

CLASSIFICATION  
PROJECT EVALUATION SUMMARY (PES) PART I

Report Symbol U-447 1

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| <b>1. PROJECT TITLE</b><br><br>Population Training Services  | <b>2. PROJECT NUMBER</b><br>932-15-570-438 | <b>3. MISSION/AID/W OFFICE</b><br>DS/POP/LA |
| <b>4. EVALUATION NUMBER</b> (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) |  |   |
| <input type="checkbox"/> REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION   |  |   |

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|---|--|---|
| <b>5. KEY PROJECT IMPLEMENTATION DATES</b><br>A. First PRO-AG or Equivalent FY <u>72</u><br>B. Final Obligation Expected FY <u>79</u><br>C. Final Input Delivery FY <u>79</u> | <b>6. ESTIMATED PROJECT FUNDING</b><br>A. Total \$ <u>9,970,765</u><br>B. U.S. \$ <u>9,970,765</u> | <b>7. PERIOD COVERED BY EVALUATION</b><br>From (month/yr.) <u>April, 1972</u><br>To (month/yr.) <u>Nov. 1978</u><br>Date of Evaluation Review <u>Jan 8-26, 1979</u> |
|---|--|---|

**8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR**

| A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIC, which will present detailed request.)  | B. NAME OF OFFICER RESPONSIBLE FOR ACTION | C. DATE ACTION TO BE COMPLETED       |
|---|---|--------------------------------------|
| A.) In order to avoid a hiatus in training in Latin America while a new project/contract is being developed, an extension of the existing contract to the end of September, 1979 appears in order.<br><br>B.) To ensure effective FP training in the future, a new contract should remain flexible, in terms of training locations, participant categories, and course content.<br><br>C.) Internal AID/W control procedures should be limited.<br><br>D.) For the evaluation of potential contractors for future training contracts of this nature, the following criteria should be heavily weighted:<br><br>1. Demonstrated managerial expertise<br>2. Experience in training and curriculum development<br>3. Previous work experience in the country areas involved with strong language capabilities.<br><br>E.) AID should improve its program projections in defining more precisely participant categories in close consultation with the Contractor(s) so that later evaluations can be done even more effectively. | DS/POP/LA<br>David Denman                 | When new Project begins Jun 30, 1979 |

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|---|---|
| <b>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</b><br><br><input checked="" type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Financial Plan <input type="checkbox"/> PIO/T<br><input checked="" type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P | <b>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</b><br>A. <input checked="" type="checkbox"/> Continue Project Without Change<br>B. <input type="checkbox"/> Change Project Design and/or<br><input type="checkbox"/> Change Implementation Plan<br>C. <input type="checkbox"/> Discontinue Project |
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| <b>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)</b><br>David Denman<br>DS/POP/LA<br><br>Stephen Joseph<br><br>Signature, DAA/DS/HRD | <b>12. Mission/AID/W Office Director Approval</b><br>Signature <i>[Signature]</i><br>Typed Name R.T. Ravenholt, DS/POP<br>Date |
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Project Evaluation Summary  
Part I

1. Project Title: Population Training Services
2. Project Number: 932-15-570-438
3. DS/POP/LA
4. Special Evaluation
5. C. FY 79
6. Estimated Project Total: A. Total \$9,970,765  
B. U.S. \$9,970,765
7. Period covered by Evaluation

From: April, 1972  
To: November, 1978

8. ~~Action Decisions~~ by AID/W Office Director:

- A.) In order to avoid a hiatus in training in Latin America while a new project/contract is being developed, an extension of the existing contract to the end of September, 1979 appears in order.
- B.) To ensure effective FP training in the future, a new contract should remain flexible, in terms of training locations, participant categories, and course content.
- C.) Internal AID/W control procedures should be limited.
- D.) For the evaluation of potential contractors for future training contracts of this nature, the following criteria should be heavily weighted:
  1. Demonstrated managerial expertise
  2. Experience in training and curriculum development
  3. Previous work experience in the country areas involved with strong language capabilities.
- E.) AID should improve its program projections in defining more precisely participant categories in close consultation with the Contractor(s)

so that later evaluations can be done even more effectively.

9. Inventory of Documents to be Revised per above Decisions:

New Logical Framework

New Project Paper

10. Alternative Decisions on Future of Project:

A. Continue Project without change to 9/30/79;

B. Begin new contract based on recommendations found in the attached APHA evaluation report.

11. Project Officer: Dave Denman, DS/POP/LA

12. AID/W Office Director Approved: R. T. Ravenholt

Project Evaluation Summary (PES)  
Part II

13. Summary:

Since early 1972 when Development Associates successfully bid for The Population Training Services contract in a field of 8-10 other competitors, the Contractor has received AID funding to train paramedical and other associated FD and health personnel for expanded, improved FP delivery systems in Latin America and the Caribbean. During the course of this project there has been sufficient feedback from USAIDs and through internal AID evaluations to conclude that this type of programmatic approach has been effective. However, since no overseas contacts were made during this period to evaluate project success and its direct impact on family planning, a final evaluation was developed to test the validity of past evaluation findings. Field contacts were included as part of this review.

