host government if this procedure is undesirable.
- 2) Increasingly in Latin America there are either limited AID, in-country arrangements for handling training, or the USAID staff - including PHA representatives - are so reduced in numbers that they cannot give the required attention to training program development. An independent contractor, on the other hand, can maintain a continuing contact with the host country sponsoring organizations, public and private, whose personnel are to be trained, and contract representatives routinely visit countries specifically to assist in participant selection and training program development. However, the contractor obtains country clearance prior to such visits and guidance from appropriate U.S. Embassy and or USAID personnel upon arrival in the country.
- 3) In addition to arranging training programs in the U.S., the contractor over the past 3 years, has demonstrated a capability for development of innovative training programs in third countries. This had rarely been practical under the AID standard training procedures as neither OIT nor USAID's have had staff to devote to management of training in the field, and USAID's generally do not have the staff to manage in-country programs for their own participants much less participants from other countries than their own. These limitations have effectively prevented the Agency from obtaining the special benefits that can be derived from multi-national training experiences in Latin America settings such as those that have been possible in Colombia and Guatemala under the present contract arrangement.
- 4) By employing an independent contractor, the Agency - PHA specifically - is able to assure that the selection and management of participants and the development of training programs, both in the United States and the third countries, are handled by an organization not only with a high degree of expertise in the technical areas of training but also with a fluent capability in the Spanish language on the part of its personnel. These qualities, have contributed to the success with which training programs have been carried out in the first years of the contract.

5) Finally, and as demonstrated by the recent evaluation of the project, the Agency has been able to achieve a significant cost/benefit in the provision of the training provided under the project as compared with equivalent programs for which comparison is appropriate. (See Annex D - Fiscal Year 1974 - U.S. Training Expenditures by Categories - Contract AID/LA 707)

#### COURSE OF ACTION

The course of action proposed for this project is largely determined by the experience and accomplishments that have been obtained during the first period of project activity under the original PROCP.

Initially, authorization was approved on a trial basis, i.e., to test the hypothesis that an independent contractor with Spanish language capabilities could more effectively identify, with AID field office guidance, Latin American training needs in Population/Family Planning and after identification, could arrange and finance appropriate training programs for Latin America participants, on a more cost-effective basis than had been possible under the AID standard training procedures. (See Annex E - discussion of project effectiveness from OIT evaluation of AID LA 707, contract with DAI).

As a recent evaluation has demonstrated, gratifying economies in program operation have been possible at the same time that significant achievements have been obtained in development of specialized training programs in the Spanish language. This has not only enlarged the universe of prospective participants from which selection may be made, but also has facilitated access to selection for training to a broad category of Latin Americans that had heretofore been unavailable, i.e. Latin American women in non-medical but health related occupations. It is precisely on this category of personnel, and the degree to which they can be utilized in the delivery of family planning services to high fertility women, that the success of family planning and the reduction of excess fertility in Latin America depends. Therefore, with the development of appropriate training for women as auxiliaries and para-medics in family planning -- initially at the Harbor General Hospital, and also at the Metropolitan Hospital -- a nucleus of Central American countries were encouraged to establish programs for introducing basic health care including family planning to rural, low-income women. With respect to their aspect of the project course of action, it is interesting to note that the Senate Appropriations Committee Report - FY 1975 - in its section on Population Planning and Health states: "Many authorities in the field of health services regard para-medical activities as one of the best ways to provide low-cost, direct assistance in rural areas and to stimulate the involvement of people in development programs. The committee, therefore, is particularly interested in AID's initiation of programs to extend the availability of health services through the use of para-medical personnel."

Response to date from these countries has resulted in increasing interest throughout Central American and South American countries in establishment of similar programs. A start has been made in training groups in a number of these countries. With authorization of this PHA it is proposed to continue these programs and support centers from which indications of interest have already been received.

Associated with the assistance provided by this project to establish delivery systems in health care with family planning, there has been a complementary interest in formal and informal education programs -- often involving in-country training in family planning for physicians and for educators in sex education, family planning, responsible parenthood, etc. Training in these categories supports objectives and extends the effective reach of the health and family planning delivery systems being operated by allied health personnel and other programs for introducing family planning. Therefore, and second only to the programs for training allied health personnel (described in the introduction), it is proposed to continue the support that has been provided for in-country training.

