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PROJECT EVALUATION

PROJECT POPULATION II No.525-0204

PROJECT DESCRIPTION AND BACKGROUND:

The Population II Grant Project Agreement, USAID/Panama 525-0204, signed on August 31, 1979 and amended on June 18, 1982, provides funds for five years in the amount of \$3,250,000 to four (4) Government of Panama (GOP) Agencies and the private family planning association, for the purpose of: (1) expanding family planning information, education and communications outreach activities; (2) extending family planning services; and (3) introducing and institutionalizing sex education in Panama.

During the twelve years prior to Population II, AID had contributed \$4.6 million to integrated maternal/child health/family planning activities through 16 project agreements with the Ministry of Health (MOH) and two agreements with the private family planning group, Asociacion Panameña para el Planeamiento de la Familia (APLAFA).

The goal of the Population II Project, to contribute to a reduction of the crude birth rate (CBR) to 25 per thousand over the five-year period, is well on schedule, and it appears that Panama should reduce its population growth rate to the two per cent per annum target sooner than the year 2000, as originally planned. Figures for 1981 indicate that the CBR was 27.4 per thousand, down from 29 per thousand in 1978.

The Project strategy is two-fold: (1) to continue to support the GOP's integrated approach to the delivery of family planning services by providing contraceptives, clinical equipment for sterilization procedures, training for medical/paramedical personnel, improved information/education/communication

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activities (e.g., radio spots, mobile IEC units, posters), and logistics support personnel and vehicles to improve the distribution of contraceptive supplies; and (2) to initiate a national level sex education program through provision of technical assistance, training (both local and abroad), and the purchase of audio visual materials and equipment.

The GOP institutions involved in Population II are the Ministry of Health (Maternal/Child Health Division); the Ministry of Education (MOE); the Ministry of Labor and Social Welfare (National Directorate for the Child and Family - DINNEFA); and the Institute for Special Education (IPHE). (See Table 1: Population II Financial Plan for GOP Institutions). A separate agreement was signed with APLAFA and two subsequent amendments have increased the AID grant funding to that institution. (See Table 2: Population II Financial Plan for APLAFA).

EARLY PROJECT IMPLEMENTATION:

The previous USAID/Panama Population Officer, Ms. Abby Bloom, was the principal AID official responsible for the design of the Project Identification Document (PID) and the final Project Paper. Unfortunately, she departed Panama just as the Project Agreement was being signed, and it became the responsibility of the new Population Officer, John Coury, to oversee the implementation phase. Some continuity was maintained, however, thanks to the continued and able participation of the Assistant Population Officer, Ms. Angela Mata, and the support received from both the Chief of the Human Resources Division and the backstop from the Office of Development Resources, (ODR).

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Sex Education Component

The Project Agreement was signed at the end of August 1979, but it was not until nearly nine months later that all of the five implementing institutions which were to be involved in the sex education component had met the conditions precedent of the ProAg. Each institution encountered difficulties in preparing its annual training plan. Sex education in Panama was a completely new activity and since no previous attempt had been made to incorporate it into the training programs of the implementing institutions, they were hard pressed to deal with the development of a sex education training strategy.

The USAID Population Officer and his assistant worked individually with each institution; and the training plans, as well as the lists of required audiovisual equipment and materials, were prepared. Subsequently, the necessary Project Implementation Letters authorizing the expenditures of Project funds were issued and the Project activities of the sex education component got under way.

One of the major obstacles to the early implementation of the Project was caused by the changes in the designation of the GOP Project Coordinators and, in one case (Ministry of Labor and Social Welfare - MINTRAB), the complete change in the responsible implementing institution. During the Project Design stage, the Social Welfare Office within MINTRAB and its director, Norberta Tejada, and her team had responsibility for the Population II Project. However, as the ProAg was being signed, the newly-created National Directorate for the Child and Family (DINFA) with its new staff was entrusted with the

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Project implementation. Fortunately, the enthusiasm for Population II as continuously expressed by the DINNEFA Director, Prof. Bertilda de Rivera, and manifested by the dedication of the DINNEFA Project Coordinator, Dr. Edgar Altafulla, helped to overcome their initial limited knowledge and lack of participation in the original Project design. In addition, DINNEFA had just been given the responsibility for the nationwide system of daycare centers (Centros de Orientación Infantil - COIF) and looked upon this as an excellent vehicle for delivering sex education to both the very young and to their parents.