In addition, AID wished to identify the elements of AID relationships with DAI and the contractor's procedures with subcontractors and trainees that contributed to program success. Identification of shortcomings or weaknesses were attempted that could be avoided in the implementation of anticipated new

programs in other regions.

14. Evaluation methodology:

A recent intensive evaluation of the Population Training Services Project (Development Associates, Inc.) by a four person APHA team reviewed the record to date of AID contract pha-c-1149. As a secondary purpose, the team also reviewed the project from 1972 in order to indentify the management procedures which AID believes might be useful in making future decisions for this type of training actively.

Feedback from Latin America Missions and previous evaluations suggested that Contractor procedures were effective. The APHA team effort was designed to examine the project near the end of its project life in order to confirm the validity of that impression. AID also wished to have the team examine Contractor procedures with sub-contractors and trainees which contributed to he success of this program. An attempt was also made by the APHA team to identify shortcomings or weaknesses that could be rectified in the remaining months of the contract or that could be avoided in the implementation of similar type programs in the future.

As a part of this review, an examination of the objectively verifiable indicators were attempted in order to determine those causative factors and assumptions which might lead to the attainment of the project's purpose.

On-site Visits by APHA team members to training institutions in Latin America were conducted to verify training effectiveness. Interviews were held with directors and administrators of private and governmental institutions active in the family planning field. In addition, the team interviewed Contractor personnel and AID/W officials associated with this project. Records and other pertinent data associated with this project found in AID and the

Contractor's file were a part of this review process. For a list of those persons and institutions contacted by the APHA evaluation team, please see Chapter II. Scope of Work, Subsection C entitled "Sources of Information and Sites Visited".

15. External Factors:

Major changes in the project have occurred over the life of this project as AID shifted country emphasis and programming priorities in the family planning area of Latin America. The recent shift to focus more training to Brazil, Mexico and the Caribbean, as well as to permit some light program activity in Argentina once again created an increase in training demands on the contractor. The fact that the Contractor has programming flexibility built into its contract has permitted it to quickly respond to changing AID priorities and to deliver increased training activities based on additional funds made available in support of changed AID priorities. There has also been a shift in training setting as the Contractor has complied with AID directions to shift, wherever possible, much of the training to Latin America training institution. Assumptions built into the project paper are valid and still appear to apply. (See logical framework for this project, assumption column for further information.)

16. Inputs: Contractor inputs have been increased over the life of this project, compared to original estimates. Such increases have been due to AID's shifting program priorities in Latin America and increased training needs in Brazil, Mexico and the Caribbean. (See Chapter III of the APHA evaluation on "Funding Projections.")

17. Outputs: This project is to implement training programs for trainers who will, in turn, become trainers of paramedical personnel. Three categories of training are cited in both the contract and project paper:

- A. U.S. based training 4-24 weeks in Spanish for physicians, trainers, nurse trainers, practioners nurse midwives, and auxiliaries.
- B. In-country training (1-3 weeks) principally for paramedicals.
- C. Academic training (4-6 weeks) in the U.S. or Puerto Rico for physicians and/or educators.

Table I below indicates the breakout of actual training accomplished within these more specific and narrow categories under pha-c-1149 as compared with earlier AID projections. The later shift in emphasis to more training in Latin America under pha-c-1149 is indication of the Contractor's responsiveness to AID directives on this subject.

Table I  
Output Training Comparisons

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

18. Purpose: The purpose of this project is to provide qualified, trained paramedical and other associated health personnel for expanded, improved family planning services delivery systems in participating countries, especially in the rural areas.

Table II indicates the progress toward each indicator which are listed in the AID project paper.

## Project Indicator Comparisons

| Indicators (Projected EOPC)  | Progress to Date (APHA Review)  |
|--|---|
| (A) 3,188 medical and paramedical personnel will be trained to deliver clinical contraceptive services in FP and NCH clinics.  | A. 2,847 personnel are estimated to have been trained.  |
| (B) 1,864 educational trainers utilized as instructors or trainers in F.P. training centers in L.A.  | B. 3,248 educational trainers are estimated to have been trained.   |
| (C) Approximately 100,000 additional personnel will be trained through this training effort.   | C. Available data appears to indicate that, based on the numbers in B above, there has been impact on an estimated 1,000,000. Additional personnel either through direct contacted, training, or other assistance in the field of family planning |
| (D) Increased clinical F.P. services, especially in rural areas, which offers a wide range of methods using allied health personnel where no doctors were readily or previously available (no quantifiable numbers were given in the project paper). | D. 641 persons are estimated to have been trained in this category.   |
| (E) Qualified instructors, doctors, administrators, and educators providing additional impetus in LDCs for additional paramedical training from either in-country f.p. organizations or regional f.p. training.                                      | E. It is estimated that 1,163 persons have been trained as a part of this category.   |
| (F) Administrators of f.p. programs trained to upgrade quality of programs. (no quantifiable numbers are given in the project paper).  | F. It is estimated that 1,154 persons have been trained as a part of this effort.   |

Difficulties in verification are evident because the AID project paper has not better defined these training categories. Better verification depends on what a training category is and what persons actually do once they return to their family planning organizations. Causal linkage between outputs and purpose could also be refined to improve future measurements of verification.