The principal in-country training arranged under the project has taken place, and is proposed to continue in Colombia. To date programs have been initiated for training in the following categories:

- a) Radio and TV programmers
- b) Rural-Home extension worker trainers
- c) Agricultural extension workers
- d) Community Educators
- e) Demography/Population for graduate students (future professors)
- f) Teacher trainers (undergraduate)
- g) Vocational Education teacher trainers
- h) Armed Forces trainer (family planning and sex education)
- i) Union Education Officers
- j) Women leaders - family education trainers

Direct USAID support to local institutions - public and private - was considered inappropriate by the Mission for reasons of local sensitivity and because of the private character of some of the training institutions. In consequence country funds have been transferred to PHA/POP in the past for inclusion in the project specifically to support the training listed above. Expansion of these activities is planned and it is anticipated that the strengthened training capabilities established will provide an important resource for third country training.

## SPECIAL CONDITIONS

1. Section 113 of the Foreign Assistance Act of 1961, as amended known as the "Tarcy Amendment" requires that the U.S. bi-lateral development assistance programs authorized in Sections 103 to 107 of the Act be administered so as to give particular attention to those programs, projects, and activities which tend to integrate women into the national economies of foreign countries, thus improving their status and assisting the total development effort. The Amendment gives Congressional endorsement to the increasing concern of the development assistance community and developing countries that women participate fully in the tasks and benefits of economic growth.

From the outset, a preponderant proportion of project activity has involved training for women qualifying them for leadership and enhanced responsibilities, professionally and as individuals within their communities, upon their return from training. Probably the most significant category of training in the U.S., both in terms of numbers of individuals trained and in project dollars spent, has been for training allied health personnel as teachers and administrators in programs for establishing low-cost, basic health delivery systems including family planning. Recognizing that only by utilizing women as auxiliary and para-medical personnel to provide family planning services can family planning be effectively extended to the population groups with the highest fertility in Latin America, i.e., to the women in the rural, low-income areas, it has been a fundamental goal of this project to assist in the introduction of this concept wherever possible. As a consequence, substantial success has been realized in Central American countries in establishing health delivery systems relying on allied health personnel, and a promising start has been made toward introduction of similar programs in South America. For example, a facility for training nurses and nurse-midwives is now in operation in Costa Rica, staffed by personnel trained under this project at the Harbor General Hospital (H.G.H.) of the University of California, Los Angeles Medical School. Participants from El Salvador, Honduras, Dominican Republic, Guatemala and Panama also are being trained at H.G.H. for similar programs in their respective countries; and in South America, participants from Paraguay, Uruguay, Bolivia, and Ecuador have already undergone training at either H.G.H. or at other programs at the Metropolitan Hospital in N.Y.C. and the University of Texas, Houston. This project will continue to support the concept and the practice of utilizing women in their vital role as providers of basic health services, including family planning, to the largest group of potential acceptors in the region, the women in rural, low-income areas. (Of the 745 trainees who received grants in FY 74, for instance, 400, or 54% were women. Of the 252 grantees who were brought for specialized training to the USA and Puerto Rico, 234 (93%) were women. Total training in FY 1975 consisted of 776 participants both overseas and in the U.S., of which 548 were women (i.e., 71 percent.)

With the introduction of these services and the implementation of training programs for women as allied health personnel, not only is progress being made toward the program goal for reduction of excessive fertility and population growth, but also a major advance is being made toward professionalization of women in Latin America and the enhancement of their status as members of the health care community and the society in which they live.

## 2. ABORTION-RELATED ACTIVITIES

This project is consistent with A.I.D. policies relative to abortion-related activities and with Section 114 of the Foreign Assistance Act of 1961, as amended. No funds made available under this project and subsequent contracts will be used for the procurement or distribution of equipment provided for the purpose of inducing abortions as a method of family planning; for information, education, training or communication programs that seek to promote abortion as a method of family planning; for payments to women in less developed countries to have abortions as a method of family planning; or for payments to persons to perform abortions or to solicit persons to undergo abortions.

The present contractor has been instructed to inform all prospective participants that funds may not be utilized under the contract for any training inconsistent with the policy cited above and participants have been so advised since April 17, 1974. Furthermore the present contractor has included appropriate language in all training agreements concluded with training institutions where participants have programs starting on or after April 29, 1974.

## 3. DAI EVALUATION SCHEDULE

### Phase I (2/1/75--12/31/75)

1. Evaluation conducted by Phillip Sperling, OIT, December 20, 1974.
2. Questionnaire follow-up on participants from FY 1974 training. (First questionnaire sent 2/28/75, follow-up sent 3/21/75. Results available May 31, 1975.
3. Development of revised EOPS in the log frame of this PROP by Project Manager and Evaluation Officer July, 1975, plus data in the U-446 Report (PAR). This information will be used to develop a new training contract beginning January 1, 1976.
4. Preparation of a U-1423-1 Contractor Evaluation Report in May 1976-

### Phase II (1/1/76--6/30/79)

1. Preparation of a PAR each year by the AID project manager.
2. Evaluation by outside consultant near the end of the PROP approval period.