A major early setback to IPHE was their loss of responsibility for the COIF programs. Most of the IPHE activities as envisioned in the original Population II Project design had been centered around the COIF's. When the COIF's were transferred to DINNEFA, IPHE had to redesign its sex education activities around their smaller School for Parents Program. Fortunately, however, the same IPHE staff, Prof. Argentina Garisto and Lic. Samuel Martinez, who had been involved in the Project design phase were named as Project coordinators.

It was the Ministry of Education that suffered the greatest delay in the early Project implementation, primarily due to the changes in staff assigned to the Project. The MOE personnel that participated in the original design of the Project (Profs. Silvia Calvit, Petra Bendiburg and Rosa Harari De Leon), never got to participate in the Project implementation. Furthermore, in late 1982, the responsibility for the Project was transferred from the Dirección de Formación y Perfeccionamiento (Office of Teacher Training and Upgrading) to the Dirección de Orientación Educativa y Profesional (Office of Educational

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and Professional Guidance). The basic strategy for Project implementation was therefore changed: from a strategy aimed at attempting to train thousands of MOE teachers, to a more rational approach of training some 230 secondary school guidance counselors, with a uniform and tested curriculum in sex education and human development.

At present, over 80% of the secondary school guidance counselors have received the training in sex education. In addition, a sex education curriculum for three (3) of the secondary levels (first year; fourth year; sixth year) is being tested in five schools. The curriculum had been developed with technical assistance from Lic. Eugenia Monterroso, who had previously worked with the MOE sex educators and is considered by them to be very technically capable.

The Ministry of Health took an active role in promoting the sex education activities under Population II. The head of the Maternal Section of the Maternal Child Health Department, Dr. Maria Luisa Aybar, was instrumental in bringing together all of the implementing institutions into a National Commission on Sex Education. This Commission had been contemplated under the Project Agreement, although it was not to receive Project funding. The Sex Education Commission has remained an informal group of individuals who represent institutions working in the area of sex education. The success of the Commission may be due to its informal nature, thereby taking it out of the political arena. In the two evaluations of the Population II Sex Education Component, conducted by consultant Norine Jewell, reference is made to the value of this inter-institutional commission. However, the consultant continues to advise USAID to maintain its relations with each participating

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institution on a one-to-one basis.

The earliest of the Population II sex education activities were a series of Inter-institutional Courses on Sex Education, coordinated by the National Commission. The objective of the courses, financed with Project funds that had been allotted to each of the participating institutions, was to prepare a core group of sex educators, who in turn would train others within their respective institutions. Subsequent to these courses, each institution developed its own program strategies and training activities. DINNEFA began training the COLF instructors and other personnel involved in DINNEFA programs. IPHE began training the teachers in each of the different IPHE programs, (i.e., the School for the Blind; the School for the Deaf; the School for the Mentally Retarded). The Ministry of Education began training its administrative as well as technical personnel; and when it became evident that this strategy was too broad in scope, the responsibility for the Population II sex education activities was transferred to another office, (as previously mentioned), and a more rational strategy of training the high school guidance counselors was adopted.

The MCH also trained its regional health personnel in sex education, not necessarily for them to organize sex education activities, but rather so that they could provide the required technical assistance to the other institutions as they in turn implemented their programs. For example, nurses were updated in such areas as venereal disease and family planning in order to assist in the presentations of these subjects at courses or seminars organized by the other members of the National Commission on Sex Education.