19. Goal: The relevant goal as stated in the Project Paper is to contribute to the slowing of population growth by expanding family planning services, especially in the rural areas of Latin America. Measures to goal achievement include the training of sufficient a) in-country training for allied health personnel in FP in approximately 12 Latin American countries, b) formal and informal education in FP in 12 Latin American countries; and c) qualified administrators to staff family planning service facilities. The APHA evaluation concludes that based on the examination of the data available, as well as the limited field trips to Latin America for interviews with affected personnel, these indicators have indeed been fulfilled.

20. Beneficiaries: Direct beneficiaries from this project are the people trained in all categories of the family planning field, as well as the strengthening of Latin American family planning training institutions. Indirectly the people of Latin America and the Caribbean are benefitted by such training through increased services using newly trained personnel. The program thus contributes to the slowing of population growth in Latin America.

21. Unplanned Effects: Due to the private nature of the Contractor, and flexibility to promote family planning efforts where no AID population officer might exist, the Contractor has been able to be in the forefront in discovering and promoting family planning training opportunities. The opening of training possibilities in various States of Brazil is one example where the Contractor, as well as others, assisted in such efforts with the result that training opportunities in Brazil may now potentially outtax AID or the Contractor's ability to adequately respond unless even more Title X funds can be made available. The Contractor also worked in Mexico with private organizations prior to the change in national policy. By being on the scene and flexible to change, they have been able to respond quickly and effectively to training demands that

were critically needed by the Mexican government at the start of their program. (See Chapter IV, Section 5 of the APHA evaluation.)

22. Lessons Learned: The Contractor has been responsible for training paramedical and other associated family planning and health personnel for expanded, improved family planning delivery systems in Latin America and the Caribbean. Several factors have contributed to project success. The AID contract is highly specific (training), yet flexible as to category of participants, training sites, and course content. The Contractor's staff has demonstrated sound managerial and business skills, responsiveness to the needs of the field, and the ability to relate well with Latin American personnel at all levels. The programming process has been facilitated by minimization of bureaucratic procedures within AID. The shift of training to Latin America has resulted in the strengthening of existing institutions as well as the development of some new programs. In addition, the Contractor has had a beneficial effect on the status of women by assisting in upgrading technical skills of a work force which is primarily female. DAI's use of appropriate evaluation techniques is also considered good.

To make future training as effective as possible the terms of the contract should remain flexible. Although almost all training should be carried out in Latin America, the Contractor should retain the option for U.S. training and observation as needed. While paramedicals should be the chief focus of training, there are occasional situations in which the training of others in more highly specific categories is essential. The Contractor should be given flexibility in this respect.

Internal procedures at AID at the Washington level should be limited to the program monitor and Contracting Officer, when necessary. It appears unnecessary to first seek program approval from USAID missions through the

corresponding regional bureaus since training projects originate from the field and the contractor's coordination procedure with the field appears effective.

In choosing future contractors for programs of this type, AID should base their considerations on a) demonstrated managerial expertise; b) experience in training and curriculum development; and c) previous work experience in the country areas involved and having strong language abilities.

Evaluation methodology should be improved for future projects by obtaining agreement in advance between AID and the Contractor on training category definition. Objectively verifiable indicators and causal linkage between outputs and attainment of the project purpose and project goal need to be more carefully drawn so that measurement of success at the end of a project is easier to obtain. In short, AID should share its project paper with the Contractor for general program guidance.

For additional comments on lessons learned, see the attached APHA evaluation on the Contractor, Chapter IV. "Factors Contributing to Project Success".

23. Special Comments: The training contract was conceived in 1972 by the Office of Population to assist missions in the field of family planning, especially in the paramedical and delivery of FP services.

Use of this flexible AID/W based contract, responsive to USAID needs, was first met with skepticism by the USAIDs as another AID/Washington imposition on their prerogatives. However, as USAID training officers phased out of field Missions, and, as the Contractor staff demonstrated high program competence and political sensitivity even in areas where no USAID population officer existed before, it is generally agreed that DAI has been highly successful in the family planning training field. Success has been caused by the:

- A. Nature of the contract (specific, simple, and flexible);
- B. The competence of the Contractor (multiple skills, quick response to field needs, and the ability not to overidentify with any one organization in a given country ) and,
- C. Minimization of bureaucratic procedures within AID.

**Attachment:**

APHA Evaluation of Development

Associates, Inc., dated January 26, 1979.