PY I

May 1, 1972-June 30, 1975

II. 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			
<b>TOTAL</b>	<b>264</b>	<b>108</b>	<b>47</b>	<b>106</b>	<b>3</b>

ACTION MEMORANDUM FOR THE ADMINISTRATOR

DEC 9 1975

THRU: EXSEC

FROM: AA/PPC, Philip Birnbaum

SUBJECT: Population Training Services, Project Paper (PP)

Problem: Because the total funding for this regional project has exceeded \$2.0 million since inception, your approval is requested for the attached Project Paper (PP).

Discussion: This project revision authorizes funding through FY 1978 to continue specialized training in family planning and basic health services for Latin Americans. The training is provided at institutions in the United States, Puerto Rico and Latin America.

The purpose of the project is to train a cadre of paramedical personnel from each Latin American country who can serve as instructors and supervisors for larger groups of paramedicals within each country. Recognizing that the traditional physician-oriented health clinic network would not reach sufficiently large numbers of people, particularly in rural areas, with either family planning or basic health services, the Office of Population contracted with a private firm in 1972 to develop programs to train paramedicals to carry out these services. The medical and nursing societies in Latin America originally were opposed to the use of paramedicals; they are now supportive in a few countries because rural paramedical work is not competitive with urban practices and such work provides health and family planning to the rural areas which otherwise would not receive any assistance.

There are still many training needs in population and family planning throughout Latin America. Mission staff reductions in the training area and the sensitivities of some Latin American governments to deal with population matters in a bilateral basis were the basis for A.I.D.'s original decision to seek out a private contractor to handle much of the training. Development Associates, Inc. (DAI) was selected as the contractor in 1972. During the past three years DAI has demonstrated its ability to develop innovative training programs with organizations having Spanish language capacity and expertise in family planning. A project evaluation in December 1974 praised the high quality and reasonable cost of the DAI training programs.

This project responds to the Congressional mandates to serve the poor majority and to integrate women into the development process. The major thrust of the project is to train paramedicals who will work chiefly in rural areas and to upgrade the technical skills of women primarily. The project is also utilizing Latin American training institutions to a greater extent which should have long term manpower development advantages.

While the primary focus continues on paramedical training, DAI also arranges other training programs, especially in the Latin American countries. Most of the in-country training has been in Colombia where programs have been installed for the following categories of personnel: a) radio and TV programmers; b) rural-home extension worker trainers; c) agricultural extension workers; d) community educators; e) demography/population for graduate students (future professors); f) teacher trainers (undergraduate); g) vocational education teacher trainers; h) armed forces trainer (family planning and sex education); i) union education officers; j) women leaders - family education trainers.

A follow-up questionnaire was sent to former DAI participants in May, 1975 to determine the extent to which such family planning training was being utilized once the participant returned home. The level of a participant's job responsibility was also examined to determine whether this training was effective in assisting participants to improve their professional status in family planning. In both categories the effectiveness of the training, as previously indicated in the December, 1974 evaluation, was underscored by the participants themselves. Utilizing the results of these evaluations, AID/W has revised and updated the indicators found in the project's logical framework to assist future evaluation reviews in measuring program efficiency and cost effectiveness for this type of training.

This authorization and funding requirements are within those levels described on page 313 of the Latin America P.D.B. for the FY 1976 Presentation to the Congress, i.e. \$1,021,000 for FY 76 and \$1,000,000 for the 5th Quarters. The project is expected to terminate in FY 1978.

This program document has been reviewed and cleared by all A.I.D. offices concerned. All relevant A.I.D. policy determinations on family planning have been incorporated in this program.

Recommendation: That you give your approval to the attached document to authorize funds through FY 1978.

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

DATE: 12/11/75

Attachment:  
Project Paper (PP)

Clearances:

GC:WEWarren WEWarren

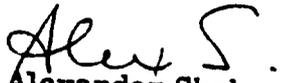
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December 9, 1975

Mr. Murphy--

The nearly comparable funding figures for FY 1976 and the I. Q. seem strange, but I've looked into it and the spread seems reasonable. The I. Q. is being used to gain a forward funding position that will permit adequate planning by the contractor (Development Alternatives, Inc.). This is especially important as DAI subcontracts with a variety of institutions for the training courses. The funding levels were, as the memo notes, set at these amounts in the 1976 CP. I suggest you sign off on the project.

AA/PPC,   
Alexander Shakow

Attachment:

P.S. I have not signed the information memo on the global contract issue; it sounds sensible but I am not sufficiently aware of your discussions with Fleer to vouch for all the comments in that memo. It is clear that the Training Services project must be extended now if the program is to continue.