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Each institution developed a list of audiovisual equipment and materials needed for the sex education activities. All required movie projectors, slide projectors, movie screens, films and portable display easels. USAID assisted in the initial purchases of these items. At present, however, each institution is responsible for making its own purchases. This is in keeping with AID policy to encourage the national institutions to administer their development projects as much as possible. Needless to say, the great delays in moving Project funds has been caused by the incompetence of the administrative offices within each participating institution. For example, an advance of \$30,000 was made to the MOE to purchase much needed audiovisual equipment. Teachers had been trained and they needed the equipment in order to initiate sex education activities in their schools. However, it took the MOE purchasing office more than seven months to purchase these items, which were readily available in the local market.

Each institution also had requests for special equipment and supplies. For example, DINNFA was having difficulty in transporting its sex educators into the provinces. Their one station wagon was not sufficient, as various teams of educators were attempting to conduct activities in different parts of the country at the same time. The Population II Project assisted with the purchase of a suitable vehicle, and the increase in the number of educational activities carried out by the DINNFA personnel has been remarkable.

The MOE requested special sex education encyclopedias for use in all the schools. After careful selection, a series of bibliographic materials was identified and these books are now being purchased and delivered to those schools where the sex education project has been introduced. The MOE also

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determined the need for mimeograph equipment in order to produce the large volumes of educational materials required by the schools. This equipment is being purchased for the Project and is to be distributed as each geographic area is incorporated into the sex education program.

Family Planning Component

The Ministry of Health has primary responsibility for the family planning services, IEC, clinical training and investigation activities envisioned under the Population II Project. The MCH Department has attempted to carry out these many activities with a very limited staff. And at the same time, this MCH staff has been responsible for implementing a maternal child health and family planning project financed by the United Nations Fund for Population Activities (UNFPA). This UNFPA project was recognized in the AID Project Agreement and it was hoped that close coordination among the MCH Chief, the Pan American Health Organization advisor responsible for the UNFPA project, and the USAID Population Office, would avoid any duplication of activities. The UNFPA project was to support maternal and child health activities that had not been contemplated in the Population II Project. However, as a result of the UNFPA gradual interest in sex education, the MCH began to use UNFPA funds for activities that initially had been programmed for funding under the AID grant.

The evaluation of the Contraceptives Logistics System, conducted by the consultant Pedro Martiz, (report attached), gives a good picture of the

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contraceptive supply situation in the GOP health facilities. It was found that some types of contraceptives were lacking in the remote areas. However, the consultant considered that supplies were being made available as needed. Mr. Martiz' important recommendation, that the MXH distribution system be integrated into the system maintained by the Social Security Agency, had been identified in the early years of the Project by consultants from the Atlanta-based Center for Disease Control. This integration would eliminate the unnecessary duplication of expenditures for gasoline, vehicle maintenance and personnel. The Martiz study also identifies a need for more supervision and technical assistance in family planning methods to be provided by the Ministry's central-level personnel to the health field staff.

RECOMMENDATIONS FOR USAID/PANAMA POPULATION STRATEGY

The FY 1984 Panama Country Development Strategy Statement states that the USAID/Panama population sector strategy should "support the purchase of family planning commodities on a continuing basis," and that the continued "support to the sex education and adolescent fertility programs will depend upon their evaluated success here, and the importance to the region of the model programs." This strategy still holds true.

The evaluations of the three central areas of the Population II Project all reaffirm the need for continued, although specific and limited, AID bilateral assistance in the population sector. These areas are: (1) family

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planning information/education/communication; (2) improved contraceptive logistics systems; and (3) sex education.

The evaluation of the family planning information/education/communication (IEC) activities, prepared by the consultants Lyle Saunders and Patrick Coleman (report attached) stresses the importance of IEC for the success of the Panamanian program. The evaluators, although critical of the limited capability of the MOH personnel responsible for the IEC activities, were nonetheless emphatic of the need for AID to continue support in the provision of the necessary IEC technical assistance, training, supplies, equipment and local production of materials and broadcast of radio messages. These activities should, however, be directed more at the specific target groups (males, rural population, adolescents) as identified in the Population II Project Description and not be as general in nature as has been the case over the past years.

USAID/Panama should carefully consider the recommendations contained in the Saunders/Coleman Report. Although the MOH has not been able to provide the necessary IEC expertise required for the family planning activities, (and there is little indication that such expertise is readily available within the MOH), nevertheless the MOH should be encouraged to contract out for these services. The MOH should be discouraged from any future intent to produce its own printed materials (posters, pamphlets). Past experience has proven the Ministry's limitations in these areas. AID should therefore not finance the purchase of costly printing presses and other similar equipment requested by the MOH.

But this is not to say that AID support to family planning IEC should be curtailed. On the contrary, AID should seek alternatives, especially by contracting out to the local private sector (such as marketing and publicity firms) in order to assure the quality of future IEC activities. Furthermore, the private group APLAFA should be encouraged to work increasingly in this area. Under the Project, APLAFA has carried out IEC activities, such as the production of plastic rulers with messages on responsible parenthood. These have met with great success. With the forthcoming purchase of the printing equipment to be financed under the Project it is expected that APLAFA will be able to develop an expertise in the production of family planning promotional and educational materials.

There is also a need for AID to provide IEC technical assistance. This assistance was not contemplated in the Project Agreement and funding was not set aside. But the past years of experience in this area and the conclusions of the evaluators lead to the recommendation that this technical assistance is vital, if any improvement in the quality of the family planning IEC activities is to be expected. It should be mentioned that under another AID/MOH project (the proposed breastfeeding promotion project) the visiting IEC expert, Dr. Richard Burke, also identified the need for technical assistance to the MOH in this area.

The Project should continue to promote incountry training in family planning and avoid sending physicians to expensive training programs abroad. The MOH should be encouraged to conduct the training programs for nurses, as had been done by the Azuero Post-Basic Nursing Course in Maternal/Child Health and Family Planning. The evaluation of the Azuero Program, conducted in the

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field among the sixty course graduates, testifies to its success.

USAID should continue to work with the MOH and the technical consultants from Westinghouse Health Systems in the design and implementation of the second Contraceptive Prevalence Survey. The results of that survey, if conducted in 1984, should give a good indication of the degree of success (or failure) of the family planning activities carried out under Population II. The success or failure of the sex education component may have to be measured at a much later date, as the young generations of Panamanians begin to enter their reproductive years and the lessons of responsible parenthood, sex education and family planning are put into practice.

In October 1982, LAC/DR/POP official Maura Brackett visited Panama in order to assist the Mission in the identification of certain areas in the population sector that should be considered for inclusion in future USAID population strategies. Most of her recommendations have been carried out. For example, the Mission has attempted to provide more support to the private sector. In recent months, the USAID Population Office has been responsible for bringing together the private family planning association (APLAFA) and the Patronato Nacional de la Juventud Panameña (PANAJURU), in the hopes that they might develop a project to bring family planning and sex education to the rural youth, one of the priority groups identified under Population II. USAID has provided the necessary funds to APLAFA to assist PANAJURU in training its field extension workers and in providing them with the necessary educational

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and motivational materials, including audiovisual aids and printed materials.

Under the amendment to increase funds to APLAFA, special emphasis was made the area of resource development. APLAFA has now placed resource development (local fund raising) as its immediate priority, and a special fund raising committee has been established in order to work closely with Robert Temple and Associates, a U.S.-based consulting firm that has specialized in providing technical assistance to private sector family planning associations. The Population II Project will fund this technical assistance, which will provide APLAFA with a resource development feasibility study and fund raising strategy.

APLAFA has also been encouraged to work closely with the Panamanian legislators interested in developing a population policy for the country. The USAID Population Office has given support to APLAFA so that they might educate the legislators regarding population policies that have been developed in other countries, such as Mexico. USAID might explore the possibility of working through other private sector institutions in this same endeavor. It should be noted that in the new Panama Constitution, a special article clearly states that the Government is to develop a national population policy. Although this might be too delicate an area for USAID to provide direct assistance to the Government of Panama or to the Legislature, nevertheless efforts should be explored in the private sector, such as APLAFA.

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TABLE 1

POPULATION II FINANCIAL PLAN FOR GOP INSTITUTIONS

(In U.S.\$000)

June 18, 1982

	<u>AID</u>	<u>GOP</u>	<u>TOTAL</u>
A. <u>MINISTRY OF HEALTH</u>			
1. Centrally Procured Contraceptives by AID/Washington (1)	(424)	-	(424)
2. Commodities	602	94	696
3. Salaries of Family Planning Specialists & Adm. Personnel (2)	60	1,392	1,452
4. Information, Education & Communication	330	10	340
5. Training	247	100	347
6. Evaluation and Studies	<u>113</u>	<u>70</u>	<u>183</u>
MCH Sub-Total:	1,352	1,666	3,018
B. <u>MINISTRY OF EDUCATION</u>			
1. Commodities	101	40	141
2. Training	115	209	324
3. Technical Assistance	<u>10</u>	<u>-</u>	<u>10</u>
MOE Sub-Total:	226	249	475
C. <u>MITRAB (DINNFA)</u>			
1. Commodities	50	5	55
2. Training	110	50	160
3. Studies and Evaluation	<u>30</u>	<u>10</u>	<u>40</u>
MITRAB Sub-Total:	190	65	255
D. <u>IPHE</u>			
1. Commodities	70	5	75
2. Training	43	50	93
3. Technical Assistance	<u>15</u>	<u>2</u>	<u>17</u>
IPHE Sub-Total:	128	57	185
E. <u>PROJECT EVALUATION</u> (3)			
	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL:	1,896	2,037	3,933

(1) Funded by the Project, not included in the Grant Agreement.

(2) Salaries of family planning logistics management support staff.

(3) The Project evaluation is programmed for the final year of the Project and thus is not included in the three-year budget shown above.

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TABLE 2

POPULATION II FINANCIAL PLAN FOR APLAFA
 (Asociación Panameña Para el Planeamiento de la Familia)

May 26, 1983

<u>Line Item</u>	<u>AID Grant</u>
Adolescent Information and Education Activities	\$ 75,000
Parents and Educators Information/Education Activities	\$ 12,000
Resource Development Activities	\$ 83,000
Outreach Program	\$ 50,000
Vehicle	<u>\$ 10,000</u>
TOTAL	\$230,000

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POPULATION II
PROJECT TARGETS AND ACCOMPLISHMENTS

A. MINISTRY OF HEALTH

1. Provide AID centrally-procured condoms and orals -- 1,192,000 condoms and 550,000 cycles of orals were provided to MOH.
2. Provide other contraceptive supplies -- 37,000 Lippes Loops;
-- 15,000 Copper "T's";
-- 5,976 tubes of vaginal contraceptive jelly were provided to MOH.
3. Provide medical equipment and supplies related to family planning -- 415 medical kits (valued at \$55,200) were provided.

-- \$ 50,000 of laparoscopic equipment delivered.

-- \$223,439 of medical equipment/supplies ordered from MEDDAC.
4. Provide vehicle and audiovisual supplies and equipment to establish ten regional mobile units for health educators -- Ten IEC Mobile Units (Jeeps, movie projectors, portable generators, slide projectors, movie screens, portable display easels, public address systems, and packages of family planning films) were provided to MOH.
5. Provide radio spots and contracts with radio stations -- Eight different family planning radio spots were prepared and broadcast over 19 radio stations.
- New contracts with 12 radio stations are in process.
6. Produce information/motivation materials in family planning and sex education. -- Booklet on "Adolescents and Sexuality" was produced and distributed.

-- Posters with five different family planning messages were produced and distributed.

-- Hand-out leaflets with messages identical to the five posters were produced and are being distributed.

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7. Provide salaries for contraceptive logistics system supervisor and secretary
 8. Provide a van to transport contraceptive supplies
 9. Provide a vehicle for supervision of Project activities
 10. Provide in-country training in family planning, sex education and administration of family planning programs for 4,500 MOH employees
 11. Prepare 23 MOH personnel and 7 CSS/ Panama City personnel as core trainers for the sex education program
 12. Provide training/observation visits abroad in family planning and sex education
- Contraceptive logistics system supervisor and secretary have been financed by Project, and as of July 1, 1983 their salaries were absorbed by GOP.
 - Van provided to Maternal/Child Health Division for contraceptive distribution.
 - Station wagon was provided to MCH Division for use in supervision of Project activities.
 - 32 nurses were trained in four-month MCH/FP Course at Azuero Training Center.
 - 358 nurses working in hospital surgery received orientation on female sterilization and family planning.
 - 75 health educators trained in preparation of posters for family planning messages.
 - 500 MOH outreach personnel trained in sex education.
 - 1,000 MOH personnel trained in improved human relations.
 - 450 physicians and nurses received refresher training in family planning.
 - 30 MOH and 10 CSS personnel received 3-week Inter-institutional Courses on Sex Education.
 - One member of MOH/CSS sex education training team participated in family planning/sex education workshop at CORA in Mexico.

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13. Conduct studies on contraceptive prevalence, user continuation rates, male attitudes towards family planning and adolescent attitudes towards sex and family planning

- Epidemiologist responsible for venereal disease component of sex education program participated in V.D. Conference in Puerto Rico.
- MCH Health Educator participated in health/family planning education seminar in Puerto Rico.
- MCH Administrator responsible for administration of Population II Project attended course for family planning administrators at CEDPA in Washington, D.C.
- Two urologists observed vasectomy programs in Houston, Texas.
- First Contraceptive Prevalence Survey was conducted in 1979 and results published.
- The Adolescent Sexuality Study is being designed, with technical assistance from Center for Disease Control (Atlanta) and participation of all other GOP implementing institutions.
- Second Contraceptive Prevalence Survey is planned for early 1984 and preliminary discussions have been held with technicians from Westinghouse.
- A special evaluation of the quality of training given by the Azuero Post-Basic Nursing Course in Maternal/Child Health and Family Planning was conducted in the field among course graduates.
- Two special evaluations of the Sex Education Component of the Project, (both conducted by consultant Norine Jewell) did not require Project funding and involved all Population II implementing institutions.

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- A special evaluation of the Information, Education and Communication components of the Project was conducted by AID centrally-funded consultants Lyle Saunders and Patrick Coleman.
- A special evaluation of the Contraceptives Logistics System of the Project was conducted by local consultant Pedro Martiz.

B. MINISTRY OF EDUCATION (MOE)

1. Prepare 36 core trainers for the sex education program

-- 32 core trainers participated in the Inter-institutional Sex Education Courses.

2. Train 230 secondary school guidance counselors in human development/sex education

-- Over 200 guidance counselors have received 2-week training courses in human development/sex education.

3. Provide audiovisual equipment and supplies for use in the sex education program

-- Ten movie projectors; 3 slide projectors; five slide/sound synchronizers; 10 portable display easels; two overhead projectors and 24 copies of films were distributed to the MOE.

4. Provide sex education didactic/bibliographic materials

-- 12 mimeograph machines to produce didactic materials were delivered.

-- 10 sets of sex education encyclopedias were delivered.

5. With technical assistance, prepare the sex education curriculum for secondary-level schools

-- Technical assistance was provided by Eugenia Monterroso, and sex education was developed for three (3) grades within the secondary school level.

6. Incorporate the sex education program into 65 secondary schools

-- Activity has begun in five secondary schools where the sex education curriculum is being tested.

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7. Provide training abroad in family planning/sex education

-- One member of MOE central-level training team participated in family planning/sex education workshop at CORA in Mexico.

-- Principal MOE trainer is participating in an eight-week family planning/sex education course at University of California.

8. Initiate sex education into primary schools

-- Activity will not begin until education program is more fully established in the secondary schools.

C. NATIONAL DIRECTORATE OF CHILD & FAMILY (DINNFA)

1. Prepare nine (9) core trainers for sex education program

-- 18 core trainers received 3-week courses on sex education.

2. Train central and field level staff in sex education

-- 12 core trainers received additional training.

-- 19 COIF teachers received training in sex education.

-- 19 Directors of DINNFA institutions received training in sex education.

-- 64 DINNFA central level staff received training in sex education.

3. Provide family planning/sex education talks to parents, adolescents and general public

-- Vehicle was provided to DINNFA, to facilitate sex education and training activities in the interior.

4. Provide audiovisual equipment and supplies for use in sex education program

-- Three movie projectors; one slide projector; one overhead projector; 16 films; 3 tape recorders; three movie screens; and ten portable display casels were provided.

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5. Provide sex education didactic/
bibliographic materials

--. Series of slides with family life/family planning messages are in preparation (scripts have been written and artist is drafting visuals).

6. Provide training abroad in family
planning and sex education

-- Two DINNEFA sex educators participated in eight-week family planning/sex education courses at University of California.

-- One DINNEFA regional staff member participated in family planning/sex education workshop at COORA in Mexico.

-- DINNEFA Project Coordinator participated in seminar on adolescent programs held in Costa Rica.

-- Two central-level sex educators received training at CEDPA in Washington, D.C.

7. Conduct a study on attitudes related
to human sexuality

-- Study is presently postponed, awaiting outcome of plans for MOH adolescent sexuality survey.

8. Design a sex education curriculum for
pre-schoolers

-- Materials being collected and initial discussions among DINNEFA sex educators are in progress. Technical assistance to be required from Project.

D. INSTITUTE FOR SPECIAL EDUCATION (IPHE)

1. Prepare 12 core trainers for sex
education program.

-- 12 core trainers participated in the 3-week Inter-institutional Sex Education Courses.

-- Five core trainers received additional training in sex education.

2. Train 215 IPHE teachers and
counselors in sex education

-- 400 IPHE teachers and counselors have received training in sex education.

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3. Provide family planning/sex education talks to parents, IPHE students and the general public. --- 60 talks have been given to an estimated 3,000 participants.
4. Provide audiovisual equipment and supplies for use in the sex education program --- 11 movie projectors; 4 slide projectors; one cassette recorder; 5 movie screens; and 4 portable display easels were provided.
5. Provide sex education didactic/bibliographic materials --- Two sets of sex education encyclopedias and 21 copies of films were delivered.
6. Provide training abroad in family planning and sex education --- Head of IPHE Parents Association attended the second part of the sex education course held at the University of California.
7. Provide technical assistance at the close of Project in order to evaluate the effectiveness of IPHE activities --- Activity to begin during final year of Project activities.

E. THE PANAMANIAN PLANNED PARENTHOOD ASSOCIATION (APLAFA)

1. Conduct a minimum of 255 sex education and family planning courses for adolescents --- 171 sex education and family planning courses for adolescents have been held to date.
2. Develop educational materials in sex education and responsible parenthood for use by the adolescents --- 10,000 plastic/rulers with messages related to responsible parenthood were printed and distributed among school children.
--- One overhead projector; 3 portable display easels; and two copies of sex education films provided.
3. Conduct a minimum of 46 courses in sex education/responsible parenthood/and family planning for parents and educators --- 60 courses for parents and educators have been held to date with approximately 1,800 participants.

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4. Conduct a feasibility study on resource development (fund raising) and design a resource development strategy
 - Contract for provision of technical assistance for feasibility study is in process, and U.S. firm of Robert Semple and Associates has been identified. The strategy preparation will follow the results of the feasibility study.
 - Local consultant will be hired on an honorarium basis, with Project funds, in order to prepare data required for feasibility study.
 - Previous attempts at selling services (such as talks to labor groups) met with limited success.

5. Conduct a minimum of 25 seminars for public and private sector groups, such as labor unions, the National, Guard members and firemen
 - 25 seminars have been held for CTRP labor leaders, with approximately 528 participants.
 - 139 talks have been given to approximately 5,000 individuals to date.

6. Provide assistance to private sector groups working with adolescents and rural area population, to promote family planning information
 - Negotiations are underway with PANAJURU to conduct sex education/family planning training-of-trainers activities aimed at the rural population.

7. Conduct a minimum of two symposia each year on family planning and related population topics
 - Symposium on population and unemployment was held for economists.

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